

# World Health Organization (WHO)

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





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# Achievements

## **Introduction**

WHO plays a critical role within the United Nations system as the directing and coordinating authority for international health. Its wide-ranging remit involves providing leadership on increasingly complex global health matters, producing health guidelines, norms and standards, monitoring and assessing health trends and shaping the health research agenda. It is committed to providing technical support to countries and helping them to address pressing public health issues.

The organization leads the global health sector response to the HIV epidemic. As a Cosponsor of UNAIDS, WHO takes the lead on HIV testing, treatment and care, and HIV/tuberculosis coinfection, and jointly coordinates work on eliminating mother-to-child transmission of HIV with UNICEF.

## **Innovative testing strategies**

In the past three years, 90% of Fast-Track countries and 70 countries overall have drawn on WHO technical support to adapt testing guidelines to their own contexts. In 2016 WHO led all Joint Programme work on HIV testing services, including roll-out of the consolidated guidelines launched in December 2015, and presented new recommendations on HIV self-testing and assisted partner notification in a supplement to the guidelines.

WHO is a key partner of STAR (HIV Self-Testing Africa Project), the largest HIV testing programme of its kind in Malawi, Zambia and Zimbabwe that aims to distribute two million self-testing kits through a range of approaches.

WHO developed a clearing house of information on HIV self-testing, cataloguing the 150-plus global projects and tracking policy and practice in countries.

WHO held HIV testing update and training workshops in all regions. It reviewed new national testing strategies and the policies of more than 20 countries, and supported quality assessment and improvement to increase the effectiveness of a mix of approaches, and models of community and lay-provider testing.

## **Access to treatment cascade**

WHO's global health sector strategy 2016–2021, adopted at the 69th World Health Assembly in 2016, aligns with the UNAIDS multisectoral strategy. It provides a framework for country health sector strategies and policies for the Fast-Track period. Treatment access is a strategic focus, and there has been success in treatment scale-up supported by the WHO treat-all policy recommendation – anyone infected with HIV should begin ART as soon after diagnosis as possible. In 2016, more than 18 million people accessed ART, leading to a global coverage of an estimated 46%, and a 26% decrease in annual HIV-related deaths

since 2010. Progress in treatment is variable, however, with some regions and countries falling behind, namely the west and central areas of Africa and eastern Europe and central Asia, and masks a lack of progress in reducing the annual number of new HIV infections (1.9 million in 2015). Treatment coverage is lower for men, compared with women, in every region.

WHO launched its consolidated guidelines on the use of ARVs for treating and preventing HIV infection –it recommends treating all persons at any CD4 count – and quickly moved new science to policy and practice. The guidelines include 52 new recommendations covering adult, paediatric, adolescent and pregnant women testing, treatment and care, and 10 new service delivery recommendations to support differentiated models of care. These recommendations promote rapid initiation of ARVs and innovative testing and diagnostic platforms. WHO led seven regional dissemination meetings that reached more than 100 countries and almost 700 stakeholders. By October 2016, more than 80% of all Fast-Track countries had adopted a treat-all policy; implementation was slower but gaining pace.

WHO agreed with partners on 10 key cascade indicators to assess gaps in efforts towards achieving the 90-90-90 targets. WHO convened 25 high-burden countries, covering 85% of the epidemic, to identify testing and treatment gaps, analyse cascades and prioritize actions to address these nationally and subnationally. This contributed to global strategic information on cascade gaps and country access plans. Cascades have been developed for the Fast-Track countries, several of which are serving as the basis for new national strategic plans and for developing the Global Fund concepts.

A focus of WHO's 2016 ART guidelines has been to increase TB case detection by promoting the strategic placement of Xpert MTB/RIF diagnostic testing in HIV settings and upgrading algorithms to increase detection and reduce mortality.

### **90-90-90 for children and adolescents**

WHO continues to play a leading technical role in global efforts to scale up treatment for infants, children and adolescents. In 2016, the HIV department developed and disseminated evidence-based normative guidelines that promoted earlier testing closer to the point of care to enable earlier treatment. Technical support for country adoption and adaptation was provided, particularly for key innovations such as birth testing, point-of-care early infant diagnosis, early treatment, optimal drug use and adolescent health-friendly services.

