

HIV, viral hepatitis and sexually transmitted infections: Progress and gaps

Webinar will commence shortly

21 May 2024

Instructions for participants

- Please ask questions to presenters and panelists in the Q&A box
- The chat is for any technical issues or for introductions
- Session recording and slides will be sent to all participants



Translation available

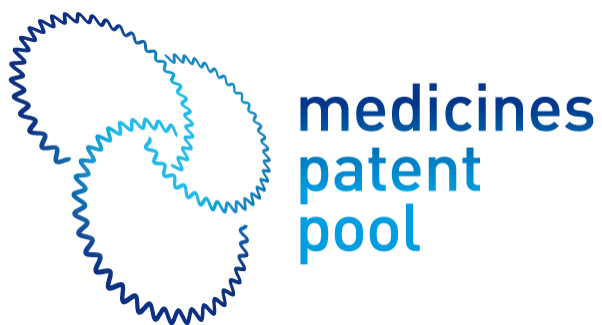
- Please select your preferred language using the “Interpretation” 🌐 button
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Objectives

- Progress update of the global health sector strategies on HIV, hepatitis and STIs, 2022 - 2030
- To draw global attention to the progress gaps, especially the alarming rise in new STI cases
- Celebrate progress made
- Explore solutions to addressing the challenges ahead

Co-organizers of this webinar



Our moderators



Birgit Poniatowski
IAS – the International
AIDS Society



Esteban Burrone
Medicines Patent Pool

Our programme today

Topic	Presenter
Opening remarks	Jérôme Salomon , WHO, Switzerland
Highlights from the Progress and Gaps report	Meg Doherty , WHO, Switzerland
Lessons from Rwanda	Sabin Nsanzimana , Ministry of Health, Rwanda
Lessons from Namibia in advancing the triple elimination of HIV, hepatitis B and syphilis	Ben Nangombe , Ministry of Health and Social Services, Namibia
Factors driving the rise in new STI cases and what we can do about it	Patty Garcia , Cayetano Heredia University, Peru
Panel discussion <ul style="list-style-type: none"> • Philippe Duneton, Unitaaid, Switzerland • Maureen Luba, AVAC, Malawi • Jessica Hicks, World Hepatitis Alliance, United Kingdom • Julia Martin, PEPFAR, United States (TBD) 	Moderated by Charles Gore , Medicines Patent Pool, Switzerland



Jérôme Salomon,
WHO, Switzerland

Opening remarks



Meg Doherty,
WHO, Switzerland

Highlights from the Progress and Gaps report

Highlights and Key Messages

Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022–2030

Report on progress and gaps 2024

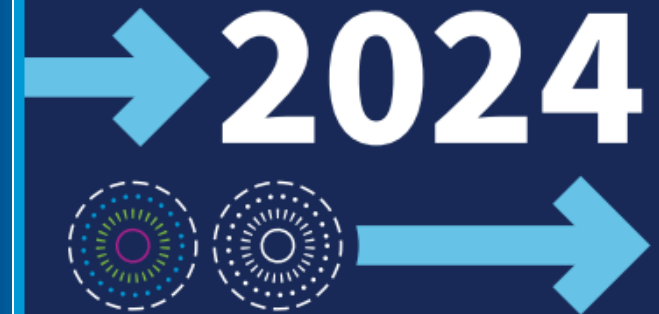
Dr Meg Doherty

Director, WHO Department of Global HIV, Hepatitis and STI Programmes

21 May 2024

Implementing the global
health sector strategies
on HIV, viral hepatitis
and sexually transmitted
infections, 2022–2030

Report on progress and gaps



Measuring progress

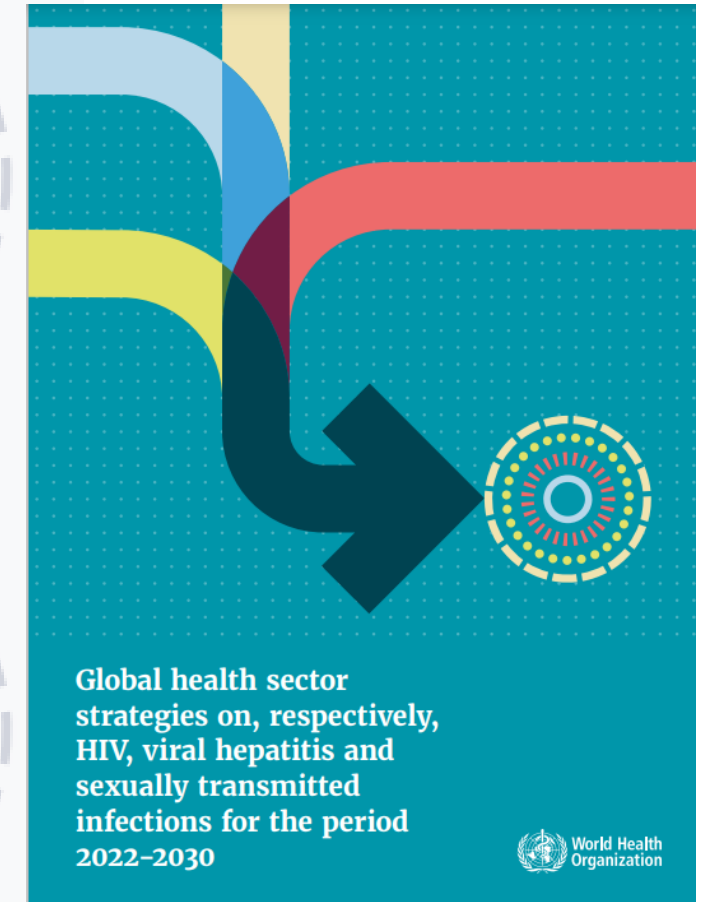
The strategies' **measurement framework** defines **priority impact and coverage indicators and policy milestones** to track global progress and ensure accountability for implementation.

The framework includes shared and disease-specific indicators with targets for 2025 and 2030.

Global monitoring is based on data collected from Member States through established mechanisms for HIV, viral hepatitis and STIs, with increasing efforts to harmonize data collection processes across the disease areas.

This report assesses the latest results against 2022 targets and progress towards 2025 targets.

