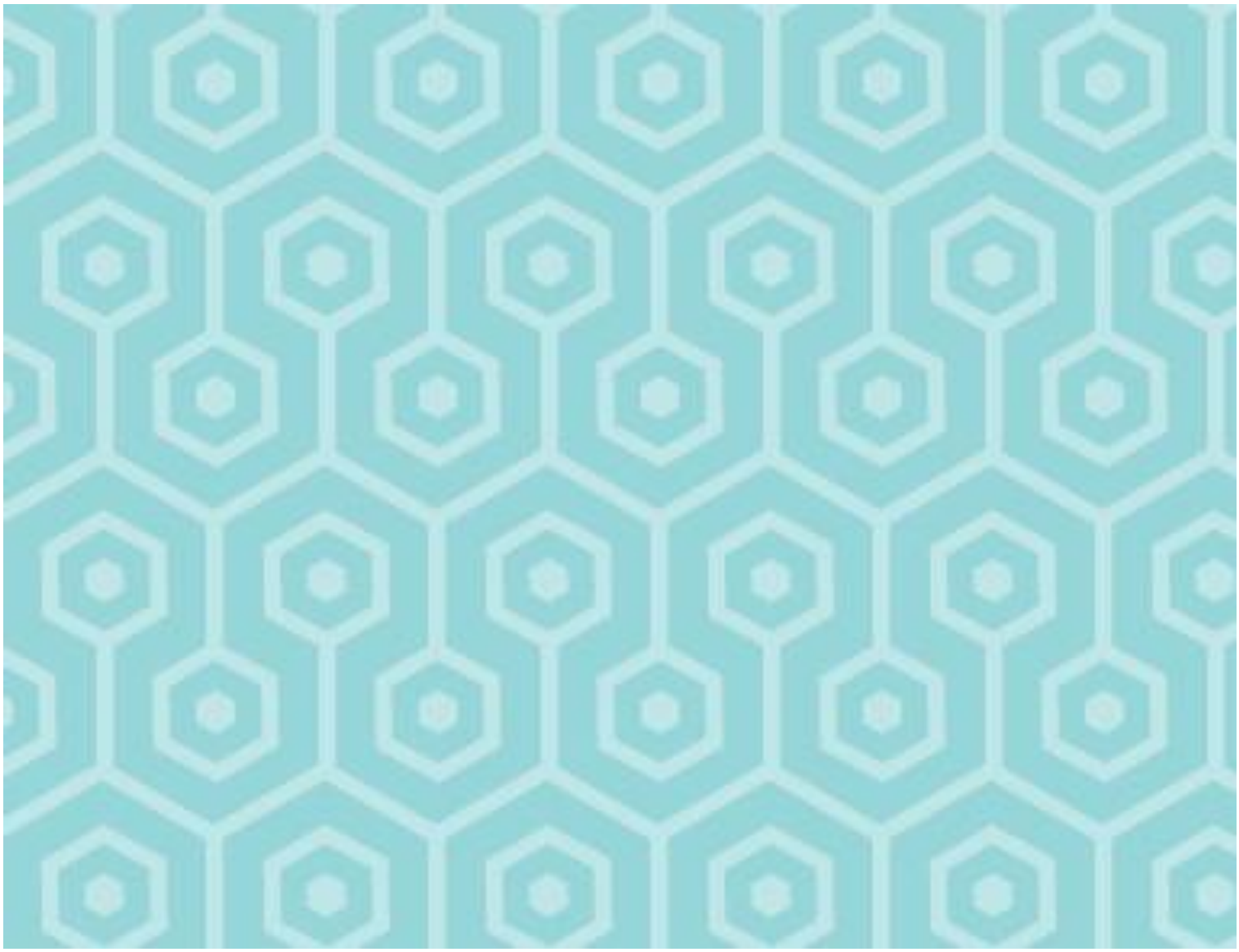
World Health Organization (WHO)