WHO has invested in promoting better coordination among stakeholders developing drugs and formulations for infants, children and adolescents, resulting in changes expected to accelerate approvals. WHO collaborated with partners of the Inter-Agency Task Team to support product selection and introduction.

WHO helped develop and endorsed the *Start Free Stay Free AIDS Free* framework. It partnered with the International AIDS Society to prioritize research to define a global agenda for testing treatment and care for children and adolescents living with HIV. WHO advanced a new global strategy for adolescents, Global AA-HA!, which has a key focus on HIV prevention and will be presented at the 2017 World Health Assembly.

### **HIV services in high-burden cities**

WHO technical guidelines and implementation tools for new policies in the Fast-Track Cities Initiative included: HIV self-testing and partner notification; strategic information, such as the top 10 indicators to monitor impact; and the use of ARVs as outlined in the 2016 consolidated guidelines. WHO recommendations include treat all – anyone infected should begin ART as soon as possible after diagnosis – and PrEP for those at substantial risk of HIV.

### **HIV services in humanitarian emergencies**

As a member of the IATT on HIV in emergencies, WHO:

- participated in the annual meeting on HIV and emergencies in January 2016;
- supported development of an adaptation document of the WHO 2016 consolidated ART guidelines for emergency settings (pending);
- supported documentation of experiences in applying differentiated service delivery to conflict settings (scheduled for June 2017);
- contributed to guidelines on responding to child and adolescent sexual abuse (to be published in the second quarter of 2017);
- provided technical assistance to the UN Medical Directors to update UN post-exposure prophylaxis kits.

### **Medicines and commodities**

WHO supports a public health approach to HIV treatment by promoting standardized and simplified ART, less toxic drugs and convenient and effective ARV regimens. With availability of once-daily, fixed-dose combinations, people living with HIV can expect a near-normal life expectancy. According to the WHO/UNAIDS Global AIDS Response Progress Reporting tool, in 2016 more than 90% of low- and middle-income countries and all 35 Fast-Track countries had adopted the WHO-recommended preferred first-line ARV regimen (TDF/XTC/EFV). The 2016 WHO consolidated ARV guidelines added other options (integrase inhibitors) associated with fewer drug interactions, higher virological efficacy, lower treatment discontinuation rates and a higher genetic resistance barrier. However, the efficacy and safety of these options are

being evaluated for pregnant women, TB coinfection and young children. Clinical and pharmacokinetic studies continue and first results are expected in mid-2017.

WHO guides the development of short-, medium- and long-term ARVs. Each year it convenes a think tank at the Conference on Retroviruses and Opportunistic Infections to review treatment optimization priorities for adults. Discussions inform updates of its consolidated guidelines on ARVs. For children, the Paediatric ARV Drug Optimization meeting develops the updated IATT formulary list to provide a signal to markets and outline pathways and priorities for developing paediatric ARVs, which may have a small market but great life-saving potential.

WHO led price reporting on HIV drugs and diagnostics, providing market information, profiles on benchmarked prices to countries, and convening manufacturers, countries and partners to optimize country access. It provided procurement and supply chain management support and quantification to 47% of Fast-Track countries.

WHO continued to support countries by reviewing programmes and national strategic plans to strengthen and align procurement and supply chain management for an uninterrupted supply of HIV testing kits and ART in TB services, and isoniazid preventive therapy in HIV services.

### **Comprehensive eMTCT services**

In collaboration with WHO regions and other UN agencies, WHO has prioritized the eMTCT of HIV, developed global guidance on process indicators for achieving validation, and validated seven countries for eMTCT of HIV and/or syphilis – Anguilla, Armenia (HIV only), Belarus, Cuba, Montserrat, Republic of Moldova (syphilis only) and Thailand. Additional countries are scheduled for validation in 2017, and two WHO regions (Pan American Health Organization, Western Pacific Region) are advancing programming for triple eMTCT of HIV, syphilis and hepatitis B.

