Global Progress Report 2021:
HIV, viral hepatitis and sexually transmitted infections

Overview of the Global Health Sector Strategies, past and future

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World Health Organization
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• Three Interlinked Global Health Sector Strategies on HIV, Viral Hepatitis and STIs 2016-2021 – what have we accomplished?

• New estimates as a baseline for our new Strategies for 2022-2030

• Synergies with other UN strategies

• The Future Strategies – towards elimination by 2030
Vision, goals and targets

Frameworks for action

Universal health coverage, the continuum of services, and a public health approach

Strategic direction

1

Information, focal points, and implementation

Strategy implementation

Leadership, partnership, accountability, monitoring and evaluation
Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2016-2021

Closing the gap to 2030

- WHA74 will consider Executive Board decision requesting new strategies 2022-2030
- This Global Progress Report provides the baseline for developing new strategies
Global trends in people acquiring HIV and people dying from HIV-related causes, 1990–2019 and projections to 2030

Number of people acquiring HIV and number of people dying from HIV-related causes by WHO region, 2019

**GLOBAL**
- New HIV infections: 1,700,000
  - [1,200,000–2,000,000]
- HIV deaths: 690,000
  - [500,000–970,000]

**REGION OF THE AMERICAS**
- Number of people acquiring HIV: 170,000
  - [110,000–240,000]
- Number of people dying from HIV-related causes: 52,000
  - [34,000–76,000]

**EUROPEAN REGION**
- Number of people acquiring HIV: 190,000
  - [160,000–240,000]
- Number of people dying from HIV-related causes: 39,000
  - [28,000–54,000]

**WESTERN PACIFIC REGION**
- Number of people acquiring HIV: 110,000
  - [71,000–150,000]
- Number of people dying from HIV-related causes: 41,000
  - [22,000–70,000]

**AFRICAN REGION**
- Number of people acquiring HIV: 970,000
  - [730,000–1,300,000]
- Number of people dying from HIV-related causes: 4,600,000
  - [3,300,000–5,900,000]

**EASTERN MEDITERRANEAN REGION**
- Number of people acquiring HIV: 44,000
  - [33,000–67,000]
- Number of people dying from HIV-related causes: 15,000
  - [11,000–23,000]

**SOUTH-EAST ASIA REGION**
- Number of people acquiring HIV: 160,000
  - [110,000–210,000]
- Number of people dying from HIV-related causes: 130,000
  - [65,000–70,000]
New hepatitis B and C infections and mortality, hepatitis B prevalence among children and estimated cancer deaths attributable to hepatitis B
Hepatitis B and C new infections and mortality by WHO region, 2019

**GLOBAL**
- **Hepatitis B**
  - New infections: 1,500,000
  - Deaths: 820,000
- **Hepatitis C**
  - New infections: 1,500,000
  - Deaths: 290,000

**REGION OF THE AMERICAS**
- **Hepatitis B**
  - New infections: 10,000
  - Deaths: 15,000
- **Hepatitis C**
  - New infections: 67,000
  - Deaths: 31,000

**EUROPEAN REGION**
- **Hepatitis B**
  - New infections: 19,000
  - Deaths: 43,000
- **Hepatitis C**
  - New infections: 300,000
  - Deaths: 64,000

**WESTERN PACIFIC REGION**
- **Hepatitis B**
  - New infections: 160,000
  - Deaths: 470,000
- **Hepatitis C**
  - New infections: 230,000
  - Deaths: 77,000

**AFRICAN REGION**
- **Hepatitis B**
  - New infections: 900,000
  - Deaths: 80,000
- **Hepatitis C**
  - New infections: 210,000
  - Deaths: 45,000

**EASTERN MEDITERRANEAN REGION**
- **Hepatitis B**
  - New infections: 100,000
  - Deaths: 33,000
- **Hepatitis C**
  - New infections: 470,000
  - Deaths: 31,000

**SOUTH-EAST ASIA REGION**
- **Hepatitis B**
  - New infections: 260,000
  - Deaths: 150,000
- **Hepatitis C**
  - New infections: 230,000
  - Deaths: 38,000

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Burden of Hep B and C, by WHO region 2019

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Summary Impact and programmatic targets for country validation of elimination

