



Action plan for the health sector response to HIV in the WHO European Region



World Health Organization

REGIONAL OFFICE FOR

Europe



Organisation mondiale de la Santé

BUREAU RÉGIONAL DE L'

Europe



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Всемирная организация здравоохранения

Европейское региональное бюро

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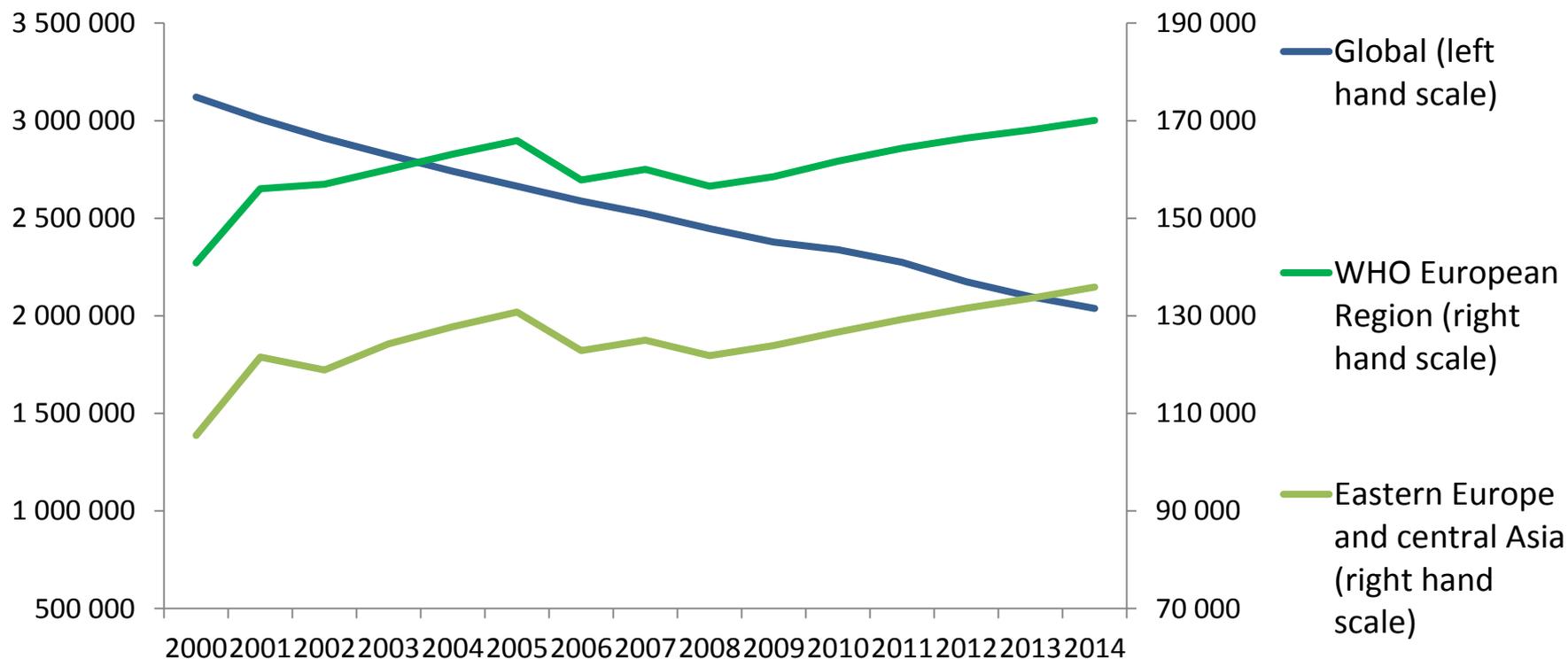
Lisbon, 1 July 2016

Background

- European Action Plan for HIV/AIDS 2012-2015 **expired in 2015**
- **New Global Health Sector Strategies 2016-2021** endorsed by 69th WHA, May 2016
- Global vision to **end AIDS** supported by the 2030 Agenda for Sustainable Development
- Alarming increase in new HIV infections in the eastern part of the Region: **urgent need for an accelerated response**
- → Development of a **new Action plan for the health sector response to HIV in the WHO European Region** through a broad consultative process

