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

3 May 2018

Soumya Swaminathan
Deputy Director-General, Programmes
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
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

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

Source: UNAIDS/WHO estimates
Decline in HIV incidence and mortality over time

Source: UNAIDS/WHO estimates.
90-90-90 HIV testing and treatment cascade (2016)

- People living with HIV: 36.7 m.
- People living with HIV who know their status: 70% (25.5 m.)
- People living with HIV who are receiving ART: 53% (19.5 m.)
- People living with HIV who are virally suppressed: 44% (16.0 m.)

UNAIDS/WHO estimates
Progress is uneven: 90-90-90 by WHO region (2016)

<table>
<thead>
<tr>
<th>Region</th>
<th>PLHIV who know their status (%)</th>
<th>People on ART among all PLHIV (%)</th>
<th>People virally suppressed among all PLHIV (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>64%</td>
<td>48%</td>
<td>37%</td>
</tr>
<tr>
<td>America</td>
<td>78%</td>
<td>62%</td>
<td>50%</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>35%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Europe</td>
<td>69%</td>
<td>42%</td>
<td>36%</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>65%</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>73%</td>
<td>46%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: UNAIDS/WHO estimates
HIV/Hepatitis C co-infection prevalence

82.4% co-infection in PWID

Global TB epidemic 2000-2016

53 millions lives saved and TB deaths fell by 22%

TB incidence

- Total: 10.4 million
- HIV-positive: 1.0 million (10% in 2016)

TB deaths

- HIV-negative: 1.3 million
- HIV-positive: 0.4 million

Incidence falling about 2% /year
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

SDG3.3 Ending epidemics
Progress on HIV Targets

**New Infections**
- 2000: 3.2 million
- 2005: 2.5 million
- 2010: 2.2 million
- 2015: 2.1 million

**HIV-related Deaths**
- 2005: 2.0 million
- 2000/2010: 1.5 million
- 2015: 1.1 million

2020
- <500 000
- <200 000

2030
- <500 000
- <400 000
## Implementation Progress is patchy

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

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
Mission & Goal

Eliminate AIDS and Viral Hepatitis

GPW 13 mission:
- Promote health – Keep the world Safe – Serve the vulnerable

Strategic frameworks

- WHO 13th General Programme of Work
- Agenda for Sustainable Development
- Universal health coverage
- Global health sector strategies on HIV and Viral Hepatitis

Strategic priorities

- Reduce HIV and hepatitis deaths
- Prevent new HIV and hepatitis infections
- Deliver integrated response
- Achieve UHC
- Address health emergencies
- Promote healthier populations

Strategic shifts

Global leadership regarding service delivery efficiencies and greater integration in support of UHC

Drive impact at country-level.

- Policy dialogue – to develop systems for the future
- Strategic support – to build high performing systems
- Technical assistance – to build national institutions
- Service delivery – to fill critical gaps

Focus global goods to achieve HIV and viral hepatitis impact – policy and guidance for priority interventions and services

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

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

The three dimensions of Universal Health Coverage

Strategy Implementation: Leadership, Partnership, Accountability, Monitoring & Evaluation
**Universal Health Coverage**

**Access**

- **Missing cases**
  - Improve coverage and service decentralization
  - Better diagnostics
  - Active case finding

**Quality**

- **Drug-resistance**
  - Cohort analysis
  - Standard of care

**Financial protection**

- **Catastrophic cost**
  - Free TB care policy
  - Community-based care
  - Health insurance design

---

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

---

**Issues in TB (examples)**

- Integrated community-based TB and HIV activities
- Social Protection
- TB and HIV civil society and affected community advocacy for UHC
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 70th 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