STIs and the Sustainable Development Goals



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



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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



Morris Gollow AM, DipVen(Lond)

Presentation

- 1. What are the Sustainable Development Goals (SDGs)?
- 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
- Universal primary education
- Gender equality and empower women
- 4. Reduce child mortality
- 5. Improve maternal health
- 6. Combat HIV/AIDS, malaria and IDs
- 7. Ensure environmental sustainability
- Global partnership for development

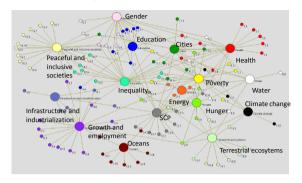


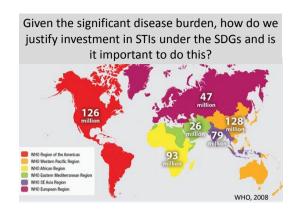
UN Sustainable Development Goals 2015-2030



Poverty Hunger Healthy life 4. Education Equality of women and girls 6. Water and sanitation Sustainable energy 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



| ١ | NO | Goal 3 Ensure healthy lives and | STI linkages |
|---|-----|---|--|
| | | promote well-being for all at all ages: | |
| | | Targets | |
| | 3.1 | By 2030 end preventable deaths of newborns | EMTCT of syphilis and HIV |
| | | and under-five children | |
| | | By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases | -EMTCT of syphilis, HBV vaccine, combat other STIs. This goal expands ++ on MDG 6, which only targeted AIDS, TB and malaria. |
| | | Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol | Combat effects of narcotic drugs and alcohol on sexual behaviour and thus STIs |
| | | 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 | -Universal access to STI services - Integration of STIs within national strategies, including for HIV, adolescents and maternal health |
| 3 | 3.8 | 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 | -UHC to STI services, and safe, effective, quality, and affordable medicines -Access to STI vaccines -Health financing: reduce private sector |

| lo | Goal 3 Ensure healthy lives and promote well-being for all at all ages: | STI linkages |
|----|---|--|
| | Targets | |
| | By 2030 end preventable deaths of newborns and under-five children | EMTCT of syphilis and HIV |
| .3 | By 2030 end the epidemics of AIDS, | EMTCT of syphilis, HBV vaccine, |
| | tuberculosis, malaria, and neglected tropical | Hepatitis C, combat other STIs. |
| | diseases and combat hepatitis, water-borne | |
| | diseases, and other communicable diseases | |
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| 3.7 | By 2030 ensure universal access to SRH | Universal access to STI services |
| | services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes | Integration of STIs within national strategies, including for HIV, adolescents and maternal health |
| 3.8 | 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 | UHC to STI services, and safe, effective, quality, and affordable medicines Access to STI vaccines Health financing: reduce private sector services; cash transfers to raise service demand |

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| | By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases | HIV, HBV vaccine, hepatitis C treatment, combat other STIs. |
| | 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 and maternal health | |
| 3.8 | 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 | Health financing: reduce private sector services; cash transfers to raise service demand UHC for STI services, with safe, effective, quality, and affordable medicines |
| | | Access to STI vaccines |

| Increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries Raise capacity of health workers in STI services | |
|---|--|
| · · | |
| developing countries, for early warning, risk reduction, and management of national and global health risks and management of national and global health risks prevalence of STIs e.g. NG resistance | |

| No | Goal 3 Ensure healthy lives and promote well-being for all at all ages: Targets | STI linkages |
|-----|--|---|
| 3.c | Increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in LDCs and SIDS | Raise capacity of health workers in STI services |
| 3.d | Strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks | National and global responses to STI epidemics or increases in prevalence of STIs e.g. Gonococcal antibiotic resistance |
| | | |

| SDG Goals other than 3 | Relevant Targets within other SDGs | STI linkages |
|--|--|--|
| Goal 5. Achieve | 5.2 Eliminate all forms of violence against all women and girlsincluding trafficking and sexual and other types of exploitation | Reduce STI risks from sexual violence, link STI and SGBV services etc. |
| and empower all women and girls | 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 | STI services situated within rights-based approach, Women's Empowerment, ICPD Programme of Action |
| Goal 10. Reduce inequality within and among countries | 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 | STI services reduce inequalities by targeting higher risk groups, e.g. FSWs, young women and adolescents, MSM. |

