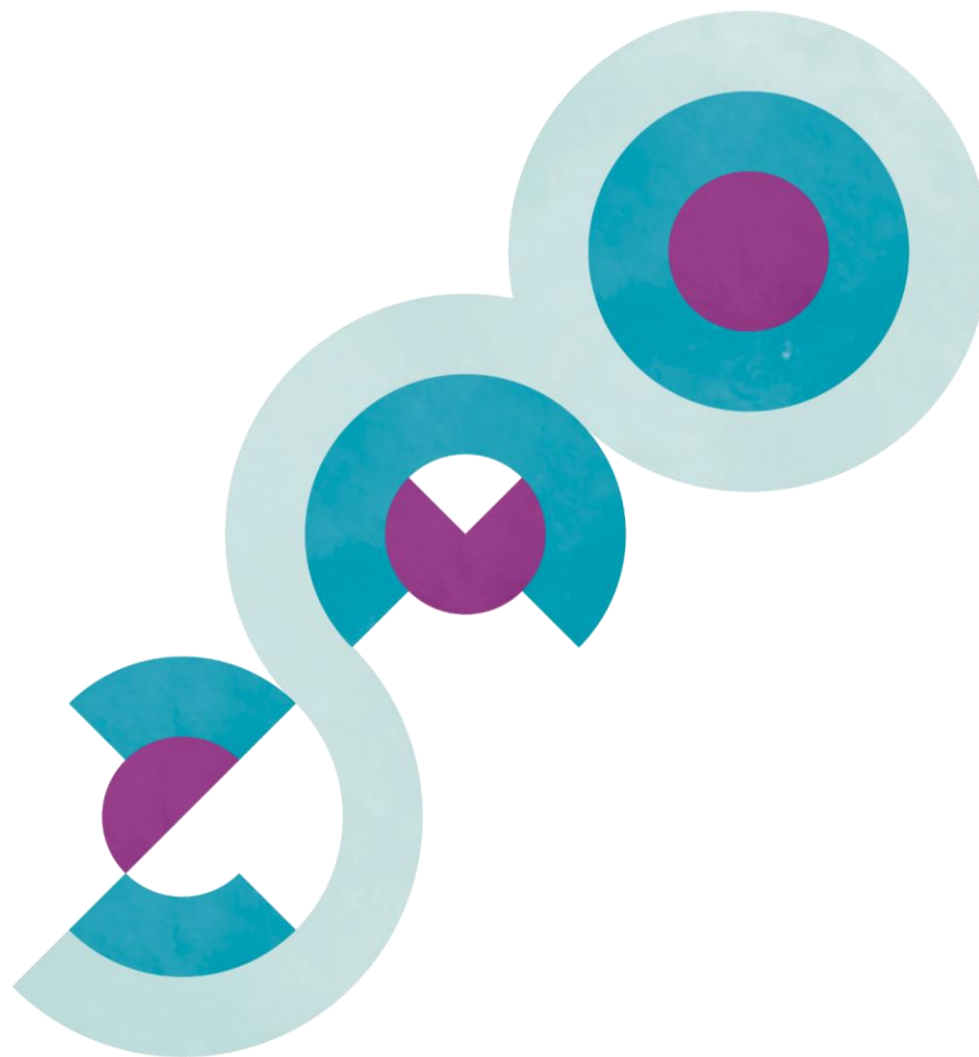


Global Progress Report 2021:

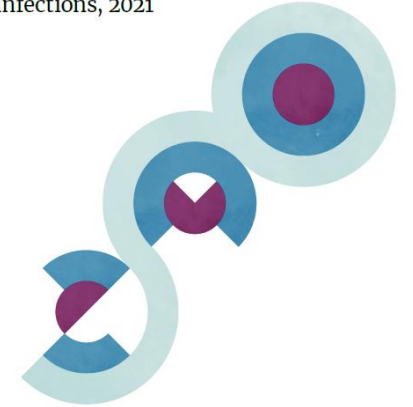
HIV, viral hepatitis and
sexually transmitted
infections



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Global progress report
on HIV, viral hepatitis
and sexually transmitted
infections, 2021



Accountability for the global health
sector strategies 2016–2021: actions
for impact



1. Seven Key Messages

Why this report now? As the global health sector strategies 2016–2021 near the end, this report

- Provides accountability for the main achievements and
- Actions to take forward towards eliminating these diseases as public health threats by 2030.