New data on syphilis from 194 countries, with WHO hepatitis data from 187 countries, and HIV data for 2022



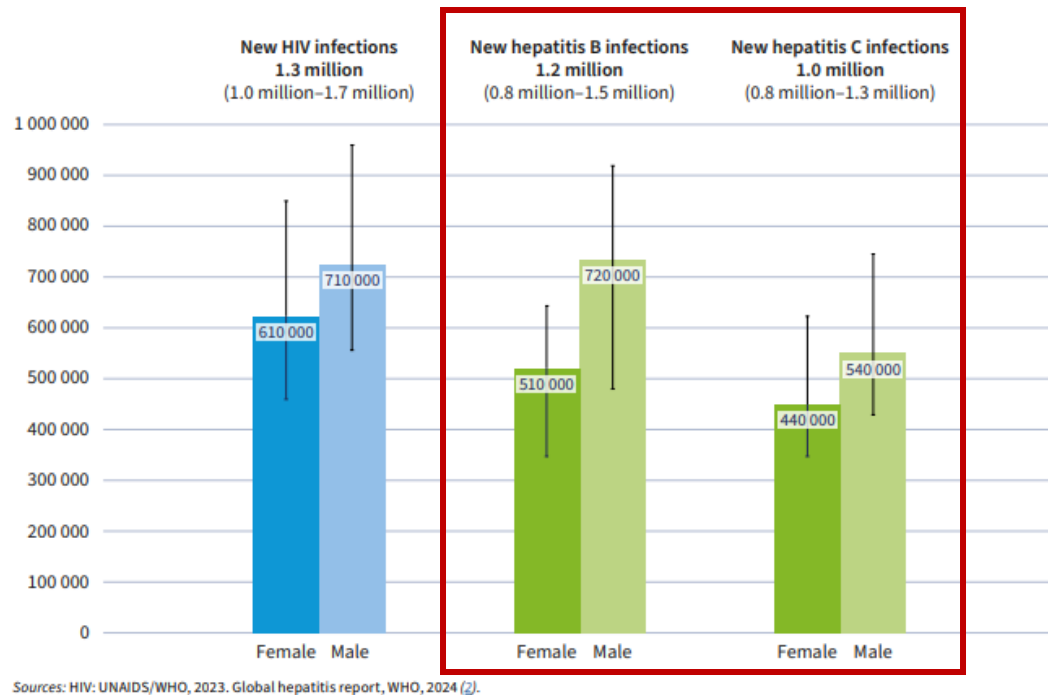
Deaths are not declining fast enough

HIV, viral hepatitis and sexually transmitted infections result in **2.5 million deaths each year**, and new data suggest that more people died from **hepatitis-related causes - 1.3 million in 2022** compared to 1.1 million in 2019.

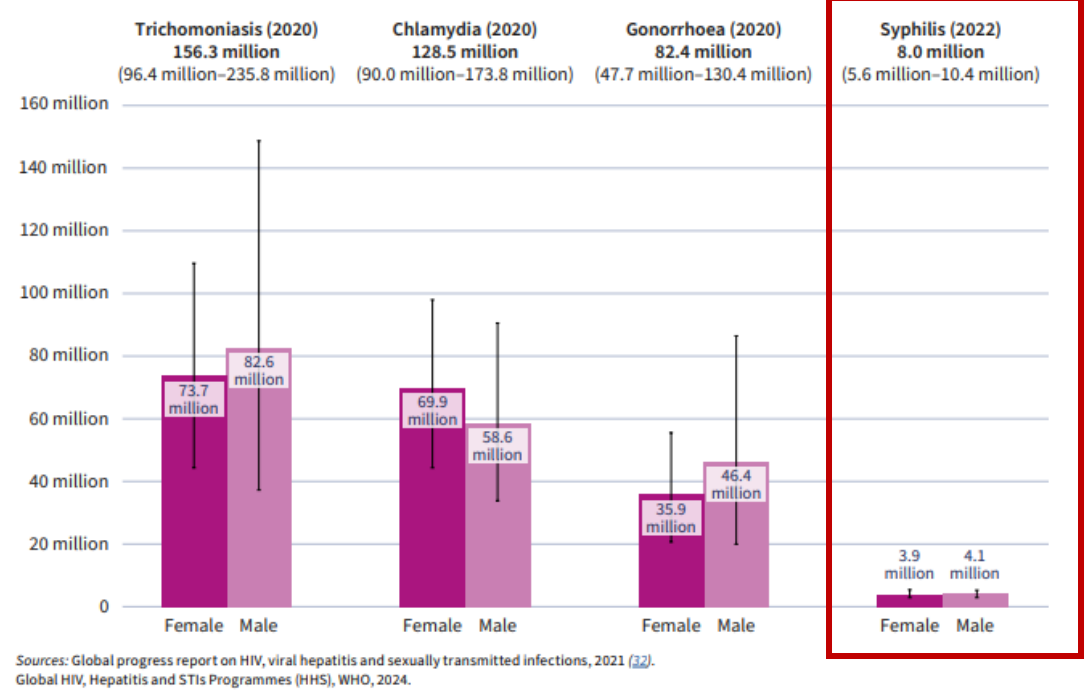
Cause of death	Estimate	Source
HIV	630 000 (480 000–880 000)	UNAIDS/WHO, 2023
Hepatitis B	1 100 000 (880 000–1.74 million)	Global Hepatitis Report, WHO, 2024
Hepatitis C	240 000 (200 000–290 000)	Global Hepatitis Report, WHO, 2024
Human Papillomavirus (HPV)-related cervical cancer	350 000	IARC, 2024
Syphilis	220 000	WHO, 2024
Total	2.5 million	

Distribution of the number of deaths caused by HIV, viral hepatitis and STIs by cause of death, global, 2022 (table 3.2, page 12)

New infections are not declining fast enough



Distribution of new cases of HIV, hepatitis B and hepatitis C by sex, global, 2022

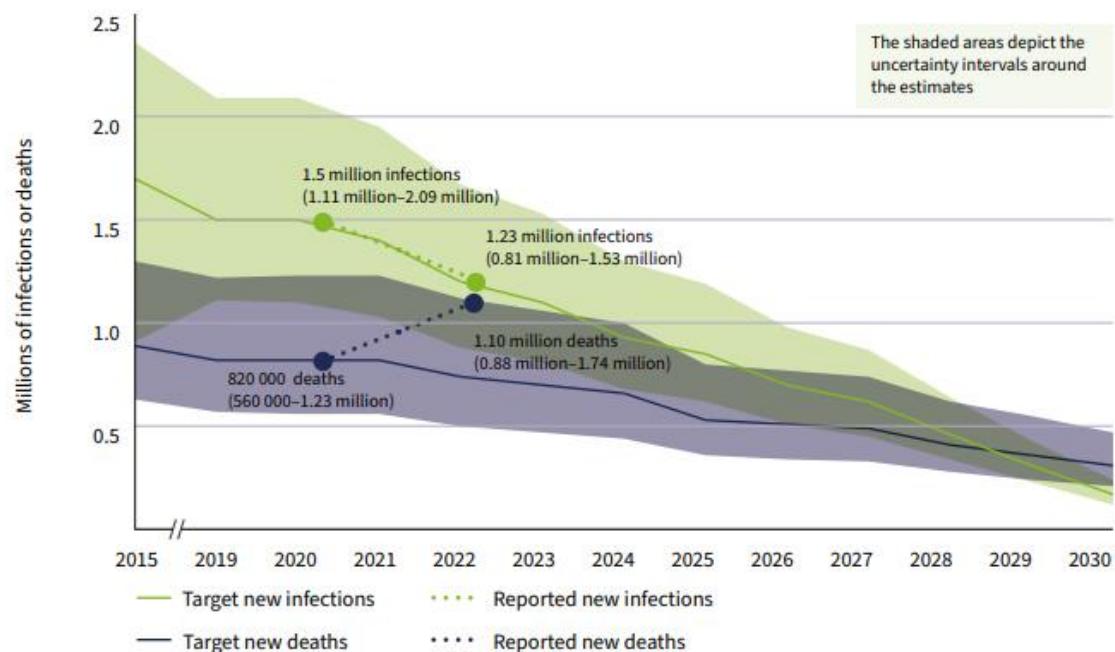


Distribution of new cases of four curable STIs among adults (aged 15–49 years), by sex, global, 2020 and 2022

