

# **The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections**

## **Report by the Director-General**

### **BACKGROUND**

1. More than one million people are newly infected with HIV, viral hepatitis and sexually transmitted infections every day. The resulting diseases collectively cause 2.3 million deaths and 1.2 million cases of cancer each year and continue to impose a major public health burden worldwide. Although progress has been made in all three disease areas, the global response is not on track and most global health targets for 2020 related to these disease areas were missed. The full benefits of available tools and technologies are not being realized, many populations are left behind and structural barriers to accelerating progress persist.

2. The Sixty-ninth World Health Assembly in 2016 adopted three interlinked global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 (resolution WHA69.22). An update on progress made in implementing the strategies was submitted to the Seventy-first World Health Assembly in 2018;<sup>1</sup> additional progress reports on HIV, viral hepatitis and sexually transmitted infections were published in 2019<sup>2</sup> and 2021.<sup>3</sup>

3. The Seventy-fourth World Health Assembly in 2021 adopted decision WHA74(20) on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. It confirmed the objective of these strategies to contribute to the achievement of Sustainable Development Goal target 3.3.

4. In decision WHA74(20), the Health Assembly also requested the Director-General to undertake a broad consultative process to develop global health sector strategies on, respectively, HIV, viral

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<sup>1</sup> Document A71/41 Rev.2.

<sup>2</sup> Progress report on HIV, viral hepatitis and sexually transmitted infections, 2019: accountability for the global health sector strategies, 2016–2021. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324797>, accessed 25 September 2021).

<sup>3</sup> Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021: accountability for the global health sector strategies 2016–2021: actions for impact. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/341412>, accessed 25 September 2021).

hepatitis and sexually transmitted infections, for the period 2022–2030, as appropriate, in full consultation with Member States,<sup>1</sup> for consideration by the Seventy-fifth World Health Assembly in 2022, through the Executive Board at its 150th session.

## **PROCESS OF DEVELOPING THE DRAFT GLOBAL HEALTH SECTOR STRATEGIES FOR THE PERIOD 2022–2030**

5. The draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, were developed through a broadly consultative, and largely virtual, process. Building on October 2020 recommendations of the WHO Strategic and Technical Advisory Committee on HIV and Viral Hepatitis, as well as an analysis of progress and gaps at the end of the 2016–2021 implementation period, a proposed outline and approach to the strategies was developed. A series of virtual consultations was held from May to July 2021 in all WHO regions. An online survey was conducted from May to August 2021, alongside a series of stakeholder briefings. Member States were briefed before the 148th session of the Executive Board and the Seventy-fourth World Health Assembly: comments made during the briefings and during discussion of the relevant agenda items of these governing bodies meetings informed the draft strategies.

6. In September 2021, WHO convened a meeting of the Strategic and Technical Advisory Committee on HIV, Viral Hepatitis and Sexually Transmitted Infections to review the first full draft of the strategies and further feedback was solicited from Member States during the last quarter of 2021. The WHO regional committees considered frameworks to cover the disease areas in question during the sessions of the committees in 2021 or made plans to reflect on the global health sector strategies in 2022.

7. A full draft of the strategies was shared with Member States in October 2021 using a document collaboration tool and comments were invited over a four-week period. Member States' comments and inputs were duly considered by the Secretariat. Full versions of the revised draft strategies for consideration by the Board are available on the WHO website.<sup>2</sup>

## **STRUCTURE AND CONTENT OF THE DRAFT GLOBAL HEALTH SECTOR STRATEGIES FOR THE PERIOD 2022–2030**

8. HIV, viral hepatitis and sexually transmitted infections share common modes of transmission and determinants, and many of the populations affected by these diseases overlap. The Secretariat works to ensure appropriate focus on the disease areas at global, regional and country levels, including through integrated approaches where there is a clear public health argument to do so. In keeping with this approach, the 2022–2030 draft global health sector strategies on HIV, viral hepatitis and sexually transmitted infections were developed in an integrated manner.

