Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030

HIV, viral hepatitis and sexually transmitted infections continue to pose a major public health burden in the WHO European Region, affecting millions of people and causing premature mortality. Despite some progress in achieving the targets outlined in the previous Action Plan for the Health Sector Response to HIV in the WHO European Region and the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region, challenges persist, particularly for countries in eastern Europe and central Asia.

The regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030 outline the vision, goals and actions required to respond to these epidemics. Building on the progress made and lessons learned, the regional action plans provide a framework to strategically combine disease-specific approaches with the people at the heart of the response.

The regional action plans will operationalize the Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 through Region-specific actions and will align with the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”. The action plans will contribute to realizing the potential of primary health care by promoting multilevel care and delivery networks and to forwarding the universal health coverage agenda through improving access to health services without financial hardship.

This working document is submitted, together with a draft resolution, to the 72nd session of the WHO Regional Committee for Europe in September 2022.
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WHY ARE THE NEW REGIONAL ACTION PLANS NEEDED?

1. HIV, viral hepatitis (VH) and sexually transmitted infections (STIs) represent a major public health burden in the WHO European Region. In the Region, an estimated 2.6 million people live with HIV, approximately 14 million people are infected with the hepatitis B virus, and 13 million are chronically infected with the hepatitis C virus. In 2019, there were an estimated 4 million new diagnoses for gonorrhoea and syphilis alone. HIV, VH and some STIs continue to cause premature mortality in the Region.

2. Despite their commitment to ending AIDS as a public health threat,1 the Member States in the Region – particularly in the eastern part – face persisting challenges in achieving the targets outlined in the Action Plan for the Health Sector Response to HIV in the WHO European Region.2 New infections are on the rise,3 and AIDS-related deaths increased in 2020, as reported in the final report of the regional Action Plan.4 Despite progress since 2015,5 the Region did not meet its 90–90–90 targets.6 Late HIV diagnosis remains a challenge in most countries, and delayed access to timely treatment of HIV–TB coinfection contributes to excess mortality.

3. These specific challenges are driven by insufficient access to HIV prevention, testing and treatment services for key populations, as the HIV epidemic is almost exclusively concentrated in key populations and their sexual partners, accounting for 99% of new infections.7,8 Antiretroviral treatment coverage is insufficient, limiting application of the treatment as a preventive, population-wide approach. Legal, policy and financial barriers and stigma reduce access to evidence-based public health approaches, including for migrants, for whom access to health services remains difficult.

4. The Region has partially achieved the coverage targets for VH, as reported in the final report of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region.9,10 Over the course of the previous Action Plan, there has been an increased focus on hepatitis by many countries in the Region: 33 countries had a national hepatitis plan in 2020 and another 13 were in the process of developing one. However, the Region continues to see a steady increase in liver cancer mortality and morbidity, largely due to VH. Despite improved access to generic pan-genotypic direct-acting antivirals and cost reductions, only a fraction of those diagnosed with hepatitis C have been treated. Availability of strategic information continues to be a challenge in the Region.

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2 See https://apps.who.int/iris/handle/10665/329423.
3 The previous Action Plan had a target of reducing new infections by 75%. The estimated number of new infections was 160 000 in 2016 and 170 000 in 2020. More details can be found in the Final progress report on the Action Plan for the Health Sector Response to HIV in the WHO European Region.
4 See the Final progress report on the Action Plan for the Health Sector Response to HIV in the WHO European Region at https://apps.who.int/iris/handle/10665/360910.
5 By 2020, 77% of people living with HIV in the Region were aware of their status, 83% of those diagnosed had initiated treatment, and 94% of those on treatment had achieved viral load suppression (compared to 69–69–91 in 2015). However, there is a pronounced geographical variation: the eastern part of the Region lagged behind considerably, with respective rates of 70%, 75% and 94%.
6 The Joint United Nations Programme on HIV/AIDS 90–90–90 targets are as follows: by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression.
7 For HIV, key populations are people who inject drugs, men who have sex with men, transgender people, sex workers, people in prisons and correctional facilities, and migrants, as well as their sexual partners. For VH, additional groups include people who use drugs, people who have been exposed to the hepatitis virus through unsafe blood supplies and unsafe medical injections and procedures, people with thalassemia, who are at increased risk of transfusion-related hepatitis infection, and infants born to hepatitis B surface antigen-positive mothers. For STIs, additional groups include young people, pregnant women and women of childbearing age.
9 See https://apps.who.int/iris/handle/10665/344154.
10 See the Final progress report on implementation of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region at https://apps.who.int/iris/handle/10665/360902.
5. In 2020, there were an estimated 23 million incident cases of four curable STIs – chlamydia, gonorrhoea, syphilis and trichomoniasis – in the Region. To date, the Region has not had a dedicated regional action plan focused on STIs, and not all countries have national guidelines on the diagnosis and treatment of STIs. There is a large variation in the investment levels, maturity and performance of STI surveillance systems across countries. The Region needs to intensify STI prevention, testing and treatment services, particularly among young people, people living with HIV, and key populations in the context of expanded pre-exposure prophylaxis use for HIV prevention.