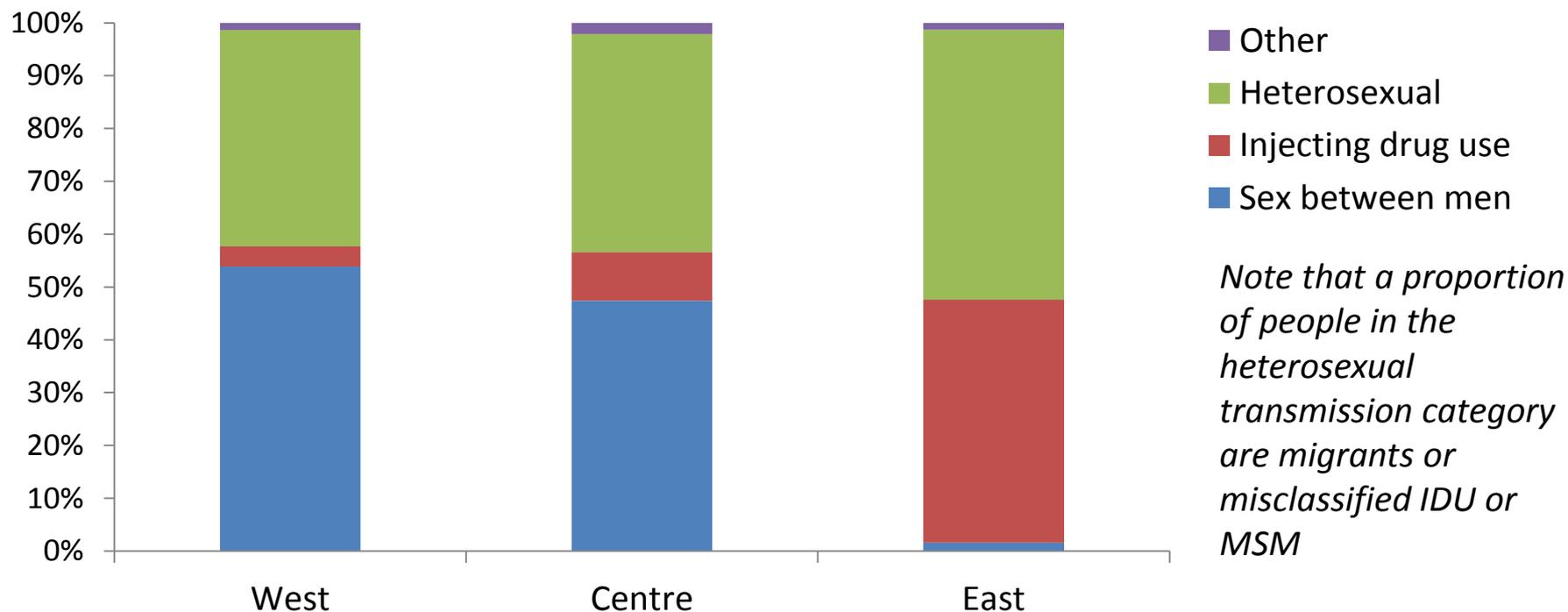
New HIV infections decreasing globally but increasing in Europe

Estimated new HIV diagnoses: global and regional



2014 data indicate continuing transmission among key and vulnerable populations

Reported modes of HIV transmission: percentage among cases with known transmission mode, 2014



No data from Bosnia and Herzegovina, Turkmenistan and Uzbekistan.

New European action plan for the health sector response to HIV

2030 Vision

- Zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination in a world where people living with HIV are able to live long and healthy lives

2030 Goal

- To end the AIDS epidemic as a public health threat by 2030, within the context of ensuring healthy lives and promoting well-being for all at all ages

New European action plan for the health sector response to HIV – targets (I)

Prevention

- 75% reduction in new infections, including among key populations.
- Reduce mother-to-child transmission of HIV to < 2% in non-breastfeeding populations and < 5% in breastfeeding population.
- Reduce the rate of congenital syphilis and the rate of child HIV cases due to mother-to-child transmission to ≤ 50 per 100 000 live births.

New European action plan for the health sector response to HIV – targets (II)

Testing and treatment

- 90% of people living with HIV know their HIV status.
- 90% of people diagnosed with HIV receive antiretroviral therapy.
- 90% of people living with HIV who are on ART achieve viral load suppression.

New European action plan for the health sector response to HIV – targets (III)

AIDS-related deaths

- Reduce AIDS-related deaths to below 30 000 (contributing towards reducing global AIDS-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%.

Discrimination

- Zero HIV-related discriminatory policies and legislation.

Vision, Goal and Targets

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

The three dimensions of UHC

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



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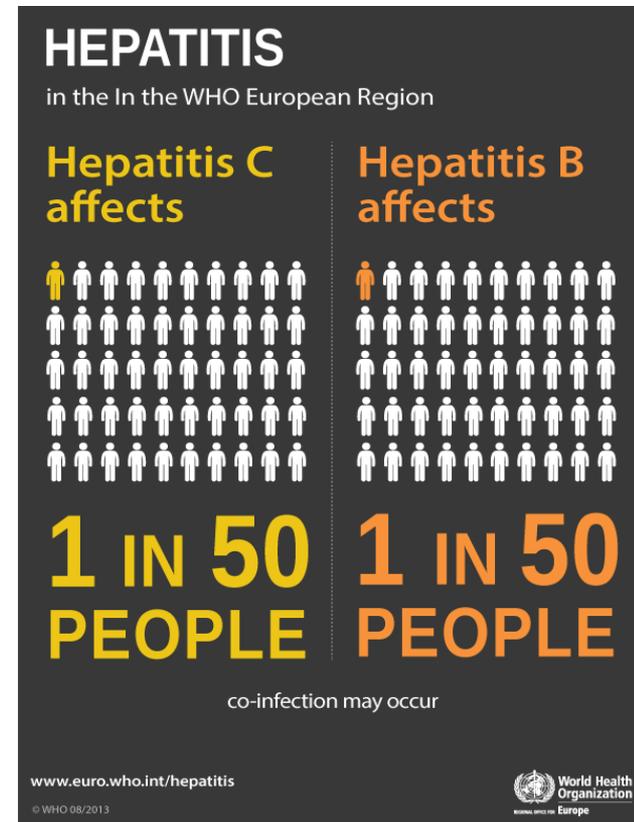
Европейское региональное бюро

