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Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections (2016–2021)

The attached document is submitted to the 65th session of the Regional Committee for Europe, by WHO headquarters, to update Member States on progress towards accelerating the pace of action on HIV, viral hepatitis and sexually transmitted infections at global, regional and country levels; specifically, on three global health sector strategies covering the period 2016–2021. These global strategies will be considered by the WHO Executive Board at its 138th session in January 2016 for submission to the Sixty-ninth World Health Assembly in May 2016. The Regional Committee is invited to review this information and comment on the implications of the global strategies on HIV, viral hepatitis and sexually transmitted infections (2016–2021) for the WHO European Region.

Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board

Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections (2016–2021)

This document is presented to the 65th session of the WHO Regional Committee for Europe to update Member States on progress towards accelerating the pace of action on HIV, viral hepatitis and sexually transmitted infections at global, regional and country levels; specifically on three Global health sector strategies for the period 2016–2021, that will be considered by the WHO Executive Board at its 138th session in Geneva, 25-30th January 2016 for submission to the 69th World Health Assembly in 2016. The Regional Committee is invited to review the information document and comment on the implications of the Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections (2016–2021) for the WHO European Region.

Three Global Health Sector Strategies (GHSS) are being developed by the World Health Organization departments of HIV and Reproductive Health and Research for submission to the 69th World Health Assembly in 2016. These proposed strategies aim to address the HIV, viral hepatitis and sexually transmitted infections epidemics in a post-2015 environment. The global environment for the three disease areas offers a number of important opportunities for action and areas for strategic focus both globally and at regional and country levels.

The 2016-2021 strategies cover a critical phase for all three health areas as they guide actions needed to meet ambitious 2030 targets focused on elimination goals and/or ending of epidemics. The three strategies reference the Sustainable Development Goals (SDG) framework provides critical opportunities for strategic planning. The SDGs will offer a platform for accelerated action and scale-up for all three areas. WHO aims to ensure that the three strategies will contribute to other health-related targets and the wider UHC goal by reducing maternal and infant mortality and premature mortality from non-communicable diseases; ending the TB epidemic; eliminating viral hepatitis B and hepatitis C; and improving access to sexual and reproductive health-care services, family planning, information and education.

Contribution from all WHO Regions to the development of these strategies was facilitated as a crucial component of the strategies' development process. A European Regional Technical consultation held in Copenhagen, Denmark, 23-26 June, contributed to the development of the Global Strategies and provided a forum to discuss development of regional action plans to implement the global strategies in Europe. More than 120 meeting participants included senior health officials from 32 Member States, numerous civil society organizations, development

partners including the Global Fund, ECDC and UN partners including UNAIDS, UNFPA and UNICEF.

The strategies will be further revised and presented to Member States for their consideration at various events including the 139th WHO Executive Board in January 2016 and the 69th World Health Assembly in May 2016.

Global health sector strategy for HIV 2016-2021:

1. The goals and targets proposed in the draft HIV strategy are aligned to those of UNAIDS. The 90-90-90 target for 2020, in which 90% of people living with HIV know their HIV status, 90% of people diagnosed with HIV infection are put on treatment, and 90% of those on treatment are virally suppressed, seeks to accelerate access to treatment. It also requires a renewed focus on key populations – men who have sex with men (MSM), sex workers, transgender people and people who inject drugs (PWID).
2. While there is a global reduction in HIV incidence there is an increase in some areas including parts of sub-Saharan Africa, Asia and Eastern Europe. In many areas HIV remains concentrated in key populations – for example MSM, PWID and sex workers. Indeed 40% of new infections in Eastern Europe are among PWID and levels of ART coverage for this group are insufficient. In 2014, 1.2 million people died of HIV worldwide.

Global health sector strategy for Hepatitis 2016-2021:

1. Viral hepatitis has not yet received sufficient global political focus however this is changing: the burden of disease for HBV and HCV is similar to that of HIV but, as yet, has not attracted the same attention. While the tools to combat hepatitis exist there is currently no agreed global strategic framework to provide direction. The GHSS for viral hepatitis will be the first global strategy and the first time Member States agree on targets for viral hepatitis with the aim of exploring the possibility of eliminating HBV and HCV as a public health threats by 2030.
2. Universally treatment for HCV is very low – 34 million people are at the stage where they need to access treatment. The price of treatment is a major barrier. Access to HBV vaccination is increasing; however birth dose coverage is still low in some countries. There is an urgent need for impact and coverage targets for HBV and HCV services.