<table>
<thead>
<tr>
<th>Elimination targets</th>
<th>Elimination of chronic HBV infection as a public health problem</th>
<th>Elimination of chronic HCV infection as a public health problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>2030 GHSS relative reduction reference targets (compared to 2015)</td>
<td>95% reduction</td>
<td>65% reduction</td>
</tr>
<tr>
<td>Incidence</td>
<td>Mortality</td>
<td>Incidence</td>
</tr>
<tr>
<td>HBV- and HCV-specific absolute prevalence, incidence and mortality targets</td>
<td>HBV EMTCT ≤0.1% HBsAg prevalence in ≤5 year-olds</td>
<td>Annual mortality (HBV) ≤4/100,000</td>
</tr>
<tr>
<td>Annual incidence (HCV) ≤5/100,000</td>
<td>Annual mortality (HCV) ≤2/100,000</td>
<td></td>
</tr>
<tr>
<td>Programmatic targets</td>
<td>Countries with universal HBV vaccine birth dose (BD)</td>
<td>Testing and treatment</td>
</tr>
<tr>
<td>≥90% HepB3 vaccine coverage</td>
<td>≥90% of people with HBV diagnosed</td>
<td>≥90% of people diagnosed with HBV and eligible for treatment are treated</td>
</tr>
<tr>
<td>≥90% HepB timely hepatitis B BD (HepB-BD) coverage</td>
<td>≥80% of people diagnosed with HCV and eligible for treatment are treated</td>
<td></td>
</tr>
<tr>
<td>Countries with targeted HBV vaccine birth dose (BD)</td>
<td>≥90% HepB3 vaccine coverage</td>
<td>Testing and treatment</td>
</tr>
<tr>
<td>≥90% coverage of those infants at risk with timely targeted HepB-BD</td>
<td>≥90% HepB-BD coverage</td>
<td>≥90% of people diagnosed with HCV and eligible for treatment are treated</td>
</tr>
<tr>
<td>≥90% coverage of maternal antenatal HBsAg testing</td>
<td>0% unsafe injections</td>
<td>100% blood safety</td>
</tr>
<tr>
<td>≥90% coverage with antivirals for those eligible</td>
<td>300 needles/syringes/PWID/year</td>
<td>100% blood safety</td>
</tr>
<tr>
<td>Additional target: ≤2% MTCT rate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sexually transmitted infections

Impact

- 90% reduction of Treponema pallidum incidence globally (2019 global baseline)
- 90% reduction in Neisseria gonorrhoeae incidence globally (2019 global baseline)
- 50% fewer cases of congenital syphilis per 100,000 live births in 80% of countries
- Sustain 95% national coverage and at least 80% in every district (or equivalent administrative unit) in countries with the human papillomavirus vaccine in their national immunization programme

Status

- 71 million (24 million–115 million) people were newly infected with T. pallidum in 2019
- 82.4 million (44.7 million–130.4 million) people were newly infected with N. gonorrhoeae in 2019
- 473 (385–561) congenital syphilis cases per 100,000 live births in 2019, a decline of 12% in 4 years
- Of 71 countries surveyed, 19 (25%) reported >60% human papillomavirus vaccine coverage in 2019–2020

Service coverage, by 2020:

- 70% of countries have STI surveillance systems in place that are able to monitor progress towards relevant targets
- 70% of countries have at least 90% of pregnant women screened for HIV and/or syphilis
- 96% of pregnant women screened for HIV and/or syphilis with free prior and informed consent, 50% of pregnant women living with HIV receiving effective treatment, and 95% of syphilis-seropositive pregnant women treated with at least one dose of intramuscular benzathine penicillin or other effective regimen
- 70% of key populations for HIV have access to a full range of services relevant to STIs and HIV, including condoms
- 70% of countries provide STI services or links to such services in primary, HIV reproductive health, family planning and antenatal and postnatal care services
- 70% of countries deliver human papillomavirus (HPV) vaccines through the national immunization programme
- 70% of countries report on antimicrobial resistance in N. gonorrhoeae

Annex I provides a complete set of global and regional data and sources.

