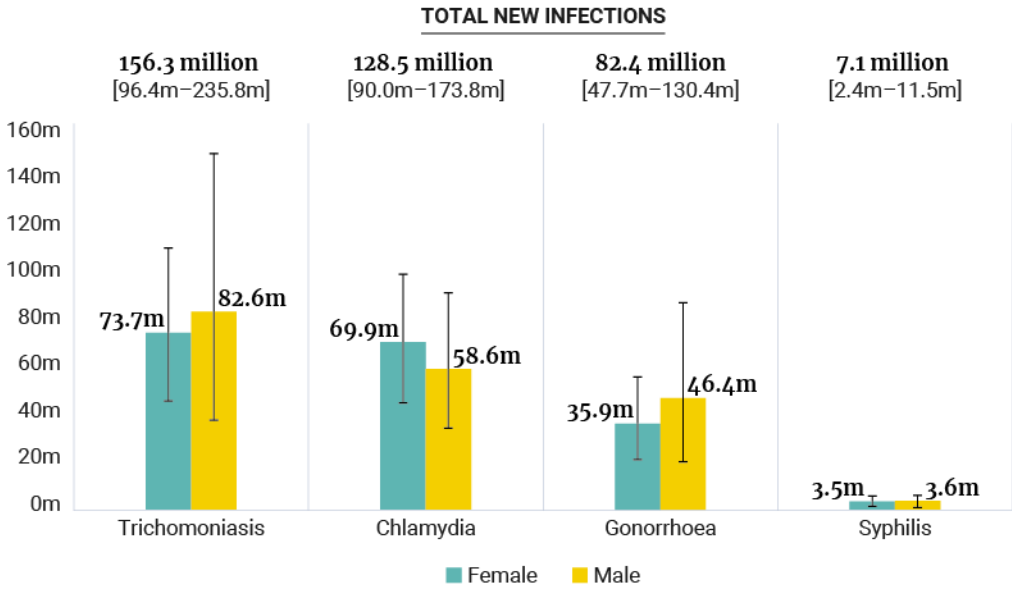
Global Progress Report on HIV, viral hepatitis and sexually transmitted infections, 2021– Data slides

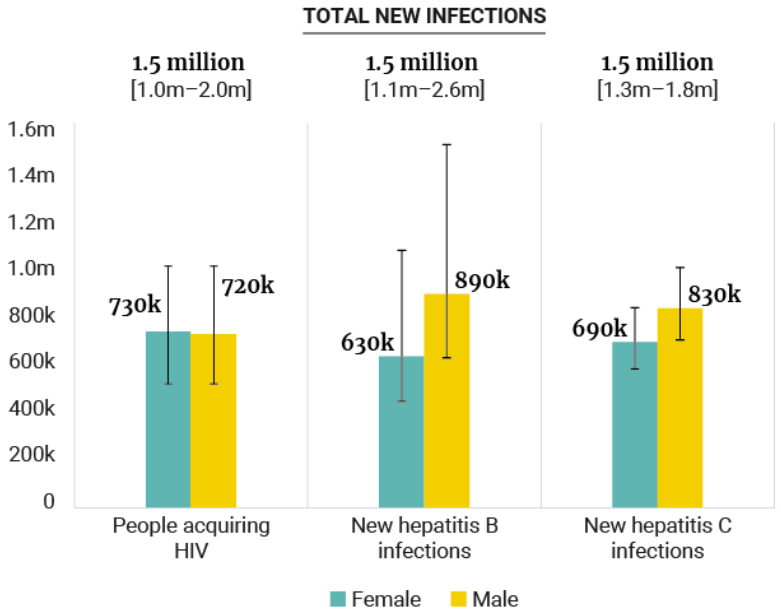
World Health Organization

New cases of four curable STIs among adults (15–49 years old) per year, by sex, global, 2020



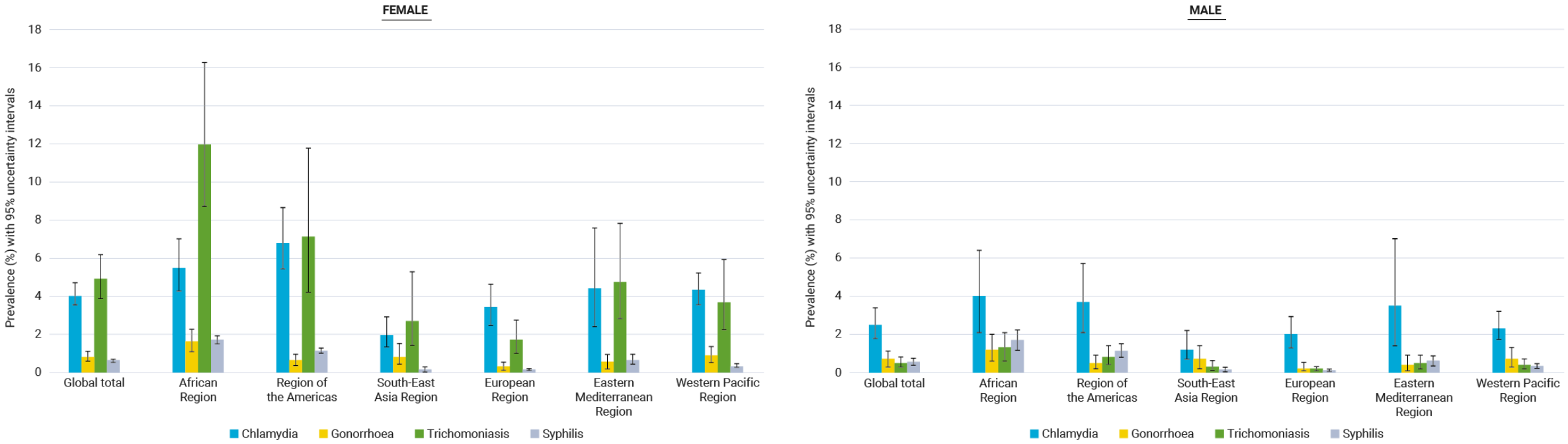
Source: WHO, 2021.

New cases of HIV, hepatitis B infection and hepatitis C virus infection per year, by sex, global, 2019–2020



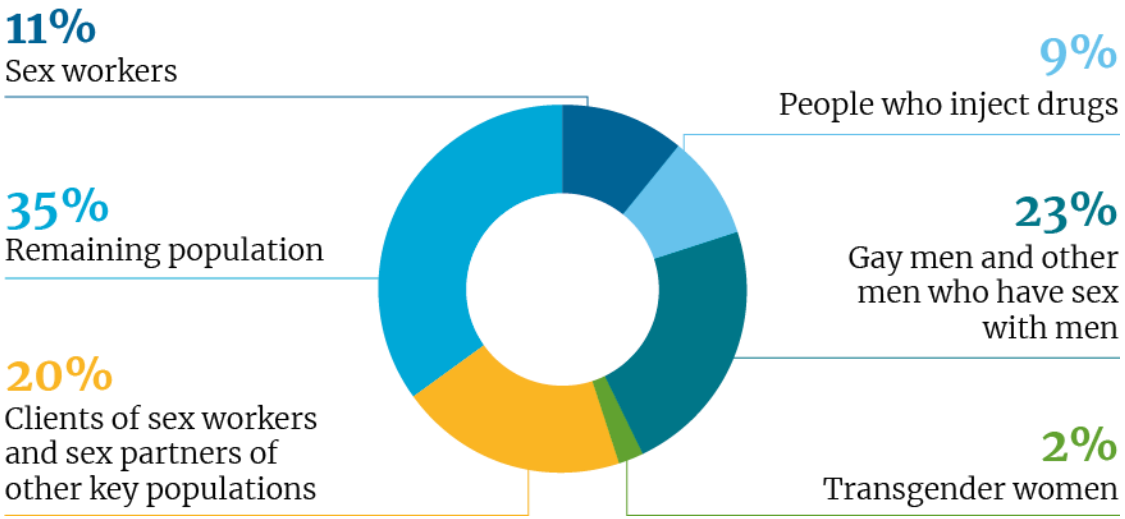
Sources: HIV: UNAIDS/WHO, 2021. Hepatitis: WHO, 2021.

Prevalence of sexually transmitted infections among adults (15–49 years old), by sex, by WHO region, 2020



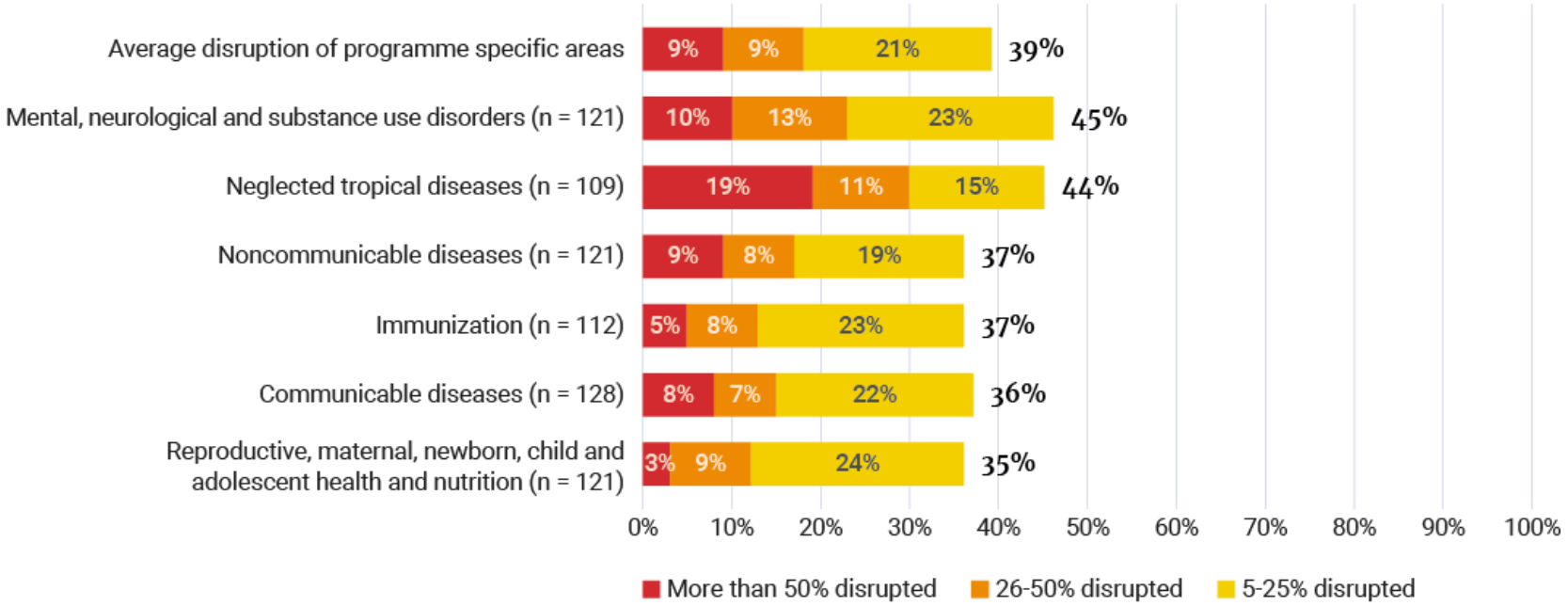
Source: WHO, 2021.

Members of key populations acquiring HIV, global, 2020



Source: UNAIDS special analysis, 2021.

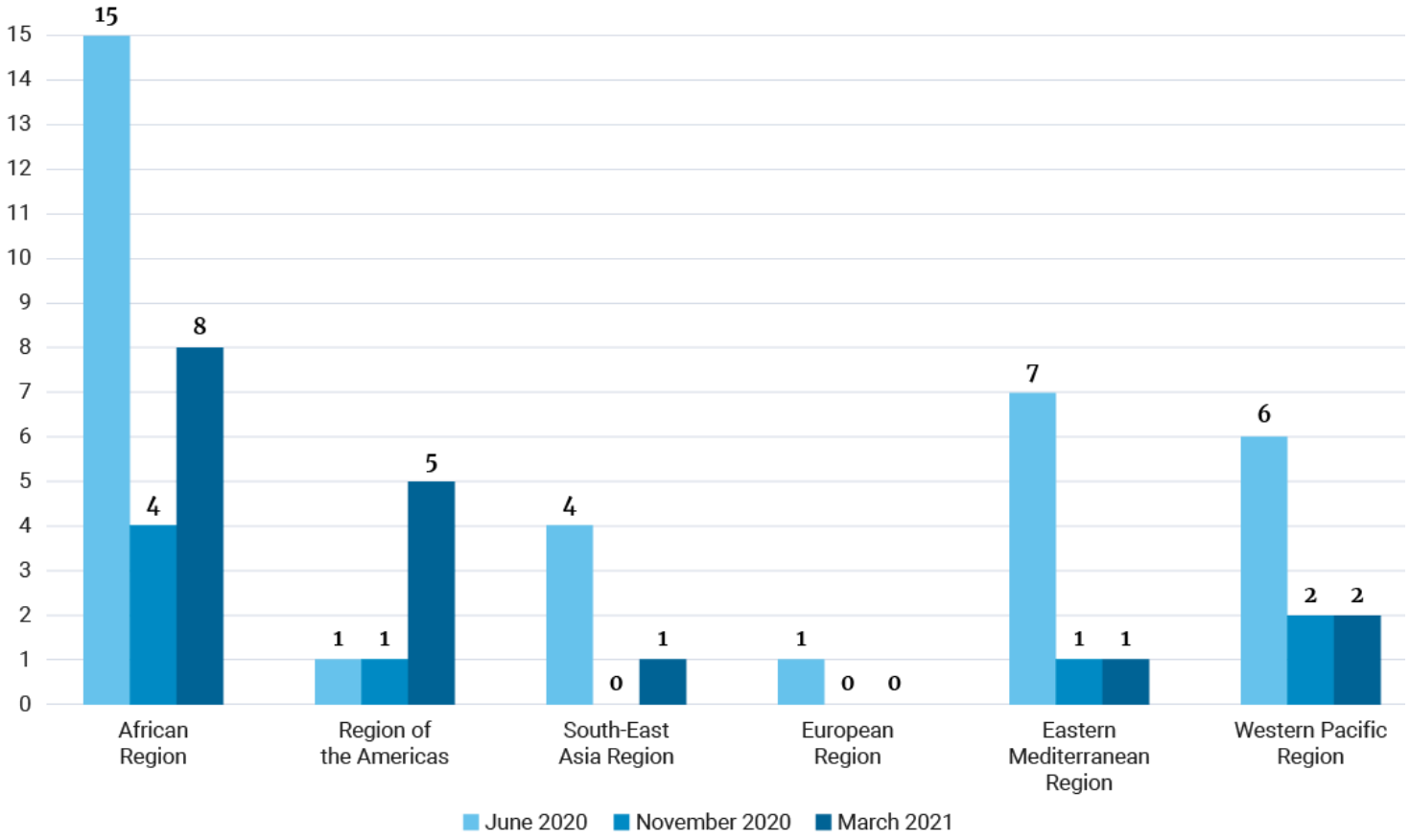
Percentages of countries reporting disruptions across tracer service areas, January - March 2021



Denominator excludes "Not applicable" or "Do not know" responses.

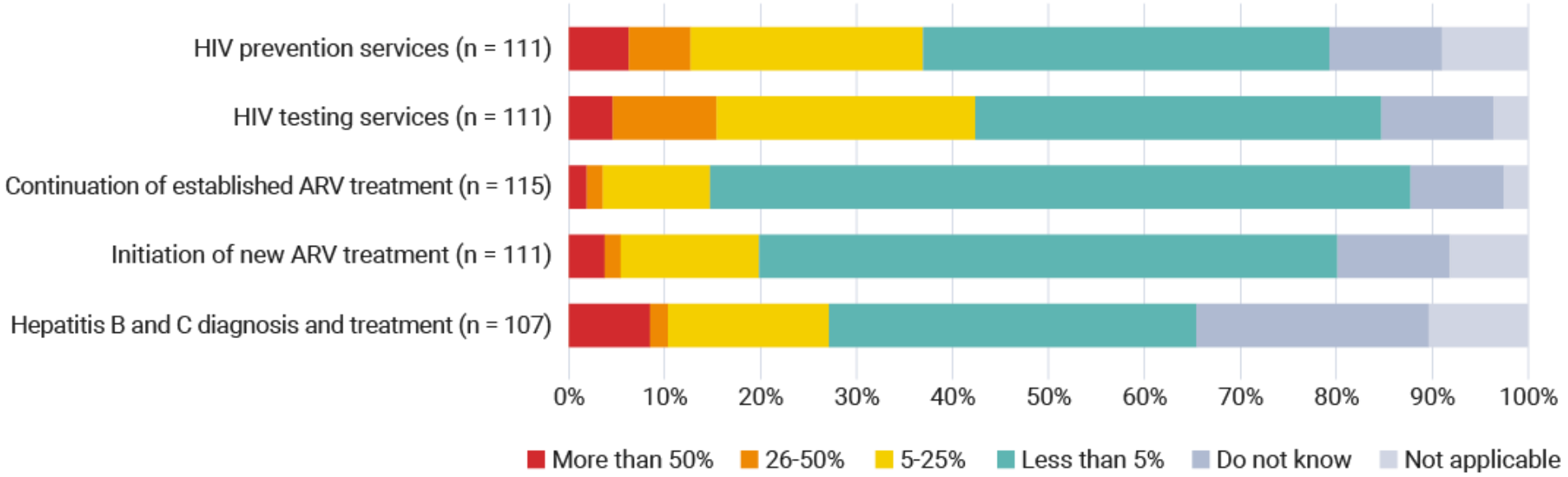
Source: Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January–March 2021.