Global health sector strategy for sexually transmitted infections 2016-2021:

1. STIs present a major disease burden that has also failed to attract sufficient attention. Globally there are high STI morbidity rates, especially for women of reproductive age, combined with some mortality associated with fetal and neonatal deaths. One million new STI cases are acquired daily creating a significant impact on the quality of life and sexual life of millions.
2. The global health sector strategy on STIs proposes: a vision for universal access to STI treatment; synergies with other health areas; better more targeted programming; targets for reduction for gonorrhoea and syphilis and increased coverage for HPV vaccine; and proposes ending STIs as public health concern by 2030.

Situation in the European Region of WHO

1. The European Region is diverse both in terms of the differences in the disease dynamics across the region and also in relation to how health services are funded and organized.
2. In 2014 136 000 new HIV infections were reported in the Region - the highest annual number of new HIV infections since reporting began three decades ago and an 80% increase since 2004. Much of this increase is in the Eastern part of the Region (over 100 000 or over 75% of all new cases in the Region). In the West, while overall rates of diagnoses have remained quite stable over the last ten years, there has been a 33% increase in HIV cases in men who have sex with men. Some countries in the Region have stabilized or even reversed their HIV epidemics, however in twenty-one countries newly diagnosed infections have increased by 20% or more in five years. Undiagnosed HIV is a major problem. Typically less than 50% of people living with HIV are tested and diagnosed and almost 50% of those diagnosed present at a late stage (CD4<350/mm³).
3. Viral hepatitis epidemics remain largely unaddressed throughout the Region. There are an estimated 13 million people in the Region living with chronic hepatitis B infection and over 15 million with chronic hepatitis C infection; resulting in 400 viral hepatitis-related deaths a day. Over 60% of those infected live in eastern European and central Asian countries in our Region. Viral hepatitis disproportionately affects key populations; with rates of both hepatitis B and C infection significantly higher in people who inject drugs and men who have sex with men than in the general population. The majority of those infected are not diagnosed. Many people living with HIV are suffering from co-infection with viral hepatitis, which makes both diseases much more deadly and increases the costs of care greatly.

4. Sexually transmitted infections are a neglected area with poor surveillance and weak data. It has been estimated that there were 47 million curable sexually transmitted infections in the Region. There are some discernably increasing trends – for example gonorrhoea in men who have sex with men and chlamydia in general populations; but also decreasing rates of congenital and adult syphilis.
5. All countries face similar challenges of identifying ways to increase focus and resources for the three disease areas while achieving efficiencies and building a sustainable platform for health. Universal Health Coverage offers an important framework from which to strengthen programmes.
6. Countries need to define the essential services required by their populations in need through reflecting on: the current national disease profile which includes a focus on key populations; gaps in coverage; existing service delivery models including services provided through the private sector; level of government health spending and the fiscal landscape.
7. Many countries in the Region are experiencing pressure on their health budgets and decisions regarding which health care interventions to prioritise – these decisions must be based on best available evidence and WHO guidance. For many countries in the region greater attention to ensuring the sustainability of the responses to HIV, viral hepatitis and STIs, requires increased government spending on health from domestic funds and immediate attention in the face of diminishing donor financing. All countries can strive for greater efficiencies through reviews of health policies and practices to maximize the impact of expenditures.
8. Key populations continue to be a critical focus for HIV and for viral hepatitis and STIs throughout the region. In addition to sex workers and their clients, MSM, transgender people and drug users, countries should ensure focus is applied to the gender dynamics of the diseases, young people and adolescents, prisoners and migrants. Depending on the country context other groups may be identified through “Know Your Epidemic” approaches and analyses. This includes encouraging a more granular approach to data and surveillance to ensure that data is appropriately disaggregated by age, sex and other demographic factors. Strategic information should be focused on equity and increasing the understanding of localized epidemics and help focus investments on populations and geographical locations where they will have greatest impact.

Discussion

The Regional Committee is invited to review this information document and provide comments regarding:

- the implications of global health sector strategies on HIV, viral hepatitis and sexually transmitted infections (2016–2021) for the WHO European Region;
- how best to engage Member States, partners and relevant regional stakeholders to support implementation of global health sector strategies in the Region;
- whether Regional Action plans are needed for a feasible and timely implementation of the global health sector strategies in the Region.

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