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Key strategies and approaches to integrate HIV into broader agency mandate

The World Health Organization (WHO) aims to ensure that a billion more people access UHC, a billion more people are protected from health emergencies, and a billion more people achieve better health and well-being. As a founding Cosponsor of the Joint Programme, WHO takes the lead on HIV testing, treatment and care, resistance to HIV medicines, and HIV and TB coinfection.

WHO jointly coordinates work with UNICEF on eliminating mother-to-child transmission and paediatric AIDS, works with UNFPA on sexual and reproductive health and rights and HIV, and convenes with the World Bank on driving progress towards achieving UHC, including through primary health care. WHO also partners with UNODC on harm reduction and programmes to reach people who use drugs and people in prison.

Throughout 2020—with unprecedented and extraordinary challenges due to the COVID-19 pandemic—WHO continued to lead and support the health-sector response to HIV at global, regional and country levels through the development and dissemination of guidelines, norms and standards; articulating policy options and promoting policy dialogue; convening and facilitating strategic and operational partnerships; providing and coordinating technical support to countries; and supporting implementation of the Global Health Sector Strategy on HIV for 2016–2021.

Contributing to progress towards the Sustainable Development Goals (SDGs)

The 2030 Agenda for Sustainable Development views health as vital for the future of the world. With a commitment to achieve SDG 3, which calls on all stakeholders to “ensure healthy lives and promote well-being for all at all ages,” WHO is leading a transformative agenda that supports countries in reaching all health-related SDG targets. By basing WHO’s 13th General Programme of Work on the SDGs, WHO commits to leave no-one behind. The right to the highest attainable standard of health as expressed in the WHO’s Constitution underpins all WHO’s work, and multisectoral action is the pathway through which WHO contributes to health in all 17 SDGs.

WHO leads much of the work towards achieving the health goals and targets of SDG 3: Good health and well-being. In the context of HIV, WHO continued to provide global leadership in driving progress towards the 90–90–90 Fast-Track targets through country support informed by updated WHO normative policies and guidelines, including those on the use of ARVs for HIV treatment and prevention; monitoring and case surveillance; HIV drug resistance; key

populations; HIV self-testing and partner notification; differentiated service delivery and managing advanced HIV disease.

WHO provided virtual technical assistance and tracked country progress on the implementation of HIV prevention, testing, and treatment policies across age-groups. Progress remains strong and by June 2020, 96% of 137 low- and middle-income countries were following HIV “treat all” guidance, 72% had fully implemented routine viral load testing, 78% had included dolutegravir in first-line ARV combinations and 63% had either implemented or were developing a policy on HIV self-testing.

Since 2007, WHO and UNAIDS Secretariat have recommended voluntary medical male circumcision (VMMC) as an important strategy for the prevention of heterosexually acquired HIV in men in settings where the prevalence of heterosexually transmitted HIV is high. More than 25 million men and adolescent boys in eastern and southern Africa have been reached with VMMC services. Even though VMMC services were suspended on the advice of WHO during COVID-19 restrictions, WHO updated earlier recommendations to maximize the HIV prevention impact of safe VMMC services in August 2020.

WHO continues to be a key partner in the Global HIV Prevention Coalition, defining the overarching prevention framework and working through 2020 and 2021 on COVID-19 adaptations and ways to ensure that HIV prevention services are maintained. Technical assistance and virtual support, including to the Global Fund, strengthened uptake of PrEP. In 2020, the WHO actively promoted the impact and importance of studies undertaken by the HIV Prevention Trials Network (HPTN 083) on the safety and efficacy of the long-acting injectable ARV cabotegravir (CAB LA), for PrEP in HIV-uninfected cisgender men who have sex with men and transgender women who have sex with men and later in the year, the HPTN 084 study on the safety and efficacy of CAB LA for PrEP in HIV-negative women.

With UNAIDS Secretariat and UNDP, WHO supported the West Africa Health Organization to develop and adopt the 2020–2025 Regional strategy for HIV, TB, Hepatitis B and C and SRHR among key populations in the economic community of West African States, which was approved by the West Africa Assembly of Health Ministers.

WHO continues to support efforts to increase the uptake of HIV testing services and expand the use of self-testing, including through the STAR project in Africa and Asia, where a wide range of models have been developed and have demonstrated high acceptability, feasibility and effectiveness, including post-test linkage to care and other services. WHO supported the scale-up of self-testing (following WHO recommendations): more than 90 countries now have a self-testing policy and more than 10 million self-testing kits have been distributed.