Number of countries reporting disruption in antiretroviral therapy services in June 2020, November 2020 and March 2021



Source: WHO HIV, hepatitis and sexually transmitted infections survey, 2021.

Disruption in other services for HIV and viral hepatitis, March 2021

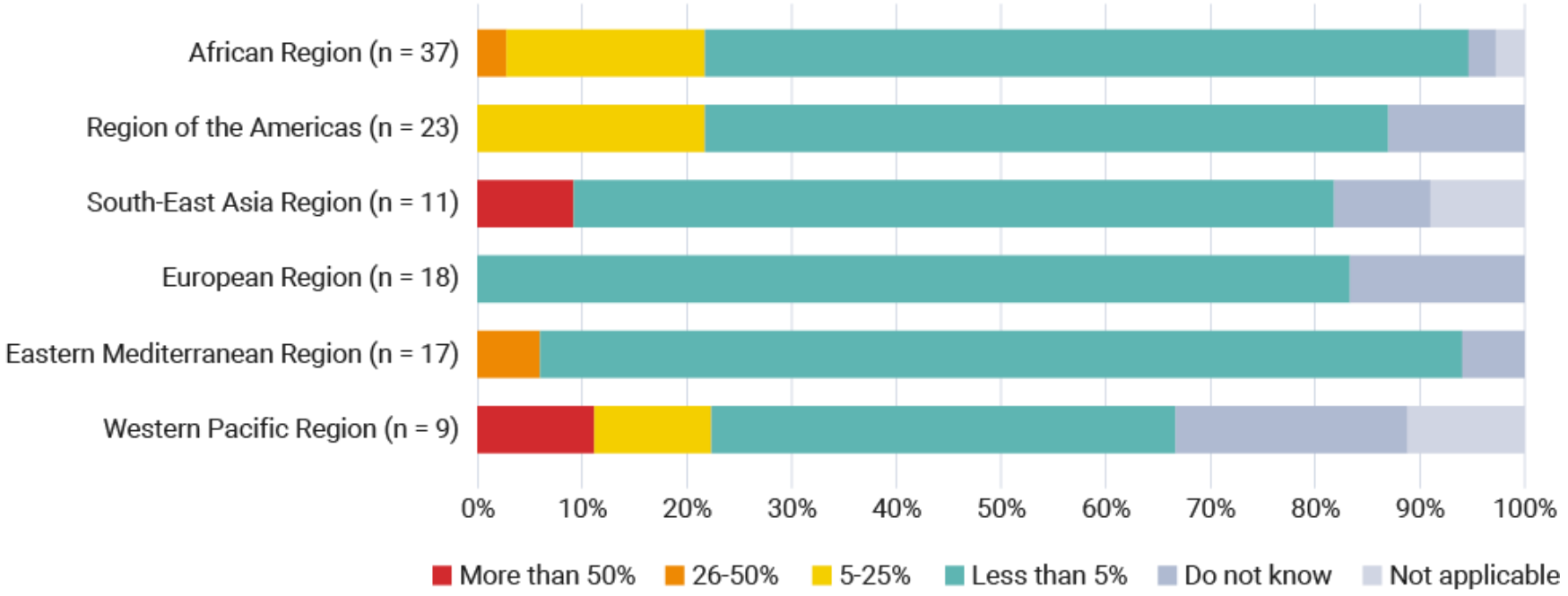


PULSE survey results only: in case of exclusion of "Not applicable" or "Do not know" responses in the denominator, the percentages of countries reporting disruptions (i.e. ≥5%) are as follows: HIV testing services (49%), HIV prevention services (46%), Hepatitis B and C diagnosis and treatment (43%), Initiation of new ARV treatment (25%) and Continuation of established ARV treatment (17%).

For more information on the PULSE survey: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1.

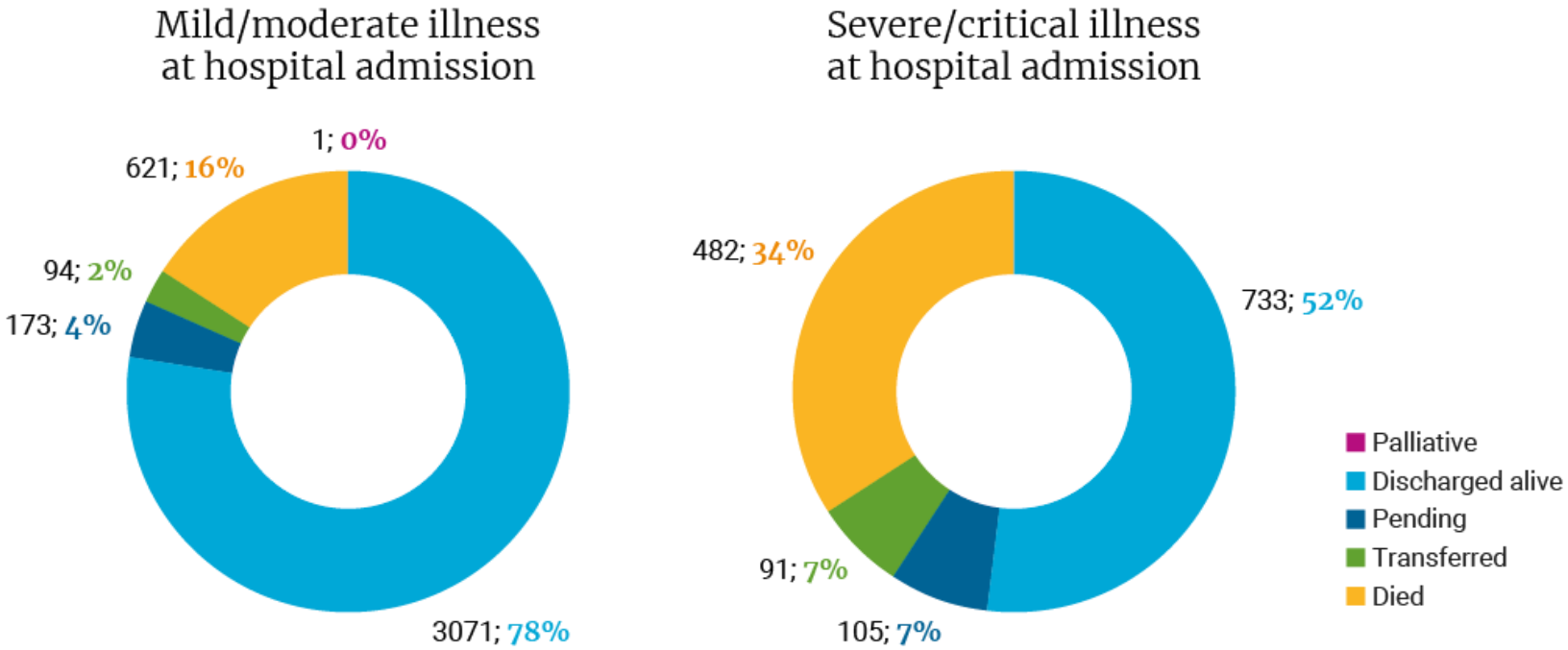
Sources: WHO HIV, hepatitis and sexually transmitted infections survey, 2021 and Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January–March 2021 (consolidated data).

Disruption in antiretroviral therapy services caused by COVID-19 by WHO region, March 2021



Sources: WHO HIV, hepatitis and sexually transmitted infections survey, 2021 and Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January–March 2021 (consolidated data).

Outcomes among people living with HIV hospitalised with COVID-19, by severity of illness at hospital admission

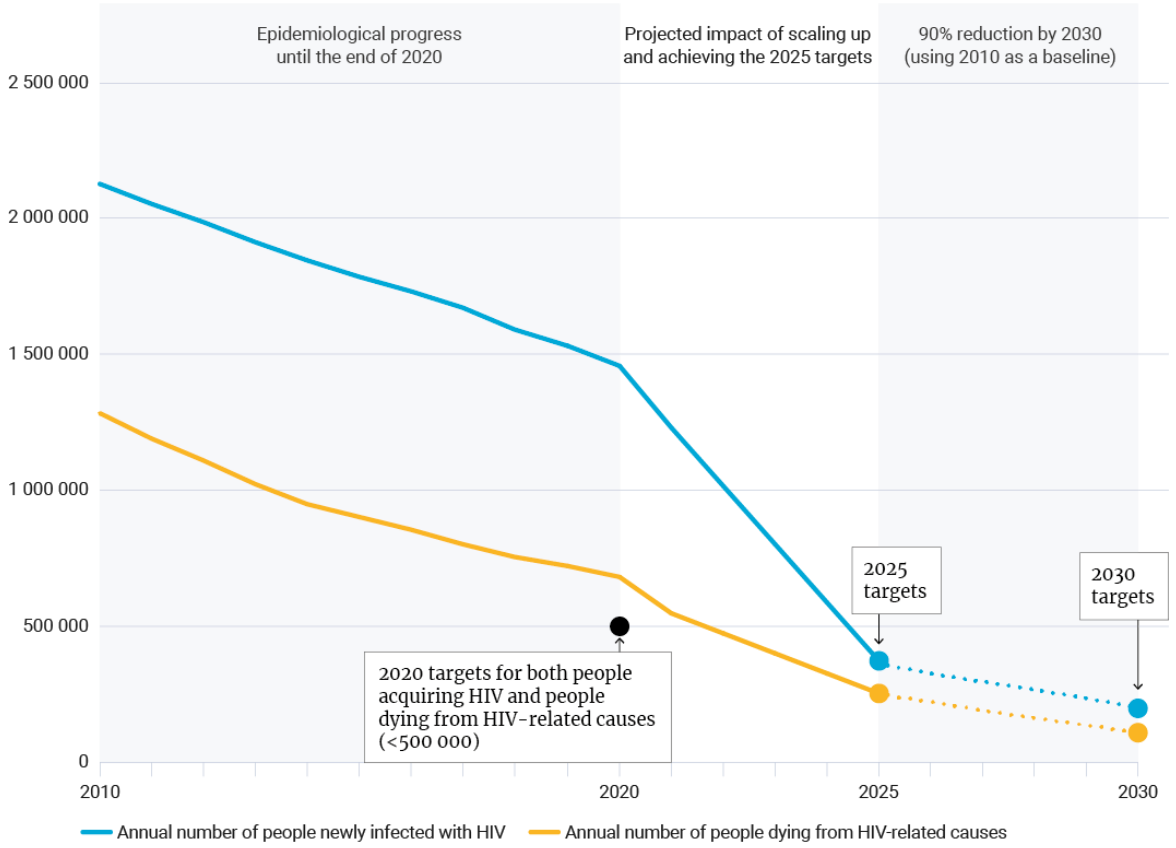


Hospitalized cases from 35 countries submitted to WHO Global Clinical Platform for COVID-19 as of March 17, 2021. N = 5810 of 67 372 (8.6%) with a recorded HIV status were reported as HIV positive.

90.8% (5275/5810) of the people living with HIV were reported from the WHO African Region.

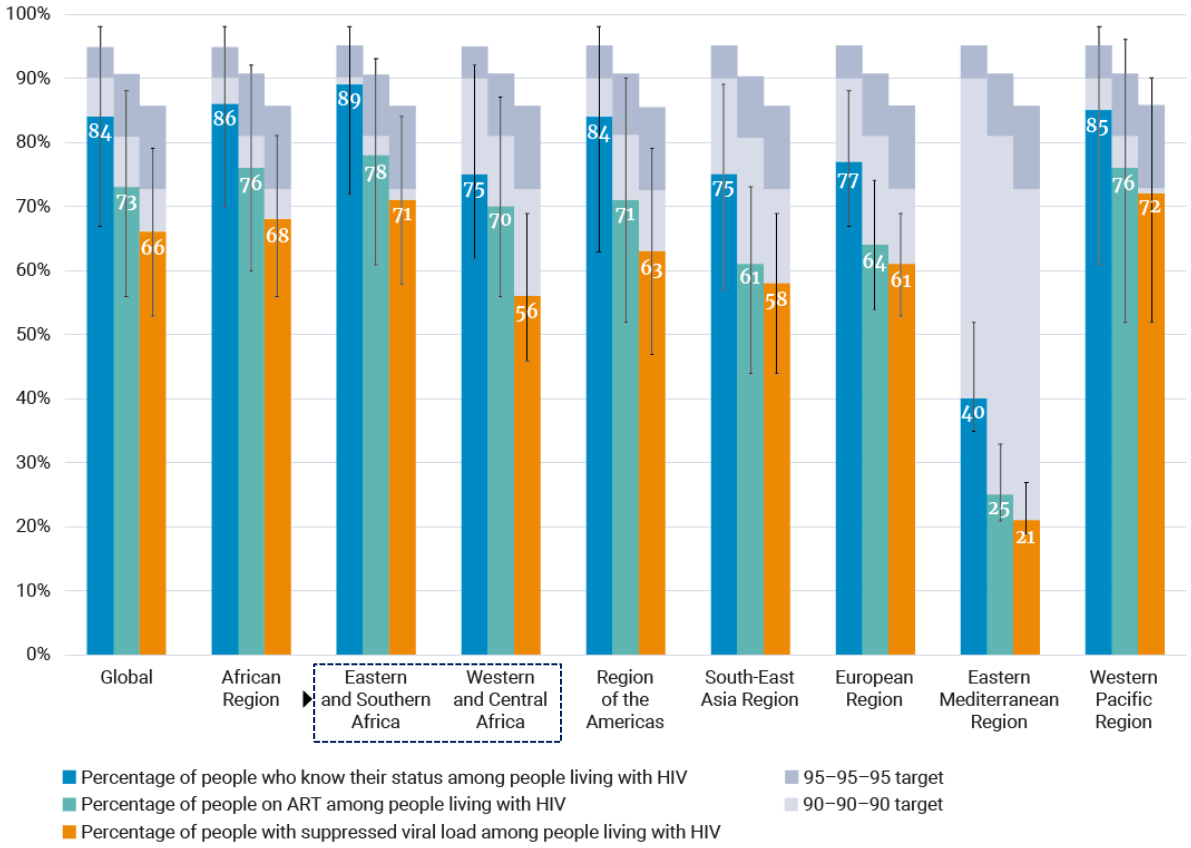
Source: WHO, 2021.