1.

HIV, viral hepatitis and STIs are major public health threats worldwide - more than 2.3 million people dying, 1.2 million cancers per year, 1 million new infections per day.

If we lose focus now progress will plateau with the risk of resurgence.

2.

This strategy implementation period has seen tremendous progress, including achievement of the SDGs target to reduce the incidence of hepatitis B virus. Yet, the epidemics and responses are at different stages, learn from gaps across

- **Viral Hepatitis**
- **Sexually transmitted infections**
- **HIV**

Viral Hepatitis

New data on Incidence, prevalence and mortality, testing and treatment cascade

9.4 million people receiving treatment to cure chronic hepatitis C infection (from 1 million baseline in 2015)

1.1 million deaths with initial signs of HCV declines yet huge HBV burden

Achieved 2020 targets, yet only 10% people diagnosed HBV and 22% HCV, massive gaps towards 2030

STIs

New global and regional data and baselines

374 million new cases per year, over 1 million per day

Other than slow declines in congenital syphilis, the incidence of most other STIs is plateauing despite ambitious targets.

There is a major need to boost synergistic efforts to prevent and treat STIs, including benefits for HIV

HIV

New ambitious targets with UNAIDS for 2025 and for prevention

1.7 million people acquiring HIV in 2019, the number has fallen by 23% to the lowest since 2010. However, far below the global target of 500 000 for 2020 to make the response sustainable

Two thirds of all living with HIV and 85% of pregnant women people living with HIV are receiving antiretroviral therapy, supporting a substantial decline in mortality

Key messages

3.

Yet many gaps remain. Most global 2020 targets have been missed, and accelerated action is needed to reach the Sustainable Development Goals in the next decade.

- Gaps Testing and treatment cascade
- Impact, STI and HIV incidence

4.

Stigma and inequalities facing the populations most vulnerable and at risk have to be addressed across all diseases to leave no one behind.

- Key Populations 62% HIV infections
- Harm reduction and IDU across all three diseases
- Other vulnerable and at risk

5.

New WHO data show that HIV testing and prevention, as well as Hepatitis B and C services, are among the most frequently disrupted services caused by COVID-19.

- Disruptions by services, HBV, HCV, HIV testing and prevention
- Cases of resilience and innovations

6. Regional differentiation in implementing the strategies has amplified progress. In the next stages, further granular and differentiated approaches should be developed by region, epidemic status and population.

- The **African Region** leads the way in HIV testing and treatment and has the opportunity over the next decade to extend this to addressing hepatitis B and C virus and to syphilis transmission from mother to child.
- The **Region of the Americas** has led approaches to advance the triple elimination of mother to child transmission of HIV, hepatitis B and syphilis and to deliver services along the cascade for key populations.
- The **South-East Asia Region** has some of the world's leading programmes for key populations and community-based responses. 4 countries certified for HBV control through immunisation.
- In the **European Region**, gaps in testing and treatment for HIV, viral hepatitis and STIs need to be filled rapidly. There have been major advances in hepatitis programme planning, but the number of people acquiring HIV has been increasing.
- The **Eastern Mediterranean Region** leads the way in scaling up testing and treatment for hepatitis C virus, accounting for 37% of the global total number diagnosed and 52% of the global number of people treated in 2019.
- The **Western Pacific Region** has made major progress in expanding access to services for hepatitis B and C virus, largely because of domestic funding and substantial drug price reductions.



