Setting Metrics for Success — Measuring and accounting for what matters?

Gottfried Hirnschall, WHO
Our goal is clear - to make WHO a modern organization that works seamlessly to make a measurable difference in people’s health at country level.

Dr Tedros Adhanom Ghebreyesus
Address to the Executive Board
22 January 2018
WHO emphasis on country impact to achieve elimination

1. Focus on SDGs and Universal Health Coverage (UHC) – elimination of HIV, TB, malaria and hepatitis in context

2. New WHO Programme of Work (GPW): HIV incidence reduction target, and Hepatitis and TB mortality reduction targets

3. Global HIV Health Sector Strategy – focus on Universal Access to HIV treatment, testing and prevention, with a set of indicators

4. How we deliver: differentiated support (depending on burden, response gaps, and health system readiness) to countries – different countries have different needs
The case for change - WHO’s accountability in the General Programme of Work (GPW)

There is an exceptional demand on WHO to enhance its normative and technical work, and its impact at country level to achieve the SDGs.
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) Finance and cost
2) Services for inclusion in UHC packages
3) Populations and locations requiring focus for equity
### Comprehensive interventions for key populations

<table>
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<th>Health interventions</th>
<th>Structural interventions part of a comprehensive public health approach</th>
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<td>Condom programming</td>
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<td>Harm reduction interventions (needle and syringe programmes, opioid substitution therapy and community distribution of naloxone)</td>
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<td>Behavioural interventions</td>
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<td>HIV testing and treatment - ART</td>
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<td>ART related prevention: PrEP and PEP</td>
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<td>Prevention and management of viral Hep, TB and mental health conditions</td>
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<td>Sexual and reproductive health interventions</td>
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<td>Supportive legislation, policy and funding</td>
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<td>Addressing stigma and discrimination</td>
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<td>Community empowerment</td>
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<td>Addressing violence</td>
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**Differentiated service delivery: Key considerations**

| **When** | Timing depends on individual treatment and prevention need  
|          | – stable on treatment requires fewer visits |
| **Where** | Primary health care, community based organizations, OST clinics, prisons, counselling hotlines |
| **Who**  | Lay providers, peer navigators, outreach workers, clinical staff |
| **What** | ART refills and adherence checks, lab tests, prevention including harm reduction, social and psychological interventions |
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:
Intervention 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
HIV-related deaths:

- reduce global HIV-related deaths to below 500,000;
- reduce tuberculosis deaths among people living with HIV by 75%;
- reduce hepatitis B and C deaths among people coinfected with HIV by 10%, in line with mortality targets for all people with chronic hepatitis B and C infection.

Testing and treatment:

- ensure that 90% of people living with HIV know their HIV status;
- ensure that 90% of people diagnosed with HIV receive antiretroviral therapy;
- ensure that 90% of people living with HIV, and who are on treatment, achieve viral load suppression.

Prevention:

- reduce new HIV infections to below 500,000;
- zero new infections among infants.

Discrimination:

- zero HIV-related discriminatory laws, regulations and policies, and zero HIV-related discrimination in all settings, especially health settings;
- 90% of people living with HIV and key populations report no discrimination in the health sector.

Financial sustainability:

- overall financial investments for the AIDS response in low- and middle-income countries reach at least US$ 26 billion, with a continued increase from the current levels of domestic public sources;
- ensure all countries have integrated essential HIV services into national health financing arrangements.

Innovation:

- increase research into and development of HIV-related vaccines and medicines for use in treatment and prevention;
- provision of access by 90% of countries to integrated health services covering HIV, tuberculosis, hepatitis B and C, reproductive health and sexually transmitted infections.
## Accountability Framework for Strategy Implementation

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<tr>
<th>Strategy Area</th>
<th>Accountability</th>
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| **A. Goals and Targets** | 1. **SDG reporting process**: HIV responsible progress on HIV incidence, mortality and HIV treatment as part of universal access (2020 targets)  
2. **Global AIDS Monitoring (GAM)**: progress to 90, 90, 90 by 2020  
3. **Global AIDS Monitoring (GAM)**: additional indicators with UNAIDS, hepatitis and TB (TB, Hep B and C deaths among co-infected, discrimination PLHIV and health sector, financing and integration see below)  
1. **Global Reports**: Baseline, mid-term (2018) and end of strategy (2020) with  
   - Formal, process evaluation and review to input and form next strategy |
| **B. Strategic Directions 1-5** | 1. **The “What”, “How” and “Where”** – progress to 90, 90, 90  
   - Implementation of key guidelines and policy adaptation – country intelligence annual and biannual accountability  
   - Closing Cascade gaps in fast track countries - annual review of national and sub national cascade gaps with cascade data and analysis  
2. **“Financing”, “Integration”, “Innovation”** – finance and domestic investments reach 26 US$ billion, 90% countries integrated HIV, TB, Hep, STI services  
   - Review of country strategies for integration, financing, inclusion innovations, and of key populations (2018). Country Intelligence to track one key innovation per area of guidelines e.g. self testing, new drugs, unique identifiers |
| **C. WHO Actions – country actions / impact** | 1. **Country Intelligence** – annual review of WHO actions by strategy action by country. Epi and Impact reviews with each region for 2018 report |
Stand-alone programs will be challenged – integration is key, yet ensure quality and specificity. Shared data platforms

"Leaving no-one behind" must be applied to all communities and all health issues

Better data are required (and need to be acted upon) on who is being left behind and how to ensure universal health coverage can address disparities and equity (key populations, migrants, men)

Measurement challenges: Integration, Sustainability, Innovation, Stigma, Equity; contributions to the "3 billions"; key population parameters (pop size estimates, access...); incidence