WHO helped low- and middle-income countries implement global treat-all guidance via in-country technical assistance and workshops for inter-country exchange. These included a meeting of 20 countries in Victoria Falls, Zimbabwe, in August 2016 on gathering knowledge and best practices from B+. Participants discussed PMTCT, including new recommendations on infant prophylaxis and validation of eMTCT, and operational considerations for future programming, such as viral-load monitoring, PrEP in HIV-negative women, and integrating TB services within PMTCT.

WHO developed normative guidance on PrEP in HIV-negative pregnant women in high-risk settings, optimal frequency of testing in pregnant and breastfeeding women, strategic use of new ARVs, particularly integrase inhibitors, and best practices to improve ART adherence and retention.

WHO supported the *Start Free Stay Free AIDS Free* framework, working with UNAIDS and PEPFAR to develop technical support on priority interventions to reduce new HIV infections among children to 40 000 by 2018, and 20 000 by 2020.

### **Combination prevention**

WHO leads Joint Programme work on voluntary medical male circumcision (VMMC). In 2016 WHO supported 14 priority countries on their VMMC programme for adolescent boys and young men. WHO developed a 2016–2021 strategic action framework that embeds VMMC more broadly in combination prevention and includes adolescent sexual health and links to innovations for adolescent girls and young women.

WHO is active in combination prevention for adolescent girls and young women, and throughout 2016 it provided technical leadership on the appropriate, safe and most effective use of PrEP to countries in eastern and southern Africa. WHO provided technical support to ministries of health in Kenya, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe in exploring the evidence as they consider, design and implement PrEP programmes for adolescent girls and young women, including those who sell sex.

WHO prioritized work with young key populations in all regions, supporting pragmatic, inclusive, safe and supportive service delivery. Technical briefs on young men who have sex with men, young transgender people, young people who inject drugs and young women who sell sex have been translated into Arabic and disseminated in the eastern Mediterranean region.

### **Youth health and education needs**

WHO supported integrating HIV prevention activities within schools and other educational institutions. This included increasing knowledge about VMMC and linking it to services, and increasing access to tetanus for boys and girls and to human papillomavirus vaccination, with an initial focus on girls.

### **HIV services for key populations**

WHO prioritized HIV prevention, testing and treatment for key populations, updating 2014 consolidated guidelines for this group with new recommendations for PrEP and treat-all on HIV prevention, diagnosis, treatment and care.

WHO focused on rolling out the guidelines and developing a target-setting tool for use in regions and countries. It supported the development of implementation tools (MSMIT, TransIT and IDUIT), produced communication materials, including slide decks and web pages, and strengthened data collection.



WHO helped countries develop a key populations training manual for health-care workers and implement training of trainers, supported global meetings on differentiated service delivery for key populations, and developed a strategic principles document on this.

It provided strategic information on key population indicators and target setting, and helped validate the global database on key population size estimates. WHO had a special focus on key population cascades to promote service access.

### **Harm reduction package for people who inject drugs**

In 2016, WHO released consolidated guidelines on integrating collaborative TB and HIV services in a comprehensive package of care for people who inject drugs. These had been developed with UNODC, the UNAIDS Secretariat and other stakeholders, and were presented at an International AIDS Conference workshop in Durban, where models of effective integrated care were discussed.

WHO provided technical and advocacy support, making the case for a public health focus on drug policy, for the 2016 UN General Assembly special session on the world drug problem.

### **Women and girls**

Throughout 2016 WHO finalized its consolidated guidelines on the sexual and reproductive health and rights of women living with HIV, which were launched in 2017, engaging communities of these women in the process. The guidelines offer evidence-based recommendations for the rights of all women living with HIV, with a focus on settings where the health system has limited capacity. They provide good practice statements on operational and service delivery.

### **Gender-based violence**

WHO incorporated the need to recognize and mitigate vulnerability to gender-based violence in policy briefs and guidance developed for PrEP, testing (including HIV self-testing) and key population HIV services.

284. Guidelines for the clinical management of child and adolescent sexual abuse are due to be launched in 2017 following meetings of the guidelines development group and systematic reviews of evidence throughout the previous year.