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



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Introduction

The WHO draft Thirteenth General Programme of Work 2019-2023 will guide the next phase of WHO's work on HIV. It includes a specific focus on the acceleration and elimination of high impact communicable diseases including HIV and is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all people at all ages: 1) advancing universal health coverage; 2) addressing health emergencies and 3) promoting healthier populations . Closely linked to the priorities of the WHO general programme of work are WHO Global Health Sector Strategies on HIV , Viral Hepatitis and STIs , for 2016 to 2021, which include the three dimensions of universal health coverage as strategic directions: 1. interventions for impact - improving the range, quality and availability of essential health interventions and services; 2. delivering for equity – improving the equitable and optimal uptake of services in relation to need; and 3. financing for sustainability – allocating adequate resources, reducing costs and providing financial protection for those who need services. The strategies, adopted by the World Health Assembly in 2016, are aligned to the UNAIDS strategy and targets and guide health sector work on HIV until 2021.

Highlights of 2016-2017 results

Testing and treatment scale-up continued rapidly during this biennium with strong WHO support, with 20.9 million people receiving treatment by mid-2017, compared with 19.5 million in 2016. Progress towards the "90-90-90" targets was guided by new and updated WHO policies and guidelines, including those on: the use of antiretroviral drugs for treatment and prevention; patient monitoring and case surveillance; HIV-related drug resistance; key populations; HIV self-testing and partner notification; managing advanced HIV disease; and sexual and reproductive health and rights of women living with HIV. Monitoring the uptake and implementation of WHO guidance is now routine and has demonstrated significant country impact: by November 2017, 70% of 139 low- and middle-income countries were following HIV "treat all" guidance, 58% had fully implemented routine viral load testing, 40% had included dolutegravir in first-line antiretroviral therapy combinations and 27% had either implemented or were developing a policy on HIV self-testing.

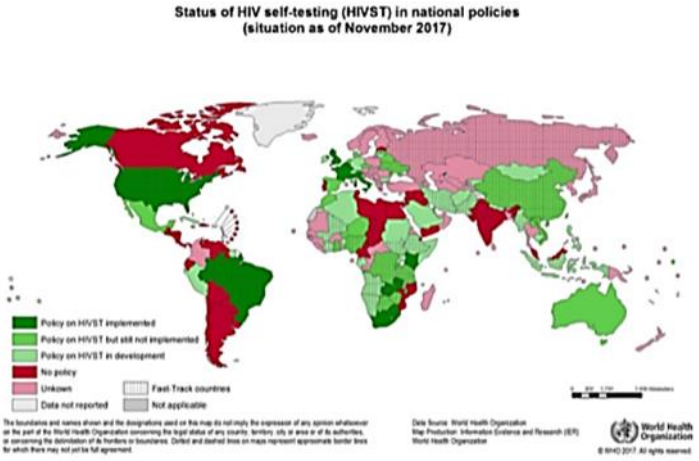
Key achievements by Strategy Result Area

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Innovative testing and counselling programmes

Currently, it is estimated that 7.5 million people living with HIV are unaware of their status. Countries are increasingly looking for ways to rapidly expand access to and use of HIV testing services, especially for populations with low service coverage and at higher risk that would otherwise would not carry out a screening test. WHO considers HIV self-testing a potential game-changing intervention to increase knowledge of status and has focused on HIV self-testing since 2013. In 2016, WHO published the first global recommendations and guidelines for HIV self-testing (HIVST) and partner notification (PN) as a supplement to consolidated guidelines on HIV testing services .

WHO support to countries additionally enabled a rapid adoption of HIVST, with increasing numbers of countries developing policies for HIVST and starting implementation. WHO's website www.hivst.org provides a repository of all HIVST programmes, national policies and research, tracks policy uptake and implementation and guides WHO's approach to planning policy dialogue and technical assistance with countries (see map updating on the situation in November 2017).