In April 2020, WHO published the updated *Consolidated HIV strategic information guidelines* which provide essential aggregate indicators and guidance on choosing, collecting and

systematically analysing strategic information to manage and monitor the national health sector response to HIV. The guidelines seek to optimize and align national reporting used to assess countries' progress toward the 95–95–95 HIV Fast-Track goals.

Integrating communicable and noncommunicable diseases and HIV

The *Global Strategy to accelerate the elimination of cervical cancer* was launched by WHO in 2020, along with the release of the first estimates of the contribution of HIV to the global cervical cancer burden. Undertaking a public health approach with comprehensive, woman-centred care can help girls and women living with HIV and at risk of human papillomavirus infection, live long, healthy lives. It is vital to engage women and advocate for their care by providing choices and improving access to human papilloma virus vaccination for girls and screening and treatment for women. A WHO Advisory Group of Women Living with HIV, established in 2019, has continued to meet and offer its advice to WHO. A virtual consultation with communities and CSOs was also held prior to a meeting of the WHO Strategic and Technical Advisory Committee on HIV and viral hepatitis and STI experts in 2020.

Virtual support was provided to more than 70 countries for developing and submitting funding requests to the Global Fund, and to at least 10 countries for developing their national strategic plans for HIV. With regard to triple elimination, several countries in WHO's Africa Region were supported with the Path to Elimination of HIV and Syphilis initiative. There was continued and intensive collaboration with PEPFAR and Global Fund on Country Operational Plans and collaborative country support included supporting 46 countries to submit high-quality Global Fund funding requests in 2020.

WHO worked on the integration of existing services for noncommunicable diseases and communicable diseases, including in national HIV, TB and sexual reproductive health programmes, coordinating across the health system as a whole. A multidepartmental working group was established and is developing guidance and toolkits to assist countries on which strategic approaches to adopt and how to implement and measure the impact of noncommunicable disease integration in health systems.

WHO worked with UNAIDS Secretariat to develop *Considerations for the integration of mental health and HIV programmes and interventions*, to improve adherence to ART and retention in programmes in support of maintaining efficacy of the current treatment regimens and to reduce global HIV drug resistance (HIVDR). WHO has also expanded its network of HIVDR laboratories. As of December 2020, the network includes 34 laboratories globally designated by WHO for HIVDR testing to support surveillance activities in low- and middle-income countries.

The Global Health Sector Strategy on HIV

In January 2021, Executive Board of WHO requested the development of new Global Health Sector Strategies to bridge the gap between 2022 and 2030 and to ensure WHO and Member States meet 2030 commitments on eliminating AIDS and viral hepatitis and controlling STIs as public health threats by 2030. The current Strategy for 2016–2021 promotes synergies, linkages and integration across HIV and with other programme and functional areas of health, and considerable progress has been made in the prioritized areas.

Strengthened intersectoral collaboration on tackling HIV has been fostered in the context of the Joint Programme by ensuring links with, and contributions to, a number of WHO-led intersectoral initiatives, including the UHC 2030 Partnership, the Global Action Plan for healthy lives and well-being for all, and more recently, multisectoral efforts focused on the COVID-19 pandemic and its impact.

Contribution to the COVID-19 response

Throughout 2020, WHO played a central role in steering the global response to COVID-19 and in mitigating its impact on broader areas of health, including HIV.

WHO joined UNAIDS Secretariat, CSOs and others to analyse and track the extent and impacts of COVID-19 on HIV prevention, testing, treatment and care services—particularly in countries with fragile health systems. Pulse surveys with WHO country offices were undertaken and partnerships, including with the International AIDS Society, were mobilized to share knowledge and evidence on impacts in real time. During the early stages of this new pandemic, it was clear that essential HIV services were disrupted, threatening lives. WHO voiced concerns that any slowing down in provision of essential services would leave many vulnerable populations at greater risk of HIV infection and AIDS-related deaths, also paying tribute to health workers and community representatives who worked tirelessly to keep services going.

Reductions in HIV testing compared to the previous reporting period were noted across WHO priority countries. Services relying on community outreach—for example, community testing and VMMC campaigns—were either reduced or suspended for safety reasons. Similarly, access to TB services was compromised due to the reassignment in many countries of TB and HIV human resources and diagnostics for the COVID-19 response, impacting negatively on the diagnosis and care of HIV-associated TB. WHO collected regular data on service disruptions to support these countries, and highlighted flexibilities and innovations supporting more direct delivery.

