Note of Geneva Missions Briefing

Global Health Sector Strategies for HIV, Viral Hepatitis and STIs 2016-2021
Tuesday 30 June 2015       Salle D, World Health Organization

Key Summary Points

The Missions Briefing hosted by the governments of Brazil and France with the support of the WHO Secretariat updated on the development of three global health sector strategies: HIV, viral hepatitis, and sexually transmitted infections. More than 80 participants attended.

The strategies describe actions for countries and actions for WHO and are being developed in the context of the Sustainable Development Goals using a Universal Health Coverage umbrella. The strategies will cover 2016-2021.


- In 2006, the WHA approved the Global Strategy for the prevention and control of sexually transmitted infections: 2006-2015 (resolution WHA59.19). The final progress report on implementation of the strategy was presented to the WHA this year.

- The Global Hepatitis Programme is guided by the Prevention and Control of Viral Hepatitis Infection: Framework for Global Action. A resolution on hepatitis (WHA67.6), adopted in May 2014, calls for an expanded global hepatitis response and for WHO to examine the feasibility of elimination of hepatitis B and C.

In May 2015 a WHA Technical Briefing committed to addressing the unfinished agenda of HIV, the hepatitis epidemic, and the ancient challenges of STI diseases. WHO Director-General, Dr Margaret Chan called for strong and coordinated global action. WHO proposes that the strategies are organized around five strategic directions:

1. Strategic information and accountability
2. Essential Quality Services and Interventions
3. Achieving Impact and Equity: Populations and Locations
4. Finance for Sustainability
5. Innovation for Acceleration
A series of consultations this year have helped inform strategy content including with: Member States; technical experts and partners; civil society; development partners; UN agencies and other stakeholders including through an online consultation. The strategies will be highlighted during the coming Regional Committees and discussed in January 2016 at the 137th WHO Executive Board prior to consideration at the 69th World Health Assembly in May 2016.

Notes from Discussion: Key Points

France, Philippe Meunier

- Welcome, timely briefing, importance of the strategies; long collaboration between France and Brazil; importance of including strategic focus on key populations including migrants, prisoners and drug users – emphasis on harm reduction important; France is a key supporter of innovation – both for commodity innovations and also for innovative financing.

Brazil, Fabio Mesquita

- Welcome, importance of post-2015 agenda; timely to organize these strategies; recognition of a strong tradition of bilateral work between France and Brazil; while all three strategies are important note this will be the first global hepatitis strategy.

WHO ADG for HTM, Dr Winnie Mpanju-Shumbusho

- Recognition of the leadership and support of Brazil and France and the contribution of Brazil in hosting the first regional consultation for the strategies in Sao Paulo in April; the three health issues pose major public health burdens for all regions of the world; importance of close communication with Member States as we continue with the strategy development process towards the 69th World Health Assembly in 2016.

Dr Gottfried Hirnschall, Director, WHO Department of HIV and Global Hepatitis Programme

- Despite successes in each of the three areas progress remains uneven and inequitable and we have more work to do: HIV and viral hepatitis are major killers; the disease burden from STIs is often hidden; while important not to pitch diseases against each other it is important to note that mortality from viral hepatitis is similar to that of HIV - HIV-Hepatitis co-infection needs further attention; STI has a high morbidity, especially for women of reproductive age but also fetal and neonatal deaths.

- Progress in HIV scale up but still major inequalities and gaps; viral hepatitis is a silent epidemic; STIs need more focus.
Important to see finance highlighted in the three strategies – a new and critical focus as we explore how to optimally resource our responses; important to harness learning from countries – including in the context of innovation and finance.

Dr Marleen Temmerman, Director, Reproductive Health and Research

- Appreciation for the meeting and the leadership of France and Brazil; together the strategies have the opportunity to create joint action on these interconnected health issues and increase efficiency and savings.

- The strategies are linked to the broader agenda of SDGs related to sexual and reproductive health: in particular the UN strategy on Women’s Child’s and Adolescent’s Health, and the WHO resolution on Violence against Women.

- Importance to stress the need for people-centred and rights-based approaches - opportunity for Member States to provide insight on how to strengthen these strategies to be more people-focused; the strategies provide opportunity for integration of services with key populations, adolescents and young people, illustrating that policy, programme and service integration is possible, beneficial, and is already happening.

- Significant challenges with data and STI surveillance and ongoing antimicrobial resistance; there are a number of ‘game-changing’ opportunities in all three health issues – including a renewed focus on STIs through HPV vaccines and emerging diagnostics and treatments.

- Elimination of mother to child transmission of HIV and syphilis now a reality with Cuba the first to announce; challenge to Member States to be bold and courageous in ensuring the strategies are ambitious and approved.

Response to presentations: Brazil, France

- Integration, people-centred approaches and financing (including innovative financing) all critical areas; the UHC umbrella offers important opportunities – there are some similarities for all three areas (modes of transmission); despite a robust process we can always improve on efforts to encourage inputs and call on support from Member States; WHO support for responses in middle and low-middle income countries is especially critical.
Moderated Discussion

- Appreciation for bringing the three strategies together under one umbrella - how can we ensure that priorities for viral hepatitis are reflected in other organizational strategies including UNAIDS? Where is TB in this approach? While this is centred on Universal Health Coverage need to better understand where the prevention agenda sits. How can the three strategies be combined with the Health 2020 agenda and broader public health approaches: How might we best coordinate and effectively use resources being made available for broader public health reform?

WHO Response

- Integration is critical and is captured under the proposed SD3 focus on delivery – although we recognise that different countries need the flexibility to adopt different approaches.

- There are some great examples of innovative finance from countries in Europe, Africa and elsewhere - strategies need to capture the spirit of these learnings and best practices; there is overlap with several disease areas including TB – TB strategy cycle one year in advance but links will be in place – TB-related HIV mortality still very high – links are vital; co-infections/comorbidities are critical focus – including for HIV and viral hepatitis.

- Prevention will be fully integrated into the strategies and ensuring a strong public health sector approach that takes advantage of synergies and linkages is critical.

- The HIV response under development is for the health sector and defines in more detail the health sector response while UNAIDS, by definition, develops a multi-sectoral strategy” - the two are strongly aligned and we will start to see more focus on viral hepatitis – particularly in terms of co-infection – in many partners strategies.

- Prevention is a key focus for all strategies including STI strategy which includes a focus on adolescents and sexuality education.

Closing Remarks

- Important to brief colleagues in country capitals to ensure the strategies are profiled; next drafts of the strategies will be shared in coming months in preparation for discussions at the January 2016 Executive Board.

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