WHO also supported countries to improve the quality of testing, including use of WHO recommended testing strategies and the use of nationally validated testing algorithms, QI/ QA systems and re-testing before ART initiation.

In 2016, over 1.2 million babies were born to mothers living with HIV. Early, accurate and rapid diagnosis of HIV testing through Early Infant Diagnosis (EID) is a critical first step in identifying and providing treatment for HIV-infected children. This was discussed at a regional workshop with 16 countries on the Postnatal Package of Care for HIV-exposed Infants. In July of 2017, WHO published a brief on novel point-of-care tools for EID, suggesting sufficient evidence has been generated on the performance and patient impact of these technologies in both laboratory and field settings.

In response to tracking country need WHO held a major HIV testing services (HTS) dissemination meeting for 18 countries in Kenya in 2017. This included a focus on equitable and acceptable HTS for key populations. Regional HTS meetings for countries in EMRO, PAHO and WPRO were also held, in addition to a workshop on PN and HIVST for Indonesia. A series of community consultations on HIVST were organized to explore community concerns and issues relating to HIVST, addressing these so that communities are well prepared for HIVST as it is introduced in their countries. WHO also co-convened, with the UNAIDS Secretariat and the Global Fund, a major meeting in Senegal on HTS in West and Central Africa (WCA) as the region lags behind in their testing coverage and quality, particularly for key populations.

Medicines and commodities

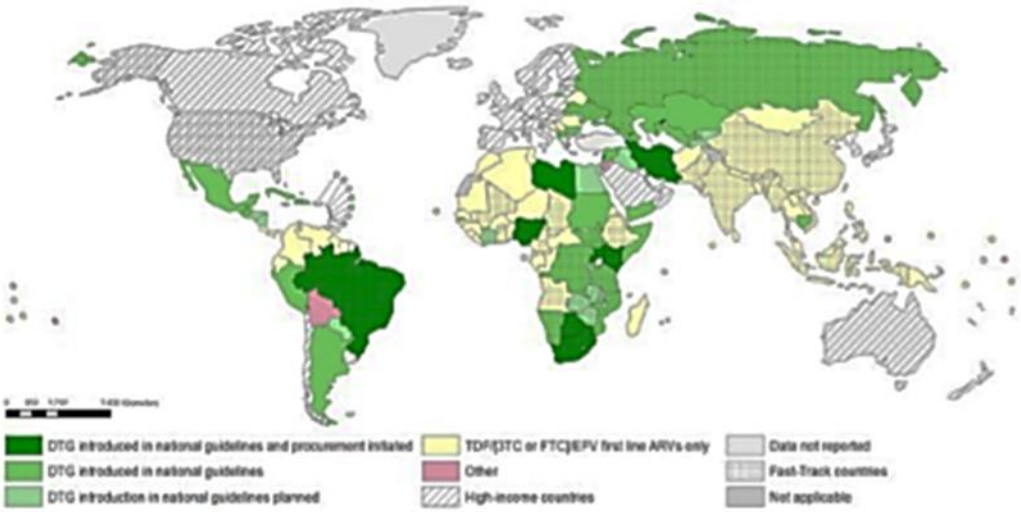
In 2016, WHO launched consolidated guidelines on the use of ARV drugs for treating and preventing HIV. Through this guideline, WHO recommends to “treat all” persons with HIV at any CD4 count and rapidly moved new science to policy and to practice. This guideline document included 52 new treatment and care recommendations covering adult, pediatric, adolescent, pregnant women as well as, 10 new service delivery recommendations in support of differentiated models of care. These recommendations promote rapid initiation of ARVs and the use of innovative testing and diagnostic platforms through a public health approach.

Data from November 2017 demonstrated that the proportion of low- and middle-income countries (LMIC) adopting policies to “treat all” in line with WHO guidance increased from 33% in 2016 to 70% during 2017. The data from the WHO HIV Country Intelligence Tool are based on reports from 139 LMIC. Countries are now putting the newly adopted policies into practice, with 69 countries (50% of all LMIC) already starting implementation.

