

UNAIDS 2020

World Health Organization (WHO)

Unified Budget Results and Accountability Framework
(UBRAF) 2016-2021

Organizational report 2018-2019

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Key strategies and approaches to integrate HIV into broader agency mandate

WHO works worldwide to promote health, keep the world safe, and serve vulnerable people. WHO aims to ensure that a billion more people have UHC, a billion more people are protected from health emergencies, and a billion more people have better health and wellbeing. Through offices in more than 150 countries, WHO staff work with governments and other partners to ensure the highest attainable level of health for all people. WHO also ensures the safety of medicines and health-sector commodities required for an effective response to HIV.

As a founding Cosponsor of the Joint Programme, WHO takes the lead on HIV testing, treatment and care, resistance to HIV medicines, and HIV/TB coinfection. WHO jointly coordinates work with UNICEF on eliminating mother-to-child transmission of HIV and paediatric HIV. WHO collaborates with UNFPA on sexual and reproductive health and rights and HIV. WHO convenes with the World Bank on driving progress towards achieving UHC. WHO partners with UNODC on harm reduction and programmes to reach people who use drugs and people in prison.

In 2018–2019, WHO continued to lead and support the health-sector response to HIV at global, regional and country levels through the development and dissemination of guidelines, norms and standards; articulating policy options and promoting policy dialogue; convening and facilitating strategic and operational partnerships; providing and coordinating technical support to countries; and supporting implementation of the Global Health Sector Strategy on HIV for 2016–2021. Mid-point strategy implementation reports were presented to the 71st World Health Assembly in 2018 followed by a more comprehensive progress report for stakeholders in 2019.

Health impact in this biennium was achieved chiefly through strengthened partnerships within and across the Joint Programme and with other key partners, including PEPFAR and the Global Fund, with a focus on implementation and impact; and with Unitaid and the Bill & Melinda Gates Foundation, with a focus on innovation. WHO provided leadership on biomedical prevention as a key member of the Global HIV Prevention Coalition. Strengthened engagement with communities and civil society underpinned WHO's approach throughout the biennium.

Contributing to progress towards the SDGs

Testing and treatment. WHO leads much of the work towards achieving the health goals and targets of SDG 3. In the context of HIV, WHO continued to provide global leadership in driving progress towards the 90–90–90 targets through country support informed by updated WHO normative policies and guidelines, including those on the use of ARV medicines for HIV treatment and prevention; monitoring and case surveillance; HIV drug resistance; key populations; HIV self-testing and partner notification; differentiated service delivery and managing advanced HIV disease. New consolidated HIV testing service guidelines were launched in November 2019.

In 2019, WHO updated its consolidated guidelines on the use of ARV drugs for treating and preventing HIV infection, including with guidance on the use of dolutegravir-based ARV drug regimens as the preferred first-line treatment, as well as changes in preferred second-line regimens and for HIV testing in early infancy. In 2019, 82 low- and middle-income countries reported to be transitioning to dolutegravir-based HIV treatment regimens.

In 2019, 12 out of 18 countries surveyed by WHO reported pre-treatment drug resistance levels exceeding the recommended threshold of 10%. In 2018–2019, the WHO-convened forecasting working group for HIV and hepatitis medicines and diagnostics was convened and work on pre-exposure prophylaxis (PrEP) market size estimate was completed, and the forecasting the global demand for HIV diagnostic tests (2018–2023) was published.

Prevention and innovation. As lead on work to scale up voluntary medical male circumcision activities, WHO developed and disseminated normative guidance, including recommendations on the use of devices, adolescent-specific considerations, enhancing uptake among adult men, and transitioning to sustainable services. WHO monitored the safety of voluntary medical male circumcision, issued an annual progress report on this intervention, and provided technical support to 14 countries in eastern and southern Africa, including for accessing funding from the Global Fund and PEPFAR.

WHO supported countries in all regions with their monitoring and evaluation of PrEP programmes and has developed core PrEP indicators. It undertook extensive work focused on fostering technological, service delivery and e-health innovations. WHO prioritized work on innovations for long-acting PrEP products, broadly neutralizing antibodies and HIV preventive vaccines. WHO also continued to work on innovations in testing, including support for development and introduction of new self-testing products and review of data related to the use of recency assays focusing on its potential use for geographical prioritization, case management and benefit to people living with HIV.

Leaving no one behind: equity and key populations. Across all of its HIV-related work, WHO ensured that particular attention was devoted to people living with HIV, sex workers,

transgender people, men who have sex with men, people who use drugs, and people in prisons and other closed settings, with additional attention paid to adolescents and young key populations. It also ensures consideration for issues related to key populations in its updates of technical guidance. WHO supported the Global Men's Health and Rights Survey, training material of ChemSex and the piloting of these (to continue in 2020 to roll out) and has engaged with sex worker networks on issues related to assisted partner notification. In China, WHO has worked on communications for gay men and other men who have sex with men on social media.