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3.3 Delivering for equity

The most marginalized, vulnerable and underserved populations, who face the highest rates of infection, often have the poorest access to services. Persistent stigma, inequalities, criminalization, violence and other sociostructural barriers are preventing response efforts from reaching the people and communities who need them most.

Box 24.

Unblocking the barrier of high drug prices to achieve universal coverage for hepatitis medicines in China

In 2015, access to treatment was limited for China's estimated 96 million people living with hepatitis B and C virus. Tenofovir disoproxil fumarate to treat hepatitis B virus was under patent protection and cost US\$ 2950 per year. The price of generic entecavir was US\$ 1300–1400 per year, and the originator price was US\$ 1600–2000 per year. The price of hepatitis C medicines was US\$ 10 000 for a cure. These medicines were not universally and equitably reimbursed through health insurance throughout the country, so most people were paying out of pocket.

To address this major barrier, WHO supported the government and stakeholders in performing economic analysis and health technology assessment of new medicines and facilitated round-table discussions on intellectual property rights and sharing of drug price

information from other countries. The National Health Commission was able to use this information to successfully negotiate a price reduction for tenofovir disoproxil fumarate to US\$ 960 per year in 2016, and the prices of entecavir were reduced accordingly. The government continued its pursuit of universal coverage in successive years by including hepatitis B and C medicines in the national reimbursement drug list and centrally pooled procurement. In early 2021, hepatitis C treatment cost US\$ 1500–2000 for a cure, a reduction of 20%, and for hepatitis B virus costs US\$ 10 per year, a reduction by an astounding factor of 300. The reduction in prices enabled these medicines to be covered in the national health insurance, providing affordable care to many more people living with chronic hepatitis.



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Key messages result from chapters by strategic direction and by region

Ten Actions across HHS and health to strengthen impact



By Strategic Direction

7.

This report identifies 10 cross-cutting priority areas that must be strengthened across HIV, viral hepatitis and STIs to accelerate impact by 2030.

- 1. Leverage** common people-centred and disaggregated data platforms.
- 2. Scale up** point-of-care diagnostics, self-testing and self-collection.
- 3. Achieve** triple elimination of mother-to-child transmission.
- 4. Improve** access to drugs and diagnostics.
- 5. Innovate** to maximize the use of differentiated and people-centred service delivery options.

By risks and triple billions

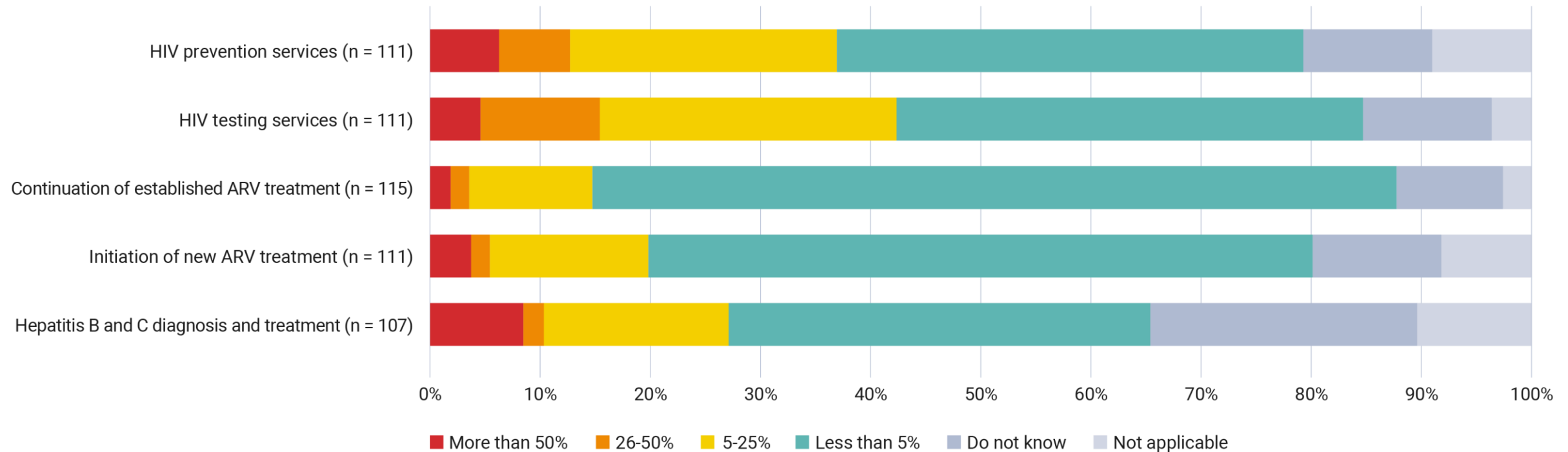
- 6. Innovate** to strengthen community engagement, community-based service delivery and community-led monitoring.
- 7. Protect** against the threat of antimicrobial resistance.
- 8. Strengthen joint responses.**
- 9. Integrate** sexual and reproductive health and rights.
- 10. Address social and structural determinants.**