9. The three draft strategies are presented in a single document that includes both shared and disease-specific content (Fig. 1). Chapters 1–3 and 7 contain shared content; Chapter 3 defines shared actions to be taken in relation to HIV, viral hepatitis and sexually transmitted infections. Chapters 4, 5 and 6 define additional disease-specific actions relating to HIV, viral hepatitis and sexually transmitted

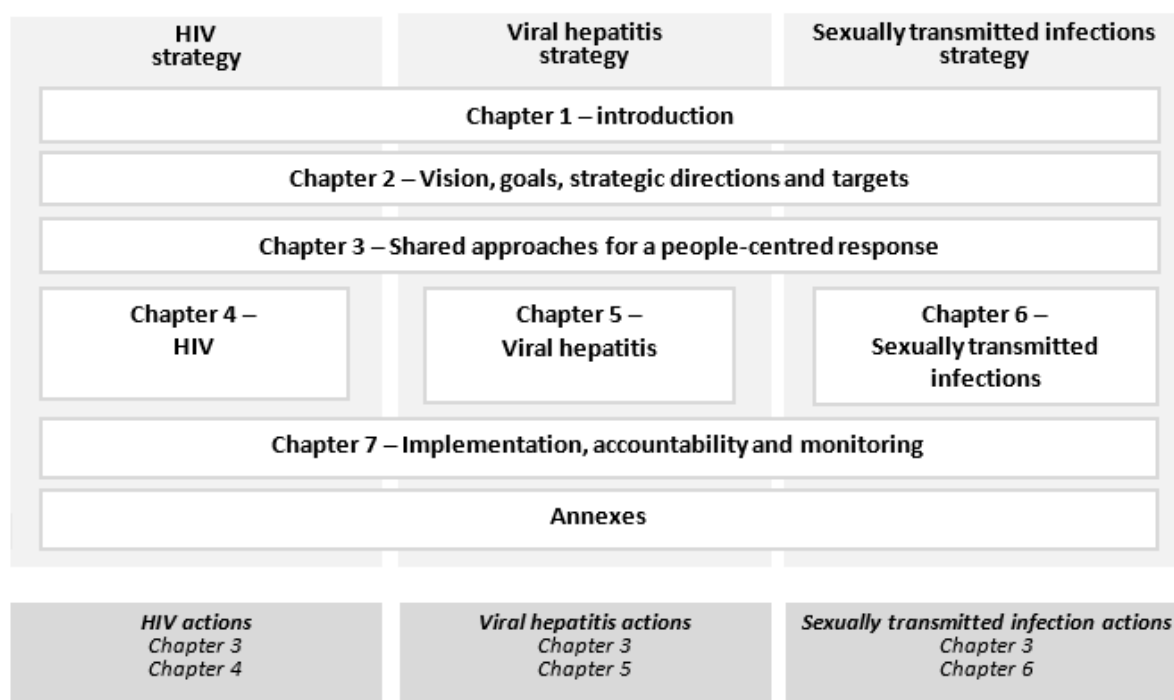
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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> Revised full draft global health sector strategies on respectively, HIV, viral hepatitis and sexually transmitted infections, 2022–2030. Geneva: World Health Organization; 2021 (<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies/developing-ghss-2022-2030>, accessed 22 December 2021).

infections, respectively. The actions in Chapter 3 and in each disease-specific chapter together comprise the full set of actions for the respective disease area.

**Fig. 1. Structure of the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030**



10. Through this structure, the draft strategies present unique priorities for each disease area while also leveraging synergies across the three disease areas, and across other diseases and health issues, and promoting shared approaches to driving progress towards disease-specific and health system targets, under a universal health coverage framework. The draft strategies call on countries to strategically combine disease-specific and shared approaches, including through the use of primary health care platforms, in accordance with their unique country contexts and health system capacities.

11. The draft strategies position the health sector response to the continuing global epidemics of HIV, viral hepatitis and sexually transmitted infections as critical to achieving the goals of the 2030 Agenda for Sustainable Development. The strategies are grounded in human rights principles, including the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.<sup>1</sup> They contribute to realizing the vision of the 2019 political declaration of the high-level meeting on universal health coverage<sup>2</sup> and the renewed commitment to primary health care in the 2018 Declaration of Astana.<sup>3</sup>

<sup>1</sup> See the International Covenant on Economic, Social and Cultural Rights (<https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>, accessed 11 November 2021).

<sup>2</sup> United Nations General Assembly resolution 74/2 (2019).

<sup>3</sup> Declaration of Astana: Global Conference on Primary Health Care. Astana, Kazakhstan, 25–26 October 2018. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/328123>, accessed 11 November 2021).

12. Within WHO, the strategies contribute directly to achieving the goals of WHO's Thirteenth General Programme of Work, 2019–2023, which is guided by the triple billion strategic priorities of achieving universal health coverage, addressing health emergencies and promoting better health and well-being for all. They are also aligned with related commitments in other directly relevant global health strategies and plans, including the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030,<sup>1</sup> PAHO's 2019 draft regional framework for the integrated elimination of communicable diseases,<sup>2</sup> the 2014 global strategy and targets for tuberculosis prevention, care and control after 2015<sup>3</sup> and work under way to develop a global framework for multidisease elimination. They build on the use of an inequalities lens presented in the Global AIDS Strategy 2021–2026<sup>4</sup> for an effective health sector response. They are also aligned with the priorities of the Global Fund to Fight AIDS, Tuberculosis and Malaria,<sup>5</sup> Unitaids<sup>6</sup> and key bilateral partners.

