



World Health  
Organization

# Setting Metrics for Success – Measuring and accounting for what matters ?

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Gottfried Hirnschall, WHO

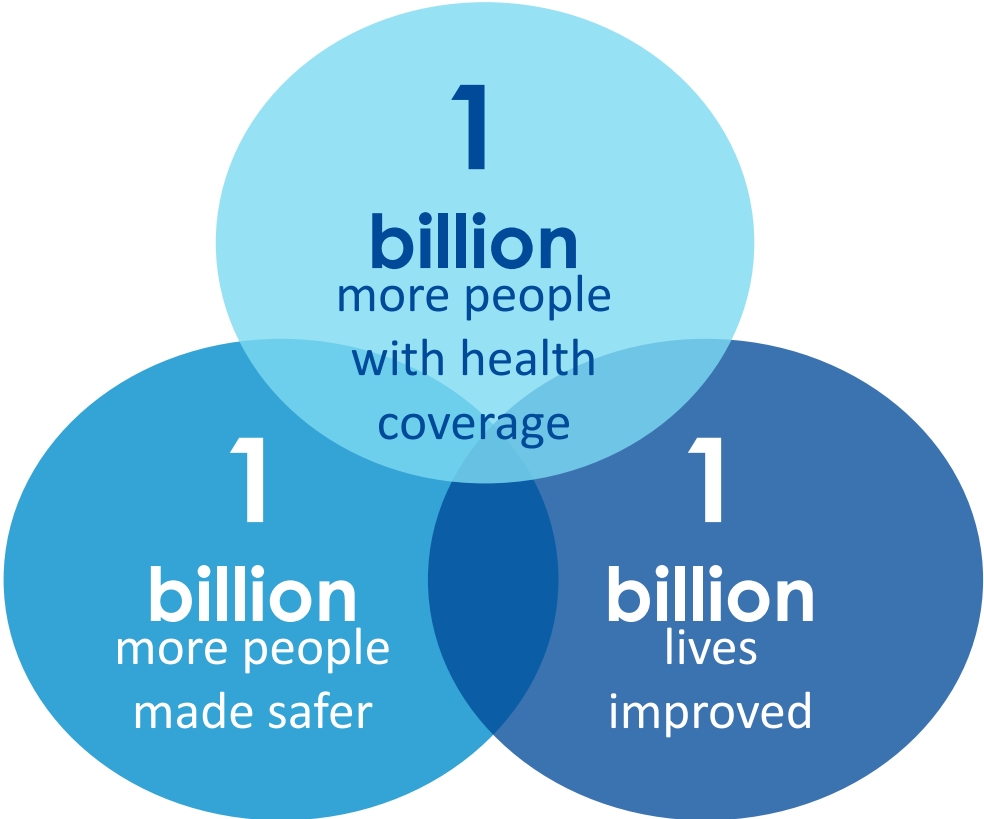
*Our goal is clear - to make WHO a modern organization that works seamlessly to make a measurable difference in people's health at country level.*