2. Backdrop of crisis, resilience and innovation



Disruptions of HHS services, resilience and innovations

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



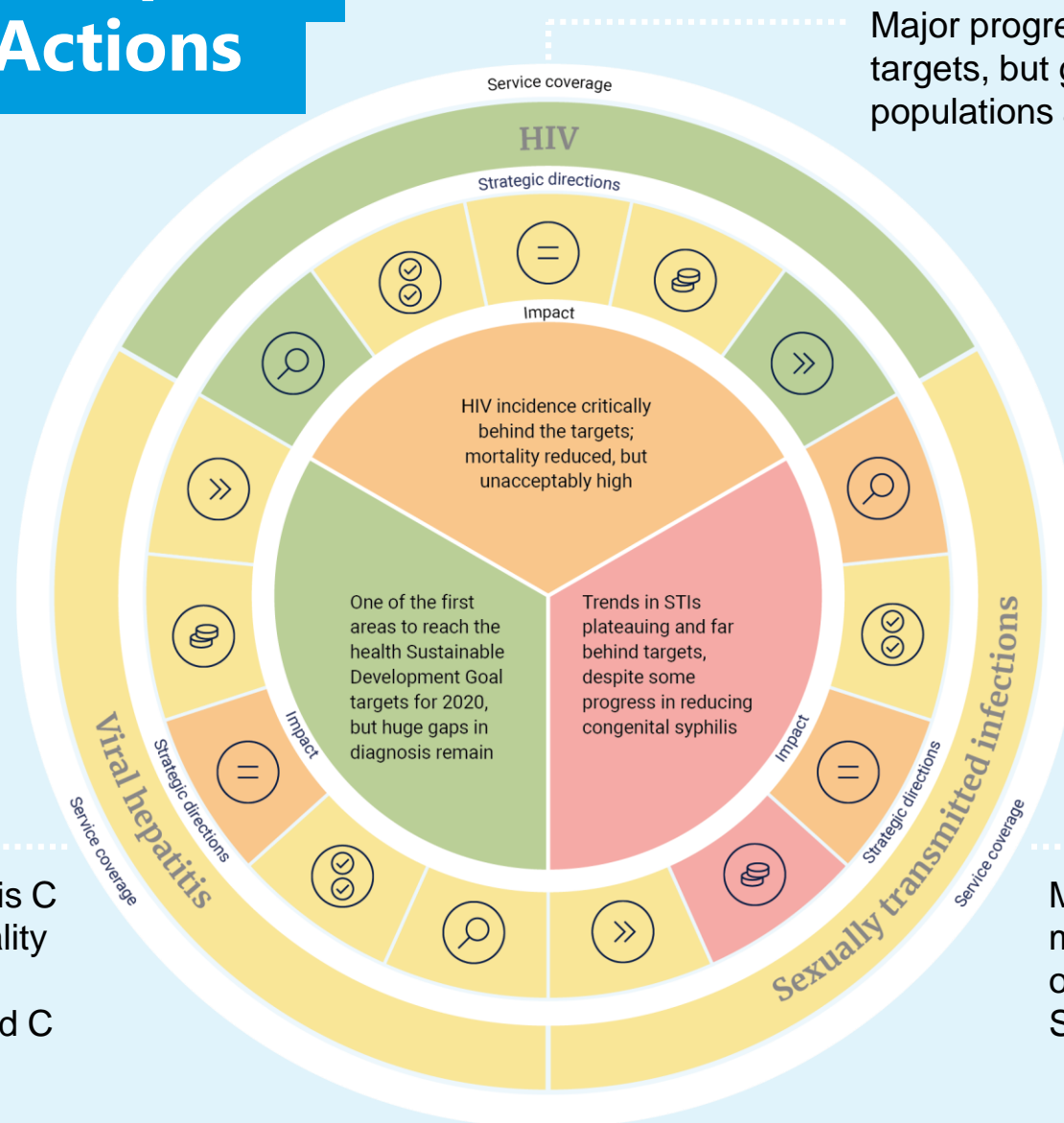
Best practice from each region of policy implementation and community delivery

