

***2018 Controlling the HIV Epidemic Summit***  
**Geneva, 3-4 May 2018**

# The Health SDGs and Universal Health Coverage Re-Igniting Political Will for Action

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# Ending AIDS on the path to Universal Health Coverage



## An inclusive and sustainable vision for Universal Health Coverage



'We have a historic opportunity to make transformational improvement in world health. Let us make universal health coverage a reality for many more people.'

**Dr. Tedros Adhanom Ghebreyesus,  
Director-General of WHO**

**Attainment of the highest possible level of health for all people**

**SDG 3: Ensure healthy lives and promote well-being for all at all ages**

**Vision**

By driving progress towards the SDGs

**Mission**

Keep the world safe

Promote health

Serve the vulnerable

**Impacts**

xx% increase of world's level of service delivery coverage  
xx% decrease in the number of people suffering financial hardships in accessing health services

% of world safer from epidemics  
% of people in FCV states with access to essential health services

Women, children, adolescents

**UHC/SDG Accelerators**

Climate and environment

Communicable diseases

Noncommunicable diseases

Health diplomacy

**Leadership Accelerators**

Implementation of governance decisions

Multi-sector partnerships

Gender and diversity

**Strategic priorities**

Health coverage  
Help countries strengthen health systems to achieve UHC

Health emergencies  
Prevent, detect, and respond to epidemics and provide health services in emergencies and help operate and restore health systems

Health targets  
Help countries to drive progress towards SDGs

Health leadership  
Provide political leadership in global health as well as the world's platform for collective decision-making in health

**Enablers**

- Re-engineering data architecture
- Fit-for-purpose admin & management

- Strengthening resource mobilization, communications and expanding partnerships

- Workforce excellence
- Fostering innovation

**What WHO will do differently?**

- Placing countries at the centre
- Set priorities

- Provide political leadership
- Value for money

- Focus on outcomes and impacts
- Become more operational

# Ending AIDS on the path to UHC



## Presentation

### **Epidemics: where are we?**

Universal Health Coverage

Global strategies to drive elimination and achieve UHC

# Global HIV epidemic (2016)

# 36.7 million

people now estimated to be living with HIV

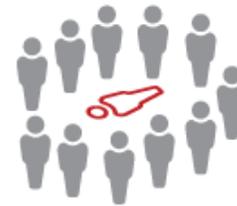
[30.8–42.9 million]



# 1.8 million

people newly infected

[1.6–2.1 million]



# 1.0 million

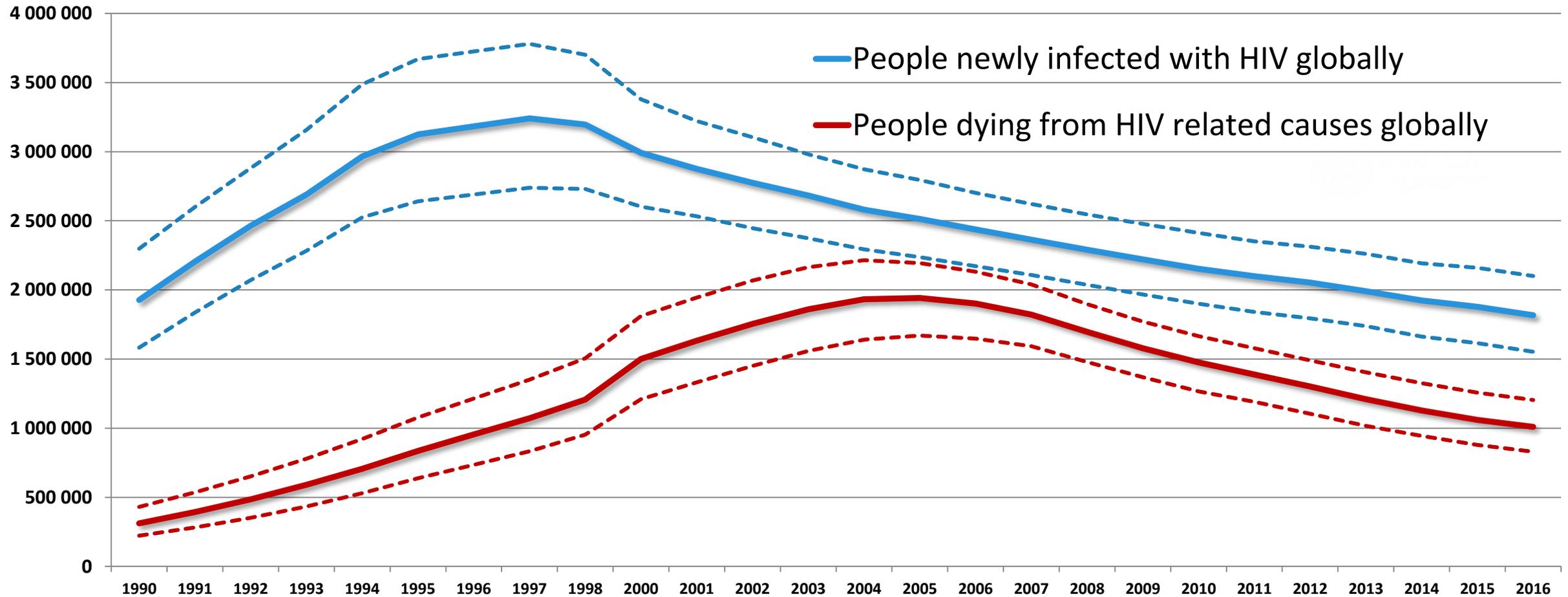
HIV-related deaths

[830 000–1.2 million]