Global trends in people acquiring HIV and people dying from HIV-related causes, 1990–2020 and projections to 2030



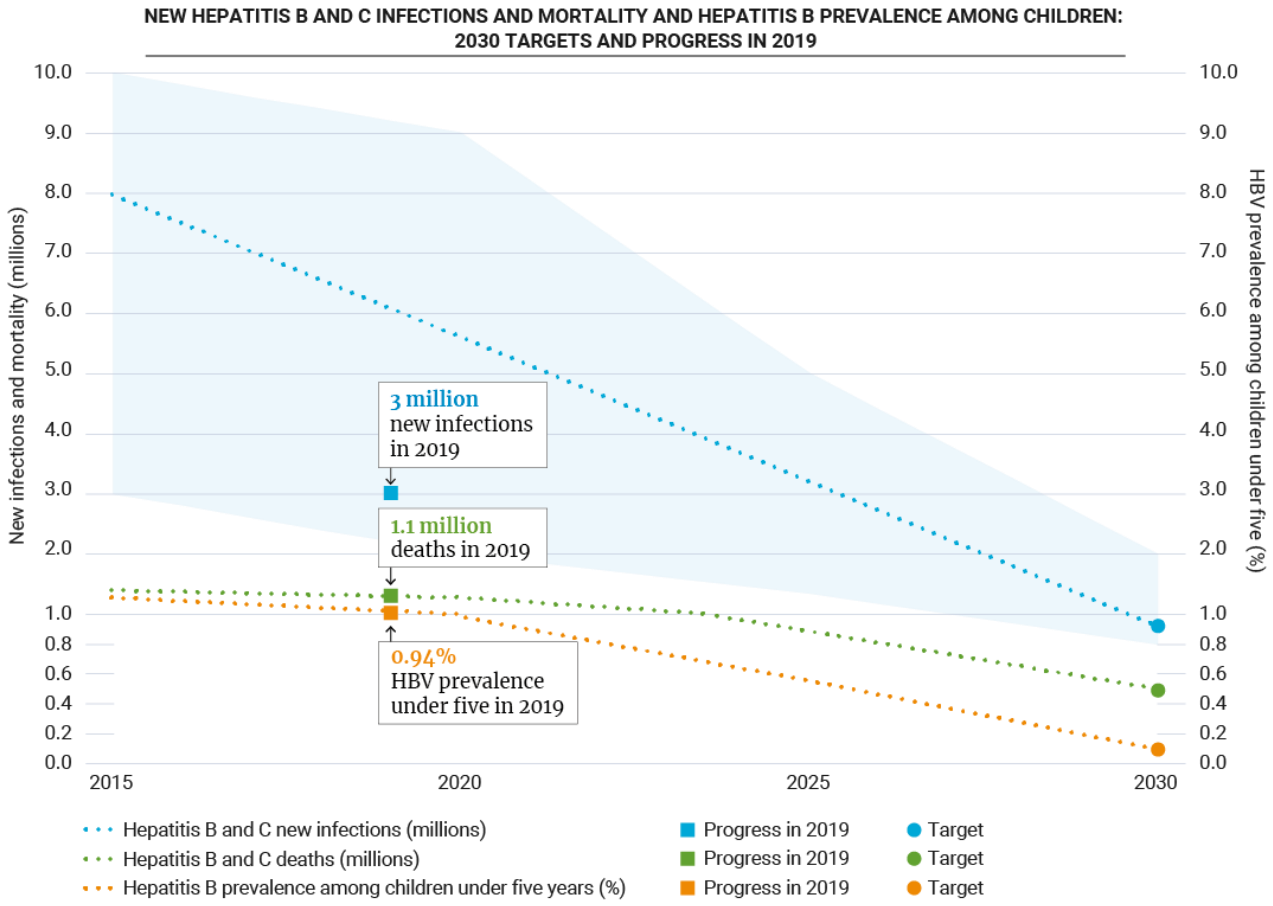
Source: Avenir Health using 2025 targets and UNAIDS/WHO epidemiological estimates, 2021.

Progress towards 90–90–90 and 95–95–95 targets of the HIV service cascade by WHO region, 2020

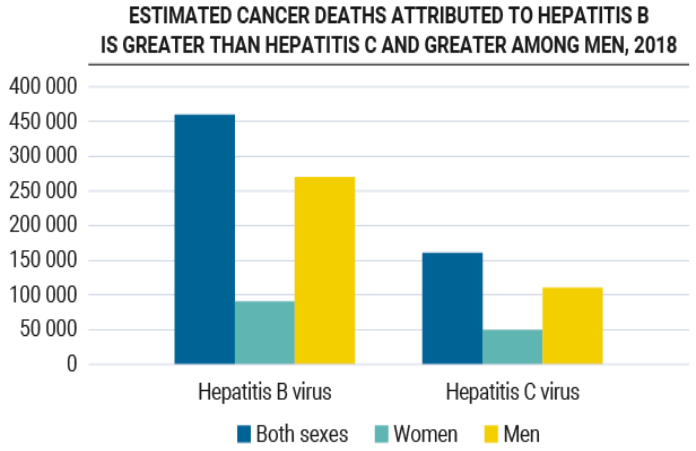


Source: UNAIDS/WHO, 2021.

New hepatitis B and C infections and mortality, hepatitis B prevalence among children and estimated cancer deaths attributable to hepatitis B

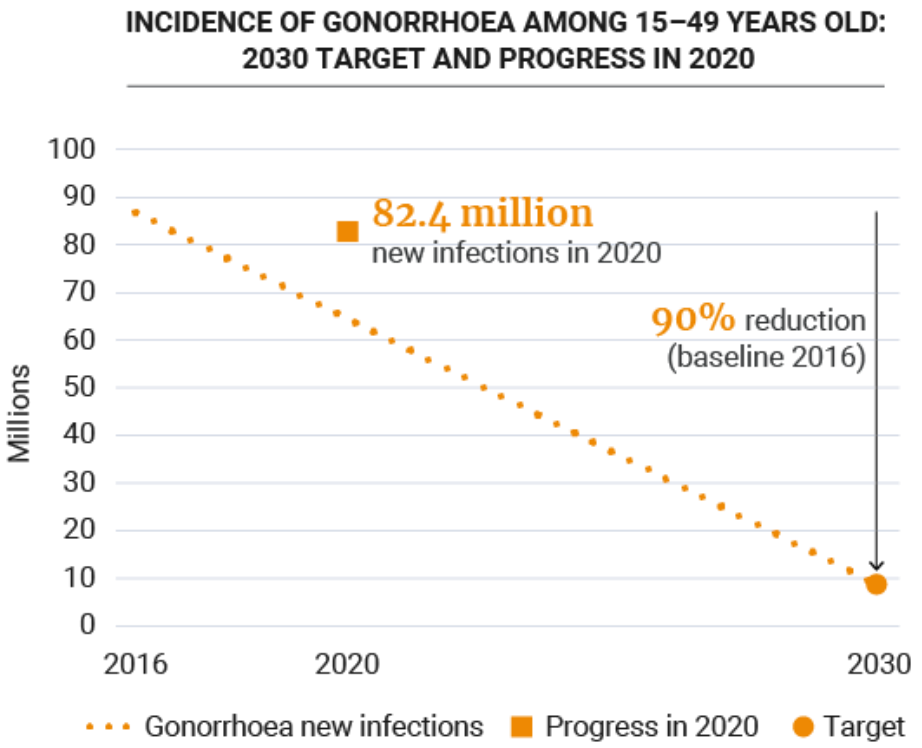


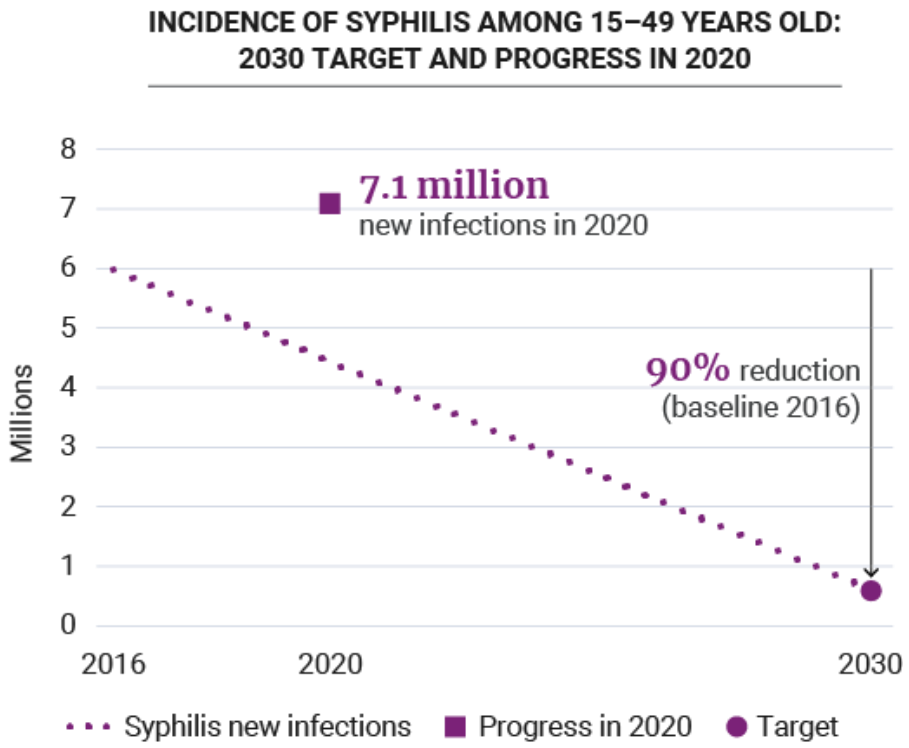
Source: WHO, 2021.



Source: International Agency for Research on Cancer and WHO, Global burden of cancer attributable to infections in 2018.

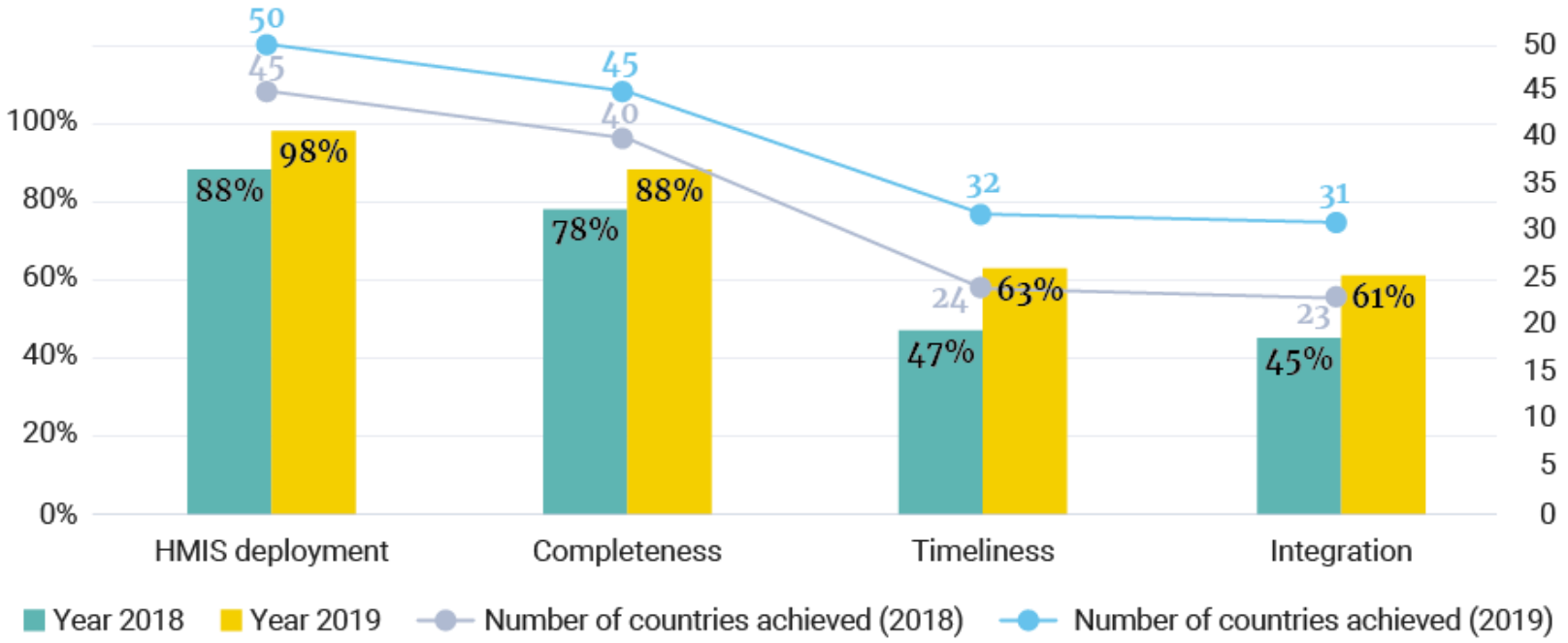
Incidence of gonorrhoea and syphilis: progress towards 2030 targets





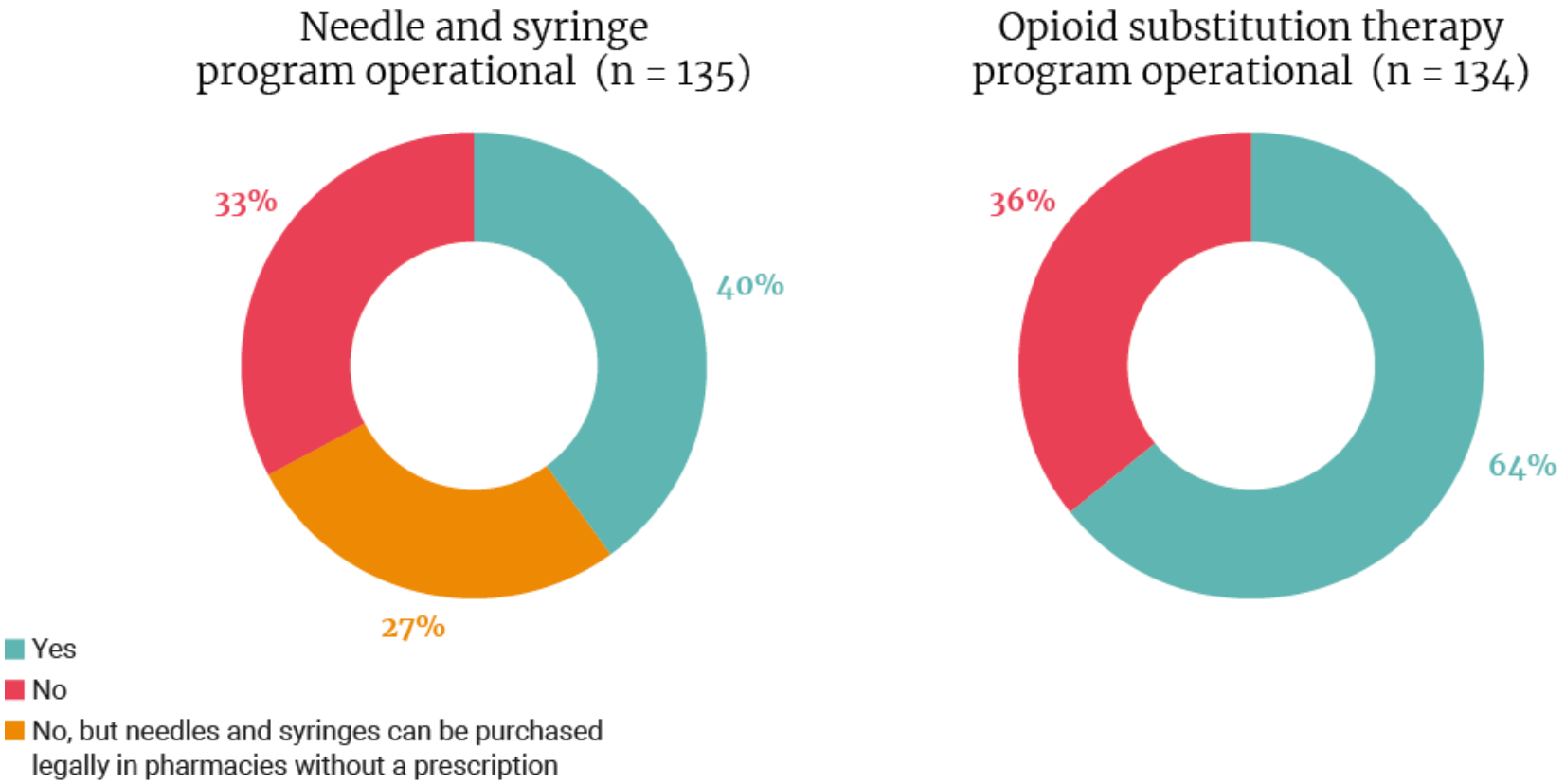
Source: WHO, 2021.

The Data Initiative with the Global Fund and countries led to improvements in countries with fully functioning health management information systems (HMIS) from 22% to 43% and in areas of data timeliness and integration, 2018-2019



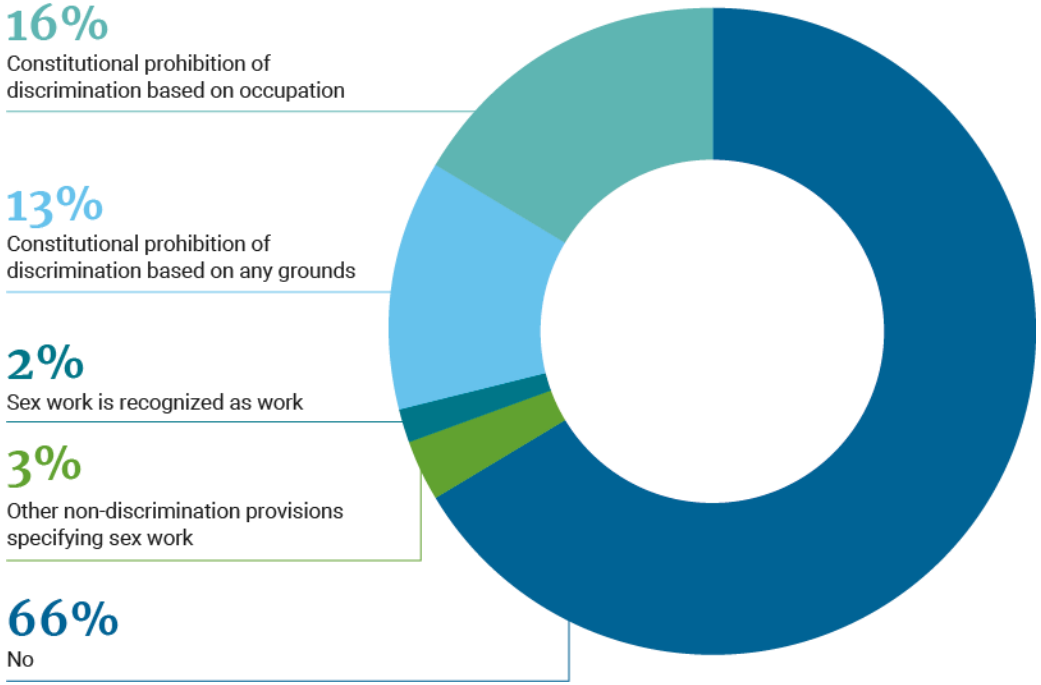
Source: Global Fund Strategic performance report, end-2019 (summary).