Working with UNODC and other partners, WHO supported the implementation of comprehensive HIV services for people who live in prisons or other closed settings, including harm reduction services for those who use drugs. The WHO Director-General addressed the opening session of the UNODC 61st Commission on Narcotic Drugs, highlighting harm reduction services to prevent HIV, viral hepatitis and TB.

Community engagement. The WHO Director-General established a WHO Advisory Group of Women Living with HIV in April 2019. The group includes a diverse set of members representing women living with HIV from around the world. In 2019, WHO published a tool to support the implementation of critical guidance for women living with HIV: Translating community research into global policy and national action: A checklist for community engagement to implement the WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV.

WHO strengthened its programme of work for 2018–2020 with the Global Network of People Living with HIV to maintain the organization's official relations status, with a particular focus on supporting countries to reach the 2020 prevention and stigma in health-care targets of the Global Health Sector Strategy on HIV 2016–2021.

Gender and human rights. A World Health Assembly-endorsed global plan of action to strengthen health systems to address violence, particularly violence against women, girls and children, guides WHO work to address and prevent all forms of gender-based violence. A global pool of trainers was developed to support countries in implementing and building capacity for a health systems response to violence against women and against children based on the WHO guidelines and implementation tools.

In December 2018, WHO joined the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and it is co-leading a working group on addressing stigma and discrimination in the health sector. In Pakistan, WHO conducted two training-of-trainer programmes on stigma and discrimination reduction in health-care settings, reaching 46 health-care providers from across the country.

Universal health coverage. WHO's technical leadership contributed to the adoption by the UN General Assembly of the Political Declaration of the High-Level Meeting on Universal Health Coverage on 10 October 2019. This marked the culmination of concerted efforts to bring the global health community together under a single umbrella. WHO mobilized and supported the HIV community to engage in UHC discussions throughout 2019, supporting community and civil society partners, including key populations, to engage in global and regional level advocacy. This helped ensure that the UHC Political Declaration took into account key HIV-related issues, including attention to the needs of overlooked populations and to the provision of critical HIV prevention services.

WHO supported the application of a system-wide approach to analysing efficiency across HIV and health programmes in Estonia, Ghana, Nigeria, South Africa, Sri Lanka and the United Republic of Tanzania, among other countries. Positive outcomes of this initiative included clarification of arrangements between programmes within the Ghanaian Health Service and Ministry of Health, supply chains, procurement systems, and health insurance benefit packages, and the development of financial flows and purchasing mechanisms between public health institutes and the health insurance fund in Estonia. In South Africa, the planning process was changed to enable joint planning between HIV sections and the rest of the health system.

Integration for impact and sustainability. WHO strengthened links with responses for viral hepatitis and sexually transmitted infections through the reconfiguration of headquarters departments and through strong collaboration with Global Prevention Coalition partners on accelerated efforts to prevent sexual transmission of HIV.

WHO continued to provide leadership on HIV/TB coinfection with cross-departmental coordination to address the epidemics. WHO develops and promotes tools and guidelines to support countries in improving their TB/HIV collaborative action in order to achieve universal access to HIV and TB prevention, care and treatment services for all people in need. Key areas of work include: collaboration between TB and HIV services at all levels; universal ART for all HIV-positive TB patients; scaling up intensified case-finding, isoniazid preventive therapy and infection control at all clinical encounters; improving data for TB/HIV; the use of ART in prevention; and strengthened partnerships with communities and civil society.

WHO continued to work with UNFPA on implementing the call to action to attain UHC through linked sexual and reproductive health and rights and HIV interventions. WHO responded to the results from the Evidence for Contraceptive Options in HIV Outcomes (ECHO) trial that showed high HIV and STI incidence among adolescent girls and young women attending contraception services in southern Africa. It continued to work with countries to bring ministries working on HIV and SRH (contraception, sexually transmitted infections, and cervical cancer) together to develop an integrated approach. A post-ECHO task team was

established with representatives from other UN agencies, countries, implementers, and civil society.







Case study: Enabling laws and policies for strengthened HIV testing in the United Republic of Tanzania









Adolescents often face legal and policy barriers to HIV testing, including requirements for parental or guardian consent to access HIV testing and counselling services. With support from WHO, the age of consent for HIV testing in the United Republic of Tanzania was lowered to 15 years of age from 18 years of age in November 2019. At the same time, HIV self-testing became legal for those 18 years and above. The lower age of consent will help ensure earlier access to HIV testing services for adolescents.

To enable that important policy change, WHO mobilized all three levels of the organization, under the leadership of the WHO Country Office with support from UNICEF, the UNAIDS Secretariat and other partners. WHO and partners supported the Ministry of Health through a review of policy documents for parliamentary meeting processes and conducted briefings that supported the Ministry of Health in its deliberations and decisions ahead of the parliamentary sessions. In November 2019, the Parliament of the United Republic of Tanzania approved the bill on amending the HIV and AIDS (Prevention and Control) Act, 2008, to bring the changes into legal effect.