- **More than 1 million new infections occur each day**, the majority of which are sexually transmitted infections
- **STI case notifications are increasing** rather than decreasing in many WHO regions, and new HIV and viral hepatitis infections are not declining as fast as they should to achieve SDG 2030 goals

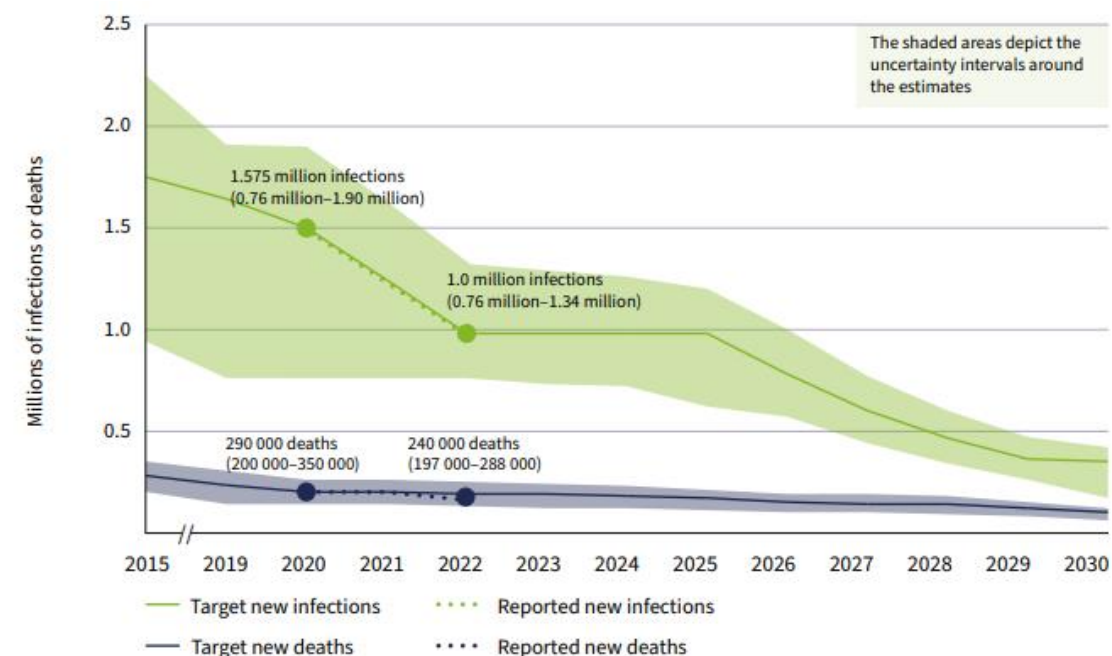
New infections and deaths - hepatitis

Trends in incidence and mortality of hepatitis B, 2015–2030




Source: Global hepatitis report, WHO, 2024 (2).

Trends in incidence and mortality of hepatitis C, 2015–2030



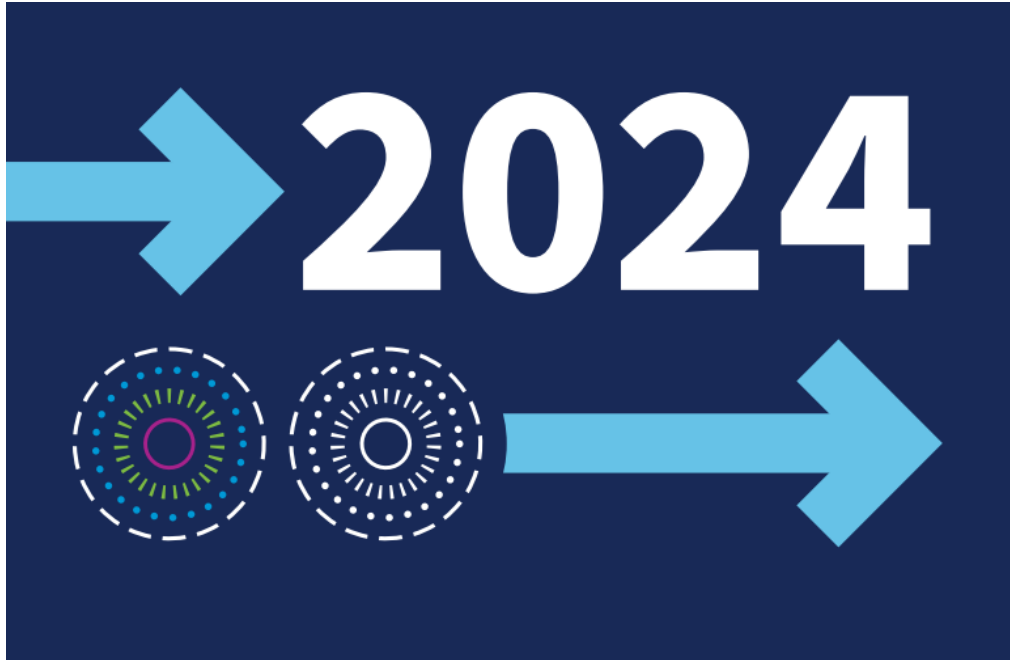
Note: HCV incidence is based on significantly new data from key countries. These data will also affect and reduce the baseline and mean that the decline is less significant than shown. The trendline will need to be recalculated as part of the 2026 review of the global health sector strategies 2022–2030 (2). The graph shows the considerable uncertainty around the trend.

Source: Global hepatitis report, WHO, 2024 (2).

A photograph of healthcare workers, likely nurses, wearing white uniforms and teal surgical masks. They are looking towards the camera. The background is slightly blurred, showing other people in similar attire.

**Gains have been
made in expanding
service access
across all three
disease areas**

Expanding service access



More than **75% of people living with HIV** are receiving antiretroviral therapy, and **93% of those on treatment (or three quarters of all people living with HIV)** have suppressed viral loads.

The initial decline in global hepatitis C mortality from 290 000 in 2019 to 240 000 in 2022 suggests that the expansion in access to hepatitis C treatment is starting to show impact.

Nineteen countries and areas have been officially validated for the elimination of mother-to-child transmission of HIV and/or syphilis, and dual HIV/syphilis rapid diagnostic tests are being rolled out for pregnant women in antenatal care and for key populations.