13. Reflecting the complex interplay of health issues associated with HIV, viral hepatitis and sexually transmitted infections, these draft strategies are also aligned with other global health strategies and plans that address a wide range of related diseases and health concerns.<sup>7</sup>

14. The strategies aspire to a common vision to end epidemics and advance universal health coverage, primary health care and health security in a world where all people have access to high-quality people-centred health services and can lead healthy and productive lives.

15. The draft strategies promote the disease-specific goals to end AIDS and the epidemics of viral hepatitis and sexually transmitted infections by 2030, with five strategic directions providing the overall guiding framework for achieving these goals (Fig. 2).

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<sup>1</sup> United Nations General Assembly resolution 75/284 (2021).

<sup>2</sup> An integrated, sustainable framework for the elimination of communicable diseases in the Americas. Concept note. Washington (DC): Pan American Health Organization; 2019 (<https://iris.paho.org/handle/10665.2/51106>, accessed 11 November 2021).

<sup>3</sup> Resolution WHA67.1 (2014).

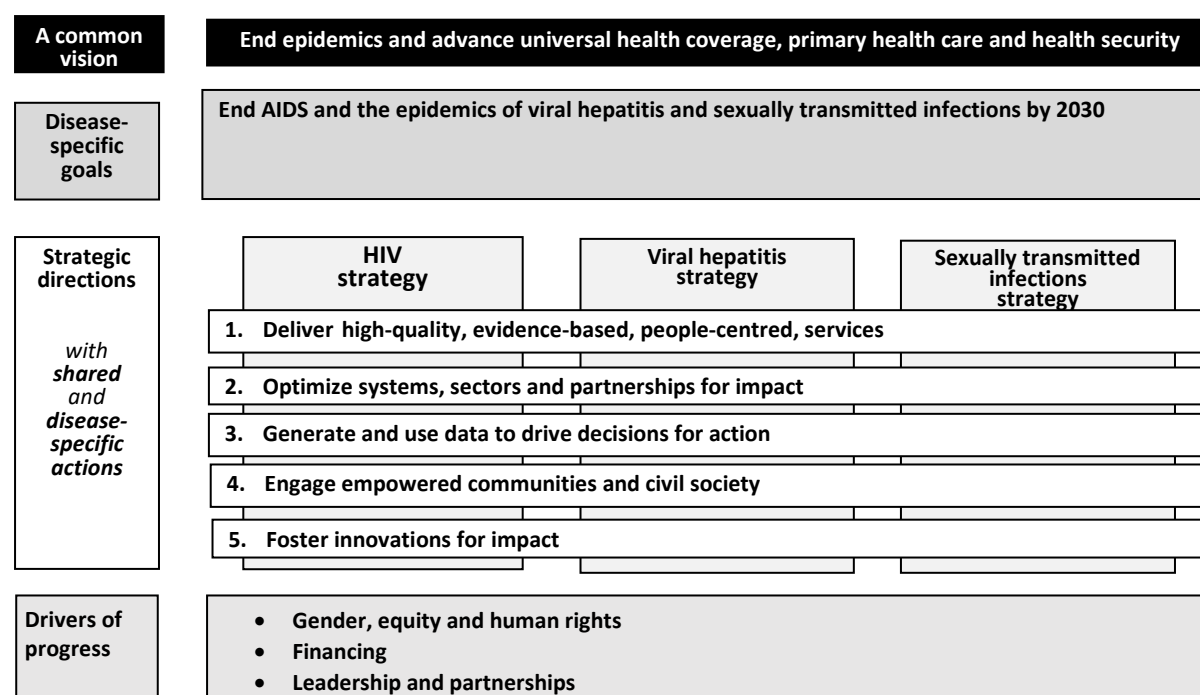
<sup>4</sup> Global AIDS Strategy 2021–2026. End Inequalities. End AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>, accessed 11 November 2021).

<sup>5</sup> See The Global Fund 2023–2028 Strategy Framework. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2021 ([strategy\\_globalfund2023-2028\\_framework\\_en.pdf](https://www.theglobalfund.org/en/resources/documents/2021/2023-2028-strategy-framework) (theglobalfund.org), accessed 11 November 2021).

