WHO Director General, Dr Margaret Chan: “Next year the World Health Assembly will address strategies for HIV, viral hepatitis and sexually transmitted infections.”

For women aged 15 to 44 years, the morbidity and mortality associated with STIs (excluding HIV) is second only to maternal causes.

About 6,000 new HIV infections a day in 2013:

- About 68% are in Sub-Saharan Africa
- About 700 are in children under 15 years of age
- About 5,200 are in adults aged 15 years and older, of whom:
  - about 33% are among young people (15-24)

Preliminary WHO estimates: 357 million new cases of curable STIs in 2012

Curable STIs: chlamydia, gonorrhea, syphilis, trichomoniasis

Source: WHO, unpublished data.
STI Mortality

- > 300,000 fetal and neonatal deaths each year due to syphilis
- 215,000 infants at increased risk of early death due to syphilis
- 275,000 cervical cancer deaths each year due to HPV

STI Morbidity

- STIs severely compromise people's quality of life and of sexual life
- 1-2 million new cases of infertility annually if the 100 million of new chlamydia and gonorrhea infections in women are left untreated
- HSV-2 infection: 3-fold increased risk of acquiring HIV
- HSV-2 and HIV co-infection: more likely to transmit HIV

STIs remain significant global health issues

Effectively addressing STIs can have the following outcomes:

- Combating antimicrobial resistance
- Eliminating adverse neonatal outcomes
- Reducing HIV transmission
- Preventing cancer
- Decreasing burden of infertility
- Supporting health of young people

Global Health Sector Strategies: Why and why now?

- Unfinished MDG business: major global public health threats
- Progress uneven and inequitable
- New opportunities: medicines, technologies and approaches
- New era of ambition towards SDGs

Three separate, yet interlinked, strategies

HIV: End the AIDS epidemic in 2030
- Build on momentum; accelerate (“fast-track”) the response
- Aligned to UNAIDS strategy

STIs: Towards the End STI epidemics in 2030
- Neglected area; complexity; drug resistance

Hepatitis: Eliminate hepatitis B and C in 2030
- Silent epidemic, yet emerging global interest; increasing patient demand; new prevention and treatment opportunities

Commonalities across the strategies

- Modes of transmission (sexual, injections, Mother-Child) – integrated prevention response
- Investing in Key population and in adolescents is critical
- Service continuum – holistic approach required
- Access considerations (affordable drugs, monitoring drug resistance, scale up)
- Contributing to Universal Health Coverage (UHC)
- Need for advocacy to address health inequity
- Stigma and discrimination

All 3 Strategies are responding to WHA resolutions...

- Viral Hepatitis: Resolutions on hepatitis have been adopted by the WHA - WHA63.18 and WHA67.6 which calls for an intensified and expanded global hepatitis response and for the feasibility of elimination of hepatitis B and C to be explored
- STIs: WHA approved the Global Strategy for the Prevention and Control of STIs: 2006-2015 with resolution WHA59.19 – progress reported back to WHA68
Addressing SDG Sub-Goals

<table>
<thead>
<tr>
<th>OVERARCHING HEALTH GOAL</th>
<th>Ensure healthy lives and promote well-being for all at all ages (SDG 3)</th>
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</table>
| HEALTH SUB-GOALS       | 1. Reduce maternal mortality  
                        | 2. Reduce child and neonatal mortality  
                        | 3. End epidemics of AIDS, TB, malaria and NTDs and combat hepatitis and other communicable diseases  
                        | 4. Reduce NCDs and improve mental health  
                        | 5. Address alcohol and other substance use  
                        | 6. Road traffic accidents  
                        | 7. Sexual and reproductive health  
                        | 8. Universal Health Coverage including financial risk protection  
                        | 9. Hazardous chemicals, pollution & contamination  
                        | 10. Tobacco control  
                        | 11. Affordable essential medicines  
                        | 12. Health financing and workforce  
                        | 13. Capacity for early warning and management of health risks |

The strategies pose five critical questions to change the trajectory and achieve impact

- What is the situation we face?
- What interventions need to be delivered?
- How can we optimally deliver?
- What are the added costs?
- How can we cover the costs?

Frameworks for action 2016-2021: Universal health coverage and the continuum of care

Global HIV treatment targets: aligning with global multisectoral strategy - 2030

Targets towards the End of STI epidemics 2030

- 90% reduction of *T. pallidum* incidence
- 90% reduction in *N. gonorrhoeae* incidence
- ≤50 cases of congenital syphilis per 100,000 live births in 100% of countries
- 80% HPV vaccine coverage

Proposed hepatitis impact targets by 2030

| Incidence                  | 95% reduction HBV  
<table>
<thead>
<tr>
<th></th>
<th>80% reduction HCV (&lt;1 million deaths)</th>
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<tbody>
<tr>
<td>Mortality</td>
<td>65% reduction (&lt;500,000 deaths)</td>
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</tbody>
</table>
Developing Global Health Sector Strategies for HIV, Viral Hepatitis and STIs: 2015 progress to date

What did we hear?
- Urgency and importance of ‘leapfrogging’
- Unite health and community responses
- Ambitious targets
- Strengthening data
- Equity and key populations
- Pathways to sustainable financing

Across the 3 strategies focus on:
- Shared modes of transmission
- Access considerations
  - (affordable drugs, monitoring drug resistance, scale up)
- Universal Health Coverage

Moving forward >>>>
- 137th Executive Board in January 2016
- 69th World Health Assembly May 2016

“These strategies provide us with important opportunities. We need to work smartly and anticipate new opportunities for action for the health sector in the era of SDGs and prepare to hit the ground running in our efforts to ensure universal health coverage.”

Minister of Health South Africa, Dr Aaron Motsoaledi