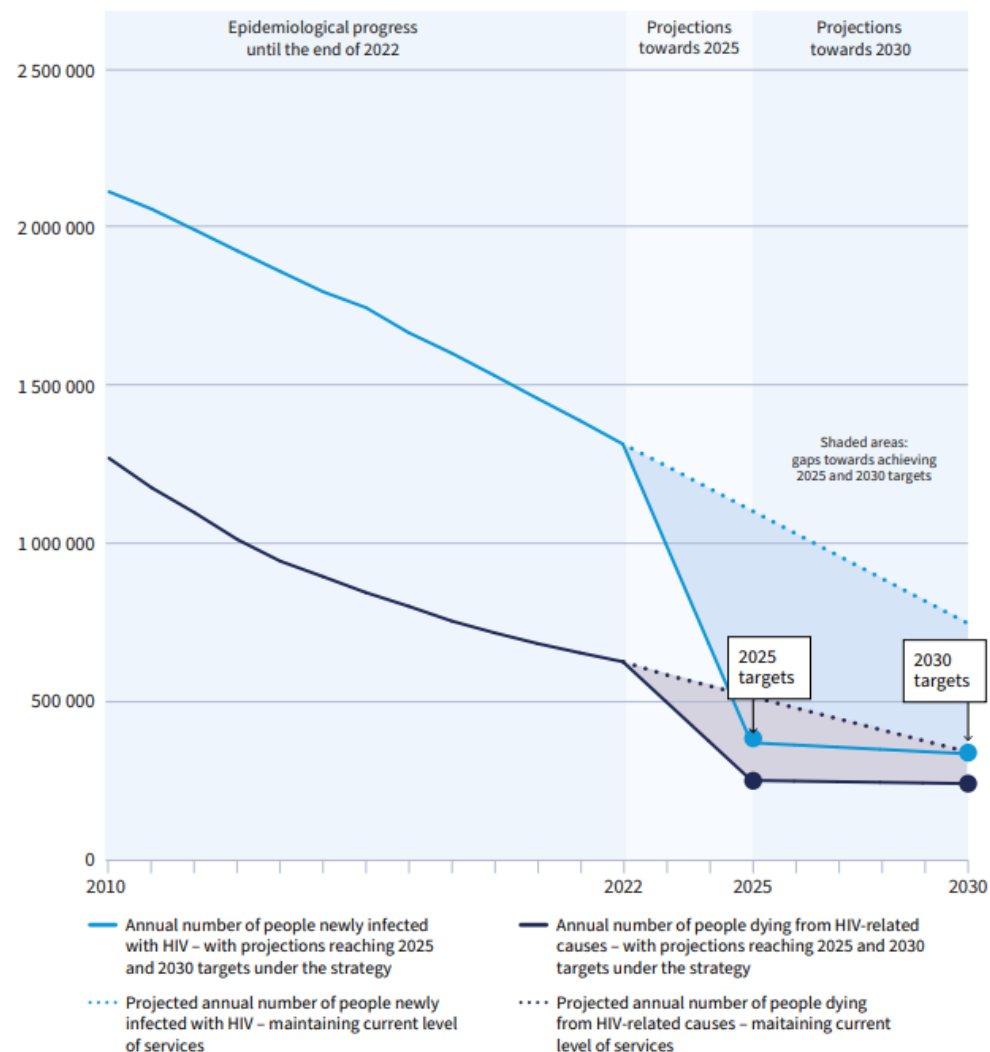
Successes in the context of a lack of significant progress towards universal health coverage

Many indicators are off track – HIV

While HIV incidence and HIV-related deaths have declined significantly since 2010 in recent years the rates are insufficient to achieve the 2025 targets

Despite the widespread availability of antiretroviral therapy, **there were 630 000 HIV-related deaths in 2022**, many of them due to late engagement in care and structural barriers to service access.

HIV incidence and mortality from implementing the strategy compared to current trends, global, 2010–2030



Note: The United Nations global targets for 2025 are twofold: reducing the number of people acquiring HIV to less than 370 000 and reducing the number of HIV-related deaths to less than 250 000. To end AIDS as a public health threat by 2030, the targets are a 90% reduction of the number of people acquiring HIV and dying from HIV using 2010 as the baseline.

Sources: Avenir Health using 2025 targets and UNAIDS/WHO epidemiological estimates, 2023.

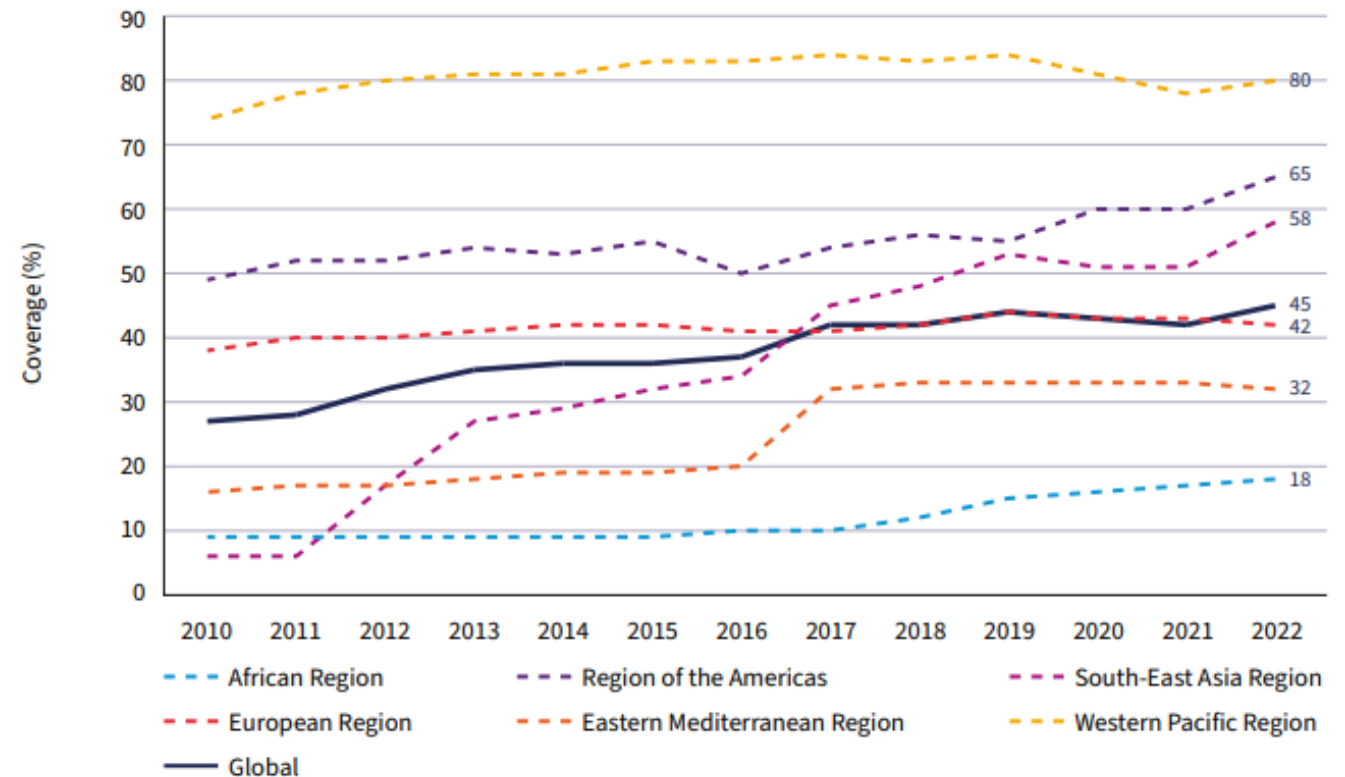
Many indicators are off track - hepatitis

Only **13%** of people living with chronic hepatitis B infection had been diagnosed and close to **3%** had received antiviral therapy at the end of 2022.