# 0.4 million

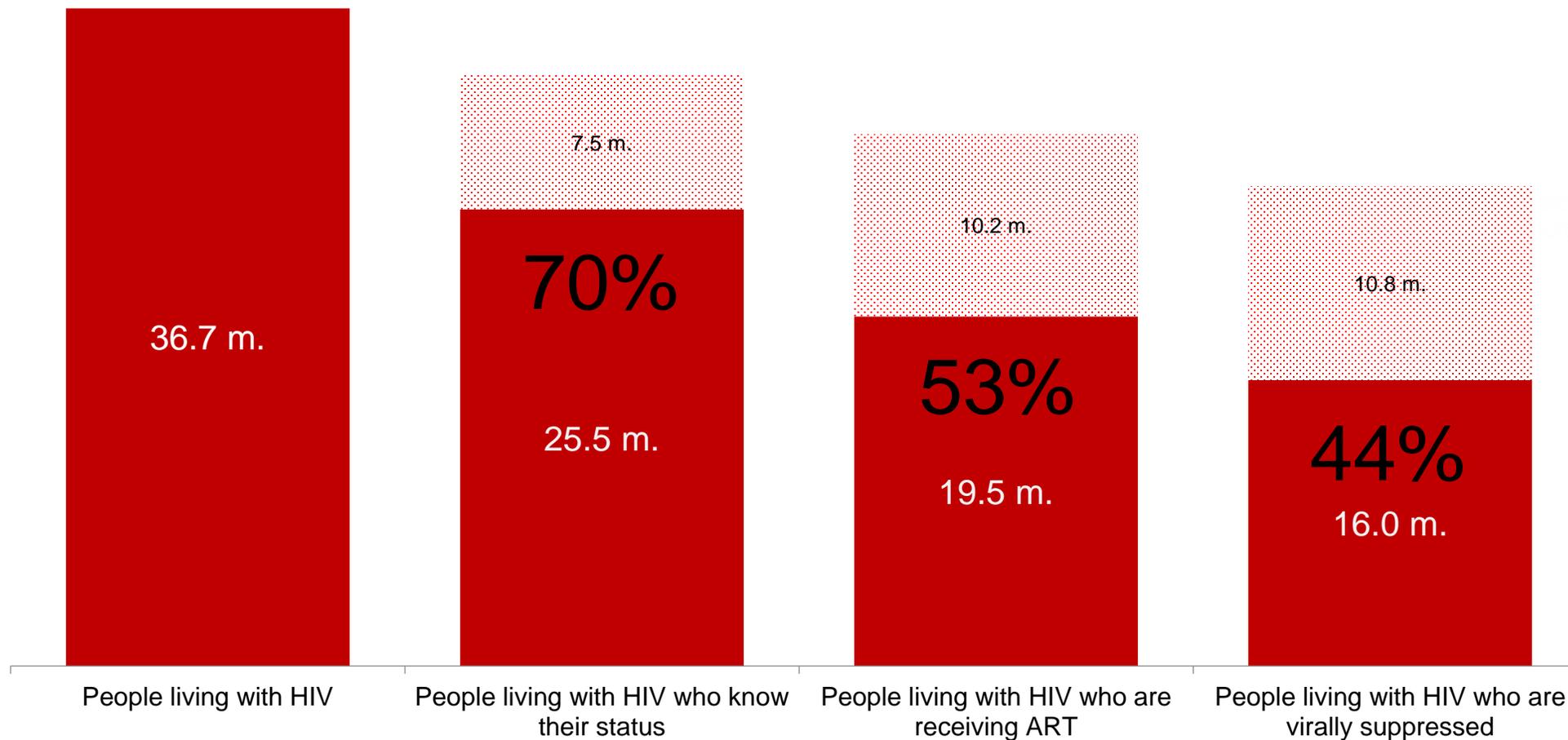
TB-deaths among  
people living with  
HIV

# Decline in HIV incidence and mortality over time



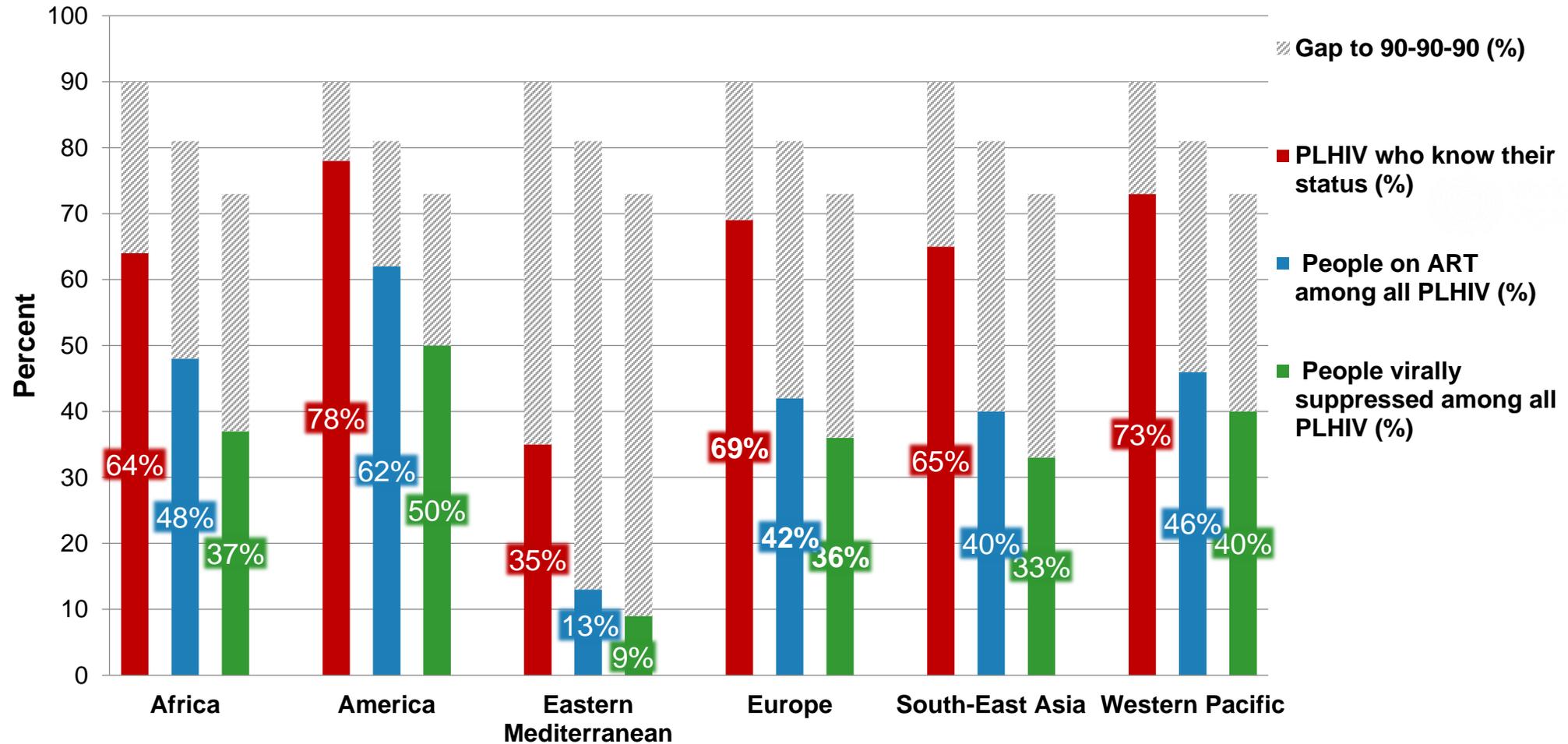
Source: UNAIDS/WHO estimates.