<sup>6</sup> See Strategy 2017–2021. Geneva: Unitaids; 2017 (<https://unitaid.org/about-us/strategy/#en>, accessed 11 November 2021).

<sup>7</sup> These include, among others: the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030); the Global Action Plan for Healthy Lives and Well-being for All; WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030; the global action plan on antimicrobial resistance; the WHO global disability action plan 2014–2021; the WHO global strategy on health, environment and climate change; the global strategy to accelerate the elimination of cervical cancer as a public health problem; and the road map for access to medicines, vaccines and other health products, 2019–2023.

**Fig. 2. Vision, goals and strategic directions of the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030**



- **Strategic direction 1: Deliver high-quality, evidence-based, people-centred services.** Use evidence-informed guidance and service delivery innovations to accelerate access to and the uptake of a continuum of high-quality essential services for HIV, viral hepatitis and sexually transmitted infections and other related health services, tailored to meet the needs of people in diverse populations and settings, ensuring that no one is left behind.
- **Strategic direction 2: Optimize systems, sectors and partnerships for impact.** Take a systems-oriented approach that promotes synergies with primary health care, health governance, financing, workforce, commodities and service delivery while also fostering multisectoral responses to social and structural determinants of health. Align and collaborate with partners – including funders, academic and research institutions, professional bodies and private sector entities – for maximum impact.
- **Strategic direction 3: Generate and use data to drive decisions for action.** Gather, analyse and use evidence and data, with disaggregation by sex, age and other relevant social or identity stratifiers, to monitor and evaluate progress, and to guide action, innovation, research and development, as well as to promote data transparency and accountability.
- **Strategic direction 4: Engage empowered communities and civil society.** Engage communities and civil society, including key and affected populations, and support their self-empowerment and pivotal role in advocacy, service delivery and policy-making, including to ensure that services are culturally appropriate and responsive to community needs, and to address stigma and discrimination and tackle social and structural barriers.
- **Strategic direction 5: Foster innovations for impact.** In collaboration with partners, contribute to defining and implementing national, regional and global research and innovation agendas that prioritize the development of new technologies, service delivery models and

health system practices that will overcome key barriers to achieving progress against HIV, viral hepatitis and sexually transmitted infections.

16. Three cross-cutting drivers of progress underpin the five strategic directions and are highlighted throughout the draft strategies:

- gender, equity and human rights;
- financing; and
- leadership and partnerships.

## INDICATORS AND TARGETS FOR HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS BY 2030

17. The draft strategies introduce shared and disease-specific indicators and 2025 and 2030 targets to help to monitor and drive progress (see Table).

**Table. Impact indicators and targets for HIV, viral hepatitis and sexually transmitted infections, by 2030<sup>a</sup>**

Disease area	Impact indicator	Baseline 2020 <sup>b</sup>	2025 target	2030 target
Shared	<b>Reduced incidence</b>			
	– Number of new HIV and viral hepatitis cases per year	4.5 million	<1.5 million	<500 000
	– Number of new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis <sup>c</sup> in adults (age 15–49 years) per year	374 million	<300 million	<150 million <sup>d</sup>
	<b>Healthy lives – reduced mortality and cancers</b>			
HIV	– Number of deaths due to HIV, viral hepatitis and sexually transmitted infections <sup>e</sup> per year	2.3 million	<1.7 million	<1 million
	– Number of new cancers due to HIV, viral hepatitis and sexually transmitted infections per year	1.2 million	<900 000	<700 000
	Number of new HIV infections per year	1.5 million	370 000	335 000
	Number of new HIV infections per 1000 uninfected population per year	0.19	0.05	0.025
	Number of new HIV infections among children under 15 years of age per year	150 000	20 000	15 000
	Number of HIV-related deaths per year	680 000	250 000	<240 000
	Number of deaths due to tuberculosis, hepatitis B and hepatitis C among people living with HIV	210 000	110 000	55 000

Disease area	Impact indicator	Baseline 2020 <sup>b</sup>	2025 target	2030 target
<b>Viral hepatitis</b>	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years old <sup>f</sup>	0.94%	0.5%	0.1%
	Number of new hepatitis B infections per year	1.5 million new cases 20 per 100 000	850 000 new cases 11 per 100 000	170 000 new cases 2 per 100 000
	Number of new hepatitis C infections per year	1.575 million new cases 20 per 100 000	1 million new cases 13 per 100 000	350 000 new cases 5 per 100 000
	Number of new hepatitis C infections among persons who inject drugs per year	8 per 100	3 per 100	2 per 100
	Number of deaths due to hepatitis B per year	820 000 deaths 10 per 100 000	530 000 deaths 7 per 100 000	310 000 deaths 4 per 100 000
	Number of deaths due to hepatitis C per year	290 000 deaths 5 per 100 000	240 000 deaths 3 per 100 000	140 000 deaths 2 per 100 000
<b>Sexually transmitted infections</b>	Number of new cases of syphilis in adults (age 15–49 years) per year	7.1 million	5.7 million	0.71 million
	Number of new cases of gonorrhoea in adults (age 15–49 years) per year	82.3 million	65.8 million	8.23 million
	Number of congenital syphilis cases per 100 000 live births per year	425	<200	<50
	Percentage of girls fully vaccinated with human papillomavirus vaccine by 15 years of age	14%	50%	90%