**THE 2022–2030 REGIONAL ACTION PLANS: ENDING EPIDEMICS IN A NEW GLOBAL HEALTH ERA**

6. Implementation of previous plans has shown that effective disease responses are predicated on political commitment, systemic change and a need to invest in and deploy innovations. But not all countries employ the full remit of existing evidence, tools and strategies. Underpinning these challenges are issues of health system organization, as many disease programmes are centralized in their delivery and lack common service delivery platforms, despite the commonality in key populations and their behaviours across the different diseases. Strategic shifts are needed to bring the Region closer to the goal of ending AIDS and the epidemics of VH and STIs.

7. To place people at the heart of the response and ensure full access to services, a pivot towards health system adaptations is needed. Acknowledging the similarities and differences between these diseases, the 2022–2030 regional action plans strategically combine disease-specific approaches with health system responses. The shift towards comprehensive, person-centred primary health care by promoting multilevel care delivery networks will address physical and mental health, as well as the social well-being of key affected populations. The action plans additionally include actions coordinated with the Tuberculosis action plan for the WHO European Region 2023–2030. The action plans will effectively contribute to the goals of the European Programme of Work, 2020–2025, and will support universal health coverage (UHC) to leave no one behind. They will also align with the Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 (GHSS), which include HIV, VH and STI strategies in one document and promote people-centred prevention and care.

8. The plans consider the epidemiological, technological and contextual shifts of recent years. The development of the regional action plans comes at a time of significant disruption and change in the Region. The COVID-19 pandemic derailed progress and temporarily de-prioritized programmes related to HIV, VH and STIs. It also showed that health systems can quickly adapt and accelerate uptake of innovations, including those relating to digital health, decentralization of testing capacity, and task shifting. There is an urgent need to accelerate the pace and scale of prevention, testing and treatment services for HIV, VH and STIs in this new reality, building on the contingencies and approaches that emerged during the COVID-19 pandemic for people living with HIV, VH and STIs and key populations at risk of acquiring these diseases.

9. The war in Ukraine triggered an escalating humanitarian crisis that may have a serious impact on progress towards regional targets for HIV. The war has had a devastating impact on people’s health and the functioning of Ukraine’s health system. The discontinuation of treatment and care due to disruption to health services and shortages of medical supplies poses a severe risk of increased mortality and morbidity from communicable diseases such as HIV and tuberculosis. Addressing immediate health challenges in Ukraine and ensuring continuity of HIV treatment and full service for refugees in Europe are short-term priorities. However, long-term efforts will also be needed to support the recovery in Ukraine and beyond, and the forecasted economic impact across the Region may affect the budgetary ability to fund the ambitious commitments needed to scale up the response to HIV, VH and STIs in many countries. Renewed political and financial commitments will be required to get back on track after the anticipated loss in progress towards ending AIDS and the epidemics of VH and STIs.
VISION, GOALS AND STRATEGIC DIRECTIONS OF THE REGIONAL ACTION PLANS

10. The vision and goals for the regional action plans are aligned with the GHSS: to end AIDS and the epidemics of VH and STIs by 2030.