A key challenge to reducing AIDS-related mortality is the persistent burden of advanced HIV disease, with more than a third of people starting ART with advanced immunosuppression (defined as CD4 cell count <200 cells/mm3). In response to this challenge, WHO released guidelines for responding to advanced HIV disease within a public health approach in July 2017 WHO.

Most countries are shifting to newer and better treatment regimens following WHO advice: 72% of LMIC adopted TDF + 3TC (or FTC) + EFV as the preferred first-line therapy, while an additional 40% of LMIC are making shifts to dolutegravir (DTG) containing regimens (see following map). In 2017, generic versions of DTG were launched in the market and will soon be available at a lower price point, also combined in fixed-dose combination with TDF and 3TC. Many countries are moving to adopt DTG as part of their first-line treatment.

TDF/3TC(FTC)/EFV as the preferred first line ARV combination among adults and adolescents and initial shifts towards Dolutegravir (DTG) in low- and middle-income countries (situation as of November 2017)



WHO recommends adopting drug regimens with high potency, lower toxicity, high genetic barriers to resistance, usefulness across different populations and lower cost. The programmatic transition to optimized drug regimens can improve the durability of the treatment and quality of care of people living with HIV. In July 2017 WHO published a technical update to support the transition to new antiretrovirals in HIV programmes.

WHO co-convened a third Conference ARV Drug Optimization in November 2017 to define the research necessary to optimize second- and third-line antiretroviral therapy regimens for adults in the next 5 years, and the sequencing and recycling of key products in a public health setting.

Better diagnostics, treatments and service delivery are essential to achieve the 90-90-90 targets by 2020 and by the end of the biennium routine HIV viral load monitoring was fully implemented in 58% of LMIC and partially implemented in 25% of LMIC with total volumes

reaching 14 million in 2017. WHO agreed on ten key cascade indicators with partners to assess gaps towards achieving 90-90-90. WHO convened 25 high burden countries covering 85% of the epidemic to establish testing and treatment gaps, analyse cascades and prioritize actions to fill these nationally and sub nationally.

WHO convenes a Pediatric Technical Working Group, focused on HIV treatment optimization for children. This provides the opportunity to discuss in detail new data and research plans on new antiretroviral drugs and formulations as well as the potential role of emerging new options in the HIV drug pipeline (tenofovir alfenamide 'TAF', long-acting formulations) from a public health perspective. WHO also convened a third meeting on Pediatric ARV Drug Optimization (PADO 3) in 2016 to take stock of the progress made and to further advance the pediatric treatment optimization agenda. In this biennium it provided a forum to foster cross-sector coordination across the continuum of drug development – from discovery to uptake – that is required to scale up ART for children.

Declining new HIV infections among children presents a disincentive for pharmaceutical companies to invest resources in developing suitable ARVs for children. Focused and coordinated action is required to make age-appropriate optimal formulations rapidly available to infants, children and adolescents living with HIV. Several consultations, led by WHO, have advanced the discussion on drug and formulation development for children, resulting in a more collaborative and coordinated response.

WHO worked in collaboration with the Elisabeth Glaser Pediatric AIDS foundation and provided enhanced technical assistance on treatment and care of children and adolescents living with HIV in 21 priority countries with a key regional meeting on the margins of ICASA 2018. In addition, WHO and AIDS FREE partners developed a global action plan launched on December 2017 to accelerate development and introduction of new pediatric formulations. WHO is also supporting introduction of the AA-HA! Framework to promote a stronger focus on improving service delivery for adolescents to ensure their specific needs are addressed. In this context WHO is promoting adaptation of differentiated care models to the needs of children, adolescents and their families.