Staff and consultants from the Global HIV Programme dedicated time and provided inputs to WHO's overall COVID-19 response, with several staff being temporarily deployed to COVID-19 hotspots to work on the ground. WHO continues to work with other departments and partners to monitor COVID-19 service disruptions via the Pulse Survey and WHO and UNAIDS Global AIDS Monitoring data. WHO also convened an HIV Modelling consortium that has modelled the impact of COVID-19 on excess HIV-related deaths and new infections.

The modelling group convened by the WHO and UNAIDS estimated in May 2020 that if efforts were not made to mitigate and overcome interruptions in health services and supplies during the COVID-19 pandemic, a six-month disruption of ART could lead to more than 500 000 extra deaths from AIDS-related illnesses, including from TB, in sub-Saharan Africa in 2020–2021. Following this modelling exercise, 73 countries warned WHO in July that they were at risk of stock-outs of ARVs as a result of the COVID-19 pandemic. Twenty-four countries reported having either a critically low stock of ARVs or disruptions in the supply of these life-saving medicines. WHO developed guidance for countries on how to safely maintain access to essential health services during the pandemic, including for all people living with or affected by HIV. The guidance encourages countries to limit disruptions in access to HIV treatment through MMD, whereby medicines are prescribed for longer periods of time—for example, up to six months. To date, 129 countries have adopted this policy.

Countries mitigated the impact of COVID-19 disruptions by working to maintain procurement and supply chains, engaging communities in the delivery of HIV medicines, and working with manufacturers to overcome logistics challenges. WHO provided technical support and guidance to countries as they worked to overcome these challenges. These disruptions highlight the need for robust and flexible health systems that are able to cope with outbreaks while also ensuring the delivery of essential health services such as HIV.

The WHO Director General made an inspirational speech at the opening of the virtual International AIDS Society COVID-19 Conference highlighting importance of prioritizing HIV prevention and people living with HIV.¹ On World AIDS Day 2020, WHO joined partners in paying tribute to all those working to provide HIV services, and in calling on global leaders and citizens to rally for “global solidarity” to maintain essential HIV services during COVID-19 and beyond, focusing on vulnerable groups who are already at risk and emphasizing the need to expand coverage to children and adolescents.

¹ <https://www.who.int/director-general/speeches/detail/who-director-general-remarks-at-the-ias-press-conference>

Case study: The WHO South-East Asia experience

The COVID-19 pandemic had a major impact on the continuity of essential HIV services in several regions, putting at risk the benefits accrued over the last two decades. In response, WHO issued guidance on maintaining essential health services, including specific measures such as MMD of ARVs to those who are clinically stable on current treatment and take-home doses of OST for people who inject drugs.

Based on this guidance, countries in WHO's South-East Asia Region were quick to work with communities to put in place measures to allow for continuation of essential HIV services. Results included:

- national programmes in eight out of 10 countries in the region issued guidelines for MMD of ARVs and take-away doses of OST, enhancing ARV stocks and supply chains;
- ART distribution was successfully decentralized from ART centres to primary health care and community facilities;
- training was provided to the ART teams on COVID-19-related issues;
- WhatsApp and Google Hangout meetings took place with programme managers and community leaders to support coordination issues and to facilitate cross learning. Real time information about clients, treatment requirement, good practices, and handling of emergency situations are also shared through these groups;
- home delivery of ARVs for patients unable to reach facilities was undertaken by community outreach workers, often using their own motorcycles, by foot or via donated ambulances;
- the police were mobilized and sensitized to allow peer workers to deliver ARV drugs; and
- nutrition support was also provided to people living with HIV in some countries.

Knowledge products

<u>Global health sector strategy on HIV, 2016–2021</u>	<u>Maintaining essential health services: operational guidance for the COVID-19 context interim guidance</u>
<u>Consolidated HIV strategic information guidelines</u>	<u>World Health Organization 13th general programme of work 2019–2023</u>
<u>Governance guidance for the validation of elimination of mother-to-child transmission of HIV and syphilis</u>	<u>Global Strategy to Accelerate the Elimination of Cervical Cancer</u>
<u>Considerations for introducing new antiretroviral drug formulations for children</u>	<u>Recommended population size estimates of men who have sex with men</u>
<u>Preventing HIV and other STIs among women and girls using contraceptive services in contexts with high HIV incidence</u>	<u>Preventing HIV through safe voluntary medical male circumcision for adolescent boys and men in generalized HIV epidemics: recommendations and key considerations</u>

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