Developing Global Health Sector Strategies for HIV, Hepatitis, STIs, 2016-2021: Missions Briefing 30 June 2015

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This Presentation

- Making the case – rationale for the strategies
- What connects the three strategies?
- Organizing framework – strategic directions for action
- The process towards WHA 2016 - Developing the Strategies
For women aged 15 to 44 years, the morbidity and mortality associated with STIs (excluding HIV) is second only to maternal causes.
Hepatitis mortality rates and virus distribution: A global public health problem

Mortality rate (per 100,000 py)
- <10
- 10 - 14.9
- 15 - 19.9
- 20 - 29.9
- 30 +

Proportion attributable to each virus

The area of each pie is proportional to the number of hepatitis-attributable deaths in that region; each wedge represents the proportion of those deaths attributable to a given virus.

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
> 1 million new STI cases every day

**STI Mortality**

- > 300 000 fetal and neonatal deaths each year due to syphilis
- 215 000 infants at increased risk of early death due to syphilis
- 275 000 cervical cancer deaths each year due to HPV

**STI Morbidity**

- STIs severely compromise people’s quality of life and of sexual life
- 1-2 million new cases of infertility annually if the 100 million of new chlamydia and gonorrhea infections in women are left untreated
- HSV-2 infection: 3-fold increased risk of acquiring HIV
- HSV-2 and HIV co-infection: more likely to transmit HIV
Global Health Sector Strategies: Why and why now?

- Unfinished MDG business: major global public health threats
- Progress uneven and inequitable
- New opportunities: medicines, technologies and approaches
- New era of ambition towards SDGs
Three separate, yet interlinked, strategies

HIV: End the AIDS epidemic in 2030

Build on momentum;
accelerate (“fast-track”) the response
Aligned to UNAIDS strategy

STIs End STI epidemics in 2030
Neglected area; complexity; drug resistance

Hepatitis: Eliminate hepatitis B and C in 2030
Silent epidemic, yet emerging global interest;
increasing patient demand;
new prevention and treatment opportunities
All 3 Strategies are responding to WHA discussions/resolutions...

- **HIV**: The 2011-2015 Global Health Sector Strategy on HIV/AIDS – progress and next steps discussed at WHA67 - several **Member States** requested the WHO Secretariat to develop a post-2015 HIV strategy.

- **Viral Hepatitis**: Resolutions on hepatitis have been adopted by the WHA - WHA63.18 and WHA67.6 which **calls for an intensified and expanded global hepatitis response** and for the **feasibility of elimination of hepatitis B and C** to be explored.

- **STIs**: WHA approved the Global Strategy for the Prevention and Control of STIs: 2006-2015 with resolution WHA59.19 – **progress reported back to WHA68**
Commonalities across the strategies

- **Modes of transmission** (sexual, injections, Mother-Child) – integrated prevention response
- **Service continuum** – holistic approach required
- **Access** considerations (affordable drugs, monitoring drug resistance, scale up)
- Contributing to **Universal Health Coverage** (UHC)
- Focus on **2016-2021** towards 2030
- Need for advocacy to **address health inequity**
- **Stigma and discrimination**
The strategies pose five critical questions to achieve impact:

- What is the situation we face?
- What interventions need to be delivered?
- How can we optimally deliver?
- How can we cover the costs?
- How can we change the trajectory?
Frameworks for action: Universal health coverage and the continuum of care

Goal, targets and milestones

Strategic Direction 1: Information for focus and accountability

The “who” and “where”

Strategic Direction 2: Interventions for impact

The “what”

Strategic Direction 3: Delivering for quality and equity

The “how”

Strategic Direction 4: Financing for sustainability

The financing

Strategic Direction 5: Innovation for acceleration

The future

Strategy Implementation: Leadership, Partnership, Accountability, Monitoring & Evaluation
Consultations to date

Member States: Beirut, Brazil, Cairo, Copenhagen, Delhi, Johannesburg, Manila

Online Consultation, Civil Society Reference Groups, Technical Advisory Groups...

- **Strong support** for the three strategies that recognise:
  - Importance of *‘leapfrogging’ / fast-tracking* efforts
  - Challenges of bringing **health and community systems** and vertical focus together

Request for:

- **deliberately ambitious targets**
- **stronger data and strategic information** to inform our responses
- clear focus on **equity and key populations**
- pathways to ensuring sustainable **financing for responses**
- explicit focus on **innovation** in the context of new opportunities
WHO Director General, Dr Margaret Chan: “Next year the World Health Assembly will address strategies for HIV, viral hepatitis and sexually transmitted infections.”