**Dr Tedros Adhanom Ghebreyesus**  
Address to the Executive Board  
22 January 2018

# **WHO emphasis on country impact to achieve elimination**

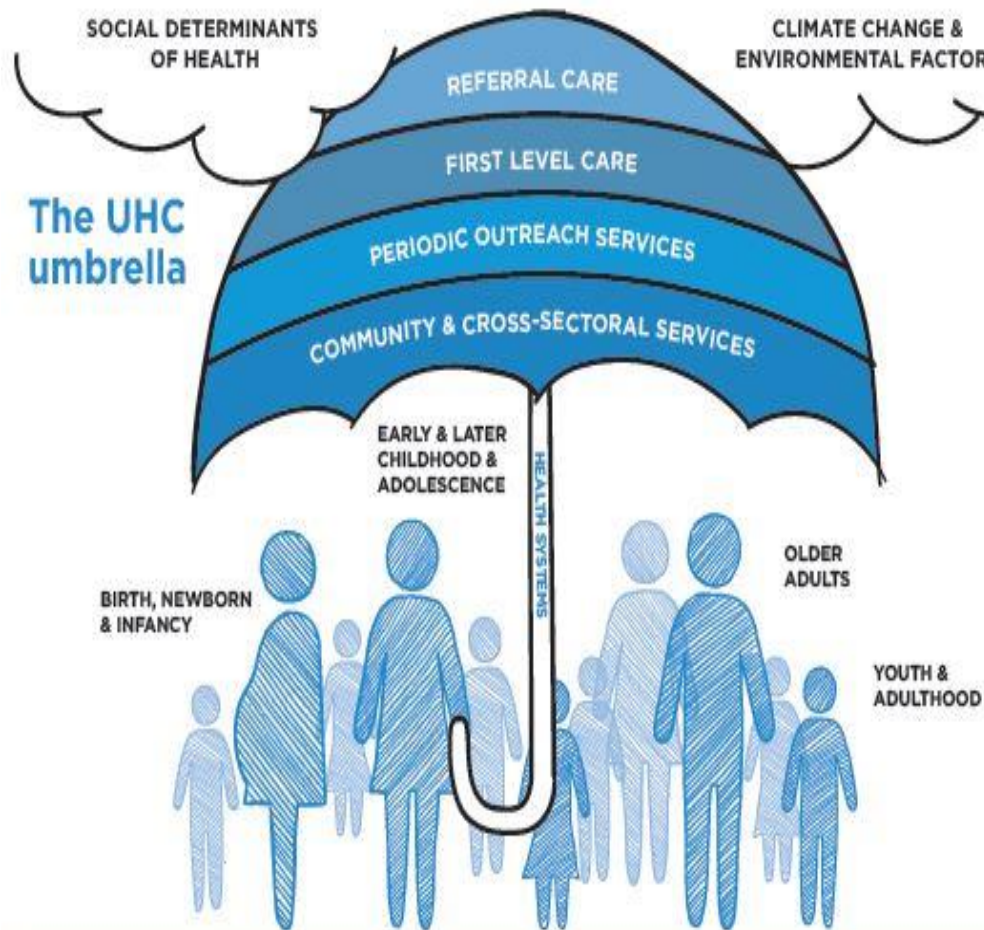
- 1. Focus on SDGs and Universal Health Coverage (UHC) – elimination of HIV, TB, malaria and hepatitis in context**
- 2. New WHO Programme of Work (GPW): HIV incidence reduction target, and Hepatitis and TB mortality reduction targets**
- 3. Global HIV Health Sector Strategy – focus on Universal Access 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



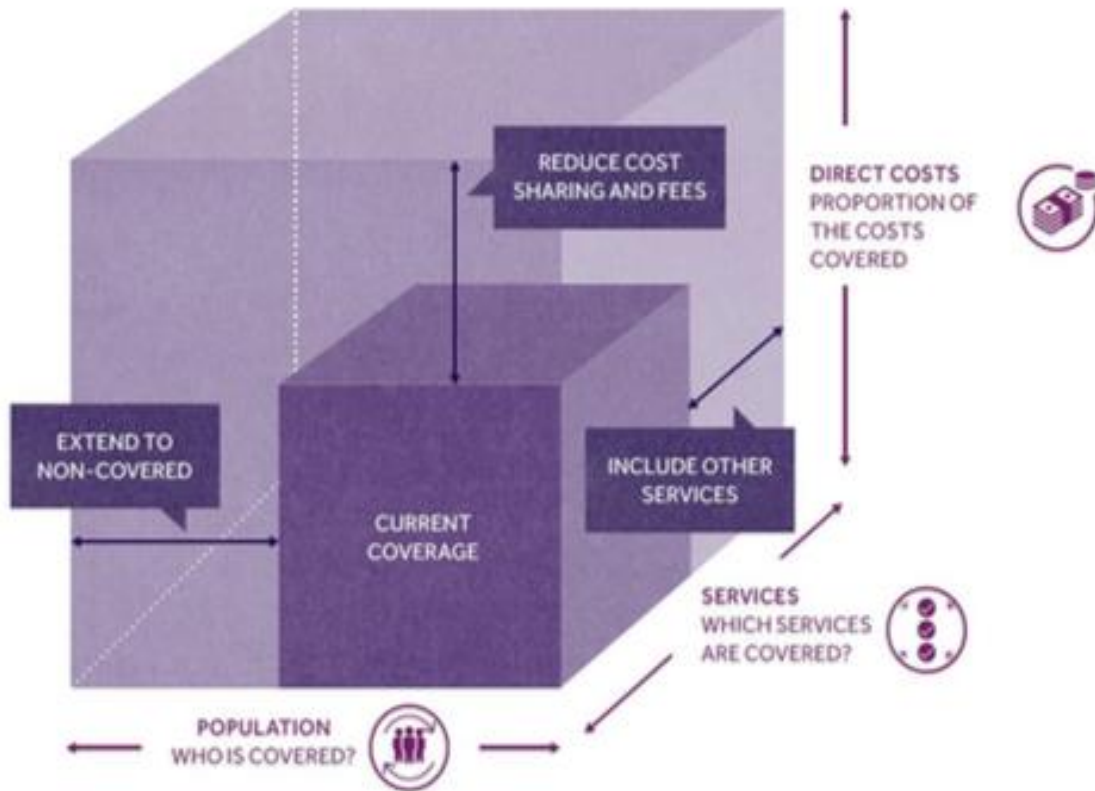
▪ **A political opportunity to revolutionize health in broad terms**