11. The action plans include one overarching strategic direction (Strategic direction 1), focused on a shared response to HIV, VH and STIs within UHC and a health systems approach, together with disease-specific strategic directions (Strategic directions 2–4) (see Fig. 1).

Figure 1: Vision, goals and strategic directions

<table>
<thead>
<tr>
<th>Strategic direction 1: A shared response to HIV, VH and STIs within UHC and a health systems approach</th>
<th>Vision</th>
<th>Strategic direction 2: Ending AIDS</th>
<th>Strategic direction 3: Ending epidemics of VH</th>
<th>Strategic direction 4: Ending epidemics of STIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A common vision: To end AIDS and the epidemics of VH and STIs and to advance UHC, primary care and health security</td>
<td>Zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination in a world where people living with HIV are able to live long and healthy lives</td>
<td>A world where VH transmission is halted and everyone living with VH has access to safe, affordable and effective prevention, care and treatment services</td>
<td>Zero new infections, zero STI-related complications and deaths, and zero discrimination in a world where everyone has free and easy access to prevention and treatment services for STIs, thereby allowing people to live long and happy lives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goal</td>
<td>End the AIDS epidemic as a public health threat</td>
<td>Eliminate VH as a major public health threat</td>
<td>End STI epidemics as a major public health concern</td>
</tr>
</tbody>
</table>

12. The WHO Regional Office for Europe developed these regional action plans through a Region-wide participatory process, drawing on feedback from a technical expert group meeting organized for this purpose. The meeting formally sought feedback from all 53 Member States, United Nations agencies, nongovernmental organizations, international organizations and, most importantly, civil society organizations and people living with the conditions in the Region, as explained in the background document containing the full version of the regional action plans.

STRATEGIC PRIORITIES, TARGETS AND PRIORITY ACTIONS FOR COUNTRIES, WHO AND PARTNERS

13. The regional action plans contain regional targets for each of the strategic directions, including for impact and coverage. In alignment with their national settings, countries are encouraged to develop or update their national plans’ targets and goals, informed by the targets and goals of the regional action plans. National goals and targets should consider the country context, including the nature and dynamics of the country’s epidemics, the populations affected, and the structure and capacity of the health care system, as explained in the background document. Details of targets and indicators are available in the background document.
14. Each strategic direction outlines a series of priority actions for countries, WHO and partner agencies. Countries are encouraged to implement priority actions consistent with their epidemiological, social and legislative contexts. Details of priority actions that countries, WHO and partner agencies can take to accomplish the targets and goals in the regional action plans are available in the background document.

**Strategic direction 1: A shared response to HIV, VH and STIs within UHC and a health systems approach**

15. This strategic direction focuses on the shared approaches that can be taken to tackle HIV, VH and STI epidemics through integrated and common action for change. It also addresses key health system functions that enable provision of the full continuum of care and allow patients to access the comprehensive services they need.

16. Key priorities for action include the following:

- Move to differentiated people-centred services, rising above disease silos, through a partnership-based approach with primary health care, civil society, communities and public health institutions.
- Ensure sustainable financing of services at all levels for key populations.
- Ensure a health care and community workforce equipped to provide quality continuum of care.
- Ensure equitable and more rapid access to innovations in HIV, VH and STI commodities through comprehensive price reduction strategies for medicines, technologies and novel products.
- Improve access to laboratory diagnostics by decentralizing and integrating testing and by optimizing the use of molecular diagnostic platforms.
- Prioritize data-driven decision-making, the collection of strategic information, the governance and management of health information systems, and digital health.
- Ensure inclusion of civil society when considering options for governance structures for HIV, VH and STIs prevention and care, as countries progress towards ending these epidemics and in advancing gender, equity and human rights.
- Future-proof for health emergencies and rapid recovery following acute or prolonged emergencies.