# 90-90-90 HIV testing and treatment cascade (2016)

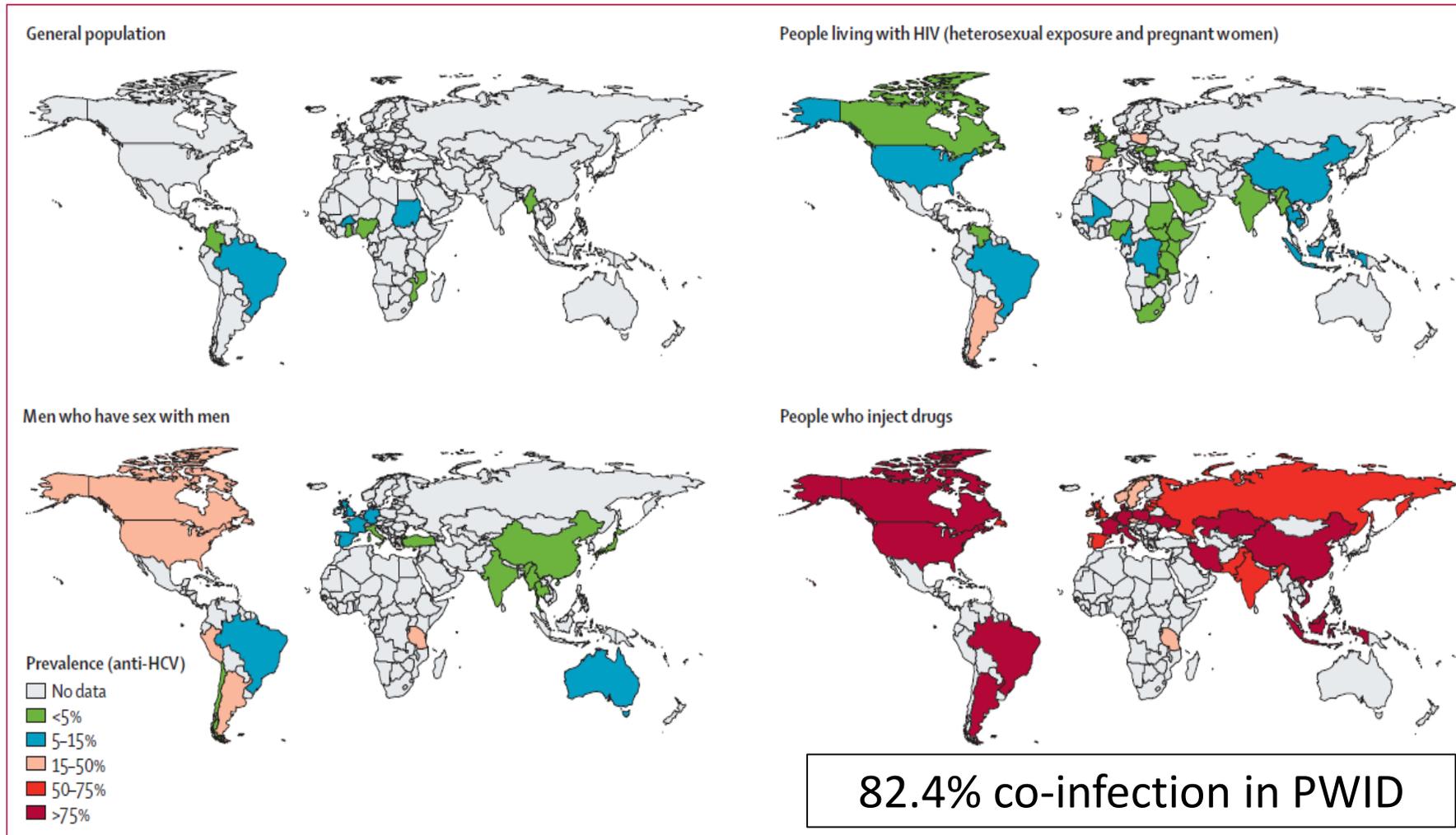


UNAIDS/WHO estimates

# Progress is uneven: 90-90-90 by WHO region (2016)



# HIV/Hepatitis C co-infection prevalence

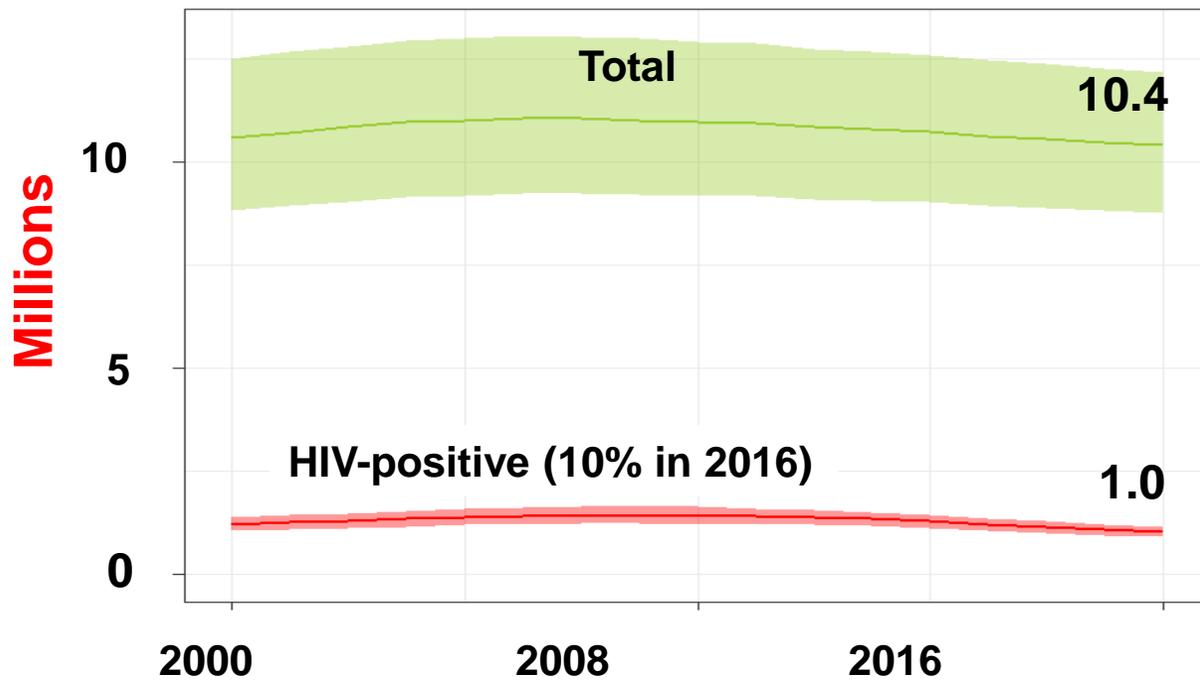


# Global TB epidemic 2000-2016



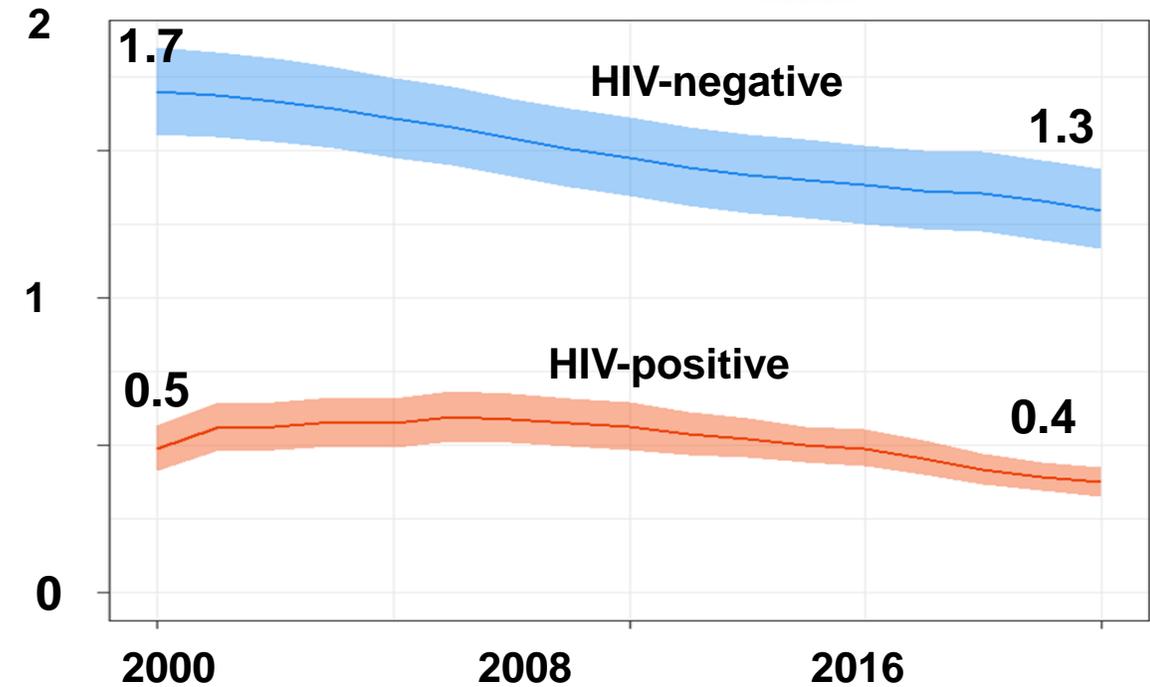
53 millions lives saved and TB deaths fell by 22%

## TB incidence



Incidence falling about 2% /year

## TB deaths



Mortality falling about 3% / year

# Considerable work ahead towards 2030

HIV continues as health threat in all regions

Success for “vertical” HIV (and TB) programmes – yet progress uneven and inequitable