Only **36%** of people living with hepatitis C had been diagnosed between 2015 and 2022, and **20%** had received curative treatment.

Despite a rise in hepatitis B birth dose vaccine coverage since 2010, **the current global coverage of 45% falls significantly short of the 2025 target of 70% coverage**

Hepatitis B birth dose coverage, by WHO region and globally, 2010–2022



Source: Immunization data portal [online database] (36), (accessed 2 May 2024).

Many indicators are off track - STIs

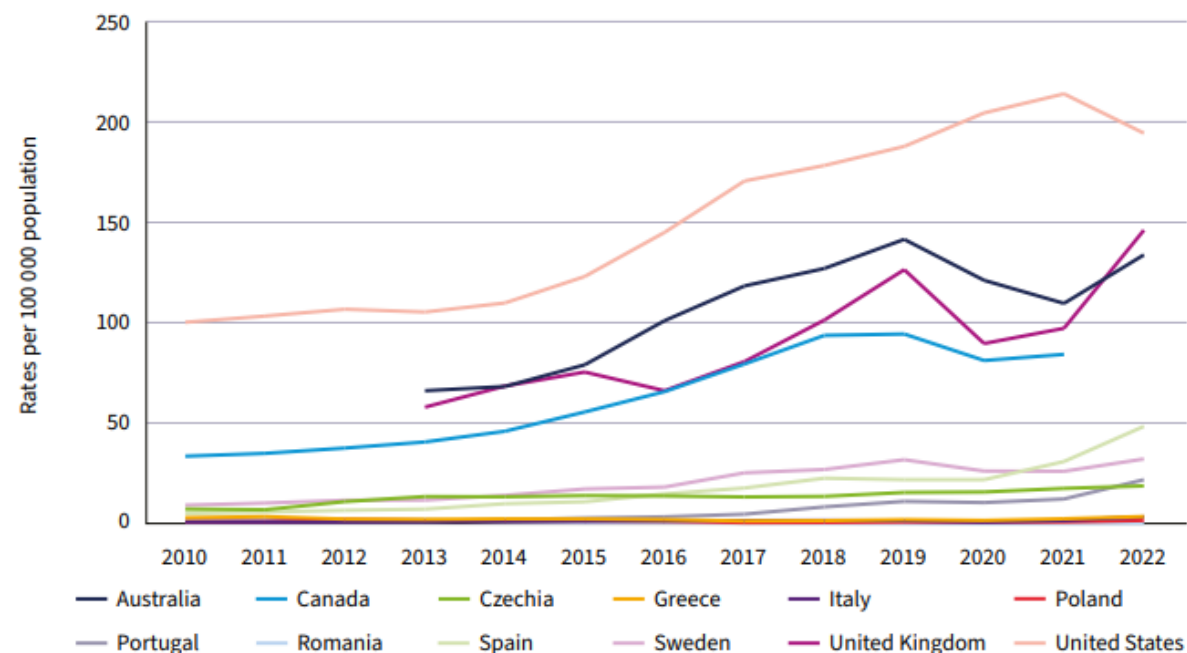
The world is off track to meet STI targets, with increasing rather than declining trends in new infections.

In 2020, there were cumulatively **374 million new cases of the four curable STIs**: syphilis, gonorrhoea, chlamydia, and trichomoniasis in adults aged 15–49 years.

A reduction of 20% must be achieved in the incidence of the four infections to achieve the 2025 impact targets and a reduction of 60% is required to achieve the 2030 targets.

In high-income countries with strong surveillance systems, **case notification rates for STIs such as gonorrhoea are increasing.**

Gonorrhoea case notification rates per 100 000 population in selected high-income countries, 2010–2022



For notes and sources see Fig 6.1 of the Progress Report

Focus on syphilis

Numerous countries **reported increases in cases of adult and congenital syphilis after the COVID-19 pandemic.**

In 2022, WHO Member States set out an ambitious target of reducing the annual number of adult syphilis infections by ten-fold by 2030, from 7.1 million to 0.71 million.

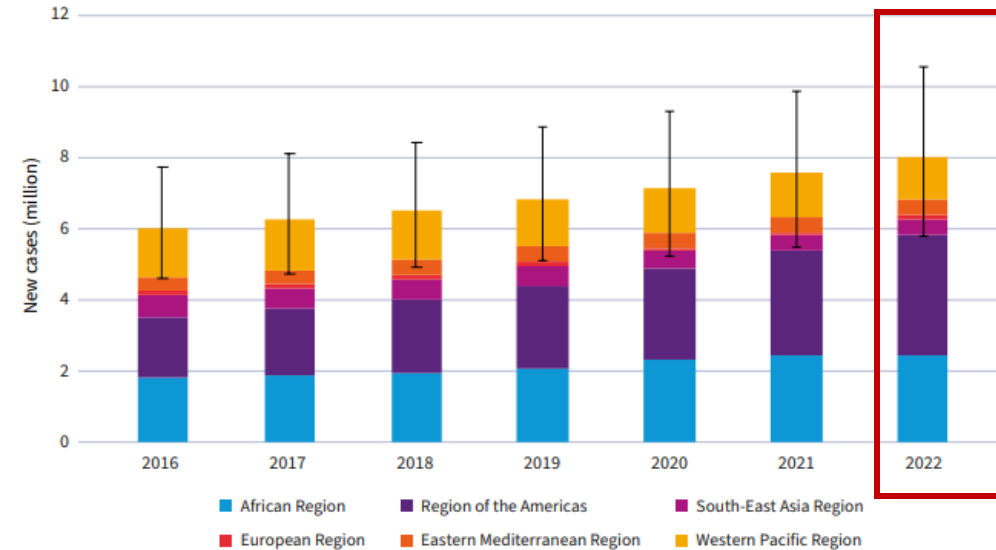
Yet, new syphilis cases among adults aged 15--49 years **increased by over 1 million in 2022 reaching 8 million.** The highest increases occurred in the Region for the Americas and the African Region.

Between 2016 and 2022, maternal syphilis reached 1.1 million & global congenital syphilis case rate increased to **523 per 100 000 live births in 2022, more than 2.5 times the 2025 target of 200 per 100 000 live births**

In 2022, there were 230 000 syphilis-related deaths.