3. Accountability: Impact, Country Results, Actions

- Information
- Interventions
- Equity
- Financing
- Innovation

One of first areas to reach SDG targets for 2020 but huge gaps in diagnosis remain

Major increase in hepatitis C treatment affecting mortality but need to rapidly accelerate hepatitis B and C diagnosis



Major progress towards 90–90–90 targets, but gaps for key populations and many regions

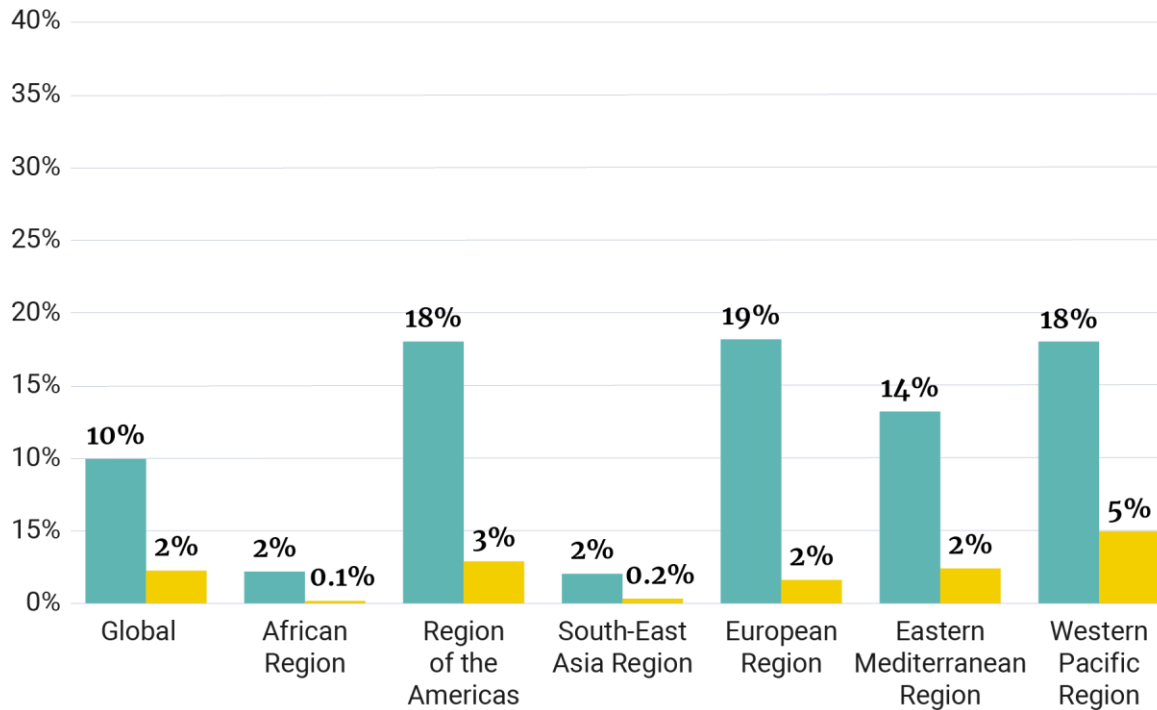
HIV incidence critically behind the targets, mortality reduced but unacceptably high