New opportunities: medicines, technologies, approaches and commitments

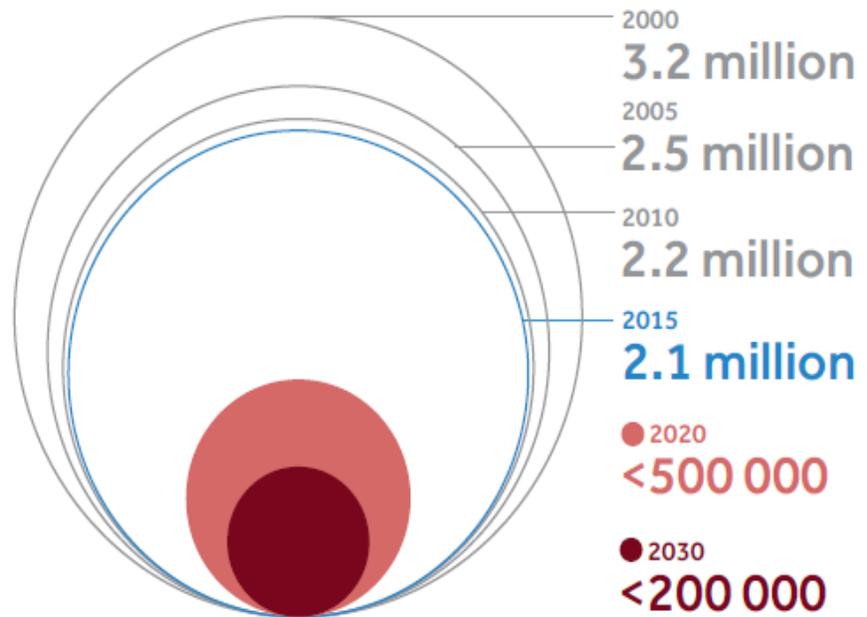
Alignment across Agenda 2030 goals for sustainable impact on health and development

**3** GOOD HEALTH AND WELL-BEING

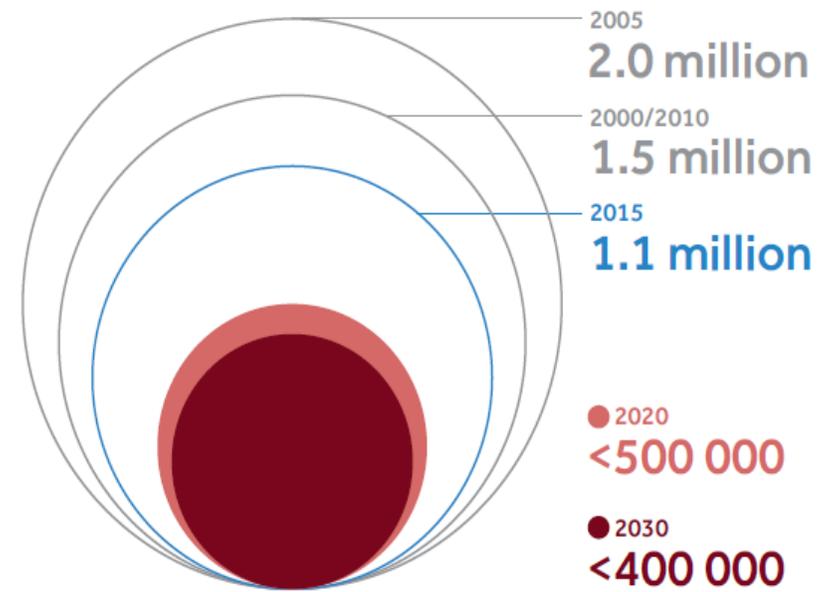


**SDG3.3 Ending epidemics**

# Progress on HIV Targets



New Infections



HIV-related Deaths

# Implementation Progress is patchy

Healthization

	Percentage PLHIV know HIV status	PLHIV on ART	People on ART with viral suppression (%)	ART retention at 12 months (%)	PMTCT coverage (%)	Condom use at last high risk sex (%)	Males circumcised (%)	Needles per PWID (per year)
COUNTRIES								
Angola	40%	22%	16%	39%	44%	38%	96%	
Botswana	85%	83%	78%		95%			
Cameroon	58%	37%	19%	72%	74%	64%	94%	
Chad		39%	32%	68%	63%	36%	97%	
Côte d'Ivoire	58%	41%	32%		73%	50%	97%	
Democratic Republic of the Congo		42%	80%	84%	7%	27%	97%	
Ethiopia	67%	59%	51%	86%		54%	92%	
Ghana	45%	34%		91%		26%	96%	
Kenya		64%	51%	84%	8%	67%	93%	155
Lesotho	72%	53%			66%	76%	72%	
Malawi	70%	66%	59%	76%	84%	62%	28%	
Mali		35%	9%	76%	35%	30%		
Mozambique	61%	54%		70%	8%	37%	47%	
Namibia		64%		75%	95%	70%	26%	
Nigeria	34%	30%	24%	70%	32%	49%	99%	
South Africa	86%	56%	45%	68%	95%			
South Sudan		10%		68%	29%			
Swaziland		79%	68%	93%	95%	60%	8%	
Uganda	74%	67%			95%	51%	27%	
United Republic of Tanzania	70%	62%			84%	56%	80%	17
Zambia	66%	65%	58%	80%	83%	50%	22%	
Zimbabwe	75%	75%	64%	87%	93%	79%	14%	