▪ **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

Condom programming

Harm reduction interventions (needle and syringe programmes, opioid substitution therapy and community distribution of naloxone)

Behavioural interventions

HIV testing and treatment - ART

ART related prevention: PrEP and PEP

Prevention and management of viral Hep, TB and mental health conditions

Sexual and reproductive health interventions

Supportive legislation, policy and funding

Addressing stigma and discrimination

Community empowerment

Addressing violence

**Health  
interventions**

**Structural  
interventions part of  
a comprehensive  
public health  
approach**

**Structural  
interventions**



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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

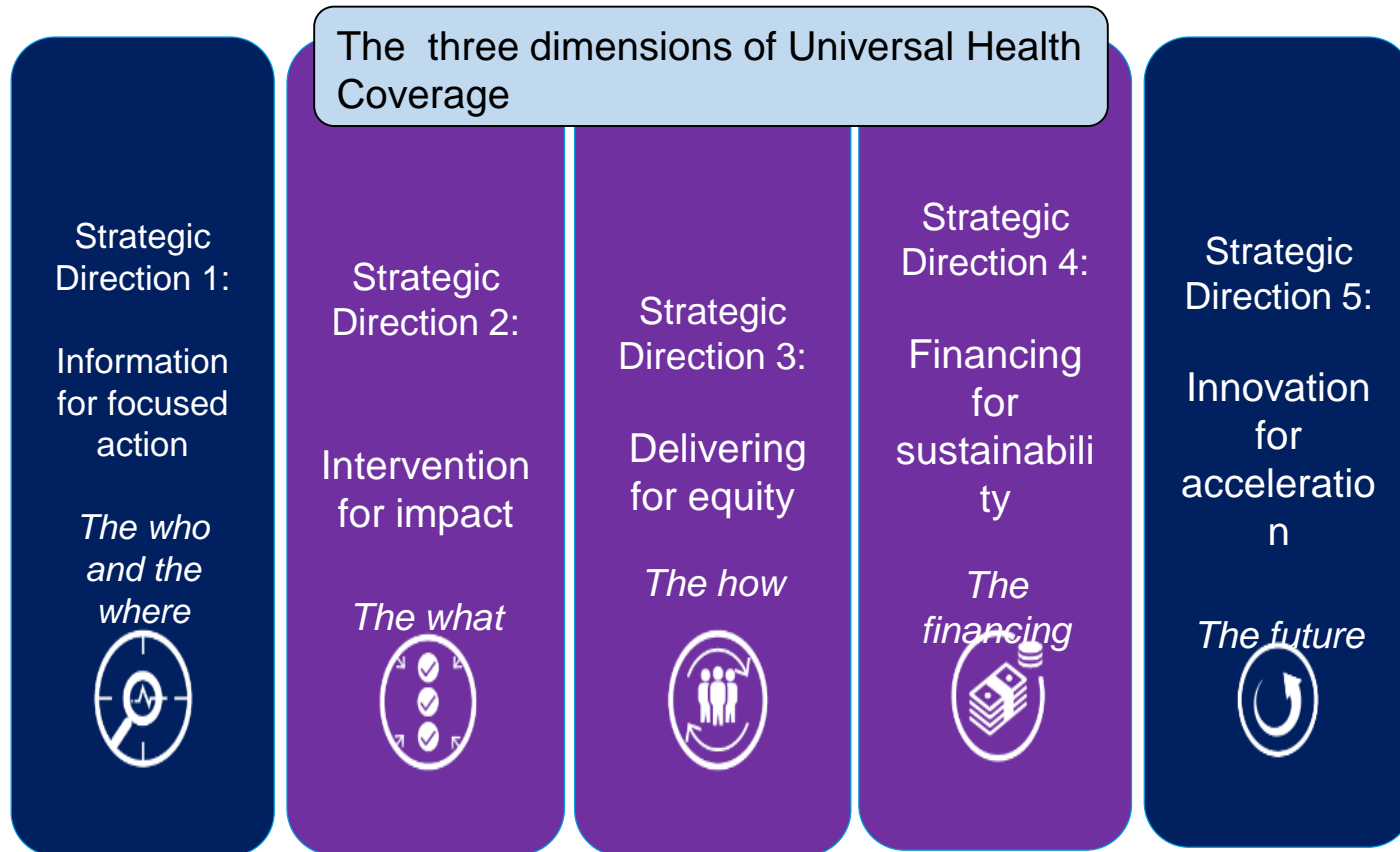


# Global Health Sector Strategies as Roadmaps to Elimination



# Towards Ending Epidemics - Vision, Goal and Targets

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



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

# HIV Strategy Targets:

6 areas

14 targets

## 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 coinfecting 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

Strategy Area	Accountability
<p><b>A. Goals and Targets</b></p> <ul style="list-style-type: none"> <li>- Incidence, Mortality 90, 90, 90</li> <li>- Discrimination</li> <li>- TB, Hep B and C</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>SDG reporting process:</b> HIV responsible progress on HIV incidence, mortality and HIV treatment as part of universal access (2020 targets)</li> <li>2. <b>Global AIDS Monitoring (GAM):</b> progress