Getting to zero:
World Health Organization's HIV and AIDS response in the era of new global public health goals

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www.who.int/hiv
Key messages

• HIV and AIDS is not yet over

• We know the high impact interventions to scale-up

• Deliver patient-centred, quality, non-judgmental services

• Be 'solution engineers' for practice and full coverage

Public health nurses must be at the forefront to make it happen
'we are always faced with making sufficient decisions based on insufficient information.

If we waited until all the answers were available, the work on smallpox eradication would never have started – selecting the target helped to develop the appropriate tools and strategy.' -- Bill Foege

(source scienceheroes.com)
World Health Organization

- United Nations technical agency since 1948
- Goal: building a better, healthier future for people all over the world
- World Health Assembly: decision-making body
- 194 Member States
- 7000 staff, six regional offices, 150 country offices
WHO roles:
example of medical male circumcision for HIV prevention

Shape the MMC research agenda
WHO convened meeting to review observational data, resulting in global consensus for randomized control trials

Articulate policy
Reviewed evidence and developed recommendations on MMC as additional prevention intervention

Lead & catalyse change
Support technically, build capacity
Define norms and standards


Uganda
Kenya
South Africa

HIV/AIDS Department
WHO Leadership Priorities

- Universal health coverage
- Health-related Millennium Development Goals
- Noncommunicable diseases
- Social, economic and environmental determinants
- The International Health Regulations (2005)
- Increasing access to medical products
13 Health targets

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
Global HIV FAST-TRACK targets

by 2020

90-90-90
Treatment

500,000
New infections among adults

ZERO
Discrimination

by 2030

95-95-95
Treatment

200,000
New infections among adults

ZERO
Discrimination

- '90-90-90'
  - 90% of PLHIV know their HIV status
  - 90% of people diagnosed receive with HIV receive ART
  - 90% on treatment are virally suppressed
- 90% of PLHIV and key populations report no discrimination in health sector
- Reduce HIV related deaths to below 500,000 annually

WHO Global Health Sector Strategy on HIV, 2016-2021
Endorsed May 2016 by World Health Assembly

GLOBAL HEALTH SECTOR STRATEGY ON HIV 2016–2021
TOWARDS ENDING AIDS

17m PEOPLE LIVING WITH HIV ON ANTIRETROVIRAL THERAPY BY THE END OF 2015

43% REDUCTION ON HIV-RELATED DEATHS SINCE 2003

New HIV Infections

1. New HIV infections (all ages)
5 strategic directions of the strategy

The three dimensions of universal health coverage

**Strategic Direction 1**
Information for focused action
The “who” and “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
Strategic Direction 1: Information for action -- where are new HIV infections occurring globally

Estimated number of adults and children newly infected with HIV, 2014

- Middle East & North Africa: 22,000
- Sub-Saharan Africa: 1.4 million
- Eastern Europe & Central Asia: 140,000
- Latin America: 87,000
- Caribbean: 13,000
- North America and Western and Central Europe: 85,000
- Asia and the Pacific: 340,000

Total: 2.0 million

Persons living with HIV: 70% in sub-Saharan Africa
Strategic Direction 1. Information: Distribution of new HIV infections among population groups, by region, 2014

- **ASIA AND PACIFIC**: 38% (5% Sex workers, 24% Population)
- **EASTERN EUROPE AND CENTRAL ASIA**: 33% (4% People who inject drugs, 6% Clients of sex workers and other sexual partners of key populations, 6% Rest of population)
- **WESTERN AND CENTRAL AFRICA**: 73% (0% Sex workers, 2% People who inject drugs, 15% Gay men and other men who have sex with men)
- **LATIN AMERICA AND THE CARIBBEAN**: 36% (2% Transgender people, 30% Clients of sex workers and other sexual partners of key populations, 3% Rest of population)
- **MIDDLE EAST AND NORTH AFRICA**: 41% (18% Clients of sex workers and other sexual partners of key populations)
- **EASTERN AND SOUTHERN AFRICA**: 79% (9% Rest of population)
- **WESTERN AND CENTRAL EUROPE, NORTH AMERICA**: 49% (7% Rest of population)

*Source: UNAIDS special analysis, 2016*
Distribution of new adult HIV infections by age and sex, globally and in sub-Saharan Africa, 2015

Source: UNAIDS 2016 estimates.
HIV incidence in women aged 18-35 years in this community:

9.1 per 100 women-years (95% CI: 7 - 12)

Source: Abdool Karim Q et al, Science 2010

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>HIV Prevalence (N=4818)</th>
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<tbody>
<tr>
<td>≤16</td>
<td>11.5%</td>
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<tr>
<td>17-18</td>
<td>21.3%</td>
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<tr>
<td>19-20</td>
<td>30.4%</td>
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<tr>
<td>21-22</td>
<td>39.4%</td>
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<tr>
<td>23-24</td>
<td>49.5%</td>
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<tr>
<td>&gt;25</td>
<td>51.9%</td>
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</table>