Incidence of gonorrhoea and syphilis: progress towards 2030 targets

In 2020:
- 82.4 million new infections of gonorrhoea
- 7.1 million new infections of syphilis

By 2030:
- 90% reduction of gonorrhoea
- 90% reduction of syphilis
Incident cases of four curable STIs, by WHO region 2020

Incident cases of four curable sexually transmitted infections* among adults (15–49 years old), by WHO region, 2020

GLOBAL
374 million
[360 million–401 million]

REGION OF THE AMERICAS
14 million
[13 million–16 million]

EUROPEAN REGION
22 million
[16 million–21 million]

WESTERN PACIFIC REGION
50 million
[41 million–57 million]

AFRICAN REGION
66 million
[66 million–134 million]

EASTERN MEDITERRANEAN REGION
36 million
[32 million–38 million]

SOUTHEAST ASIA REGION
56 million
[52 million–101 million]

WHO REGIONS
\[ African Region \]
\[ Region of the Americas \]
\[ South East Asia Region \]
\[ European Region \]
\[ Eastern Mediterranean Region \]
\[ Western Pacific Region \]
\[ Not applicable \]

* Gonorrhoea, Chlamydia, Syphilis, Trichomoniasis

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Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2022–2030

New Accountability Framework under development
Fig. 15. Outcomes among people living with HIV hospitalised with COVID-19, by severity of illness at hospital admission

Hospitalized cases from 35 countries submitted to WHO Global Clinical Platform for COVID-19 as of March 17, 2021. N = 5810 of 67,372 (8.6%) with a recorded HIV status were reported as HIV positive. 90.8% (5275/5810) of the people living with HIV were reported from the WHO African Region.

Large inequalities, end AIDS, global AIDS strategy 2021-2026

Applying an inequalities lens across the strategic priorities

- Acknowledges the pressing challenges and opportunities, recognizes key **shifts are needed to end AIDS**.
- Aligned to Decade of Action & makes explicit contributions to advance goals and targets across 10 SDGs
- Keeps people at the centre to ensure they benefit from services, to remove social & structural barriers that prevent people from accessing HIV services
- Calls on governments, development & financing partners, communities & the UNAIDS to identify and address these inequalities
- **Political Declaration to be presented and discussed at the High-Level Meeting on HIV at the UNGA 8-10 June 2021**
New targets and resources needs are ambitious but need to look for synergies and efficiencies with integration towards PHC/UHC.

**2025 HIV targets**

- **10%** < **REDUCING INEQUALITIES** > **95%**

**AMBITIOUS TARGETS AND COMMITMENTS FOR 2025**

- Less than 10% of people living with HIV and key populations experience stigma and discrimination.
- Less than 10% of people living with HIV, women and girls, and key populations experience gender-based inequalities and gender-based violence.
- Less than 10% of countries have punitive laws and policies.
- 95% of people at risk of HIV use combination prevention.
- 95-98% of HIV testing, treatment, and viral suppression among adults and children.
- 95% of women access sexual and reproductive health services.
- 95% coverage of services for eliminating vertical transmission.
- 90% of people living with HIV receive preventive treatment for TB.
- 90% of people living with HIV and people at risk are linked to other integrated health services.

**Updated Resource Needs 2021-2030**

Resource needs peak by 2025 and remain stable to 2030.

- $22 Billion in 2019
- $22 Billion in 2020
- $28 Billion in 2021
- $28 Billion in 2022
- $28 Billion in 2023
- $28 Billion in 2024
- $28 Billion in 2025
- $28 Billion in 2026
- $28 Billion in 2027
- $28 Billion in 2028
- $28 Billion in 2029
- $28 Billion in 2030
Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2022–2030

Ending Epidemics and strengthening primary health care and health systems

Two overarching strategic directions

1. Leverage primary health care, universal health coverage and health systems for impact across the diseases

2. Integrate HIV, viral hepatitis and sexually transmitted infection responses for quality and efficiency

Three disease-specific strategic directions

3. End HIV

4. End viral hepatitis

5. End STIs

Shared priorities across the HIV, viral hepatitis and sexually transmitted infections strategies:

- Leverage health systems and integrate disease areas while maintaining focus on disease-specific challenges
- Tailor responses to diverse populations and settings to achieve equitable health outcomes
- Contribute to advancing primary health care, universal health coverage, and health system preparedness

Equity, quality, innovation, and people-centred and community-driven approaches across all strategic directions

- Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages
- All other Sustainable Development Goals
The Future – Shared Vision...