# Ending AIDS on the path to UHC



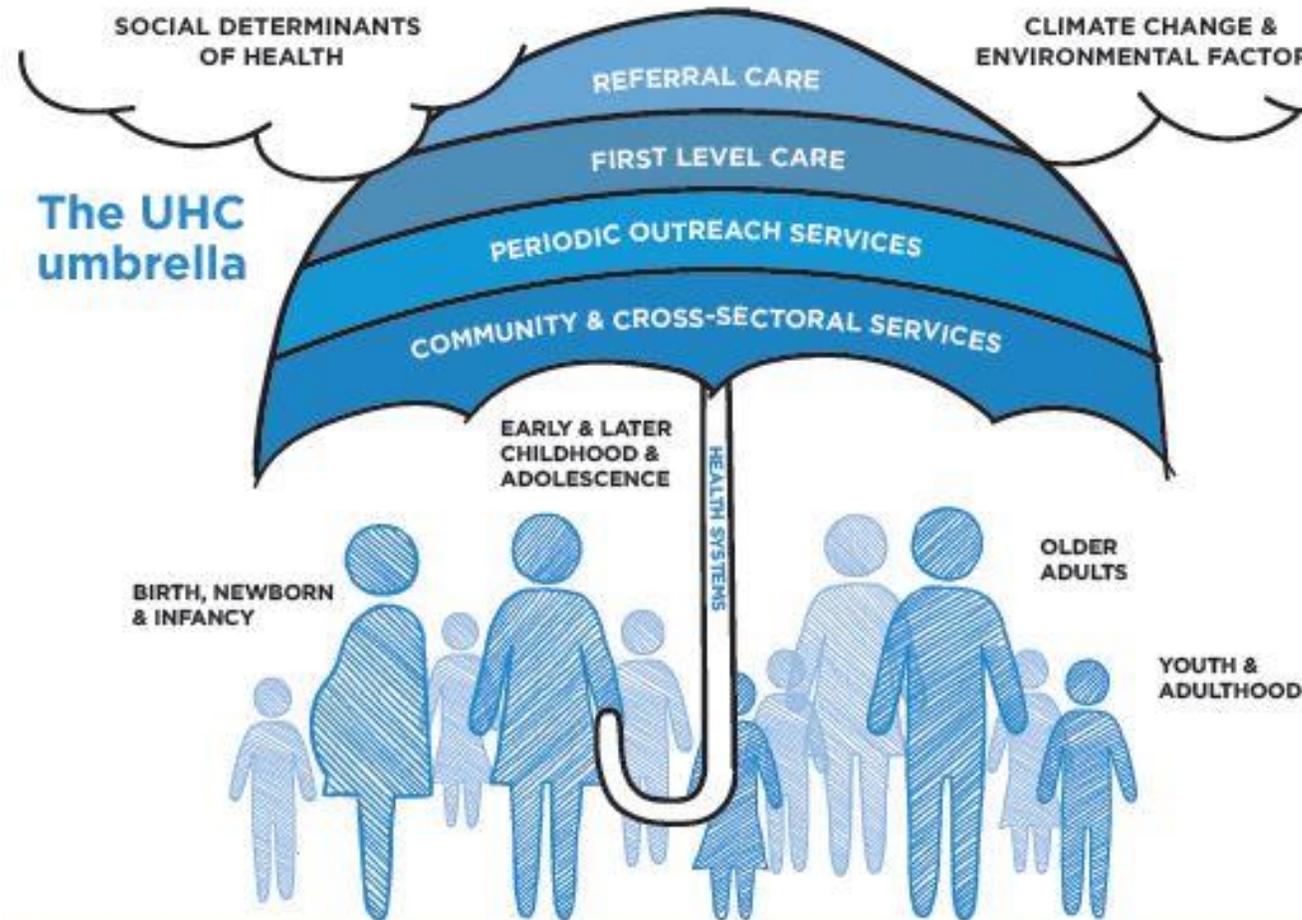
## Presentation

Epidemics: where are we?

## Universal Health Coverage

Global strategies to drive elimination and achieve UHC

# UHC – a people-centered approach



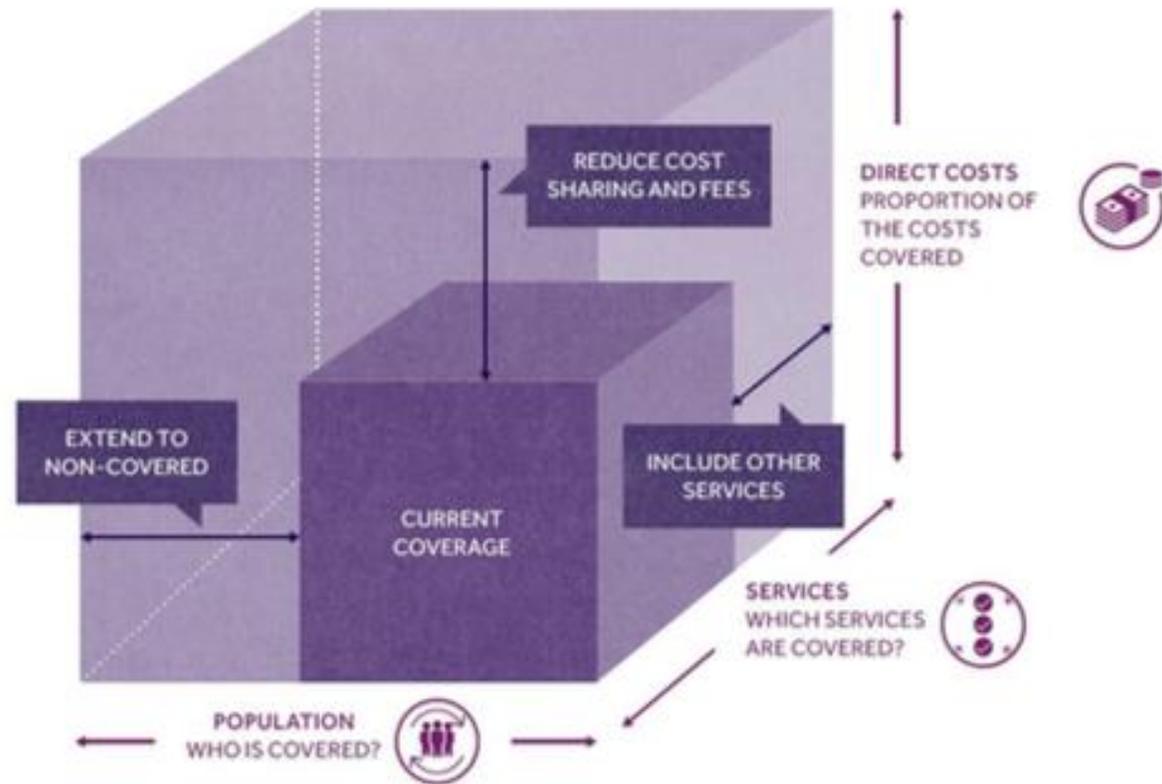
- **A political opportunity to revolutionize health in broad terms**