### **HIV health care discrimination eliminated**

WHO, with the UNAIDS Secretariat, launched the Agenda for Zero Discrimination in Health Care in March 2016. WHO worked with ministries of health in countries in the African and

eastern Mediterranean regions to develop training programmes to reduce stigma and for inclusive and respectful services for key populations in health-care settings.

*The Bulletin of the World Health Organization* published a review on transgender health and human rights, titled Ensuring an inclusive global health agenda for transgender people. WHO's systematic review of evidence and knowledge gaps on the disease burden in sexual and gender minorities was published in the *International Journal for Equity in Health* in January 2016.

### **Technological and service delivery innovations**

WHO consolidated ARV guidelines, adding options such as integrase inhibitors, which are associated with fewer drug interactions, higher virological efficacy, lower treatment discontinuation rates and a higher genetic resistance barrier. However, their efficacy and safety are still being evaluated for pregnant women, TB coinfection and young children. WHO guides the development of short-, medium- and long-term ARV optimization at annual think tanks that inform updates on its consolidated guidelines and prepare industry. WHO is monitoring uptake and potential side-effects of integrase inhibitor dolutegravir as it is brought into ARV treatment settings in Botswana, Brazil, Kenya, Nigeria and Zimbabwe.

Differentiated service delivery models for HIV care were introduced in 2016 WHO guidelines. These simplify and adapt HIV services across the cascade of care to reflect preferences and expectations of groups of people living with HIV while reducing burdens on the health system. Some 37% of low- and middle-income countries have already adopted differentiated service delivery models that reduce the frequency of clinic visits and enable stable patients to collect their ARVs.

The 2016 consolidated ARV guidelines included several recommendations on diagnostics to support patient management, including:

- when to scale down CD4;
- use of viral-load, and dried-blood-spot specimens for viral load;
- early infant diagnosis at birth,
- point-of-care early infant diagnosis testing and the use of rapid diagnostic tests for infants and young children; and
- mHealth (mobile health) interventions.

WHO, with the Centers for Disease Control and Prevention, developed a handbook on improving the quality of HIV-related point-of-care testing, ensuring the reliability of test results. WHO helped countries develop prioritized plans for scaling up for viral load and EID and appropriate use of rapid diagnostic tests among children.

WHO's work on HIV testing included support for prequalification of HIV self-testing devices, including regular market landscape reporting and clinical utility criteria and developing normative guidance to support a range of community-based testing services. WHO led work on oral PrEP containing tenofovir disoproxil fumarate, including a review of efficacy, safety and acceptability data to support guidelines development. WHO developed materials and tools on implementation guidance, including post-market surveillance and safety monitoring, and reviewed service delivery platforms for PrEP across populations.

WHO reviewed data for VMMC devices and coordinated post-market surveillance and safety monitoring. This enabled potentially adverse events to be minimized by changing use and providing guidance for tetanus vaccination. WHO revised a manual for male circumcision under local anaesthesia for release in 2017.

### **Decentralization and integration**

WHO led joint agency initiatives on differentiated service delivery models for HIV care, which were introduced in 2016 guidelines for treating HIV infection. In November 2016 WHO jointly convened a technical consultation on these models for specific populations and settings, with a focus on pregnant and breastfeeding women, children, adolescents and key populations.

WHO provides guidance and support on monitoring and evaluation systems at district and local level, integrating HIV indicators into district health information systems (DHIS 2), providing monthly dashboards for key countries such as Kenya, and developing guidelines on person-centred patient and case monitoring to build individual-level monitoring systems. This enables decentralized planning and individual support for HIV and chronic health care. WHO supported 82% of Fast-Track countries in national and district-level programme reviews, 85% of Fast-Track countries with national- and district-level cascade analysis, and monitoring and evaluation systems for decentralized services.

WHO continued to advocate for joint TB and HIV programming and helped countries move towards integrated care through technical assistance and programme reviews. In coordination with the Global Fund, WHO convened a workshop in Nairobi where representatives from 11 countries shared best practices and identified actions and technical assistance needed to implement and monitor the revised TB/HIV and latent TB indicators. WHO convened an African regional meeting in Ethiopia where TB and HIV programme managers from 21 countries explored synergies to achieve global targets.



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