Increasing levels of HIV drug resistance present a key challenge to reaching the 90-9090 target of viral load suppression. A WHO 2017 WHO HIV drug resistance report highlighted concerning trends in the levels of HIVDR across several regions that need to be addressed. HIV drug resistance detected in people starting ART, is increasing in low- and middle-income countries. In six of the 11 countries reporting nationally representative survey data (2014–2016), over 10% of individuals who initiated ART had virus resistant to efavirenz (EFV) and/or nevirapine (NVP), the WHO-recommended and widely used NNRTI antiretroviral (ARV) drugs as part of first-line ART.

A recent review shows that people with a virus resistant to EFV and/or NVP are more likely to

fail to suppress and maintain viral load below 1000 copies/ml. They are also significantly more likely to experience virological failure or death, discontinue treatment, and acquire new HIVDR mutations. In 2017 WHO released guidelines for responding to the threat of HIV drug resistance within a public health approach. The guidelines recommend that countries with documented national prevalence of resistance to EFV or NVP at or above 10% should urgently move away from using these drugs in first line.

WHO supports countries to prevent, monitor and respond to HIVDR. The Global Action Plan on HIVDR, 2017–2021, developed in collaboration with partners and stakeholders, provides a five-year framework for action centred on five strategic objectives. The framework outlines key actions for all partners involved in the global response to HIVDR, and links to indicators to track implementation of the plan.

WHO continues to support countries to monitor, prevent and respond to HIVDR. In 20162017 30 countries have initiated HIVDR surveys following WHO methods. The WHO- coordinated Global Laboratory Network continues to expand. Currently 31 laboratories have been accredited by WHO for HIVDR testing; in 2017 three additional laboratories have been evaluated by WHO for designation. In 2016-2017 WHO developed a global HIVDR database, and in 2017 provided training to 26 countries on its function and use.

Strategy Result Area 2: New HIV infections among children eliminated and their mothers' health and well-being is sustained

Comprehensive eMTCT services

In 2017 WHO and UNICEF supported the Elimination of Mother to Child Transmission (EMTCT) last-mile agenda by promoting the use of data at the decentralized level to support the implementation of "differentiated EMTCT responses". Examples of "differentiated responses" include: introducing sub national data dashboards and performance reviews to address remaining programme bottlenecks in poor performing areas; improving the retention of pregnant and breastfeeding women initiated on antiretroviral treatment through SMS reminders for clinic appointments; and community-based support strategies.

Since 2015, WHO, at headquarters and regional offices, with support from UNAIDS and UNICEF, led a global process of validating countries in EMTCT of HIV and Syphilis as a public health problem. WHO serves as the secretariat for the Global Validation Advisory Committee (GVAC), a group of international experts in EMTCT including community representatives and human rights experts and convenes regular meetings to determine whether countries have met criteria for validation of elimination or steps along the path to elimination. The WHO EMTCT initiative is a leading example of service and programme integration. To date, 11 countries have been validated for EMTCT of HIV and/or syphilis.

Surveillance indicators for EMTCT as well as STIs (gonorrhea and syphilis) have been incorporated into the Global AIDS Monitoring (GAM) allowing for integrated progress monitoring and all regions have established validation structures to support EMTCT. Two regions (WPRO, PAHO) have now committed to the triple elimination of MTCT of HIV, syphilis and hepatitis B. WHO will continue to play a critical leadership role in developing the normative elements required by the EMTCT agenda..

Strategy Result Area 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

Combination prevention

WHO continues to lead normative work on PrEP and Voluntary Medical Male Circumcision (VMMC), supporting countries to implement these interventions as part of comprehensive HIV prevention programmes that monitors safety, uptake and coverage. Through the biennium WHO led, catalysed and coordinated with relevant partners to increase VMMC uptake among adult men.