- **WHO call to action launched at the UNGA 2017**

- **Leave no-one behind - health as a human right**

- **Considerable momentum across sectors**

# Three dimensions of universal health coverage

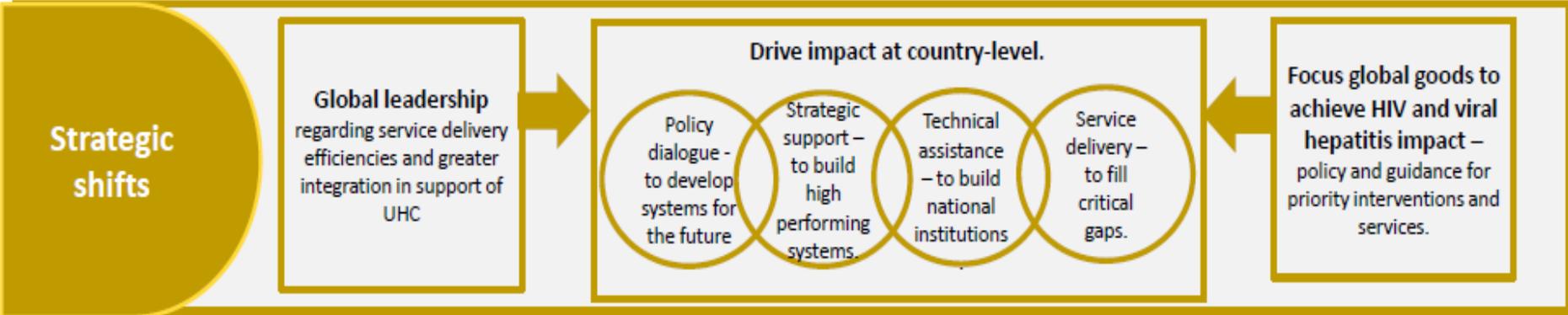


All people receive the services they need of sufficient quality to make a difference without incurring financial hardship

## Three Dimensions

- 1) Reducing costs to prevent financial hardship
- 2) Expanding range of high-impact services
- 3) Increasing service coverage for populations and locations to achieve equity

<b>Mission &amp; Goal</b>	<b>Eliminate AIDS and Viral Hepatitis</b>		<b>GPW 13 mission:</b> <ul style="list-style-type: none"> <li>Promote health – Keep the world Safe – Serve the vulnerable</li> </ul>
<b>Strategic frameworks</b>	<ul style="list-style-type: none"> <li>WHO 13<sup>th</sup> General Programme of Work</li> <li>Agenda for Sustainable Development</li> </ul>	<ul style="list-style-type: none"> <li>Universal health coverage</li> <li>Global health sector strategies on HIV and Viral Hepatitis</li> </ul>	
<b>Strategic priorities</b>	<ul style="list-style-type: none"> <li>Reduce HIV and hepatitis deaths</li> <li>Prevent new HIV and hepatitis infections</li> <li>Deliver integrated response</li> </ul>	<ul style="list-style-type: none"> <li>Achieve UHC</li> <li>Address health emergencies</li> <li>Promote healthier populations</li> </ul>	



- Operational shifts**
- Deliver coordinated and quality support in countries
  - Emphasize operational and programmatic guidance
  - Promote strong and vibrant synergies within WHO
  - Transform and expand partnerships
  - Drive innovation
  - Foster cultural change

# GPW 13 Strategic Priorities



## 3 strategic priorities and the 'triple billions' targets

- **Achieving UHC** – 1 billion more people benefitting UHC
  - Deliver integrated HIV, TB and hepatitis responses through Global Health Sector Strategies
  - Address inequities and achieve gender equality
  
- **Health emergencies** – 1 billion more people protected from health emergencies
  - Building resilient health systems
  - Continuity of essential HIV, TB and hepatitis services
  - Responding to HIV, TB and hepatitis outbreaks
  
- **Healthier populations** – 1 billion more people with better health
  - Platform 1: Improving human capital across life course
  - Platform 2: Preventing noncommunicable diseases and mental health
  - Platform 3: Elimination and eradication of high-impact communicable diseases
  - Platform 4: Tackling antimicrobial resistance
  - Platform 5: Climate change and small island states

# HIV in Context of Healthier Populations



- **Platform 1: A life course approach to HIV**
  - Triple elimination of mother-to-child transmission of HIV, HBV and syphilis
  - Paediatric treatment
  - HIV prevention for adolescent girls and young women (e.g. links to SRH, PrEP), and adolescent boys ( e.g. male circumcision in SSA)
  - Adolescent treatment
  - Antiretroviral therapy for adults
  - Chronic care for aging populations, including management of coinfections, cancers and other NCDs
  - End of life care
  
- **Platform 2: Preventing non-communicable diseases**
  - Prevention and management of common NCDs among people living with HIV ( e.g. cancers, CVD, diabetes, neurological complications)
  - Addressing common substance use and mental health disorders (e.g. depression, anxiety, substance dependence and overdose)
  - Integration and linkage of HIV and NCD services
  - Use of innovative models of HIV service delivery to address NCDs in hard-to-reach populations (e.g. harm reduction, services for MSM)
  
- **Platform 3: Eliminating high-impact communicable diseases**
  - Achievement of 90-90-90 and HIV prevention targets
  - Guided by global strategies on HIV, TB, viral hepatitis, STIs
  - Provision of high-impact interventions across the continuum of HIV services (health promotion, prevention, testing, treatment and chronic care)
  
- **Platform 4: Tackling antimicrobial resistance**
  - Implementation of Global Action Plan on HIV Drug Resistance

# Stronger together – shared challenges

- Strengthening impact and accountability for HIV and other communicable diseases under UHC
- Ensuring all essential HIV interventions are included in UHC package
- Understanding and addressing financial hardship and risk
- Ensuring all people are considered in UHC approaches, specifically key, overlooked and underserved populations
- Addressing health determinants as part of UHC
- Strengthening health and community systems