**Strategic direction 2: Ending AIDS**

17. Key priorities for action include the following:

- Refocus testing based on epidemiology and evidence; decentralize and use a full range of testing strategies to advance early diagnosis.
- Intensify focus on prevention by expanding access to comprehensive service packages tailored to the needs of key populations through a broader range of service delivery platforms.
- Address the major causes of HIV-related deaths by ensuring the best standards of care, and focus on TB through urgent coverage and rapid treatment initiation for people living with HIV and accelerated access to TB prevention, screening and treatment.
- Address the needs of key populations and those most at risk by reducing social and structural barriers to services and by providing differentiated models of care. Provide communities living with and affected by the diseases, and civil society, with a stronger role and voice as part of UHC and an integrated, people-centred response.
• Ensure rapid uptake of innovations, including new treatment regimens and new prevention approaches supported by implementation research.
• Strengthen comprehensive surveillance and capacity to analyse data with population and geographical granularity to identify programmatic areas of focus.
• Ensure transition to sustainable, predictable and sufficient domestic revenue to fund the provision of accessible and affordable HIV services.

**Strategic direction 3: Ending epidemics of VH**

18. Key priorities for action include the following:

- Allocate increased domestic financial resources to hepatitis B and C through inclusion of VH prevention, testing and treatment as part of UHC.
- Scale up testing to diagnose, using a range of evidence-based strategies, the large numbers of people living with hepatitis B and C who are unaware of their diagnosis, including key populations and those most at risk.
- Implement a test-and-treat strategy and significantly scale up treatment for hepatitis B, C and D to everyone who is eligible. Ensure that the most effective treatment regimens are accessible and affordable to all populations. Decentralize care for VH to primary and community settings, wherever possible, and develop these models of care in collaboration with civil society.
- Create an enabling environment for key populations and those most at risk by addressing legal and political forms of discrimination that perpetuate stigma.
- Prevent the transmission of VH, with a particular focus on key populations, through integration of prevention services for HIV, VH and STIs, and intensify efforts to scale up comprehensive combination services for people who inject drugs in all settings, including prisons.
- Ensure universal access to hepatitis B birth-dose vaccines and improve services for testing pregnant women to prevent vertical (mother-to-child) transmission of hepatitis B.

**Strategic direction 4: Ending epidemics of STIs**

19. Key priorities for action include the following:

- Develop surveillance systems in all countries to effectively monitor key indicators and increase the geographical coverage of the European Gonococcal Antimicrobial Surveillance Programme.
- Prevent the transmission of STIs, with a focus on key populations, through integration of services for HIV, VH and STIs, and intensify efforts to scale up comprehensive combination approaches across all service platforms, including primary health care, sexual and reproductive health, family planning, adolescent health and HIV services.
- Increase access to testing and early diagnosis by expanding the use of high-quality STI point-of-care testing technologies and evidence-based screening and testing innovations.
- Provide early access to treatment and rapid links to effective care for STIs and case management delivered by public, private and nongovernmental service providers.
- Fund STI plans through national health financing mechanisms to deliver an essential package of high-impact, evidence-based STI interventions relevant to the country context and tailored to the needs of key populations and settings.
- Accelerate research and development on prevention technologies, diagnostics, treatments and vaccines for STIs.
PARTNERSHIPS

20. Implementing the regional action plans, as well as sustaining previous gains and advancing in each of the disease-specific areas, can only be accomplished by the countries in the Region through effective partnerships.

21. At the core of any country response should be a three-way collaboration of (a) health systems, (b) civil society organizations with their knowledge and experience about key populations and those most at risk, and (c) disease-specific technical expertise, which can be offered by WHO and partner agencies, including national and regional research agencies and universities.

ACCOUNTABILITY AND PROGRESS MONITORING

22. Driving continued progress towards ending AIDS and the epidemics of VH and STIs will require regular and transparent monitoring as well as accountability frameworks and reporting mechanisms. This will enable periodic monitoring and review of priorities and realignment of resources.

23. The regional action plans will draw on the reporting framework, information systems and mechanisms identified in the GHSS for HIV, VH and STIs to minimize the administrative reporting burden for countries in the Region.

24. Interim targets for 2025 have been outlined in the GHSS and include two targets of the European Programme of Work, 2020–2025. An interim review of the progress in the Region will be conducted in 2026, which will allow the countries of the Region to identify emerging issues and review the strategic priorities. Special attention will be given to the implementation of STI-specific strategies, given their novelty in these regional action plans.