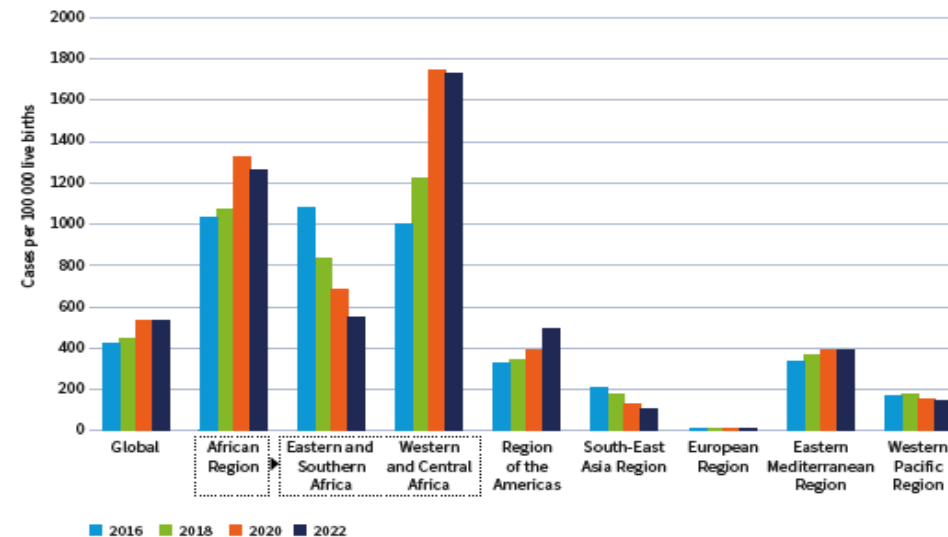


Estimates of the total number of new cases of syphilis among people aged 15–49 years by WHO region, 2016–2022



Source: Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2024.

Fig. 6.3 Estimates of congenital syphilis case rates per 100 000 live births, global and by WHO region, 2016–2022



Source: Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2024.

Addressing Accountability

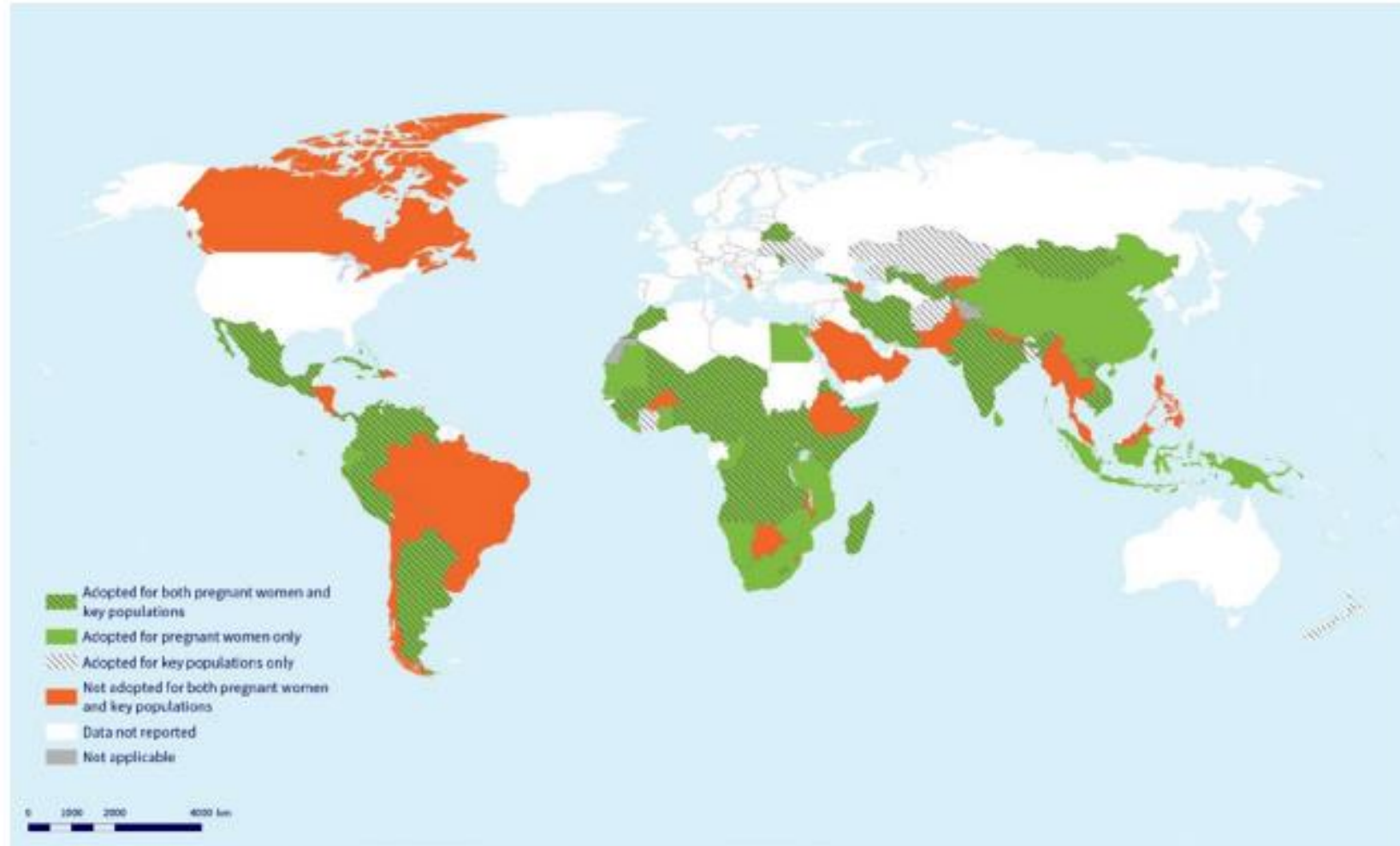


Uptake of national policies on dual HIV and syphilis rapid diagnostic tests, July 2023

WHO recommends that dual HIV/syphilis rapid diagnostic tests can be considered as the first test in HIV testing strategies and algorithms in antenatal care settings.

As of July 2023, **76 countries** had adopted dual HIV/syphilis rapid diagnostic tests in national policies.

More than half of the countries (**62%, 47 of 76**) had adopted them for use among pregnant women and key populations



Sources: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2023.