<sup>a</sup> The proposed impact indicators and targets are in line with target 3.3 and indicators 3.3.1 and 3.3.4 of the Sustainable Development Goals.

<sup>b</sup> Some targets are based on data from 2019 due to coronavirus disease (COVID-19)-related service disruptions in 2020 reported data. All data will be disaggregated by age, sex and, where relevant, key and focus populations specific to the disease.

<sup>c</sup> Curable sexually transmitted infections.

<sup>d</sup> Includes the target of 90% reduction in the number of new cases of syphilis and gonorrhoea as well as 50% reduction in the number of new cases of chlamydia and trichomoniasis by 2030.

<sup>e</sup> Additional disaggregation of mortality data will be undertaken to assess the urgent need to tackle the drivers and causes of deaths. For HIV, these include cryptococcal meningitis, tuberculosis, severe bacterial infections; for viral hepatitis, they include other cancers and harmful use of alcohol.

<sup>f</sup> Please note the targets in this table are global targets and should be adapted by Member States according to the national context when setting country targets. For example, in some countries a target for hepatitis B surface antigen (HBsAg) prevalence among children under 5 years old may be less than 0.1% or 0.2%, although the overall global target is 0.1%.

## IMPLEMENTATION AND ACCOUNTABILITY

18. The draft strategies call on countries to exercise strong national ownership of their health agendas. National governments must lead on setting priorities, securing sustainable resources and

establishing agendas that define the roles of all stakeholders involved in implementation. A range of health and development partners are expected to contribute to implementation, including:

- multilateral and bilateral donor and development agencies, funds and foundations;
- civil society, including community-based organizations;
- academic and research institutions and professional bodies; and
- private-sector entities.

19. The draft strategies emphasize the multifaceted role of community-based organizations, call for community-based organizations to be supported by health systems, and note the effectiveness of community-based organizations to deliver through community-led services and community-led monitoring and reach populations that must be engaged more effectively in order to meet the targets.

20. The draft strategies note the unique role of WHO in catalysing progress towards end AIDS and the epidemics of viral hepatitis and sexually transmitted infections by 2030. The strategies call on the WHO Secretariat to take action in six key areas in relation to implementation:

- strategic leadership and partnerships;
- public health advocacy and communication;
- norms and standards;
- innovation;
- technical support and capacity-building; and
- global monitoring and reporting.

21. Accountability for country actions and actions at all three levels of the Organization presented in the draft strategies will be ensured through regular global monitoring and reporting. Global monitoring will be based on data collected from Member States and partners through established mechanisms, with attention paid to harmonizing data collection processes across the disease areas. Data collection and analysis efforts will be coordinated with similar efforts of other partners, including the Global AIDS Monitoring reporting process in partnership with UNAIDS. In all monitoring and reporting activities, the WHO Secretariat will ensure that data are sufficiently disaggregated to identify gaps and prioritize efforts to reach the populations that are being left furthest behind.

22. The WHO Secretariat will report to the Health Assembly on progress made in implementing the strategies every two years until 2028, with the progress made in meeting the 2025 targets providing the basis for a thorough mid-term review in 2026. A final report will be produced in 2031. The review of the findings will guide the identification of any remedial actions that may be needed in response to insufficient progress in specific areas.



## **ACTION BY THE EXECUTIVE BOARD**

23. The Board is invited to consider adopting the following draft resolution:

The Executive Board,

Having considered the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030,

DECIDES to recommend to the Seventy-fifth World Health Assembly the adoption of the following draft resolution:

The Seventy-fifth World Health Assembly,

Having considered the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030,

(1) ADOPTS the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030;

(2) REQUESTS the Director-General to report on the progress made in the implementation of the global health sector strategies to the Health Assembly in 2024, 2026, 2028 and 2031, noting that the 2026 report will provide a mid-term review based on the progress made in meeting the strategies' 2025 targets and the progress made towards achieving the 2030 goals.

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