The Government's decision to change the law should ensure that more people—including vulnerable populations, adolescents and key populations—have easy access to HIV self-testing, which will facilitate access to life-saving HIV treatment. WHO will continue to work with the United Republic of Tanzania and other countries to consider revisions to legal frameworks so that more of the 8.1 million people who are currently unaware of their HIV status can access HIV prevention or treatment services.

Knowledge products

	<p><u>Global health sector strategy on HIV, 2016–2021.</u> The strategy builds on the extraordinary public health achievements made in the global HIV response since WHO launched the Special Programme on AIDS in 1986. It positions the health sector response to HIV as being critical to the achievement of UHC—one of the key health targets of SDGs.</p>
	<p><u>Progress report on HIV, viral hepatitis and sexually transmitted infections 2019.</u> WHO is accountable for reporting back to the World Health Assembly on progress in implementing the <i>Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections</i>, based on data received from countries. This report assesses the mid-term progress in 2019 in implementing these global health sector strategies from 2016 to 2021.</p>
	<p><u>Treat all: policy adoption and implementation status in countries.</u> With the 2016 <i>Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection</i>, WHO updated and launched new policy recommendations on the clinical and service delivery aspects of HIV treatment and care, and raised the bar to treat all people living with HIV. WHO has worked with countries to ensure uptake and implementation of these recommendations in support of the 90–90–90 targets.</p>
	<p><u>Update of recommendations on first- and second-line antiretroviral regimens.</u> The 2019 updated guidelines provide the latest recommendations based on rapidly evolving evidence of safety and efficacy and programmatic experience using dolutegravir and efavirenz in pregnant women and people coinfecting with TB.</p>
	<p><u>Consolidated guidelines on HIV testing services for a changing epidemic.</u> These consolidated guidelines bring together existing and new evidence-based guidance and recommendations for delivering high-impact HIV testing services, including linkage to HIV prevention and treatment, in diverse settings and populations.</p>
	<p><u>Accelerating progress in testing and treatment for children and adolescents with HIV.</u> WHO and Elizabeth Glaser Paediatric AIDS Foundation are the co-conveners leading the AIDS Free Working Group of stakeholders which is working to reach the "super Fast-Track" targets. The toolkit consists of the latest normative guidance, technical guidelines, policy briefs, case studies and advocacy resources to support efforts to achieve the AIDS-Free targets in high-burden countries.</p>
	<p><u>Guidelines for the diagnosis, prevention and management of cryptococcal disease in HIV infected adults and children.</u> Cryptococcal meningitis is a serious opportunistic infection and a major cause of morbidity and mortality in people living with HIV with advanced disease, accounting for an estimated 15% of all AIDS-related deaths globally. An estimated 223 000 cases of cryptococcal meningitis result in approximately 181 000 deaths each year among people living with HIV.</p>

	<p><u>HIV self-testing at the workplace Policy brief, December 2018.</u> HIV self-testing is a testing option recommended by WHO that can be used to reach as-yet undiagnosed populations. This policy brief outlines key planning and implementation considerations for managers and implementers introducing self-testing at workplaces.</p>
	<p><u>World Health Organization 13th general programme of work 2019–2023.</u> The Thirteenth General Programme of Work defines WHO's strategy for the five-year period, 2019–2023. It focuses on measurable impacts on people's health at the country level.</p>
	<p><u>WHO implementation tool for monitoring the toxicity of new antiretroviral and antiviral medicines.</u> This implementation tool describes the recommended approaches for routine monitoring of toxicity integrated with the national monitoring and evaluation system and targeted approaches to monitoring toxicity to enable enhanced monitoring and reporting of treatment-limiting toxicity to support country implementation and generation of local data.</p>
	<p><u>HIV prevention, treatment, care and support for people who use stimulant drugs.</u> The purpose of this publication is to provide guidance on implementing HIV, hepatitis C and hepatitis B programmes for people who use stimulant drugs and who are at risk of contracting these viruses.</p>
	<p><u>Focus on key populations in national HIV strategic plans in the WHO African Region Report.</u> National strategic plans are vital for guiding collective responses to HIV epidemics. WHO commissioned a review of the most recent national strategic plans of 47 countries in the WHO African Region for their coverage of key populations. This review sought to identify strengths, gaps and weaknesses in the way that that these plans consider key populations.</p>
	<p><u>HIV drug resistance report 2019.</u> Prevention, monitoring and timely response to population levels of HIV drug resistance is critical to achieving the WHO/UNAIDS 90–90–90 targets for 2020.</p>
	<p><u>The public health dimension of the world drug problem.</u> In partnership with the UN Office on Drugs and Crime, which is recognized as the leading UN entity for countering the world drug problem, WHO has a pivotal and unique role in addressing the public health and human rights dimensions of global issues related to drugs.</p>
	<p><u>Progress Reports, Seventy First World Health Assembly (pages 3-5)</u></p>

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