WHO started the process of updating the global VMMC guidance, focusing on transitioning from the catch-up phase to the longer term sustainable phase. The focus will be on broadening the impact of VMMC services to include other HIV and health benefits. WHO continues to share information and enhance dissemination to accelerate uptake and shift directions in VMMC service delivery. WHO supports the Clearinghouse on male circumcision - a key tool for broader information dissemination including on accelerating uptake of VMMC

Youth health and education

WHO provided support to governments and partners considering implementing PrEP and HIV testing services for adolescent girls and young women. This included a one-year programme review of the South African PrEP programme, which in its first year showed less demand in the early stages than originally anticipated, although there were many additional benefits of the programme. Other support included reviewing policies and materials and the maintenance of a list of countries where TDF-containing regimens are approved for PrEP. Strategic and technical support and advice was also provided, in accelerating HIV services for adolescent girls and young women and their male partners, through a dissemination meeting on HIVST and APN guidance. The meeting included ministry and implementing partner representatives from 18 African countries. WHO will continue to provide support to the Global Fund in reviewing country proposals to ensure that priorities for adolescent girls and young women are included where needed.

WHO supported Global Fund programmes focused on adolescent girls and young women with policy guidance to increase the focus on and impact of adolescent girls and young women service packages. As a key contributor of the Start Free Stay Free AIDS Free framework, WHO fosters collaboration to address existing issues to increase access to critical commodities for age-appropriate testing and treatment of children and adolescents living with HIV.

Strategy Result Area 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants

HIV services for key populations

WHO has taken the lead in the development of normative guidelines and tools for key populations, which were brought together in Consolidated Guidelines for HIV Prevention, Diagnosis, Treatment and Care in 2014. In 2016 these guidelines, as well as the policy brief that goes with it, were updated. In 2017 WHO published examples of good practice of programmes serving key populations, along the prevention, testing and treatment cascade.

In 2017, WHO HQ and AFRO also reviewed all national strategic plans of countries in the African region on how policies and programmes include key populations. The report will be published in Q1 2018. WHO HQ HIV department is also leading the global hepatitis programme and started a working group with the aim to integrate responses for HIV, TB and viral hepatitis with harm reduction for people who use drugs.

Harm reduction services for people who inject drugs

The WHO HIV department, together with the departments of Substance Abuse and Access to Controlled Medicines, collaborated on UNGASS follow up and the outcome document. WHO prepared and then presented a report at the 2017 World Health Assembly (WHA) on efforts related to the UNGASS outcome document and the public health dimensions of the world drug problem.

WHO also provides direct country support on advocacy and implementation of the comprehensive package of nine interventions that has now been adapted to include community distribution of naloxone to manage opioid overdose and the structural interventions outlined in the package for key populations. WHO supported countries with the development of national guidelines for opioid substitution therapy programmes as well as in some cases for the treatment of stimulants including in Myanmar.

Strategy Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Gender equality

As part of its contribution to leaving no-one behind, WHO's Gender, Equity and Human Rights (GER) Team, in conjunction with other WHO Departments, outlined four components of a Country Support Package, which provide country-level support to benefit all populations, health information systems, national health policies and strategies, and national health programmes. The tool is being used to promote gender work in countries highly impacted by HIV.

Gender-based violence

With support from PEPFAR, in October 2017 WHO issued guidelines for responding to children and adolescents who have been sexually abused, including recommendations for comprehensive post-rape care such as HIV PEP, Emergency contraception, STI treatment and mental health. 34. These guidelines are being disseminated to 13 countries (26-28 February 2018) with the highest HIV prevalence among adolescent girls and young women and are priorities for PEPFAR's DREAMS initiative and Global Fund's catalytic initiative to reduce HIV prevalence among adolescent girls and young women. Countries are developing plans for adapting the guidelines to their national context.

WHO will support uptake of GBV clinical guidelines for improving quality GBV services to women and to children and adolescents who have experienced sexual abuse in select countries in east and southern Africa, focusing on SRH and HIV providers.

WHO launched and disseminated a manual for health managers, strengthening health systems to respond to women subjected to intimate partner violence or sexual violence. The manual is intended for health managers at all levels of health systems and is based on the WHO guideline Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines, 2013.