<table>
<thead>
<tr>
<th>Shared:</th>
<th>Ending epidemics and strengthening primary health care and health systems (draft, GHSS 2021-2030)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV:</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>
</tr>
<tr>
<td>VH:</td>
<td>A world where viral hepatitis transmission is stopped and everyone living with hepatitis has access to safe, affordable and effective care and treatment. *</td>
</tr>
<tr>
<td>STIs:</td>
<td>Zero STI-related complications and deaths, and zero discrimination in a world where everybody, however marginalized, has free and easy access to STI prevention and treatment services resulting in people able to live long and healthy lives. *</td>
</tr>
</tbody>
</table>

... and Goals

<table>
<thead>
<tr>
<th>Shared:</th>
<th>SDG 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV:</td>
<td>End of the AIDS epidemic as a public health threat by 2030, within the context of ensuring healthy lives and promoting wellbeing for all at all ages. *</td>
</tr>
<tr>
<td>VH:</td>
<td>Eliminate viral hepatitis as a major public health threat by 2030. *</td>
</tr>
<tr>
<td>STIs:</td>
<td>End the STI epidemics as a major public health concerns (defined by the reduction in N. gonorrhoea and T. pallidum; as well as by the elimination of congenital syphilis and of pre-cervical cancer lesions through the high coverage of HPV vaccines). *</td>
</tr>
</tbody>
</table>

* from GHSS 2016-21, verbatim
Accountability - 4 inter-related actions

1) Organisational framework: Visual description of the strategic directions and guiding principles

Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2022–2030

3) Theory of change (ToC): Visual description of the causal pathway through which actions lead to goals

4) M&E framework: Set of indicators, targets and milestones to monitor and report on the implementation of the strategy

2) Vision, goals, targets, strategic directions and actions

- Clearly articulated and aligned statements of vision and goals
- Targets aligned with other global targets (e.g. UNAIDS)
- Overarching and disease-specific strategic directions
- Fewer actions, linked to the strategic directions and goals
The accountability report would have looked very different a year ago, before COVID-19”, says Dr Meg Doherty, Director of WHO’s Department of Global HIV, Hepatitis and STI Programmes. “Our progress to date demonstrates that we have the interventions and approaches to make a great impact and build back stronger against COVID-19, HIV, viral hepatitis, and STIs. The report is a call to action – we have 9 years to reach our SDG targets – we need all stakeholders to accelerate action across the three diseases to achieve our ambitious yet achievable goals by 2030.
The 2021 high-level meeting will be the springboard for a decade of action to reduce inequalities and root out the social determinants that fuel the HIV epidemic.

Furthermore, the high-level meeting comes at a historic moment for the AIDS response, 40 years after the emergence of the first cases of HIV and 25 years since the creation of UNAIDS.

Thematic Panels:

1. Addressing inequalities to End AIDS: 10 Years to 2030
2. Putting people and communities at the center of the response to AIDS
3. Resources and funding for an effective AIDS response
4. Advancing Gender Equality and empowering women and girls in the AIDS response
5. Addressing the impact of the COVID-19 pandemic on the AIDS response and building back better for pandemic preparedness

More information: [https://www.un.orgpga/75/2021/05/07/high-level-meeting-on-hiv-aids-2/](https://www.un.orgpga/75/2021/05/07/high-level-meeting-on-hiv-aids-2/)
HEP CAN’T WAIT!

World Hepatitis Day

DAVID CAN’T WAIT

David has hepatitis C and doesn’t know it. Now they are at risk of developing liver cancer.

Don’t wait. Get tested.
Treatment could save your life.

World Hepatitis Day – 28 July 2021
#WorldHepatitisDay | worldhepatitisday.org

LUCY CAN’T WAIT

Lucy may be living with hepatitis and not know it. Without treatment they are 20 times more likely to die from liver cancer.

Don’t wait. Get tested.
Treatment could save your life.

World Hepatitis Day – 28 July 2021
#WorldHepatitisDay | worldhepatitisday.org

STEPHEN CAN’T WAIT

Stephen may be living with hepatitis and not know it. Without treatment they are 20 times more likely to die from liver cancer.

Don’t wait. Get tested.
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World Hepatitis Day – 28 July 2021
#WorldHepatitisDay | worldhepatitisday.org

RODGERS CAN’T WAIT

Rodgers was born with hepatitis B but doesn’t know it. Left untreated, it could shorten his life.

Don’t wait. Get tested.
Treatment could save your life.

World Hepatitis Day – 28 July 2021
#WorldHepatitisDay | worldhepatitisday.org
Prevalence of four curable sexually transmitted infections* among adults (15–49 years old), by WHO region, 2020

WHO REGIONS
- African Region
- Region of the Americas
- South-East Asia Region
- European Region
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- Western Pacific Region
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