STIs and the Sustainable Development Goals

Prof Helen Rees
Gollow Lecture
World STI & HIV 2015 Congress, Brisbane 2015

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Honorary Fellow, Murray Edwards College, Cambridge

Dr. Morris M. Gollow (1925 – 2011)

- This lecture marks the legacy of Morris Gollow – it is the 24th Gollow lecture
- Emigrated to WA in 1956 from the UK
- Inaugural President of the Australasian College of Venereologists (1988-1991)
- Awarded the Member of the Order of Australia for services to Medicine, particularly in Venereology

Presentation

1. What are the Sustainable Development Goals (SDGs)?
2. What are the Millenium Development Goals (MDGs) and how do they differ from the SDGs?
3. Other Global Commitments relevant to STIs
4. How can STIs fit into the SDG framework?
5. Progress during the MDGs
6. Opportunities during the SDGs

Millennium Development Goals 2000-2015

1. Eradicate poverty and hunger
2. Universal primary education
3. Gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and IDs
7. Ensure environmental sustainability
8. Global partnership for development

UN Sustainable Development Goals 2015-2030

1. Poverty
2. Hunger
3. Healthy life
4. Education
5. Equality of women and girls
6. Water and sanitation
7. Sustainable energy
8. Economic growth & employment
9. Sustainable industrialization
10. Reduce inequality among countries
11. Sustainable cities & settlements
12. Sustainable consumption
13. Climate change
14. Oceans
15. Sustainable terrestrial ecosystem
16. Peace and justice
17. Global partnership for sustainable development
SDGs are a ‘Network of 169 Targets’ with integration between sectors

Yes because the SDGs will determine the targeting and level of resources committed for global health programmes and research for the next 15 years

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<th>STI linkages</th>
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<td>By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases</td>
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Goal 3 linkages

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Given the significant disease burden, how do we justify investment in STIs under the SDGs and is it important to do this?

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<td>Universal access to STI services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</td>
<td>By 2030 ensure universal access to SRH services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</td>
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<td>Achieve UHC, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all</td>
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<tr>
<td><strong>Goal 5. Achieve gender equality and empower all women and girls</strong></td>
<td>5.2 Eliminate all forms of violence against all women and girls, including trafficking and sexual and other types of exploitation</td>
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<td>5.6 Ensure universal access to SRH and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action</td>
<td>STI services situated within rights-based approach, Women's Empowerment, ICPD Programme of Action</td>
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<td><strong>Goal 10. Reduce inequality within and among countries</strong></td>
<td>10.3 Ensure equal opportunity and reduce inequalities of outcome, including through eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and actions in this regard</td>
<td>STI services and interventions reduce inequalities and stigma by targeting higher risk groups, e.g. FSWs, young women and adolescents, MSM.</td>
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### SDG Goals other than SDG 3 Relevant Targets within other SDGs STI linkages

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<td>Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development</td>
<td>17.6 Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation, and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, particularly at UN level, and through a global technology facilitation mechanism when agreed</td>
<td>International partnerships facilitating advances in science, technology and innovation for STIs</td>
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<td>17.16 Enhance the global partnership for sustainable development complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technologies and financial resources</td>
<td>Further develop multi-stakeholder global partnerships for STIs</td>
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### SDG 3 Sub-Goals and STIs

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<td>3. End epidemics of AIDS, TB, malaria and NTDs and combat hepatitis and other communicable diseases</td>
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<td>4. Reduce NCDs and improve mental health</td>
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<td>5. Address alcohol and other substance use</td>
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<td>6. Road traffic accidents</td>
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<td>7. Sexual and reproductive health</td>
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<td>8. Universal Health Coverage including financial risk protection</td>
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<td>9. Hazardous chemicals, pollution &amp; contamination</td>
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<td>10. Tobacco control</td>
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<td>11. Affordable essential medicines</td>
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<td>12. Health financing and workforce</td>
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<td>13. Capacity for early warning and management of health risks</td>
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### Other global commitments and initiatives in support of STIs

The Lancet Commission: Only mention HPV vaccines: one of ‘Best buy clinical interventions’.
GAVI supports Hepatitis B vaccine as part of childhood immunisation, and HPV vaccine as pilot introduction in GAVI eligible countries

Some funding of STI services as an important part of HIV prevention (hard to determine what proportion of funding is for STIs)

- Initially only syphilis in 2007, but from 2009-2014 Syphilis and HIV joined in EMTCT
- Defined as a case rate of congenital syphilis of <=50 cases per 100 000 live births.