| SDG Goals other than 3 | Relevant Targets within other SDGs | STI linkages |
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| Goal 5. Achieve gender equality | 5.2 Eliminate all forms of violence against all women and girlsincluding trafficking and sexual and other types of exploitation | Reduce STI risks from sexual violence, link STI and SGBV services etc. |
| and empower all women and girls | 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 | STI services situated within rights-based approach, Women's Empowerment, ICPD Programme of Action |
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| Goal 10. Reduce inequality within and among countries | 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 | STI services and interventions reduce inequalities and stigma by targeting higher risk groups, e.g. FSWs, young women and adolescents, MSM. |

| SDG Goals other than 3 | Relevant Targets within other SDGs | STI linkages |
|---|--|--|
| Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development | 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 | International partnerships facilitating advances in science, technology and innovation for STIs |
| | 17.16 enhance the global partnership for sustainable development complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technologies and financial resources | multi-stakeholder global partnerships |

| SDG Goals other than Goal 3 | Relevant Targets within other SDGs | STI linkages |
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| шеченоршен | 17.16 Enhance the global partnership for sustainable development complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technologies and financial resources | multi-stakeholder global partnerships |

SDG 3 Sub-Goals and STIs

| OVERARCHING | Ensure healthy lives and promote well-being for all at all ages (SDG 3) |
|-------------|--|
| HEALTH GOAL | |
| 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 |

Other global commitments and initiatives in support of STIs







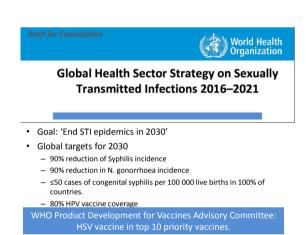
GAVI supports Hepatitis B vaccine as part of childhood immunisation, and HPV vaccine as pilot introduction in GAVI eligible countries



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



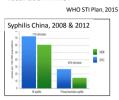
Broutet: RHR, WHO

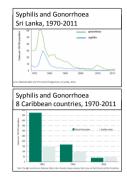
Moving towards the SDGs: Progress during the MDG period

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.

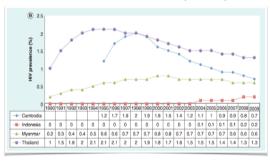




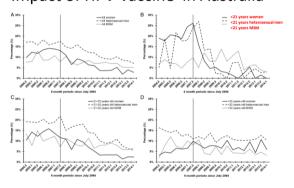
EMTCT HIV and Syphilis in Cuba, 2015



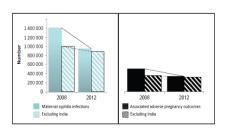
HIV prevalence stabilised or declining in countries where targeted interventions have slowed transmission in SW (SE Asia)



Impact of HPV Vaccine in Australia

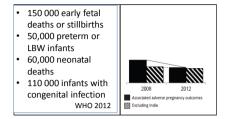


Unfinished business of the MDGs: Challenges during the MDG period Maternal syphilis infections and associated adverse pregnancy outcomes, 2008 & 2012

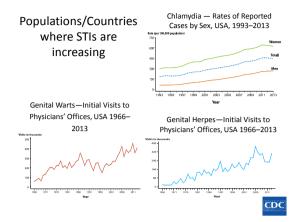


An estimated 96% of maternal syphilis infection and 98% of adverse outcomes occurred in low- and middle-income countries.

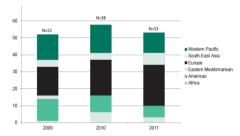
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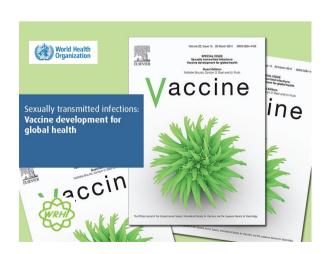


Unfinished business of the MDGs: Successes and challenges of STI intervention research Limited surveillance: Countries contributing data on Gonococcal Antimicrobial Resistance 2009-2011



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

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



Multipurpose Prevention Technologies

Unintended pregnancy

↓:STIs

HIV transmission & acquisition



Point-of-care diagnostics for STIs



ASSURED

- Affordable
- **S**ensitive
- Specific
- User-friendly
- Rapid and robust
- Equipment-free
- **D**eliverable 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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- Nicola Low, University of Bern
- · Philippe Mayaud, LSHTM