Percentage of countries with operating harm-reduction programmes, 2019



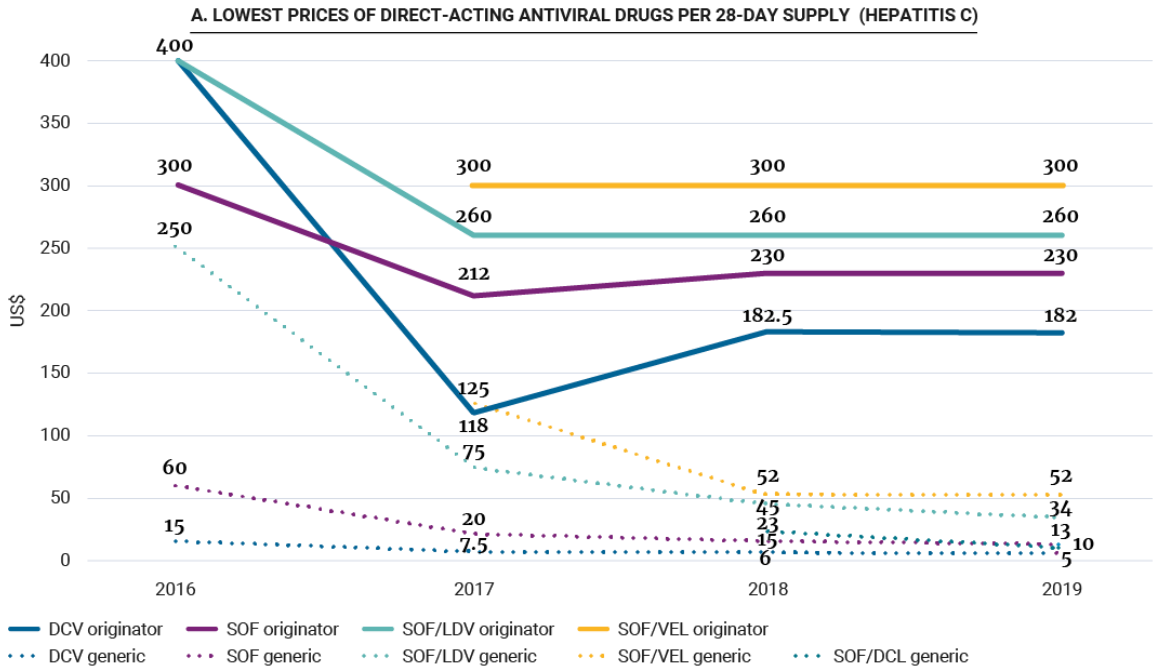
Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF), 2020.

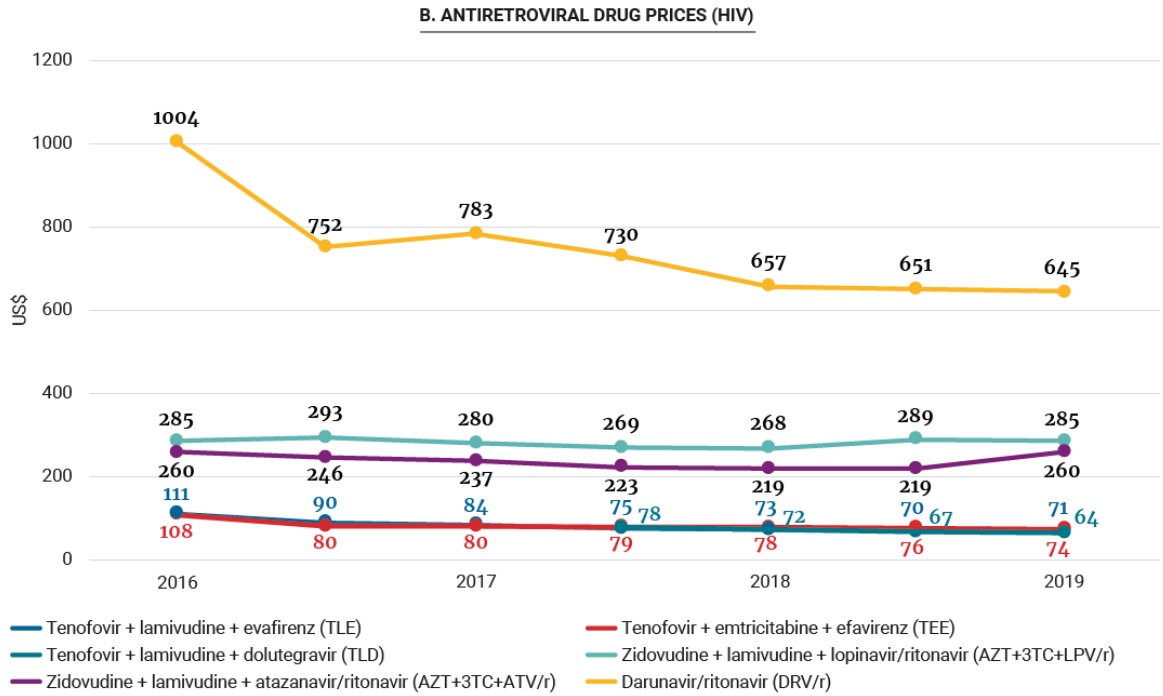
Percentage of countries with legal protection for sex workers, 2020



Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF), 2020.

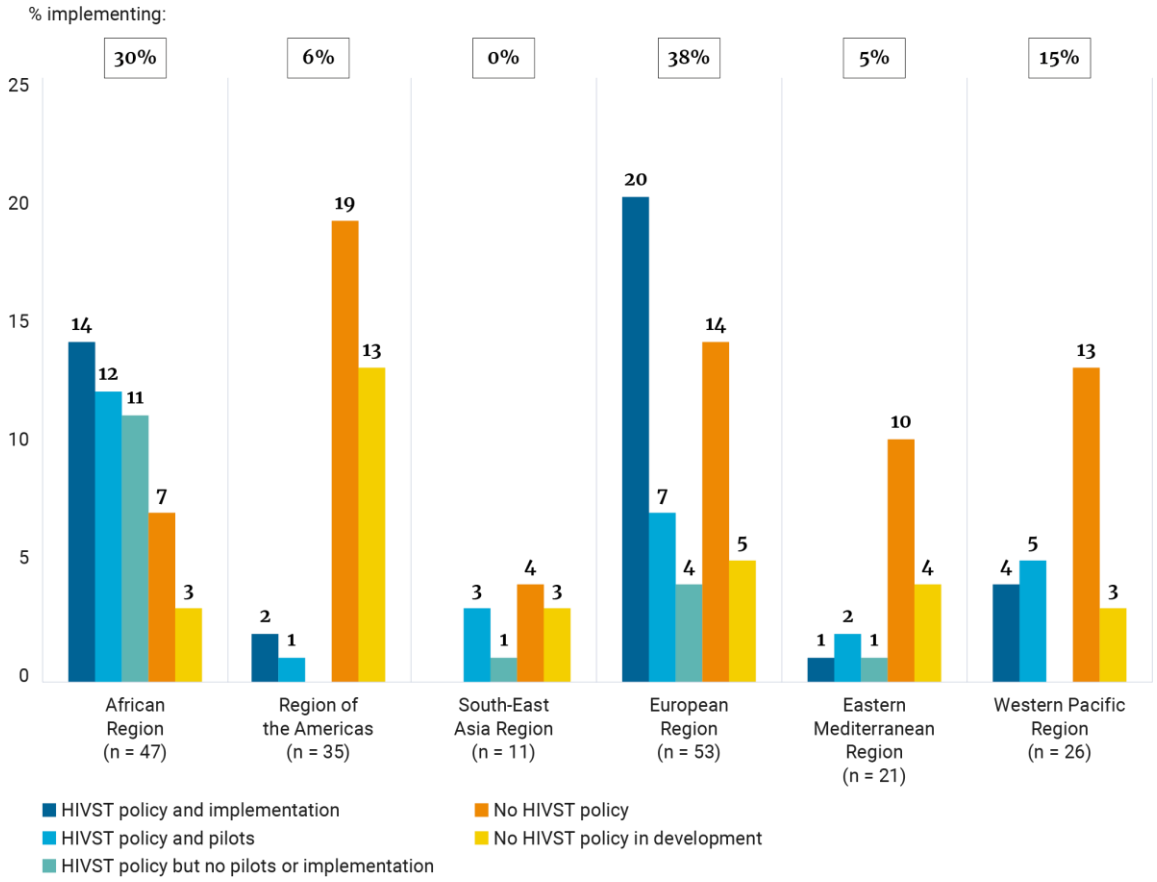
Trends in drug prices for a) Lowest prices of direct-acting antiviral drugs per 28-day supply b) ARV drug prices





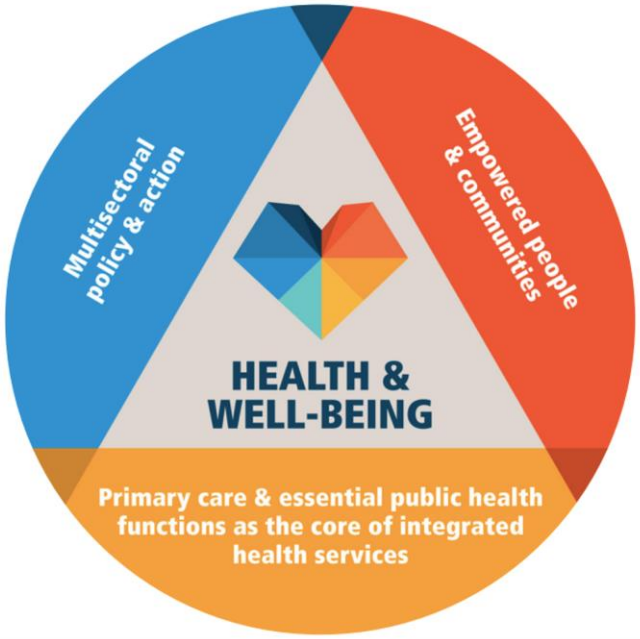
Sources: a. Accelerating access to hepatitis C diagnostics and treatment: overcoming barriers in low- and middle-income countries. Global progress report 2020.
b. WHO Global Price Reporting Mechanism 2021.

Implementation of HIV self-testing by WHO region, 2020



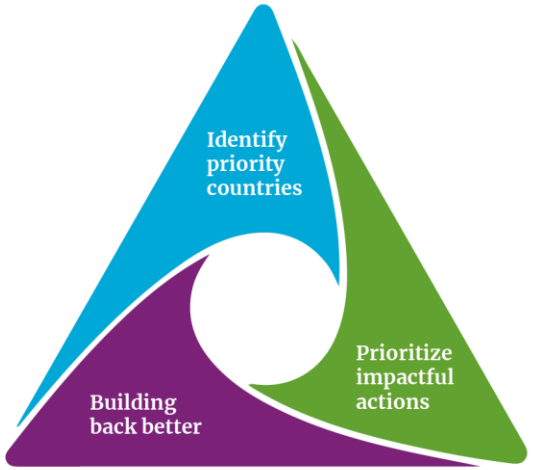
Sources: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and WHO, 2020.

Primary health care: a whole-of-society approach



Source: WHO & UNICEF

Regular reviews use disease data to identify actions to contribute to the WHO Triple Billion Goals



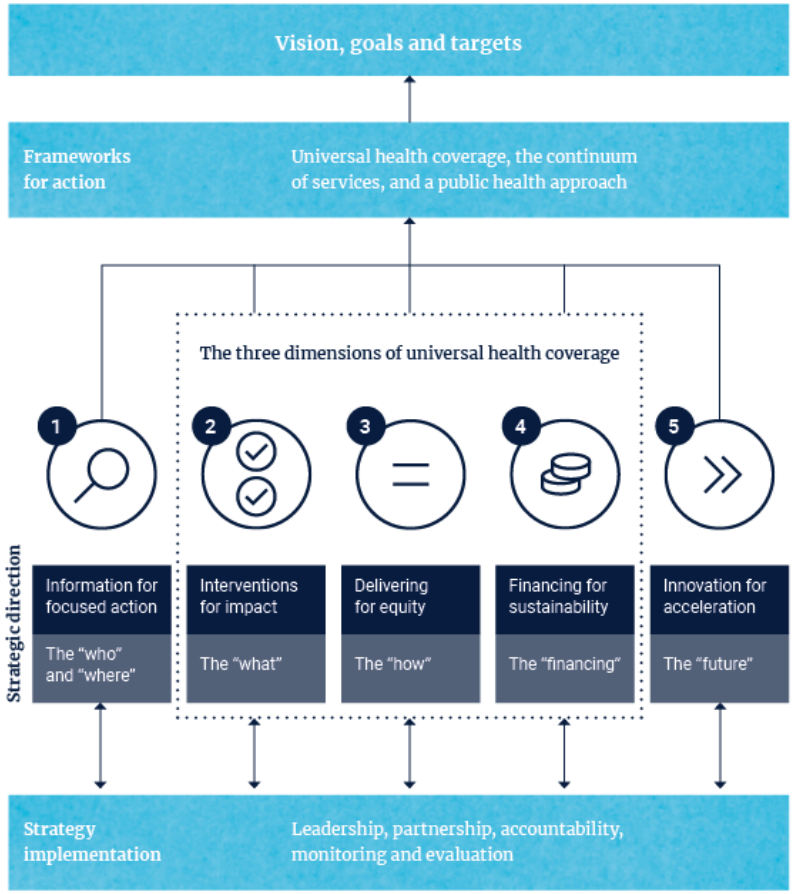
Identify priority countries

Prioritize impactful actions

Reflect key actions in the policy dialogue, program budget and Covid-19 recovery plans

Source: WHO, 2021

The global health sector strategies for HIV, viral hepatitis and STIs 2016–2021: a common universal health coverage framework

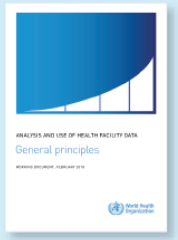


Source: Progress report on HIV, viral hepatitis and sexually transmitted infections 2019. Accountability for the global health sector strategies, 2016–2021

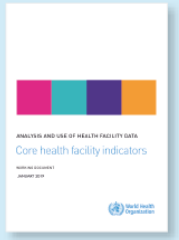
A district-level data platform of standards and country applications implemented across diseases and health