Strategy Result Area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

HIV-related stigma and discrimination in health care

In 2017 WHO significantly strengthened leadership advocacy to support efforts to eliminate HIV-related stigma and discrimination in health care. The Director-General delivered an

intervention at the October 2017 Human Rights Council's Social Forum on Promotion and protection of human rights in the context of the HIV epidemic and other communicable diseases and epidemics. WHO also convened a cross-organizational working group to take forward this agenda.

WHO was a key contributor at the 2017 Prince Mahidol Award Conference and led a session on "Discrimination in Health Care - Determinants and Consequences". The session brought together leading figures from communities of women's rights, the right to health, HIV, and the health workforce, to engage in discussion on the challenges underpinning discrimination in health care and the imperative, as well as opportunities, for action. On-going work towards generating evidence on interventions effective in reducing HIV-related stigma and discrimination, as well as work towards a joint UN interagency statement on eliminating discrimination in health care, was shared.

Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health

Decentralization and integration of HIV related services

WHO continued to support countries in joint programming and improving access to integrated TB and HIV services in 2017. The second joint meeting for TB and HIV Programme Managers, convened by WHO, brought together country participants from 25 countries in the African region. The meeting aimed to contribute to strengthening the health sector response and accelerate progress towards reaching universal access to HIV prevention, treatment, care and support. It also focused on accelerating the response to end TB in the African region and achieving SDG goals for HIV, TB and Viral Hepatitis.

To support TB and HIV programmes in joint planning and placement of integrated laboratory platforms for the diagnosis of both TB and HIV, an information note on considerations for adoption and use of multi-disease testing devices in integrated laboratory networks was developed.

WHO developed guidance to promote implementation of differentiated models of care for families and ensure that specificities attached to pregnant women, infants, children and adolescents are adequately captured in the country efforts to take treatment and care closer to patients and improving their quality of life.

In 2017, WHO progressed its work on ensuring a positive pregnancy experience, through the incorporation of HIV recommendations in normative guidance and dissemination. New ANC recommendations on supporting a positive pregnancy experience include recommendations on both syphilis and HIV screening as well as on the incorporation of PrEP.

WHO also published consolidated guidelines on sexual and reproductive health an rights of women living with HIV in 2017. The starting point for the guidance is the point at which a woman has learnt that she is living with HIV, and it therefore covers key issues for providing comprehensive sexual and reproductive health and rights-related services and support for women living with HIV. As women living with HIV face unique challenges and human rights violations related to their sexuality and reproduction within their families and communities, as well as from the health-care institutions where they seek care, particular emphasis is placed on the creation of an enabling environment to support more effective health interventions and better health outcomes. The guidance is designed to help countries to more effectively and efficiently plan, develop and monitor programmes and services that promote gender equality and human rights and hence are more acceptable and appropriate for women living with HIV, taking into account the national and local epidemiological context.

WHO recognizes that the integration of targeted Sexual Health and STI/HIV prevention interventions in a combination prevention strategy is particularly important for key and vulnerable populations. In countries that are affected by a concentrated HIV epidemic and have a high STI burden, those populations should be at the centre of the national responses to the STI/HIV epidemic. With this regard WHO progressed a number of projects in 2017. For example, the final report and a peer reviewed article on the SIALON II (an integrated bio-behavioural survey of men who have sex with men in 13 European countries) methodology and results of the primary analysis of SIALON II data were published and disseminated. The results of the survey were used for the GARPR reporting process as well as for development of the regional HIV/AIDS epidemic scenarios. Secondary analysis of SIALON II data was also completed, and several peer review articles published. Finally in 2017, a systematic review was conducted on physical and sexual violence experienced due to sexual orientation and gender identity. The review included data from 74 studies conducted in 50 countries between 1995 and 2014. The prevalence of physical and sexual violence among all LGBTI groups ranged from 6% to 25%, and 5.6% to 11.4%, respectively. For transgender people specifically, the prevalence ranged from 11.8% to 68.2%, and 7.0% to 49.1%.

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