World Health Organisation: Linking three separate strategies

HIV: End the AIDS epidemic in 2030
Build on momentum; Accelerate the response; Aligned to UNAIDS strategy

STIs: End STI epidemics in 2030
Neglected area; multiple diseases/pathogens; drug resistance

Hepatitis: Eliminate Hepatitis B and C in 2030
Emerging global interest; increasing patient demand; new prevention and treatment opportunities

Global Health Sector Strategy on Sexually Transmitted Infections 2016–2021

- Goal: ‘End STI epidemics in 2030’
- Global targets for 2030
  - 90% reduction of Syphilis incidence
  - 90% reduction in N. gonorrhoea incidence
  - ≤50 cases of congenital syphilis per 100 000 live births in 100% of countries.
  - 80% HPV vaccine coverage

WHO Product Development for Vaccines Advisory Committee:
- HSV vaccine in top 10 priority vaccines.

Moving towards the SDGs: Progress during the MDG period

The good news and the bad news
Progress during the MDG period

Appreciable decline in incidence of Haemophilus ducreyi (chancroid), syphilis and gonococcal rates, in sequelae such as neonatal conjunctivitis, an increase in pregnant women screened for syphilis and increased access to HPV vaccination in HIC.

EMTCT HIV and Syphilis in Cuba, 2015

HIV prevalence stabilised or declining in countries where targeted interventions have slowed transmission in SW (SE Asia)

Impact of HPV Vaccine in Australia

Unfinished business of the MDGs: Challenges during the MDG period

Maternal syphilis infections and associated adverse pregnancy outcomes, 2008 & 2012

An estimated 96% of maternal syphilis infection and 98% of adverse outcomes occurred in low- and middle-income countries.
Maternal syphilis infections and associated adverse pregnancy outcomes, 2008 & 2012

An estimated 96% of maternal syphilitic infections and 98% of adverse outcomes occurred in low- and middle-income countries.

- 150,000 early fetal deaths or stillbirths
- 50,000 preterm or LBW infants
- 60,000 neonatal deaths
- 110,000 infants with congenital infection

WHO 2012

Limited surveillance: Countries contributing data on Gonococcal Antimicrobial Resistance 2009-2011

WHO Gonococcal Antimicrobial Surveillance Programme (GASP), to cephalosporin, azithromycin or quinolones, 2014

Unfinished business of the MDGs: Successes and challenges of STI intervention research

Strengthening STIs under the SDGs: Seeking novel opportunities to renew focus on STIs

Populations/Countries where STIs are increasing

Chlamydia — Rates of Reported Cases by Sex, USA, 1993-2013

Genital Warts—Initial Visits to Physicians’ Offices, USA 1966–2013

Genital Herpes—Initial Visits to Physicians’ Offices, USA 1966–2013

CDC
Multipurpose Prevention Technologies

- Unintended pregnancy
- STIs
- HIV transmission & acquisition

Point-of-care diagnostics for STIs

ASSURED

- Affordable
- Sensitive
- Specific
- User-friendly
- Rapid and robust
- Equipment-free
- Deliverable to end-users.

Using the SDG space to promote STIs

- STIs remain an important priority in HICs and LMICs
- Piggy back onto HIV and SRH
- Piggy back new STI vaccine development onto HPV vaccine success
- Select only a few ‘compelling flagship projects’, with achievable goals e.g. EMTCT syphilis and HIV
- Prioritise interventions to prevent a catastrophic outcome e.g. Gonococcal resistance
- Prioritise cost-effective interventions (use modelling)

Using the SDG space to promote STIs

- Focus on key populations including stigmatized groups e.g.: 
  - SWs
  - MSM
  - Minorities
  - Young women
- Link with non-health sector e.g. human rights
- Integrate STIs into Global Health Initiatives other than SDGs e.g. WHO’s elimination targets

Getting smart in the era of SDGs

“Reducing the burden of STIs contributes to”:

- SDG Goal 3 for health
- SDG Goal 5 for gender equality, and empowerment of women and young girls
- SDG Goal 10 to reduce inequality and stigma within and between countries
- SDG Goal 17 to create global partnerships for research and sustainable development

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