WHO standards and Metadata

GENERAL PRINCIPLES



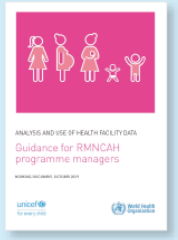
CORE FACILITY INDICATORS



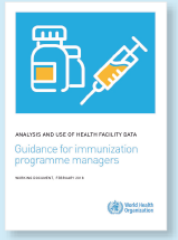
DATA QUALITY REVIEW

Applications in country data systems adopted in 40 countries

RMNCAH



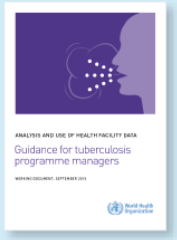
IMMUNIZATION



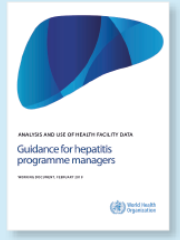
HIV

MALARIA

TB



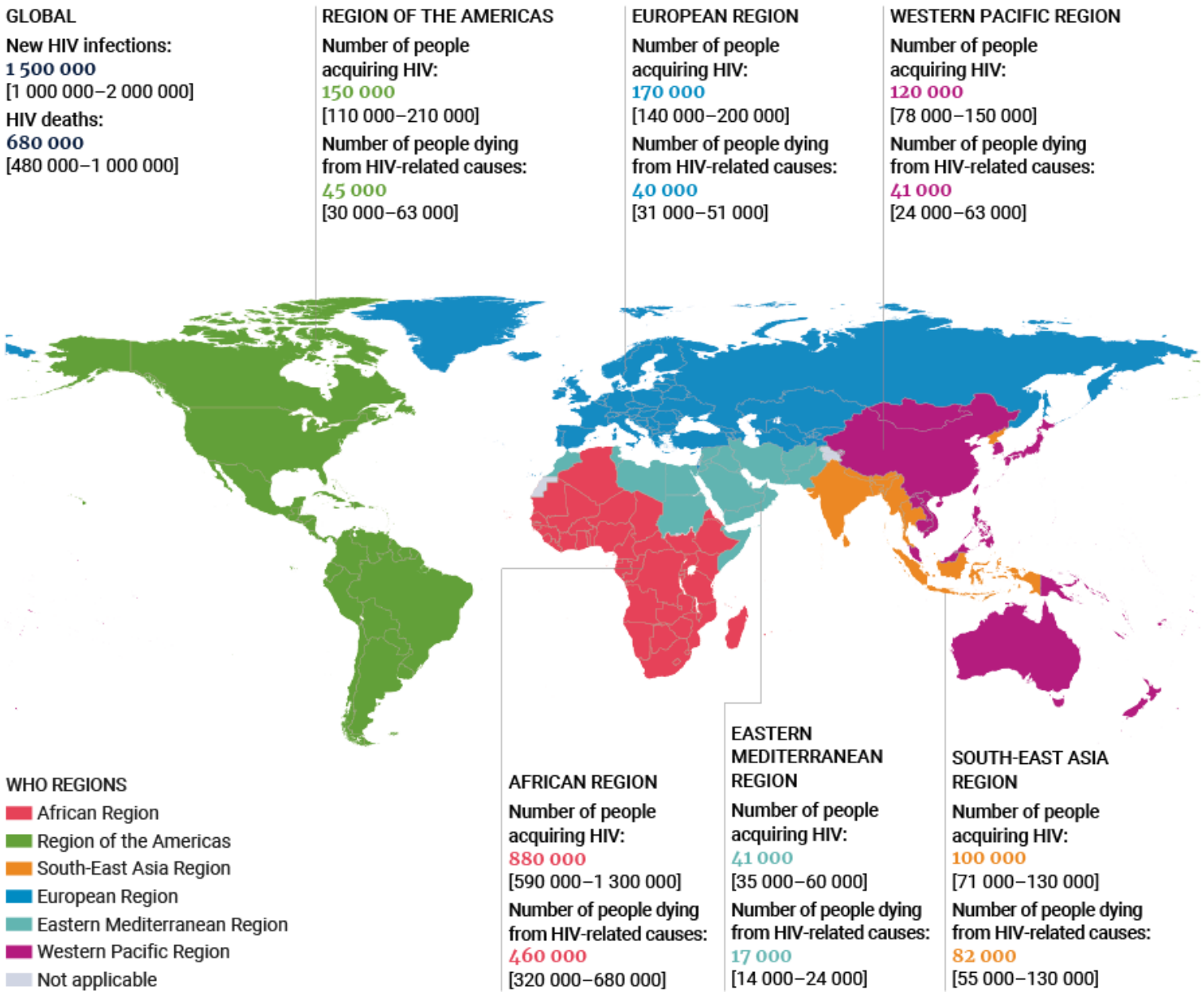
HEPATITIS



COVID-19

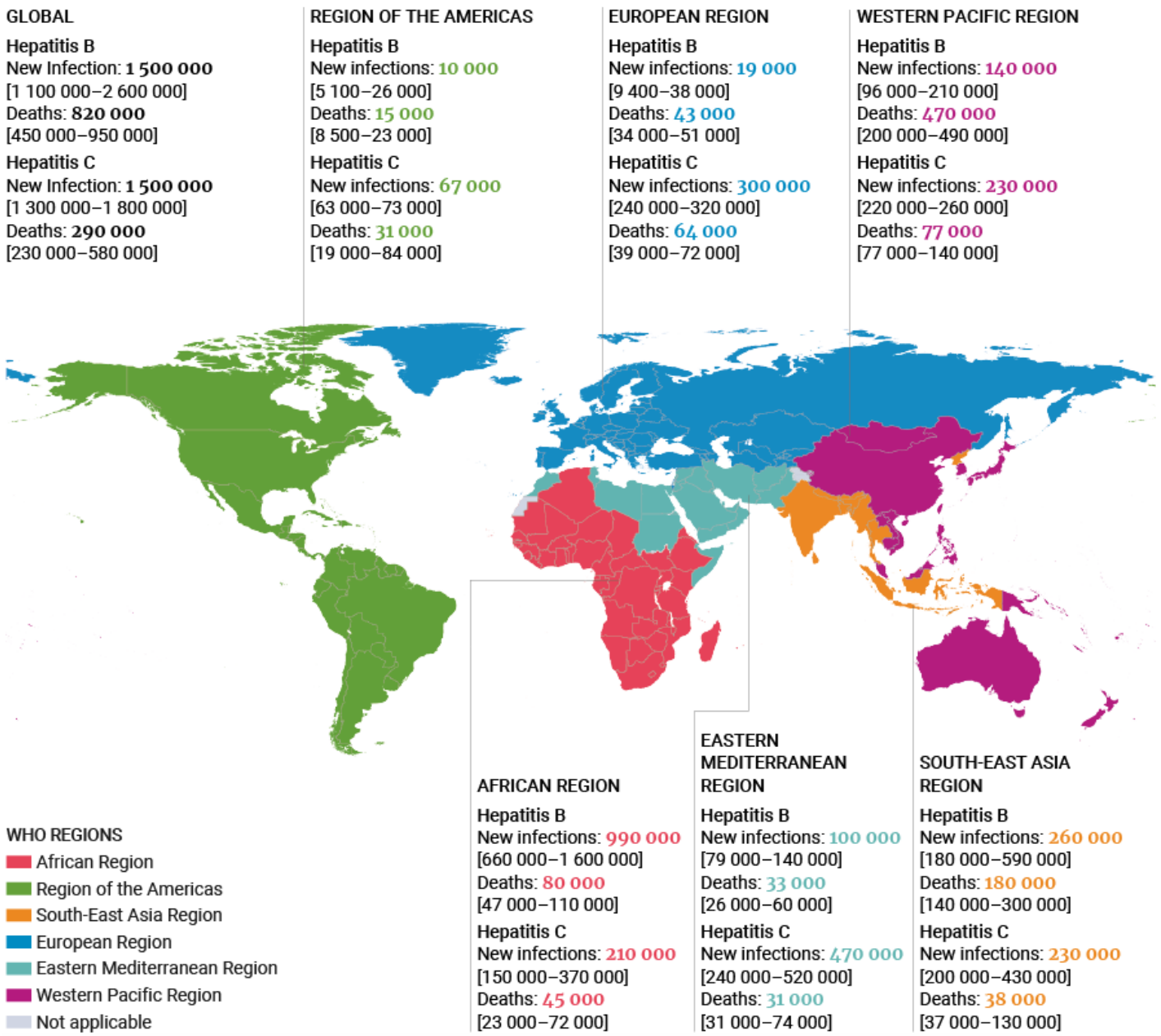
Source: WHO. Analysis and use of routine health facility data [website].

Number of people acquiring HIV and number of people dying from HIV-related causes, 2020



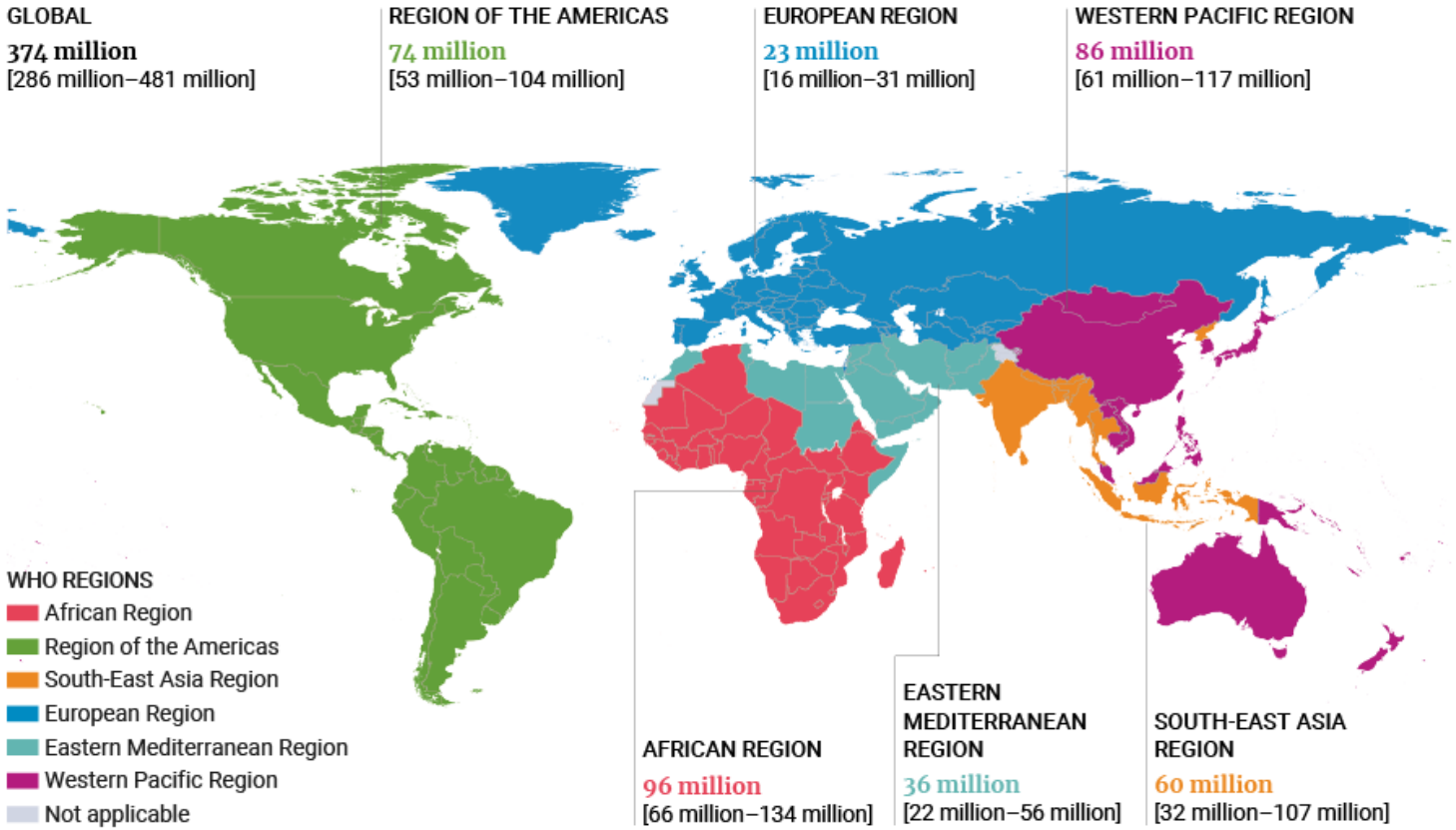
Source: UNAIDS/WHO, 2021.

Hepatitis B and C new infections and mortality by WHO region, 2019



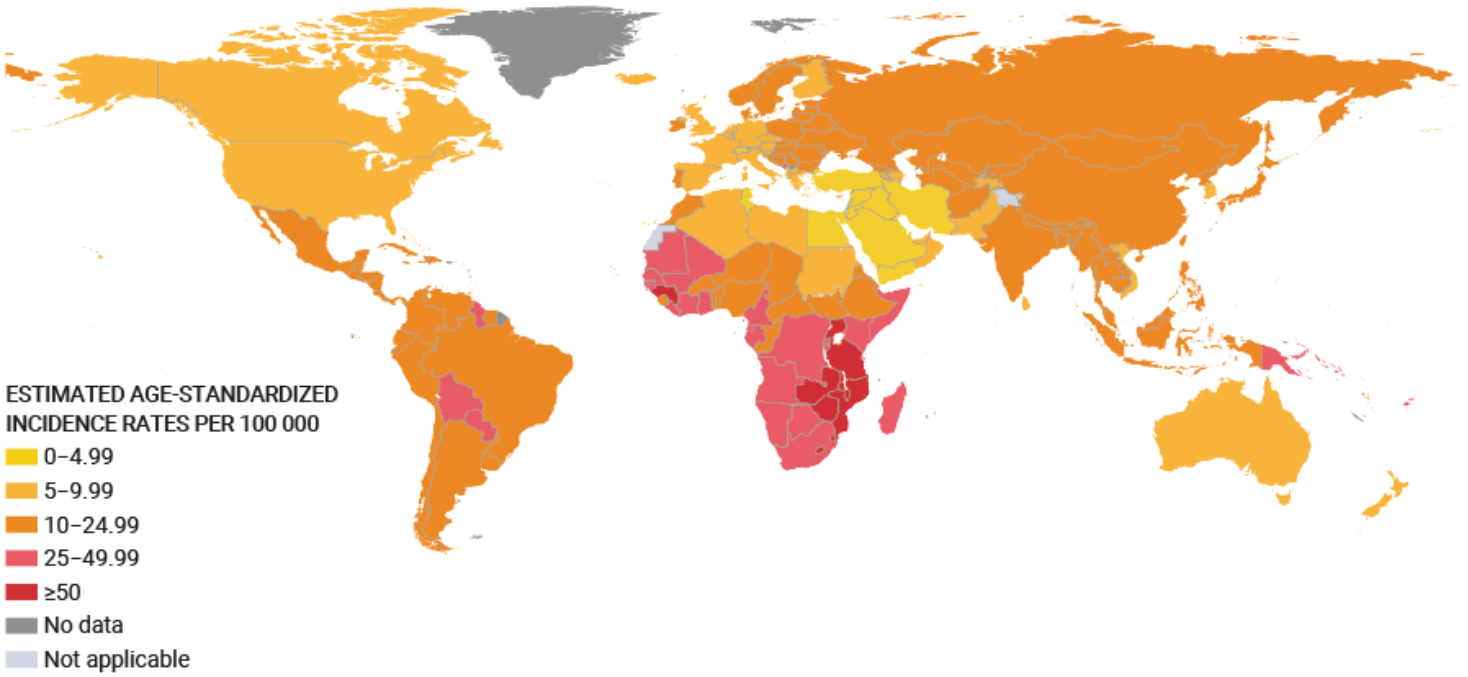
Sources: WHO, 2021

Incident cases of four curable STIs among adults (15–49 years old), by WHO region, 2020