Highlights of WHO actions undertaken in WHO Regional Offices 2022-2023

African Region <ul style="list-style-type: none"> • Regional Framework for an Integrated Multisectoral Response to TB, HIV, STIs and Hepatitis, 2021–2030. • Regional Hubs in West and Central Africa and in Eastern and Southern Africa to implement the work of the Global Alliance to end AIDS in Children by 2030, in collaboration with UNAIDS, UNICEF, Global Fund and PEPFAR. • Regional Framework for an Integrated Laboratory System for TB, HIV, STIs and viral hepatitis, to build country capacity for laboratory services. • Designation of Botswana National HIV Reference Lab as a WHO Collaborating Centre for HIV drug resistance, 2023 • Ongoing technical support for country strategic planning and update of national guidelines. 	European Region <ul style="list-style-type: none"> • Regional Action Plan for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022-2030. • Designation of Robert Koch Institute, Germany, as the WHO Collaborating Centre for Viral Hepatitis and HIV and the National Centre for Disease Control and Public Health, Georgia, as the WHO Collaborating Centre on Hepatitis C Elimination. • Technical support to countries to strengthen analytical capacity and improve the quality of integrated bio-behavioural sentinel surveillance and key population data cascades. • Support to the regional response to the humanitarian crisis resulting from the war in Ukraine, including to maintain continuity of essential services for people living with HIV.
Region of the Americas <ul style="list-style-type: none"> • Elimination initiative: accelerating the elimination of communicable diseases in the Americas, 2022–2030 • Strategy for building resilient health systems and post-COVID-19 pandemic recovery to sustain and protect public health gains, 2021 • Validation of the elimination of mother-to-child transmission of HIV, hepatitis B and syphilis • HIV programme reviews conducted in nine countries between 2021 and 2023, providing the basis for updating national strategic plans and funding proposals. • Ongoing technical support to countries to estimate needs and costs for pre-exposure prophylaxis, HIV testing and antiretroviral procurement, and support for health product procurement through the Strategic Fund and Revolving Fund. 	Eastern Mediterranean Region <ul style="list-style-type: none"> • Regional Action Plan for the implementation of the the general health sector strategies 2022–2030. • Support for disease elimination efforts, including for the validation of Egypt’s “gold tier” status on the path to elimination of hepatitis C, and assessments for the elimination of mother-to-child transmission in collaboration with UNICEF. • Strategic focus on the scale-up of testing and technical support for service innovation and optimization. • Ongoing technical support for the development of integrated HIV, viral hepatitis and STI programmes and plans.
South-East Asia Region <ul style="list-style-type: none"> • Integrated regional action plan for viral hepatitis, HIV and sexually transmitted infections in South-East Asia, 2022–2026 • National programme managers’ meeting on strengthening implementation of integrated service delivery to end AIDS, Viral Hepatitis and STIs in the South-East Asia Region • Regional Validation Committee on Elimination of Mother to Child Transmission of HIV, Syphilis and Hepatitis B in South-East Asia convened 	Western Pacific Region <ul style="list-style-type: none"> • Regional Framework for Reaching the Unreached in the Western Pacific, 2022–2030. • Regional Framework on the Future of Primary Health Care, 2022 • Regional Framework for Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030 and establishment of a Regional validation committee. • Landscape review on STIs in the Western Pacific Region, 2024. • Ongoing technical support to countries to develop national strategic plans and conduct programme reviews.

Urgent priorities - shared approaches for a people-centred response

The report proposes the following measures to be prioritized by countries and partners to effectively strengthen shared approaches to achieve the 2025 and 2030 HIV, viral hepatitis and STI targets

- Plan policy and financing dialogues to develop cross-cutting investment cases and **national-level sustainability plans**.
- Further **consolidation and alignment of disease-specific guidance, plans & implementation support** within a primary health care approach.
- **Address ongoing criminalization, and stigma & discrimination** within health settings, against populations most affected by HIV, viral hepatitis and STIs.
- Expanding **multi-disease elimination approaches and packages**, building from learnings from the triple elimination of mother-to-child transmission.
- Strengthening the **focus on primary prevention** across the diseases.

Urgent Priorities for HIV

- National strategic health sector plans to secure **sustainability for HIV responses**
- **Implement AHD package of care to reduce HIV-related mortality.**
- Develop **targeted approaches to improving outcomes along the life-course**, such as for people aged 50 years and older and for children living with HIV
- Promote **integrated approaches** to address HIV alongside other communicable diseases and NCDs
- Accelerate efforts to develop **long-acting antiretrovirals, a functional cure and an HIV vaccine** to support public health elimination.

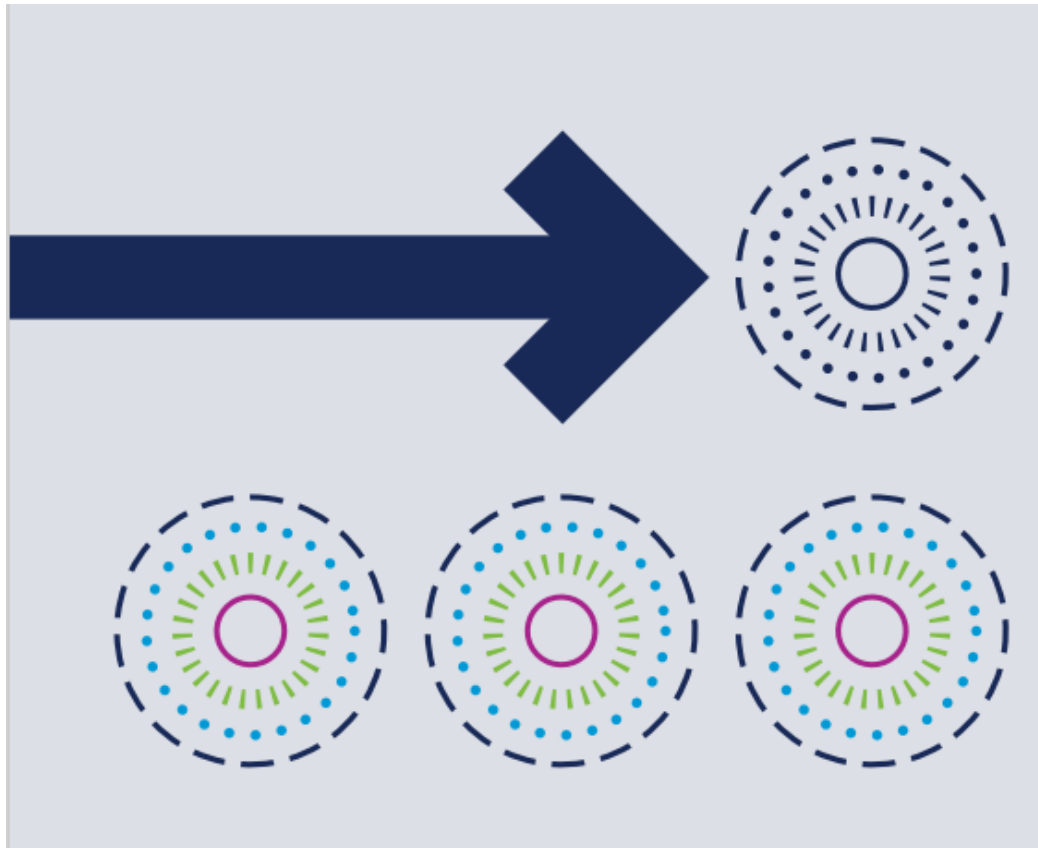
Urgent Priorities for Viral Hepatitis

- Expand **access to high-quality, affordable testing and diagnostics** services & **equitable access** to treatment and care
- Strengthen **investment in primary prevention** to bridge the hep B coverage gap in pregnancy, especially in the African Region
- **Simplify and decentralize and support local production**
- Develop **investment cases** in priority countries to rapidly shift to a public health approach
- Mobilize **innovative financing** from all sources