# Integration and linkages

- Managing Co-infections: HIV; tuberculosis; viral hepatitis; STIs etc
- Collaborating to overcome antimicrobial resistance (AMR)
- Leveraging interventions for multiple goals: PMTCT; testing; safe injection, blood safety and infection control
- Working with IVB and the Expanded Programme on Immunization (HBV vaccine) and injection safety (SDS)
- Ensuring links to broader sexual and reproductive health, substance use disorders, noncommunicable diseases and gender-based violence
- Cross-cutting functions linked to systems strengthening, M&E, human resources and health finance

# Global Health Sector Strategies as Roadmaps to Elimination



# Towards Ending Epidemics - Vision, Goal and Targets

Frameworks for action: Universal Health Coverage; the continuum of services; and, a public health approach

## The three dimensions of Universal Health Coverage

Strategic Direction 1:

Information for focused action

*The who and the where*



Strategic Direction 2:

Interventions for impact

*The what*



Strategic Direction 3:

Delivering for equity

*The how*



Strategic Direction 4:

Financing for sustainability

*The financing*



Strategic Direction 5:

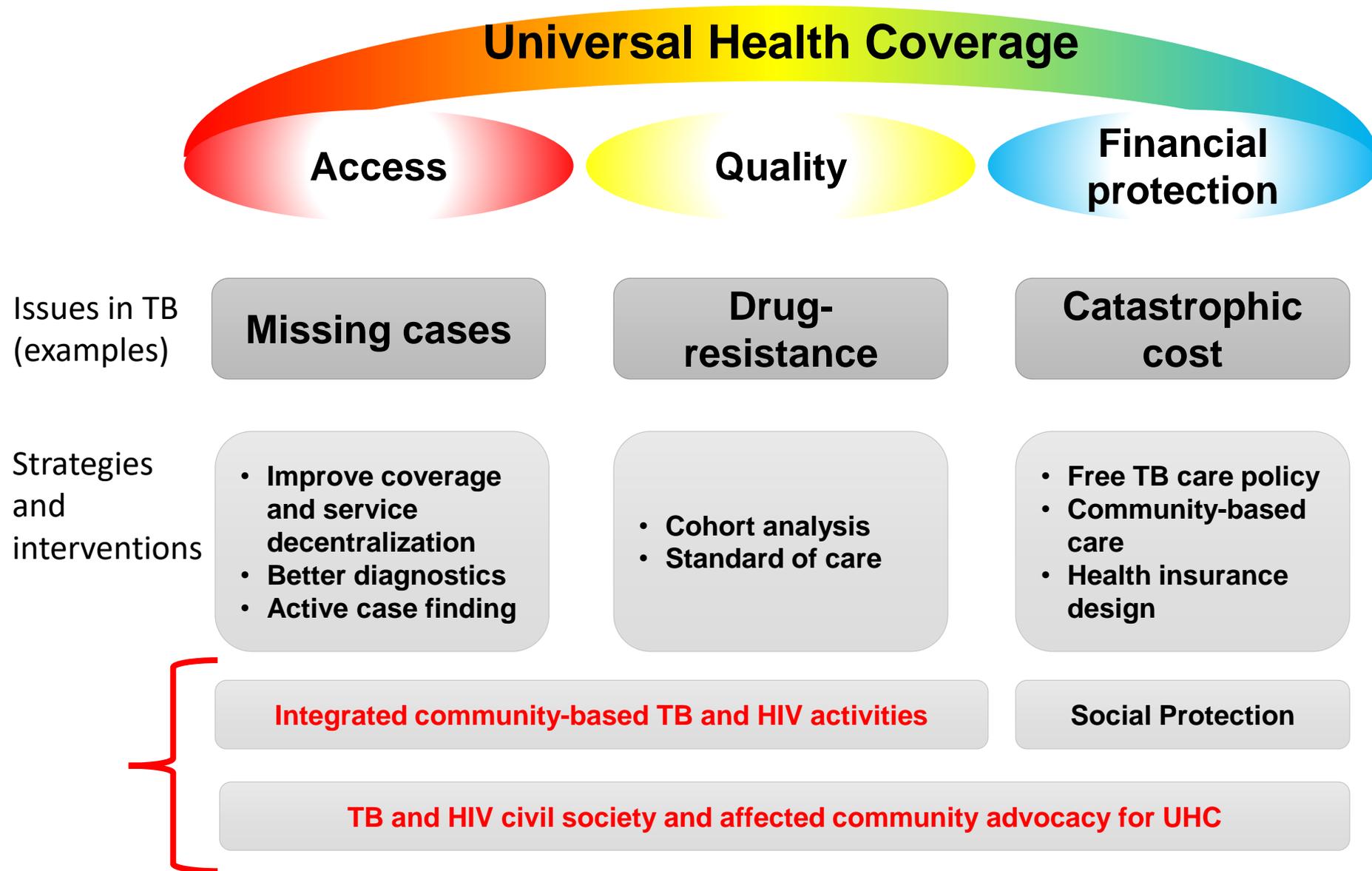
Innovation for acceleration

*The future*



Strategy Implementation: Leadership, Partnership, Accountability, Monitoring & Evaluation

**UHC:** All people have *access* to good *quality* health services without people experiencing *financial hardship* because they must pay for care (WHO, 2010)



# Moving Forward – A Shared Challenge



Strong focus on key populations

Known effective interventions need to be brought to scale – UHC agenda focus on vulnerable populations

Innovations are needed

Services need to be people centred and differentiated – combine with other essential interventions

Barriers to service access need to be addressed- structural and behavioural interventions required

Advocacy for increased health budgets

Investments in frontline health workers

## 2018 – A Year of Convergence and Renewed Commitments

- Letter to DG, WHO from three heads of state to coordinate the elaboration of ONE Joint Global Action Plan for Healthy Lives and Well Being for All
- WHO 70<sup>th</sup> anniversary
- 40 years of Alma Ata Declaration
- UNHLM on TB and NCDs
- SDG Health Price tag model suggests that new investments increasing over time from 134 billion \$ initially annually to 371 billion or \$58 per person by 2030 will be required
- Work to end the HIV epidemic needs to be built on one strong health system per country AND one aligned global health community