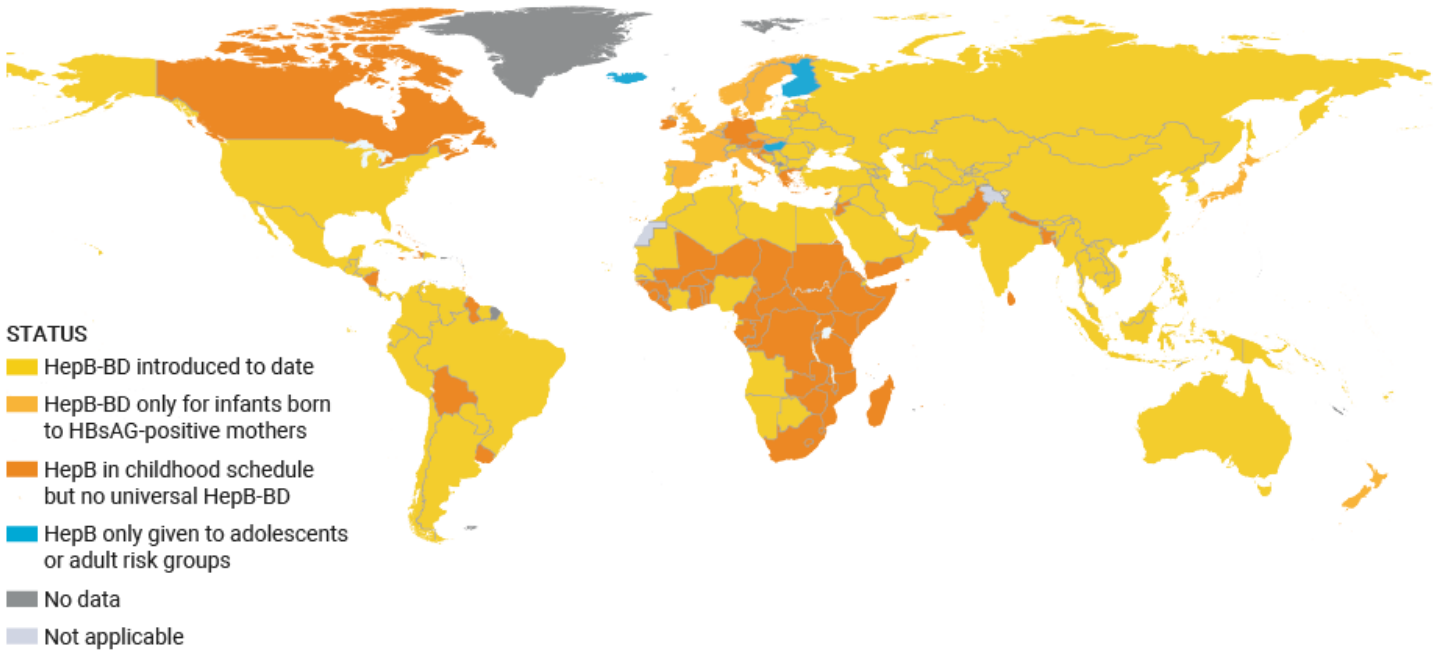
Sources: WHO, 2021

Estimated age-standardized incidence of cervical cancer, all ages, 2020



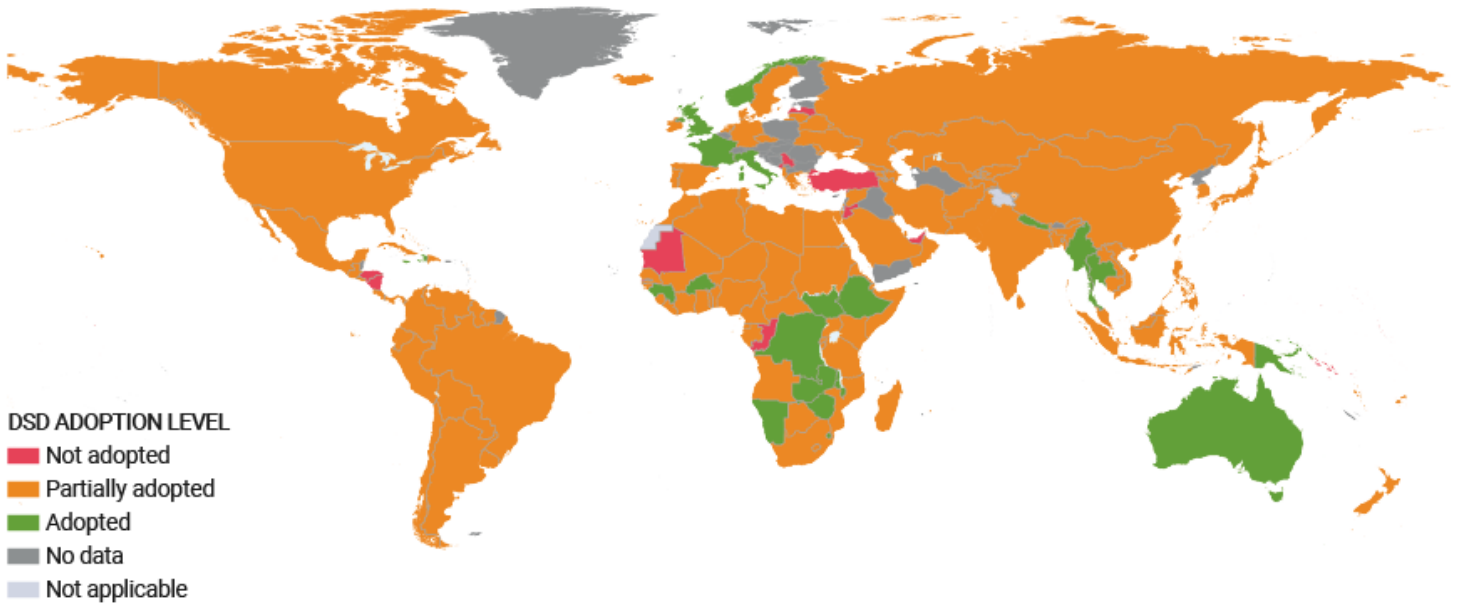
Source: International Agency for Research on Cancer and WHO, 2021.

Hepatitis B birth dose vaccination strategies in the national immunization programme, April 2021



Sources: WHO, 2021

Policy adoption of differentiated service delivery for HIV, 2020



Source: HIV Policy Lab, 2021.

Global health sector strategies for HIV, viral hepatitis and STIs 2016–2021: targets and results

HIV

Impact	
Targets (by 2020)	**Status**
• Reduce the annual number of people dying from HIV-related causes to less than 500 000 globally by 2020	• 680 000 [480 000–1.0 million] people died from HIV-related causes globally in 2020
• Reduce the number of people living with HIV dying from tuberculosis (TB)-related causes by 75% by 2020	• 208 000 [177 000–242 000] people living with HIV died from TB-related causes in 2019
• Reduce the number of people living with HIV dying from hepatitis B– and C–related causes by 10%, in accordance with the mortality targets for all people with chronic hepatitis B and C infection	• No data
• Reduce the annual number of people acquiring HIV infection to less than 500 000 by 2020	• 1.5 million [1.0 million–2.0 million] people acquired HIV infection in 2020
• Zero new infections among children (0–14 years old) by 2020	• 150 000 [100 000–240 000] children acquired HIV infection in 2020
Service coverage	
• Ensure that 90% of people living with HIV know their HIV status	• 84% [67–>98%] of people living with HIV knew their HIV status globally in 2020
• Ensure that 90% of the people who know their HIV-positive status receive antiretroviral therapy	• 87% [67–>98%] of those who knew that they were HIV-positive were accessing treatment in 2020
• Ensure that 90% of people living with HIV receiving treatment have suppressed viral loads	• 90% [70–>98%] of people receiving treatment had suppressed viral loads in 2020

Viral hepatitis

Impact	
Targets (by 2020 and 2030)	**Status**
• 30% reduction in new cases of chronic viral hepatitis B and C infections by 2020, 90% reduction by 2030	• 1.5 million [1.1 million–2.6 million] people were newly infected with chronic hepatitis B infection in 2019
• 10% reduction in viral hepatitis B and C deaths by 2020, 65% reduction by 2030	• 1.5 million [1.3 million–1.8 million] people were newly infected with chronic hepatitis C infection in 2019
	• 820 000 [450 000–950 000] people died from hepatitis B infection–related causes in 2019
	• 290 000 [230 000–580 000] people died from hepatitis C infection–related causes in 2019
Service coverage	
• 90% coverage of hepatitis B virus vaccine (third dose) by 2020	• 85% coverage of hepatitis B vaccine (third dose) in 2019
• 50% coverage of prevention of mother-to-child transmission of hepatitis B virus by 2020, 90% coverage by 2030	• 43% global coverage for timely birth dose of hepatitis B vaccine in 2019
• 95% of blood donations screened in a quality-assured manner by 2020, 100% screened by 2030	• Only baseline data available: 97% of donations screened with quality assurance in 2015
• 50% of injections administered with safety-engineered devices in and out of health facilities by 2020, 90% by 2030	• 3.9% reuse of injection equipment in 2017
• 200 sterile needles and syringes provided per person who injects drugs per year by 2020, 300 by 2030	• 33 syringes or needle sets per person who injects drugs per year in 2017
• 30% of chronic viral hepatitis B and C infections diagnosed by 2020, 90% by 2030	• 30.4 million [24.3 million–38.0 million] people living with hepatitis B knew their hepatitis B status in 2019
• 80% of eligible people with chronic hepatitis B and C virus infection treated by 2030, respectively	• 6.6 million [5.3 million–8.3 million] people diagnosed with hepatitis B received treatment in 2019
	• 15.2 million [11.2 million–19.0 million] people living with hepatitis C knew their hepatitis C status in 2019
	• 9.4 million [7.5 million–11.7 million] people diagnosed with hepatitis C infection had been treated using direct-acting antiviral drugs between 2015 and 2019

Sexually transmitted infections

Impact	
Targets (by 2020 and 2030)	**Status**
• 90% reduction of *Treponema pallidum* incidence globally (2018 global baseline)	• 7.1 million [2.4 million–11.5 million] people were newly infected with *T. pallidum* in 2020
• 90% reduction in *Neisseria gonorrhoeae* incidence globally (2018 global baseline)	• 82.4 million [47.7 million–130.4 million] people were newly infected with *N. gonorrhoeae* in 2020
• 50 or fewer cases of congenital syphilis per 100 000 live births in 80% of countries	• 473 [385–561] congenital syphilis cases per 100 000 live births in 2016, a decline of 12% in 4 years
• Sustain 90% 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	• Of 75 countries surveyed, 19 (25%) reported >80% 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 the relevant targets	• 97 of 110 countries (87%) had STI surveillance or monitoring in place in 2019–2020
• 70% of countries have at least 95% of pregnant women screened for HIV and/or syphilis; 95% of pregnant women screened for HIV and/or syphilis with free, prior and informed consent; 90% 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	• 103 of 111 countries (93%) had policies for antenatal screening and treatment of syphilis in 2019–2020
• 70% of key populations for HIV have access to a full range of services relevant to STIs and HIV, including condoms	• No data
• 70% of countries provide STI services or links to such services in all primary, HIV, reproductive health, family planning and antenatal and postnatal care services	• Countries provided link to STI services in other health services, such as primary health care (88%), HIV services (91%), reproductive health services (84%), family planning (77%) and pre- and postnatal services (89%) in 2019–2020
• 70% of countries deliver human papillomavirus (HPV) vaccines through the national immunization programme	• 59% of countries included the HPV vaccine in the national immunization schedule in 2019–2020
• 70% of countries report on antimicrobial resistance in *N. gonorrhoeae*	• 64% of countries conducted surveillance of gonococcal antimicrobial susceptibility in 2019–2020

Coinfections and comorbidities related to HIV, viral hepatitis, STIs and other major infectious diseases

Diseases	Summary of the evidence
HIV and viral hepatitis	2.7 million people are coinfected with HIV and hepatitis B virus (2015) *(5)*.
	2.3 million people are coinfected with HIV and hepatitis C virus (2015) *(5)*.
HIV and viral hepatitis	Among people living with HIV, untreated hepatitis coinfection promotes more rapid progression of hepatitis B– and/or C–related liver disease, hepatocellular cancer and untimely death, undermining the gains of effective HIV treatment.
	HIV coinfection doubles the risk of mother-to-child transmission of viral hepatitis *(5)*.
	More than half of all people coinfected with HIV and hepatitis C are people who inject drugs.
	Men living with HIV who have sex with men are at substantially higher risk of hepatitis C infection *(17)*.
HIV and all STIs	Both ulcerative and non-ulcerative STIs are associated with a several-fold increased risk of transmitting or acquiring HIV *(18)*.
HIV and HSV type 2 (HSV-2)	HSV-2 infection resulted in an estimated 420 000 [317 000–546 000] of the 1.4 million people 15–49 years old acquiring HIV through sexual transmission (2016) *(8)*.
HIV and human papillomavirus (HPV)	HIV enhances HPV-induced carcinogenesis, and women living with HIV have a six-fold risk of cervical cancer versus HIV-negative women *(19)*.
	28 000 [20 000–36 000] new cervical cancer cases are attributable to HIV infection (2018) *(19)*.
HIV and TB	208 000 [177 000–242 000] people living with HIV died in 2019 from HIV with TB as a contributory cause of death.
	815 000 [729 000–906 000] people living with HIV develop a new TB case (2019) *(20)*.
HIV and COVID-19	Preliminary evidence suggests that people with HIV have increased risk of poor outcomes with COVID-19 *(21)*.

Information for focused action – global accountability 2020

HIV	Viral hepatitis	Sexually transmitted infections
There have been major advances in people-centred monitoring over the past five years, with increasing use of individual-level data to identify gaps and improve services. Patient monitoring supports more than five million people receiving treatment in South Africa and large treatment cohorts in many countries. As of June 2020, 71% of countries had updated their patient monitoring systems with WHO person-centred monitoring guidelines, and 73% of countries used a national unique identifier to link patient data. Electronic district health information systems have been strengthened through collaboration of HIV, TB, malaria and health programmes.	Global reporting for viral hepatitis has been established, and the number of reporting countries has increased from 42 in 2018 to 130 countries in 2019. Updated global and regional estimates have been developed in collaboration with partners, including CDA Foundation, Imperial College, the Institute for Health Metrics and Evaluation and the University of Bristol. The first global costing of the viral hepatitis response has been developed showing a need of US$ 6 billion per year and included in the costing for universal health coverage.	Updated STI global and regional estimates for 2020 have been developed, and 87% of countries report having surveillance systems in place, but the scope and quality of these surveillance systems remain critically weak. Digital health specifications have been initiated for sexual and reproductive health and HIV, which support electronic reporting and are being extended to additional health areas. Data security and confidentiality need to be strengthened.

Improved granular generation, review and use of data are improving services using common health information platforms. Gaps remain in surveillance systems and facility-level reporting for viral hepatitis and STIs.

PRIORITY ACTIONS

- Strengthen country-level surveillance capacity for viral hepatitis and STIs, with concerted investment in line with the recommended 5–10% of programme funds invested in strategic information for action.
- Invest in person-centred data and monitoring, especially for prevention, to link people at risk to services, retain them in services and support them to remain negative.
- Strengthen digital health data capacity, including guidance on data interoperability and security.
- Standardize analytical data reviews and build data analysis capacity, especially at decentralized levels for improving programmes.
- Take an integrated approach to strengthening data availability and quality on the populations most severely affected and at risk of infection, including population size estimates and integrated biobehavioural surveys.
- Joint efforts to strengthen routine data systems and use data to improve health services and inform programme priorities and design.
- Use data to drive decision-making and ensure that no one is left behind, including by strengthening community-led monitoring that is owned and used by programmes working closely with the people who are most marginalized and in need to improve access and quality and holding service providers and decision-makers accountable.

Interventions for impact – global accountability 2020

World Health Organization

HIV	Viral hepatitis	Sexually transmitted infections
There have been strong gains towards achieving the 90–90–90 targets by 2020 in many countries with a high burden of HIV infection, but progress varies by region and population.	Access to infant hepatitis B vaccination is high. Coverage of three doses of hepatitis B infant vaccination reached 85% worldwide, although access to a timely birth dose remains low in many African countries, especially where antenatal care coverage is low.	The country-level implementation of WHO guidelines has improved – 84% of surveyed countries use WHO treatment guidelines for STIs and 70% provide services or links to HIV, reproductive health, family planning, and prenatal and postnatal services (*41*).
Differentiated approaches to service delivery are improving prevention, testing and treatment service reach and quality.	Pangenotypic direct-acting antiviral drugs, effective against all six genotypes of hepatitis C virus, are available, providing an effective cure. Coverage of hepatitis C treatment has increased 10-fold since 2015 to 9.4 million people receiving treatment; yet overall, only 10% of people globally know their hepatitis B status, and 21% for hepatitis C and even fewer are receiving treatement.	The HPV vaccine is being rolled out – 65 out of 110 countries have now added the HPV vaccine into their national immunization schedule; however, coverage in low-income countries is insufficient.
As of June 2020, 78% of low- and middle-income countries had carried out the transition to dolutegravir as first-line antiretroviral therapy.	Some champion countries are expanding access to hepatitis C diagnosis and treatment through public health approaches or targeting microelimination in the most affected subpopulations or locations.	The WHO Model List of Essential Medicines has been updated to include new treatments for STIs.
The number of effective options for HIV prevention, testing and treatment is increasing, including the dapivirine vaginal ring as an additional prevention choice for women; a new dispersible strawberry-flavoured formulation of dolutegravir for children; and diversified testing approaches.		There is increasing resistance to azithromycin and emerging resistance to ceftriaxone, last-line treatment for *N. gonorrhoeae*.

Mother-to-child transmission of HIV and/or syphilis has been eliminated as a public health threat in 15 countries and territories. As of June 2020, 82% of countries had a national plan for eliminating the mother-to-child transmission of HIV.
A dual HIV/syphilis rapid diagnostic test has been prequalified by WHO and used as the first test in antenatal care.

PRIORITY ACTIONS

- Reinvigorate primary prevention, including condom use, to prevent the sexual transmission of HIV and STIs, with a focus on the populations most severely affected and at higher risk of infection, and integration with sexual and reproductive health services.
- Continue to differentiate and adapt service delivery by making it more people-centred to meet the needs of different population groups, bringing prevention, testing and treatment closer to home and including leveraging adaptations from the COVID-19 response.
- Expand, decentralize, integrate and simplify access to diagnostics, so that services can be delivered at the same site, with the use of affordable and quality rapid diagnostic tests, including self-tests, serological and molecular point-of-care and near-point of care tests, and promote greater task sharing.
- Expand the provision of harm reduction in an integrated and comprehensive manner.
- Make use of existing opportunities to accelerate the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus through an integrated approach that builds on a comprehensive antenatal care platform that also incorporates eliminating cervical cancer.
- Strengthen the response to antimicrobial drug resistance, including through improved use of data to reduce loss to follow-up.
- Integrate HIV, viral hepatitis and STI services within a broader health systems approach, including with noncommunicable diseases and cancer prevention and care and primary health care initiatives.

Delivering for equity – global accountability 2020

HIV

Community-led interventions have enabled major improvements in service coverage for key populations; yet gaps remain:

- one third of key populations did not know their HIV status *(52)*.
- only 44% of sex workers, 30% of gay men and other men who have sex with men and 34% of people who inject drugs report having received at least two prevention services in the past three months *(13)*.

As of June 2020, 83% of countries have a national plan or strategy addressing gender-based violence or violence against women that includes HIV. However, there are gaps in access to prevention and support against gender-based violence for women, gay men and other men who have sex with men and transgender people.