Urgent Priorities for STIs

- Generate **global visibility** for the public health challenges posed by STIs
- Strengthen **collaboration with affected communities**, including in overcoming stigma & discrimination
- **Scale up quality prevention, testing and treatment services** by public and private sectors.
- Expand **community-led service delivery** approaches and empower people to address their needs
- Expand the **integration of STI services** into HIV prevention and treatment, primary health care, sexual and reproductive health, family planning and adolescent health services, including as part of triple elimination efforts, network-based testing and partner services.
- **Strengthen data collection systems** to more effectively inform and guide programming and to monitor national, regional and global progress towards STI targets.
- Rapidly **translate technological innovations** into on-the-ground improvements in the prevention, diagnosis and case management of STIs and address rising STI drug resistance

Looking forward



The report identifies urgent priorities for maintaining gains and taking measures to close gaps in the global responses to HIV, viral hepatitis and STIs.

There is an important window of opportunity for action by 2026, when WHO will publish a comprehensive mid-term review of progress under the global health sector strategies 2022–2030.

The mid-term review will assess new data and outline realignments in the strategies, including in relation to WHO's Fourteenth General Programme of Work, the post-2026 multisectoral Global AIDS Strategy and next-phase strategies of key partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and PEPFAR

Thank you

For more information, please contact:

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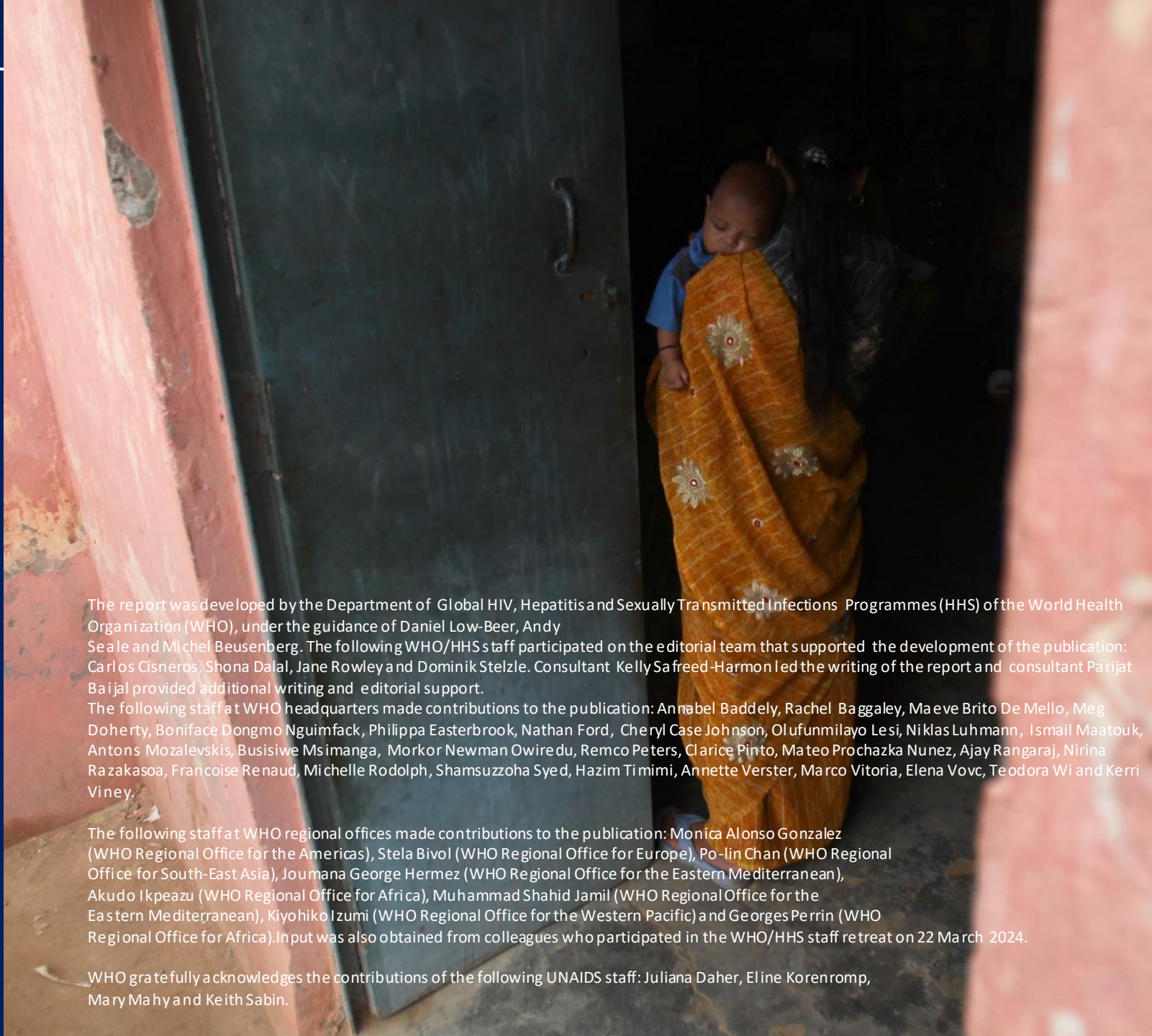


The report was developed by the Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes (HHS) of the World Health Organization (WHO), under the guidance of Daniel Low-Beer, Andy Seale and Michel Beusenbergh. The following WHO/HHS staff participated on the editorial team that supported the development of the publication: Carlos Cisneros, Shona Dalal, Jane Rowley and Dominik Stelzle. Consultant Kelly Safted-Harmon led the writing of the report and consultant Parijat Baijal provided additional writing and editorial support.

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Lessons from Rwanda



Ben Nangombe,
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Lessons from Namibia in advancing the triple elimination of HIV, hepatitis B and syphilis



Patty Garcia,
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Factors driving the rise in new STI cases and what we can do about it

Our panelists



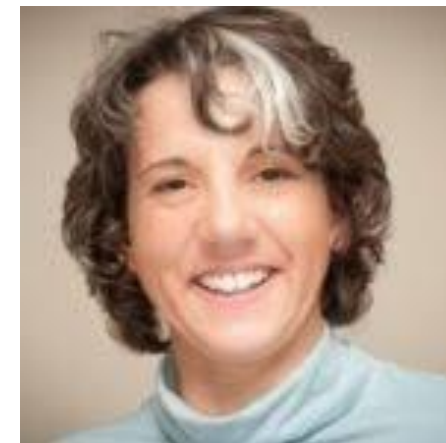
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**We look
forward to
seeing you
in Munich in
July 2024**