Burden of hepatitis B and C in the WHO European Region

- Estimated number of people living with infection¹:
 - Hepatitis B – 13.3 million
 - Hepatitis C – 14-15 million
- Estimated number of deaths in 2013²:
 - ~ 57 600 due to hepatitis B
 - ~ 112 800 due to hepatitis C
 - 98% due to complications of chronic infection (liver cirrhosis and cancer)

¹ V.D. Hope et al. Epidemiol. Infect (2013) 1-17

² 2013 Global Burden of disease estimates (2015)



Action plan for the health sector response to viral hepatitis in the WHO European Region

Vision: *«A WHO European Region in which the transmission of new viral hepatitis infections is halted, testing is accessible, and people living with chronic viral hepatitis have access to care and affordable and effective treatment»*

Goal: elimination of viral hepatitis as a public health threat in the WHO European Region by 2030 through the **reduction of transmission, morbidity and mortality** due to viral hepatitis and its complications; and **ensuring equitable access** to comprehensive prevention, and recommended testing, care and treatment services for all.

European Regional Targets by 2020

- **Prevention**
- 95% coverage with three-dose HBV vaccine for infants,
- 90% coverage with interventions to prevent MTCT of HBV
- 100% of blood donations screened using quality assured methods;
- 50% of injections administered with safety-engineered injection devices;
- At least 200 sterile injection equipment kits per person per year for PWID
- **Testing and treatment**
- 50% of people and diagnosed and aware;
- 75% treatment coverage for HBV and HCV

Strategic direction one: information for focused action

Main challenges

- Lack of harmonized case definitions and low notification rates
- Scarce information on the burden of disease, prevalence and incidence rates
- Many countries still lack national strategies and viral hepatitis is not prioritized as a public health issue

The way forward

Improved case-based surveillance + seroprevalence surveys

National disease and treatment burden estimates

Evidence-based costed and funded national strategy

Strategic direction two: interventions for impact

Main challenges

- Transmission is still ongoing in the health care settings, but particularly among high-risk and vulnerable populations
- Majority are unaware of their viral hepatitis infection
- Testing, care and effective treatment interventions are not always well-defined and thus not accessible for many

The way forward

Essential hepatitis services package defined based on country context

Member States to set national targets for hepatitis intervention coverage

Full range of hepatitis services made accessible and affordable for all in need

Strategic direction three: delivering for equity

Main challenges

- Many people at high risk for or living with viral hepatitis do not have access to the services due to organizational, legal or social barriers
- The impact of hepatitis response is hampered by the equitable access to diagnostics, medicines and interventions, as well as the capacity of service providers

The way forward

The epidemiological
evidence to identify
populations and
locations most
affected

Addressing existing
barriers,
inequalities, stigma
and discrimination

Strengthening the
capacity of health
sector and involving
the community

Strategic directions four: financing for sustainability

Main challenges

- Universal health coverage remains a principle yet to be reached in many Member States, and European targets for 2020 as well as the global target of elimination by 2030 will require substantial investments and sustainable funding mechanisms
- Many opportunities to optimize the use of resources and reduce costs are not used

The way forward

Good response management and coordination with other health programmes and effective price reduction strategies

Building political commitment for sustained financing supported by investment case and using innovative funding approaches

Strategic direction five: innovation for acceleration

Main challenges

- Current interventions in prevention and treatment limited:
 - There is still no vaccine against HCV
 - Chronic hepatitis B remains largely incurable
 - The need for better rapid diagnostic tests and point-of-care test for monitoring viral load and treatment response

The way forward

Prioritizing viral hepatitis as
a research area and
providing public funding for
targeted projects

Translating research
findings into practice
rapidly and sharing best
practices

Development process and next steps

- Advisory Committee meeting, 4–5 April 2016:
 - Representatives of Member States, civil society organizations, policy and scientific bodies, and partner organizations
 - Review of the draft, suggestions and comments on the proposed regional goals, targets and priority actions
- Broad consultation with Member States, partners and with the general public **13 May – 7 June 2016**
- Finalization of draft Action plans for submission to Regional Committee in September 2016