to 90, 90, 90 by 2020</li> <li>3. <b>Global AIDS Monitoring (GAM):</b> 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)</li> </ol> <ol style="list-style-type: none"> <li>1. <b>Global Reports:</b> Baseline, mid-term (2018) and end of strategy (2020) with <ul style="list-style-type: none"> <li>• <b>Formal, process evaluation and review</b> to input and form next strategy</li> </ul> </li> </ol>
<p><b>B. Strategic Directions 1-5</b></p> <ul style="list-style-type: none"> <li>- Implement strategy directions</li> <li>- Financing, integration and innovation</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>The “What”, “How” and “Where”</b> – progress to 90, 90, 90 <ul style="list-style-type: none"> <li>• <b>Implementation of key guidelines and policy adaptation</b> – country intelligence annual and biannual accountability</li> <li>• <b>Closing Cascade gaps in fast track countries</b> - annual review of national and sub national cascade gaps with cascade data and analysis</li> </ul> </li> <li>2. <b>“Financing”, “Integration”, “Innovation”</b> – finance and domestic investments reach 26 US\$ billion, 90% countries integrated HIV, TB, Hep, STI services <ul style="list-style-type: none"> <li>• <b>Review of country strategies</b> 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</li> </ul> </li> </ol>
<p><b>C. WHO Actions – country actions / impact</b></p>	<ol style="list-style-type: none"> <li>1. <b>Country Intelligence – annual review of WHO actions</b> by strategy action by country. Epi and Impact reviews with each region for 2018 report</li> </ol>

# UHC – opportunities and perceived challenges to HIV

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