Viral hepatitis

There are major gaps in hepatitis B and C testing and treatment in all populations, specifically among economically disadvantaged regions, rural and displaced populations and key populations.

Community awareness and advocacy related to viral hepatitis, including eliminating hepatitis C virus among people who inject drugs, is increasing; however, access to services remains low.

There have been major price reductions in hepatitis diagnostics and treatment *(53)* and yet many middle-income countries are unable to benefit from these prices as a result of patent-related barriers.

Sexually transmitted infections

Rates of STI screening among key populations are low compared with HIV screening and highlight missed opportunities to integrate STI services with HIV and other health services.

- Less than 50% of surveyed countries provide STI testing for key populations. Further, even in countries that report having integrated STI services in other services such as family planning, data are limited on actual STI services provided in these settings *(41)*.

Services need to be adopted and scaled up to reach all partners, including through social network approaches, based on lessons learned from HIV.

More work is required across the three strategies to embed community-led and community-based efforts across key primary health care components, emphasizing integrated services, community engagement and inclusive governance and policy frameworks.

Adolescent girls and young women face particular vulnerability for HIV and STIs related to gender-based violence and harmful gender norms – two thirds of adolescent girls and young women 15–24 years old in sub-Saharan Africa do not have comprehensive knowledge about HIV *(52)*. As of June 2020, 55% of countries have a national prevention strategy to reduce the number of adolescent girls and young women and their male partners acquiring HIV in communities with high HIV incidence.

Harm reduction coverage for people who inject drugs remains low – 40% of countries report having operational needle and syringe programmes, and 64% of countries reported having operational opioid substitution therapy programmes as of mid-2020.

There has been progress in decriminalizing behaviour such as drug use, sex work and same-sex relations in some countries, but several countries continue to have laws, regulations or policies that are barriers to effective service.

PRIORITY ACTIONS

- Design and deliver services that are people-centred and decentralized in accordance with WHO's operational framework for primary health care *(54)*, leveraging the experience of HIV programmes and extending them to a wider group of economically disadvantaged and vulnerable populations; and engaging communities.
- Strengthen the focus on young people, including young people from key populations.
- Expand the provision of prevention, harm reduction, testing and treatment of HIV, viral hepatitis and STIs in an integrated and comprehensive manner.
- Address stigma and discrimination, including within health-care settings and by focusing on the health-care workforce.
- Decriminalize behaviour such as drug use, sex work, same-sex sexual relationships, sexual orientation and nonconforming gender identities.

Financing for sustainability – global accountability 2020

HIV	Viral hepatitis	Sexually transmitted infections
Substantial international funding, but new commitments are declining and the funding gap is increasing.	Resource needs and cost–effectiveness data are available. The first global costing of the viral hepatitis response has been developed, showing a need of US$ 6 billion per year and included in costing for universal health coverage; however domestic and international investments are lagging behind.	Large funding gaps and global neglect of STI funding for many years.
The number of new HIV infections needs to be reduced rapidly to make the long-term costs of care sustainable.	In the absence of a donor fund for viral hepatitis, many countries that have established a national viral hepatitis programme have leveraged domestic resources in the form of either direct government budgetary allocations to national programs or via reimbursement through national health insurance schemes.	Some progress in leveraging STI management as part of HIV services (such as in the case of PrEP) – but overall limited success in leveraging the increased funding for STIs as part of HIV funding.
	There have been major declines in drug prices for hepatitis C, expanding access significantly.	A low-cost rapid point-of-care test for STIs is needed, including tests that can diagnose multidrug-resistant gonorrhoea and other resistant STIs.
	Reductions in the prices of diagnostics and simplification of approaches provide major opportunities for increased efficiency in expanding testing.	

PRIORITY ACTIONS

- Maximize the use of available resources by using data to focus resources on the populations and geographies with greatest burden and lowest coverage.
- Continue to advocate for including medicines and diagnostics for HIV, viral hepatitis and STIs within the scope of publicly funded and guaranteed services as part of government's commitment to make progress towards universal health coverage.
- Leverage task sharing as a pragmatic response to address health worker shortages and expand decentralized provision of testing, care and treatment, especially for the hepatitis B and C response, to lower-level health facilities and using existing non-specialist and primary health care workforce.
- Leverage efficiency in procurement and supply chain mechanisms, including through improved joint analytics and data sharing between patient and logistics data systems.
- Leverage existing international financing opportunities through partners such as the Global Fund and continue to strengthen investment cases.

Hepatitis treatment financing in the WHO Western Pacific Region, November 2020

Country	Hepatitis B	Hepatitis C, direct-acting drugs
Australia	Financed	Financed
Brunei Darussalam	Financed	Financed
Cambodia	Out of pocket	Out of pocket
China	Financed	Financed[a]
China, Hong Kong SAR	Financed	Financed
China, Macao SAR	Financed	Financed
Japan	Financed	Financed
Lao People's Democratic Republic	Out of pocket	Out of pocket
Malaysia	Financed	Financed
Mongolia	Financed	Financed
New Zealand	Financed	Financed
Papua New Guinea	Out of pocket	Out of pocket[b]
Philippines	[c]	Out of pocket[c]
Republic of Korea	Financed	Financed
Singapore	Financed	Financed
Viet Nam	Financed	Financed

[a] China: direct-acting drugs under health reimbursements from January 2020.

[b] Papua New Guinea: pilot employer private-public partnership model, Oro province.

[c] Philippines: pilots for hepatitis B and C testing and treatment started with government financing in 2018, with hepatitis B national expansion in April 2020.

Innovation for acceleration – global accountability 2020

World Health Organization

HIV	Viral hepatitis	Sexually transmitted infections
The HIV response has strongly focused on innovation in technologies and service delivery models. Increasing options for HIV prevention and treatment, including the dapivirine vaginal ring as an additional prevention choice for women and a new dispersible strawberry-flavoured formulation of dolutegravir for children. Other innovations are in the pipeline – related to long-lasting treatment, prevention technologies and the use of person-centred data, unique identifiers to support people as they move between facilities and digital health tools to improve utilization of appointments and services. HIV mRNA vaccines are once again showing promise, in part because of extensive research to develop vaccines for COVID-19.	Progressive simplification in diagnostics and treatment algorithms and service delivery models for hepatitis C virus. Progress in obtaining a cure for hepatitis B is required to achieve the 2030 strategy targets. Implementation innovations to simplify diagnostics and their delivery and access are needed as part of primary health care approaches. Innovation needs further development and quality products including core antigen for hepatitis C virus as a rapid diagnostic test but even simply having high-quality hepatitis B surface antigen tests.	Expanded use of self-management approaches such as self-sampling for STIs. Various new products in progress: • Prequalification of diagnostic tests for *N. gonorrhoea* and rapid syphilis testing. • New treatments for gonorrhoea to address antimicrobial resistance. • Alternative treatments for maternal syphilis. • Promising vaccines against gonorrhoea. Innovation in service delivery models is needed to integrate STI testing into existing diagnostic platforms and the provision of integrated services. Innovation is needed to address social and structural determinants relevant for preventing STIs and HIV.

Strong focus on cross-cutting innovations, such as differentiated and community-led models – accelerated during COVID-19.

Availability of new technologies to scale up diagnostics, such as triple HIV, syphilis and hepatitis B tests; point-of-care nucleic acid tests for hepatitis B and C virus; and self-testing for hepatitis B, hepatitis C and STIs.

Greater use of virtual platforms and digital tools, especially to reach young people.

PRIORITY ACTIONS

- Leverage the potential of innovative service delivery approaches, including through self-management and care approaches and community-led delivery, building on lessons learned from the COVID-19 response.
- Leverage the potential of digital tools, including for demand creation, service delivery and monitoring and evaluation.
- Ensure continued investment in research in priority areas – such as vaccines for HIV, hepatitis C virus, gonorrhoea and HSV and a functional cure for hepatitis B.
- Seek opportunities for innovative approaches to address the social determinants of health.

Cross-cutting priority actions for the next decade

World Health Organization

Priorities	Status in 2020	Catch-up actions to 2030
Actions identified in the mid-term review (2019)		
1. Leverage common disaggregated data platforms	Electronic district-level data systems have been implemented in most countries, with regular data review to improve programmes. However, gaps remain in facility-level reporting for viral hepatitis and STIs and in the security and interoperability of data systems.	• Strengthen digital health data, including guidance on data interoperability, security and unique identifiers. • Conduct standardized analytical reviews and build capacity to use data at decentralized levels to improve programmes. • Consider agile, small-scale surveys across the three disease areas that can assess trends and progress in specific populations.
2. Scale up point-of-care diagnostics and self-testing	The availability of diagnostics for HIV, viral hepatitis and STIs is improving, supported by recent innovations. However, there are many missed opportunities to leverage common platforms for service delivery and common learnings, such as in the case of self-testing across all three disease areas.	• Make self-testing available for all three disease areas, especially to reach key and vulnerable populations and men. • Strengthen joint diagnostic platforms that can be leveraged across all three disease areas and more widely across health.
3. Achieve triple elimination of mother-to-child transmission of HIV, hepatitis B virus and syphilis and explore extending the elimination focus to children	There has been major progress in aligning guidelines and processes and validating the first set of countries for dual and triple elimination. Fifteen countries have already been validated as having eliminated the mother-to-child transmission of HIV and/or syphilis as public health threats, and two additional countries are preparing to submit country data to join the path towards elimination. Stronger incentives to align countries in the full path towards elimination would strengthen the approach, together with further inclusion of hepatitis B.	• Strengthen approaches and incentives to involve countries in the full path towards elimination, including in larger countries with a higher burden of disease. • Scale up the triple elimination of mother-to-child transmission and, where feasible, expand approaches to validate adult elimination, such as for hepatitis C virus infection. • Develop strategies to expand the focus on eliminating vertical transmission to eliminating infections among children across the diseases.
Priorities	**Status in 2020**	**Catch-up actions to 2030**
4. Improve access to drugs and diagnostics	The price reductions have been remarkable for hepatitis C medicines in the past three years and HIV over the last two decades. These need to be extended and efforts made to include the costs of expanding coverage of these within national health plans, including any health insurance entities, and to provide the needed financing across all three disease areas as part of universal health coverage. In addition, developing an end-to-end process for antiretroviral medicines for children, early infant diagnosis and using multi-disease platforms can improve the effectiveness of interventions.	• Include drug and diagnostics costs increasingly in country health financing, for example as for HIV and viral hepatitis in Rwanda's health insurance program and for hepatitis B in China's insurance programs. This also enables further reductions as prices are aligned, for example between hepatitis B virus and HIV. • Promote South-to-South support, for example Egypt's support for eliminating hepatitis C more widely in Africa. • Strengthen subnational use of unique identifiers to better match patient numbers with drug and diagnostic stocks. • Facilitate drug development for new gonorrhoea treatment and options for syphilis treatment and availability of STI drugs and diagnostics at the primary health care level.
5. Protect against the threat of antimicrobial resistance	There have been strong improvements in HIV medicines with regards to antimicrobial resistance supported by a global action plan. Cross-cutting antimicrobial resistance actions across HIV, STIs and TB could be strengthened.	• Improve surveillance and monitoring of antimicrobial resistance for HIV and STIs. • Improve data use to reduce loss to follow-up on life-long HIV treatment. • Align actions to address antimicrobial resistance for HIV and STIs and coordinate with cross-cutting management of antimicrobial resistance.
6. Strengthen joint responses to HIV, viral hepatitis and STIs with TB and other key comorbidities	There has been major progress in provision of testing and treatment, but TB remains the major cause of death among people living with HIV. Programmes in many countries in sub-Saharan Africa remain separate in terms of management, supply chains and monitoring.	• Review integration of HIV and TB programmes, especially in sub-Saharan Africa, while continuing strong progress in aligning testing and treatment. • Align joint monitoring approaches in terms of use of health information system platforms such as DHIS-2, programme reviews and ongoing data use to improve services.
7. Integrate sexual and reproductive health and rights	Many countries have pioneered important approaches in relation to key and vulnerable populations, but progress has met significant barriers. Renewed efforts are required to secure sexual and reproductive rights for all.	• Extend activities across all three disease areas and mainstream key components in universal health care approaches, where the tracer is often progress in key and vulnerable populations. • Integrate STI prevention and care services into HIV, adolescent health, antenatal care and sexual and reproductive health services and primary health care. • Further integrate sexual and reproductive health rights including STIs into existing programmes, including those supported by the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR).
8. Address social and structural determinants	The failure to achieve HIV incidence reduction targets and STI targets highlights the need to address social, behavioural and structural determinants more directly in the next decade to progress towards elimination.	• Support national prevention programmes with strong leadership to tackle social and structural determinants, since many countries suggest these have not been adequately supported at the highest level • Develop activities across the Triple Billion targets, leveraging the increasing WHO emphasis on social and structural determinants.
Actions identified to leverage innovations and lessons from the COVID-19 response		
9. Maximize the use of differentiated and people-centred service delivery options	Many of the policies have been developed, but they gained additional impetus in implementation in response to the COVID-19 pandemic. This momentum needs to be further leveraged to build back a stronger response to HIV, viral hepatitis and STIs.	• Extend flexibility in policies, such as multimonth dispensing of antiretroviral medicines to six months, and require differentiated care policies to be in place. • Strengthen the use of person-centred data and digital health to further implement people-centred service delivery.
10. Strengthen community engagement, community-based service delivery and community-led monitoring	Community engagement has been a critical part of the response, but communities have increasingly taken on additional responsibilities to integrate prevention, testing and treatment with innovative approaches in response to the COVID-19 pandemic.	• Integrate community-level services to bring together prevention, testing and treatment. • Develop direct, simplified service delivery that goes beyond health facilities, using community networks and workplaces to reach the most vulnerable populations, adolescent girls and young women and men.

WHO action with gaps in 2020 and steps to address these by 2030

Global health sector strategy	WHO action with significant gap in 2020	Suggested steps to address the gap by 2030
HIV	Advocate for and support the expansion of new prevention technologies.	Include new approaches for prevention, including social and structural determinants, in the next phase of the global health sector strategies with reference to the UNAIDS Global AIDS Strategy 2016–2026 *(70)* and its three strategic priorities: maximize equitable and equal access to HIV services and solutions; break down barriers to achieving HIV outcomes; and fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.
	Provide guidance on combination HIV prevention.	Provide implementation guidance on how to balance funding for various prevention priorities.
Viral hepatitis	Support countries with tools and technical assistance.	Strengthen partner technical support and support from WHO regional offices.
	Support countries in fully implementing WHO's injection safety policy and global campaign.	Highlight injection safety in the next phase of the global health sector strategies.
	Provide advocacy and technical support to countries to mobilize commitment to harm reduction.	Address barriers to harm reduction as a cross-cutting priority in the next phase of the global health sector strategies.
	Provide guidance on quality assurance and quality improvement systems.	Assess approaches to improve quality assurance and improvement in countries.
	Provide policy and technical guidance aimed at building a competent workforce.	Develop guidance on differentiated human resources support for hepatitis services.
	Provide technical support to countries to forecast the need for essential hepatitis commodities.	Initiate forecasting for hepatitis C commodities in the 2021 forecasting meeting for drug and diagnostics stakeholders and partners.
	Support regulatory authorities in pre-market assessment and registration of new hepatitis medicines and diagnostics, with post-market surveillance.	Strengthen post market surveillance to support regulatory authorities.
	Assess the quality and performance of commercially available hepatitis diagnostics.	Consider in the next phase of the global health sector strategies.
STIs	Ensure linkage of some components of STI surveillance to existing mechanisms.	Develop a new monitoring and evaluation and surveillance framework for STIs.
	Provide technical support to countries with STI programmes.	Strengthen joint STI and HIV country support.
	Update and disseminate guidance for targeted populations on STI vulnerability and risk-reduction interventions.	Include stronger focus on key populations in the next phase of the global health sector strategies and generate better data.
	Strengthen efforts to ensure that high-quality diagnostics for STIs are accessible and available.	Implement STI diagnosis, screening strategies for key population and vulnerable populations such as adolescents, pregnant women and other bridge populations, including men; and facilitate the development of low-cost point-of-care tests for STIs.
	Develop and support public–private partnerships to catalyse the development of new technologies.	Develop and support public–private partnerships to catalyse the development of new technologies.

World Health Organization

WHO African Region: data at a glance, 2019–2020

Disease area	Indicator	Numbers
HIV (2020)	People acquiring HIV	880 000 [590 000–1 300 000]
	People dying from HIV-related causes	460 000 [320 000–680 000]
Viral hepatitis (2019)	Incident cases of hepatitis B infection	990 000 [660 000–1 600 000]
	Incident cases of hepatitis C infection	210 000 [150 000–370 000]
	People dying from hepatitis B infection	80 000 [47 000–110 000]
	People dying from hepatitis C infection	45 000 [23 000–72 000]
STIs (2020)	Incident cases of gonorrhoea	19 200 000 [10 000 000–32 200 000]
	Incident cases of syphilis	2 200 000 [1 300 000–3 100 000]

WHO African Region: highlights and priority action

World Health Organization

HIV

Data availability and quality have improved greatly – all countries are reporting on key HIV cascade indicators; HIV programme data are integrated into the health management information system; and key population size estimates are improving. Of 47 countries in the region, 44 have size estimates for sex workers, 40 for gay men and other men who have sex with men, 20 for people who inject drugs and 7 for transgender people.