Source: Abdool Karim Q, Int J Epi, 2014
Strategic Direction 1. Trends in new HIV infections among people aged 15 years and over, regionally and by select countries 2010–2015

Source: UNAIDS 2016
HIV and AIDS are not over yet -- Priority actions depend on good information

• Know your epidemic and response:
  • Collect **high quality data on few indicators** along continuum of HIV services
  • Collect **more 'granular', local data**
  • Enhance **community and stakeholder involvement** in data collection and use
  • Maintain high ethical standards for **data confidentiality**
  • **Use information to tailor the response and build the case** for resources
Strategic direction 2: what interventions for high impact

www.who.int/hiv
Strategic Direction 2. what interventions?
HIV testing and use of anti-retroviral drugs

- **HIV testing** - first step to knowing status and being linked to treat and care
- **Treat all** at any CD4 across all ages, but the sickest remain a priority
- **Phase introduction** of optimized regimens (new drug class; optimized dosing and formulations)
- **Use differentiated care** based on patient clinical status
MANY interventions to prevent HIV – relevant packages

Long-standing:
- Universal precautions – injection and blood safety – preventing HIV and Hepatitis
- Behaviour change interventions for risk reduction
- Condoms (male and female) and lubricants
- Prevent mother-to-infant transmission
- Post-exposure prophylaxis (PEP)

Substance-use related harm reduction package -
--- needle and syringe programmes, opioids substitution therapy
--- overdose prevention and management – naloxone -- new

Newer:
• Early initiation of ART for PLHIV
• Pre-exposure prophylaxis (PrEP) – an additional prevention choice for people at substantial risk
• Voluntary medical male circumcision service package in high burden setting
Factors determining decisions on WHO's public health recommendations

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<thead>
<tr>
<th>Priority</th>
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<tr>
<td>Quality of evidence</td>
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<td>Values and the preferences—importance of health outcomes across populations and variation in perspective</td>
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<td>Balance benefits and harms</td>
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<td>Acceptability</td>
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<tr>
<td>Resource use and implications</td>
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<tr>
<td>Feasibility - from perspective of most stakeholders</td>
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<td>Equity and human rights – will intervention reduce inequities</td>
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</tbody>
</table>
We know the interventions with impact –
Actions to maximize

- Prioritize high impact prevention interventions to implement
  - select essential intervention packages for different populations
  - scale-up what is known to work
    - comprehensive harm reduction packages
    - use of ARV drugs for treatment and pre-exposure prophylaxis
    - combination prevention for adolescents, young women, male partners in high burden sub Saharan Africa

- Expand testing
- Differentiate treatment and transition to new treatment regimens

- WHO – simplify guidelines and user friendly formats
Strategic direction 3. 'How' to deliver person-centred prevention, treatment and care

- Services and delivery relevant for different populations
  - age and risk:
  - key populations, adolescents (10-19 years), vulnerable people, men
- Quality: user friendly and supportive of care-seeking behaviour
- Different settings -- testing approaches that work for people
- Decentralize and link/ integrate care
- Differentiate care provider, place
Strategic Direction 3. 'How' to deliver for equity, zero stigma and discrimination

What is Discrimination in health care?
- denial of health care services
- provision of misinformation
- lack of privacy
- breach of confidentiality
- test or treat without consent
- third party authorization requirements

Source: UNAIDS Together we will end AIDS 2012
Patient-centred delivery - priority actions on services and human resources

Services
• Adapt packages and delivery to population
• Engage effectively with communities, build capacity and partnerships
• Provide equitable services in closed settings
• Lead the way against stigma and discrimination

Human resources
• Develop capacity of health workforce— including on stigma sensitization. Define core competencies and provide relevant education
• Expand scope of practice, as relevant, and support health and community workers.
• Recognize PHN work, improve career progression
Strategic direction 5: Innovations for acceleration -- find solutions

Optimize interventions, service package and delivery:

- HIV prevention: new ARV based prevention, age and risk specific services.
- HIV testing for earlier diagnosis – self-testing
- HIV medicines and treatment regimens -- simplified protocols

Expand service delivery – reach higher coverage

- strengthen services and community systems
- reach populations in need; engage boys and men
- improve treatment adherence and retain in care
- Provided cost efficiencies

Implementation science

- use systematic approaches including when participatory; document lessons learnt
- generate knowledge, build the evidence base to inform policy decisions - local to global
Ending the AIDS epidemic – key messages

• HIV and AIDS are not over, yet.

• Know and take to scale the interventions which impact

• Deliver patient-centred, quality, non-judgmental services

• Be 'solution engineers' for practice and scale-up

Public health nurses must be at the forefront to make it happen
'everything is impossible until it is done' – Nelson Mandela

Thank you

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