In 2020, 76% [60–92%] of the people living with HIV had access to HIV treatment, and five countries (Botswana, Eswatini, Malawi, Rwanda and Uganda) had achieved the 90–90–90 targets.

Differentiated service delivery is improving uptake and quality – 42 countries implementing multimonth dispensing of antiretroviral drugs for 3–6 months.

Access to voluntary medical male circumcision is expanding – 27 million adolescent boys and men in 15 countries reached in eastern and southern Africa, achieving 60% of the target and preventing 340 000 people from acquiring HIV by 2019.

PrEP services are scaling up– of 47 countries in the Region, 22 provide PrEP to adolescent girls and young women, sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs and/or prisoners.

Viral hepatitis

Twenty-eight countries had national hepatitis strategic plans in 2018.

Access to diagnosis and treatment is still limited.

Hepatitis reporting has improved significantly in the Region since the mid-term report but major gaps remain.

Egypt has initiated support for planning towards eliminating viral hepatitis in sub-Saharan African countries, a leading example of South-to-South support.

Joint approaches to viral hepatitis and HIV coinfection provide opportunities, given the reductions in prices for hepatitis B and C treatment.

Sexually transmitted infections

Countries in the Region with high HIV prevalence also face a high prevalence of HPV infection and cervical cancer incidence and mortality, but many countries have not yet introduced HPV vaccination for girls, and the integration of cervical cancer screening with HIV services needs to be strengthened.

There has been progress in dual testing for HIV and syphilis and approaches for eliminating the mother-to-child transmission of the two diseases.

Very high levels of STIs and HIV incidence among women in antenatal care have shown the need for stronger approaches to integrate prevention and treatment and to tackle similar social and sexual determinants.

To strengthen STI and HIV prevention surveillance, joint approaches, including STI prevalence surveys, are required.

Three countries have achieved elimination of mother-to-child transmission of HIV and/or syphilis; 11 are on the path to elimination.

PRIORITY ACTIONS

- Invest in integrated data systems and streamline the governance of data reviews and use.
- Continue to scale up differentiated service delivery, leveraging the innovations from the COVID-19 response.
- Intensify efforts to reach men at higher risk of HIV infection.
- Advance integrated people-centred health services across diseases, with greater decentralization, task sharing and community engagement as part of universal health coverage.
- Continue to advocate for domestic investment and innovative financing mechanisms; especially to address the chronic funding gaps for viral hepatitis and STIs.

World Health Organization

WHO Region of the Americas: data at a glance, 2019–2020

Disease area	Indicator	Numbers
HIV (2020)	People acquiring HIV	150 000 [110 000–210 000]
	People dying from HIV-related causes	45 000 [30 000–63 000]
Viral hepatitis (2019)	Incident cases of hepatitis B infection	10 000 [5 100–26 000]
	Incident cases of hepatitis C infection	67 000 [63 000–73 000]
	People dying from hepatitis B infection	15 000 [8 500–23 000]
	People dying from hepatitis C infection	31 000 [19 000–84 000]
STIs (2020)	Incident cases of gonorrhoea	9 800 000 [5 300 000–17 000 000]
	Incident cases of syphilis	2 500 000 [1 500 000–3 500 000]

WHO Region of the Americas: highlights and priority actions

HIV

The number of people acquiring HIV declined between 2010 and 2020 in the WHO Region of the Americas by 6%, whereas in the Caribbean it declined by 28%, but plateaued in Latin America.

Coverage of HIV treatment services is increasing (67%), and most countries have adopted "treat all" policies.

Coverage of HIV prevention services is uneven. About 64% of gay men and other men who have sex with men reported using a condom at last anal sex, but the number is less than 50% in nine countries. Roll-out of PrEP has been slow.

Nine countries have developed key population prevention cascades and implemented policy and programmatic changes based on their findings.

HIV self-testing is expanding, with national policies adopted in five countries and being developed in 15 countries.

Viral hepatitis

Previously adopted preventive interventions, including vaccination and blood safety, have enabled the regional elimination of early childhood transmission of hepatitis B (hepatitis B surface antigen <0.1% among children five years-old).

A total of 23 countries had national hepatitis strategic plans in 2020 versus 10 in 2015.

However, access to diagnosis and treatment is still limited, and few people living with hepatitis B and hepatitis C virus have been diagnosed.

High prices of commodities and complex patent protection schemes that limit access to generics continue to pose barriers.

Sexually transmitted infections

Key populations have a high burden of syphilis, and syphilis is increasing among pregnant women in some countries. Congenital syphilis cases are underdiagnosed and underreported.

Eight countries have achieved elimination of mother-to-child transmission of HIV and/or syphilis.

PRIORITY ACTIONS

- Expand integrated testing and treatment services, such as the joint elimination of mother-to-child transmission of HIV and syphilis as part of maternal and child health, common platforms for HIV and STI testing and mental health.
- Facilitate access to commodities by taking a joint approach to addressing market and patent barriers.
- Expand the roll-out of differentiated approaches for HIV, including multimonth dispensing of medicines, expanded role of lay providers and use of telemedicine.
- Improve surveillance and information systems, especially on viral hepatitis and STIs.
- Strengthen surveillance of antimicrobial resistance for *N. gonorrhoeae* and align treatment guidelines with local susceptibility patterns.

WHO South-East Asia Region: data at a glance, 2019–2020

Disease area	Indicator	Numbers
HIV (2020)	People acquiring HIV	100 000 [71 000–130 000]
	People dying from HIV-related causes	82 000 [55 000–130 000]
Viral hepatitis (2019)	Incident cases of hepatitis B infection	260 000 [180 000–590 000]
	Incident cases of hepatitis C infection	230 000 [200 000–430 000]
	People dying from hepatitis B infection	180 000 [140 000–300 000]
	People dying from hepatitis C infection	38 000 [37 000–130 000]
STIs (2020)	Incident cases of gonorrhoea	21 100 000 [7 600 000–45 000 000]
	Incident cases of syphilis	350 000 [110 000–600 000]

Regional highlights and priority actions

HIV

The number of people acquiring HIV declined by 29% and the number of people dying from AIDS-related causes decreased by 48% between 2015 and 2020. However, progress has plateaued, and members of key populations and their partners are acquiring HIV.

HIV treatment coverage increased from 37% in 2015 to 61% in 2020, but the region is off-track for achieving the 2020 targets.

The uptake of HIV self-testing and PrEP has been slow; and progress in addressing comorbidities such as HIV and TB has been insufficient.

In response to COVID-19, several countries applied differentiated and innovative approaches such as increased use of telemedicine and multimonth dispensing and take-home doses of HIV treatment and opioid substitution therapy and engaging communities as effective partners in service delivery.

Viral hepatitis

Eight countries in the Region have national hepatitis strategic plans.

There have been strong gains in coverage of hepatitis B vaccination, and four countries in the Region have achieved 2020 control targets through immunization. The prevalence of hepatitis B infection has declined significantly.

There has been slow progress in scaling up access to hepatitis diagnosis and treatment, and mortality has not yet declined.

Funding for viral hepatitis remains inadequate, and the prices of commodities vary across countries.

Sexually transmitted infections

There are several best practices in STI control in the Region at subnational levels, even in countries with uneven overall implementation.

Trends in curable STIs are declining overall, except syphilis in a couple of instances. STI surveillance in the Region remains weak.

Eight countries in the Region have an official national STI strategy; among these, it is integrated with the national HIV strategy in five countries. However, there has been a relative lack of commitment and giving priority to STIs in the Region overall.

Screening for STIs among key populations and in antenatal care settings is low, with many missed opportunities.

Three countries – Maldives, Sri Lanka and Thailand – have been validated as achieving elimination of mother-to-child transmission of HIV and syphilis. Access to harm reduction in the Region is low.

PRIORITY ACTIONS

- Enhance the coverage of prevention and testing services with linkage to treatment.
- Reinvigorate programmes with increased focus on key populations and people at higher risk.
- Address barriers to accessing services, including stigma and discrimination.
- Give priority to hepatitis, HIV and STI within universal health coverage and with improved financing and investment cases.
- Advance a triple elimination framework to end mother-to-child transmission of HIV, hepatitis B and syphilis.
- Utilize price advantages fully, since the costs of health commodities vary greatly in the Region.
- Strengthen surveillance and disease burden estimates with better collection and utilization of data.
- Maximize the potential of decentralized approaches, including the private sector, to achieve universal health coverage.

WHO European Region: data at a glance, 2019–2020

Disease area	Indicator	Numbers
HIV (2020)	People acquiring HIV	170 000 [140 000–200 000]
	People dying from HIV-related causes	40 000 [31 000–51 000]
Viral hepatitis (2019)	Incident cases of hepatitis B infection	19 000 [9 400–38 000]
	Incident cases of hepatitis C infection	300 000 [240 000–320 000]
	People dying from hepatitis B infection	43 000 [34 000–51 000]
	People dying from hepatitis C infection	64 000 [39 000–72 000]
STIs (2020)	Incident cases of gonorrhoea	3 800 000 [1 500 000–7 300 000]
	Incident cases of syphilis	240 000 [130 000–340 000]

WHO European Region: highlights and priority actions

World Health Organization

HIV	Viral hepatitis	Sexually transmitted infections
The number of people acquiring HIV has been increasing in the Region.	A total of 33 countries in the Region have national hepatitis strategic plans.	A total of 38 countries have policies and/or guidelines on STI diagnosis and treatment.
Service coverage is improving – 77% of people living with HIV know their HIV status, 83% of those who know their HIV-positive status receive antiretroviral therapy and 94% of those on treatment have suppressed viral loads; but the 2020 targets have not been reached.	The scale up of diagnostics and treatment has been slow.	Non–European Union countries have limited data on STIs.
The "treat all" policy has been implemented in all countries. The transition to dolutegravir has been slow due to the high cost in some middle-income countries.	There are major gaps in hepatitis data.	
The scale-up of PrEP has been slow.		

- Harm reduction continues to be a low priority in some countries.
- The costs of medicines and diagnostics remain high in middle-income countries that face patent-related barriers.

PRIORITY ACTIONS

- Catch-up plan for COVID-19-related slowdown in progress on key interventions.
- Tailor prevention to key populations, with an integrated people-centred approach across disease areas.
- Take an integrated approach to addressing harm reduction and mental health for key populations.
- Use PrEP as an opportunity for better STI screening and treatment in key populations.
- Strengthen civil society involvement in the regional response.
- Decentralize and simplify HIV testing.
- Scale up early antiretroviral therapy provision with optimized regimens and improved quality of care.
- Strengthen hepatitis surveillance and monitoring and evaluation to better understand the situation and progress.
- Increase the number of countries with funded national plans for hepatitis.
- Simplify hepatitis testing strategies and treatment and improve access to treatment.
- Strengthen STI surveillance.

WHO Eastern Mediterranean Region: data at a glance, 2019–2020

Disease area	Indicator	Numbers
HIV (2020)	People acquiring HIV	41 000 [35 000–60 000]
	People dying from HIV-related causes	17 000 [14 000–24 000]
Viral hepatitis (2019)	Incident cases of hepatitis B infection	100 000 [79 000–140 000]
	Incident cases of hepatitis C infection	470 000 [240 000–520 000]
	People dying from hepatitis B infection	33 000 [26 000–60 000]
	People dying from hepatitis C infection	31 000 [31 000–74 000]
STIs (2020)	Incident cases of gonorrhoea	5 300 000 [1 900 000–11 300 000]
	Incident cases of syphilis	640 000 [240 000–1 000 000]

WHO Eastern Mediterranean Region: highlights and priority actions

World Health Organization

HIV	Viral hepatitis	Sexually transmitted infections
Access to HIV testing and treatment services is improving, yet coverage remains low. Only 40% of people living with HIV know their HIV status.	Strategic information systems for hepatitis data are slowly improving, and two countries have conducted serological surveys.	There is a limited focus on STIs in the Region.
Some countries are expanding client-centred approaches such as HIV self-testing and PrEP, to expand outreach to key populations.	There has been strong momentum and progress with major initiatives in champion countries such as Egypt and Pakistan; however, programmes in most countries remain weak with limited funding.	Some countries such as Egypt and Lebanon have conducted surveys on STIs among subpopulations, but overall data are lacking to accurately describe the burden of STIs in the Region, and STI surveillance systems are weak.
Linkages to care and retention are a challenge, and a search-and-rescue initiative is being implemented in countries such as Pakistan and Sudan to identify people living with HIV who may be lost to follow-up and relink them to care.	Coverage of hepatitis B virus vaccine has increased to exceed 80% for the third dose, but birth dose coverage is low.	
HIV services for refugees and other displaced people are expanding with support from international partners.	Diagnosis and treatment of hepatitis B and C infection is low.	
The availability and quality of data are improving with surveys and cascade analyses in countries such as Lebanon Morocco, Pakistan and Sudan; however, data systems remain fragmented and weak.	Many countries have achieved reductions in the price of direct-acting antiviral drugs for hepatitis C infection through price negotiations and local manufacturing.	

There has been progress in harm reduction, with favourable policies adopted in Egypt and Pakistan, but overall coverage of harm reduction among people who inject drugs in the Region remains very low.

PRIORITY ACTIONS

- Expand the use of people-centred and differentiated service delivery models and targeted interventions for prevention, diagnosis and treatment for key populations.
- Expand access to hepatitis diagnosis and treatment, including with a focus on microelimination in high-burden populations and continue to pursue price reduction strategies and public health approaches for scale-up.
- Renew the focus on STIs through greater integration with HIV and other health programme areas and efforts to mobilize resources.
- Promote domestic funding and mobilize catalytic cross-cutting funding.
- Make joint efforts to strengthen strategic information for HIV, viral hepatitis and STIs as part of broader health management information system strengthening, including with support for electronic data collection and promoting data use through improved analytics and visualization dashboards.

WHO Western Pacific Region: data at a glance, 2019–2020

Disease area	Indicator	Numbers
HIV (2020)	People acquiring HIV	120 000 [78 000–150 000]
	People dying from HIV-related causes	41 000 [24 000–63 000]
Viral hepatitis (2019)	Incident cases of hepatitis B infection	140 000 [96 000–210 000]
	Incident cases of hepatitis C infection	230 000 [220 000–260 000]
	People dying from hepatitis B infection	470 000 [200 000–490 000]
	People dying from hepatitis C infection	77 000 [77 000–140 000]
STIs (2020)	Incident cases of gonorrhoea	23 200 000 [11 200 000–40 700 000]
	Incident cases of syphilis	1 100 000 [620 000–1 600 000]

WHO Western Pacific Region: highlights and priority actions

World Health Organization

HIV	Viral hepatitis	Sexually transmitted infections
Several innovative interventions have been introduced to expand service outreach, driven in part by the COVID-19 pandemic, including community-led interventions using online platforms to reach people with information and increase access to services.	National action plans are in place in 20 countries, strategic information action plans in seven countries and investment cases, including disease burden and economic analysis, have been developed in 13 countries.	Treatment guidelines have been revised in 21 countries to include WHO recommendations for dual treatment of people with gonorrhoea.
New interventions, including PrEP, HIV self-test and lay-provider testing, have been introduced in seven countries.	The coverage of hepatitis services is expanding through domestic funding in 19 countries.	Disease burden estimates were modelled in five countries, but the overall availability and quality of STI data are weak.
The fixed-dose combination of tenofovir disoproxil fumarate + lamivudine + dolutegravir has been introduced in six priority countries.	Drug prices have been reduced substantially, and hepatitis medicines have been included in national health insurance in China and Mongolia. Malaysia applied TRIPS flexibilities to expand access to hepatitis C medicines.	Countries such as Cambodia and the Philippines are implementing initiatives to combat antimicrobial resistance.
Needle and syringe distribution targets have been met in Australia and Cambodia.	Hepatitis services are being scaled up at primary health care level in 10 countries.	
	Public–private partnership service delivery models are being rolled out in Papua New Guinea.	

One country has achieved elimination of mother-to-child transmission of HIV and syphilis.

PRIORITY ACTIONS

- Maximize opportunities for integrating services based on local epidemiology and context, including across reproductive health services, HIV, viral hepatitis and TB services and noncommunicable diseases, and decentralize integrated services to the primary health care level.
- Pursue high-level advocacy for domestic financing and multisectoral collaboration, including the private sector, and promote an integrated health financing approach.
- Promote the active involvement of communities for advocacy, stigma and discrimination reduction and service delivery.
- Integrate strategic information into existing systems and simplify data collection to improve quality and increase use.