Trends in STIs plateauing and far behind ambitious targets, despite some progress in congenital syphilis

Major progress in reducing mother-to-child transmission of syphilis but critical gaps in STI diagnosis

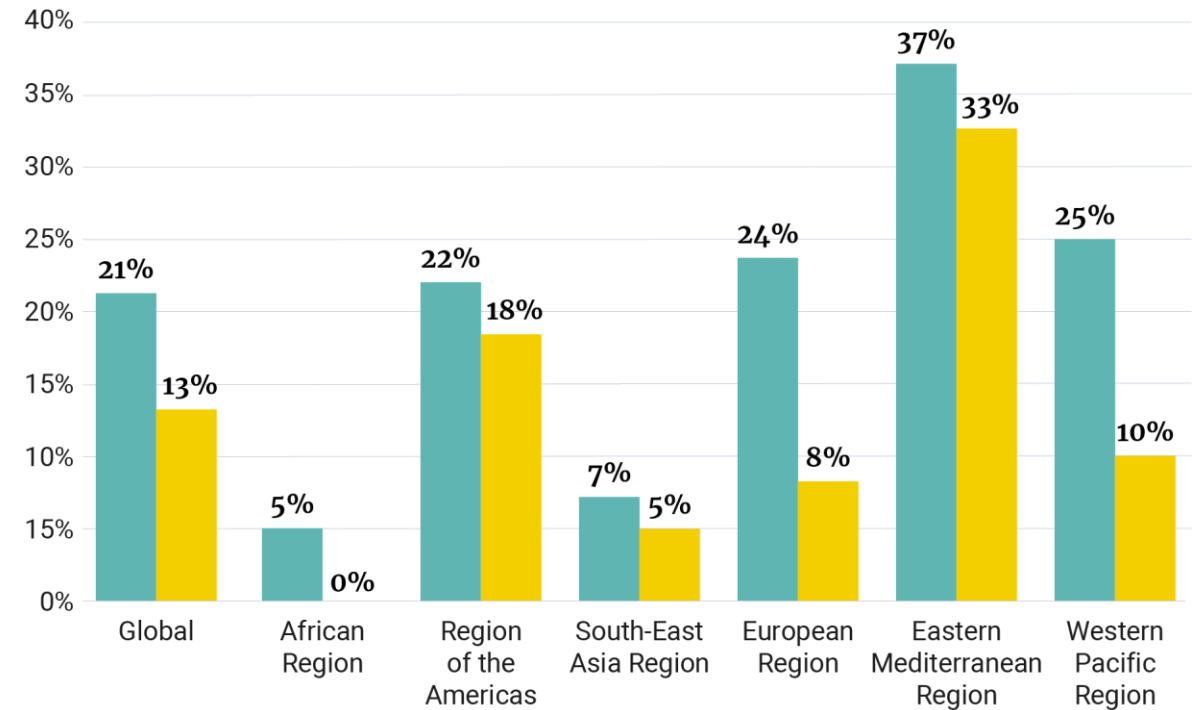
Improved data on major gaps in path towards universal health access and public health elimination

HEPATITIS B



■ Percentage of hepatitis B infected persons diagnosed to end 2019
 ■ Percentage of hepatitis B infected persons treated to end 2019

HEPATITIS C



■ Percentage of hepatitis C infected persons diagnosed to end 2019
 ■ Percentage of hepatitis C infected persons treated to end 2019

Review of all WHO actions – improvements to address underperforming areas going forward



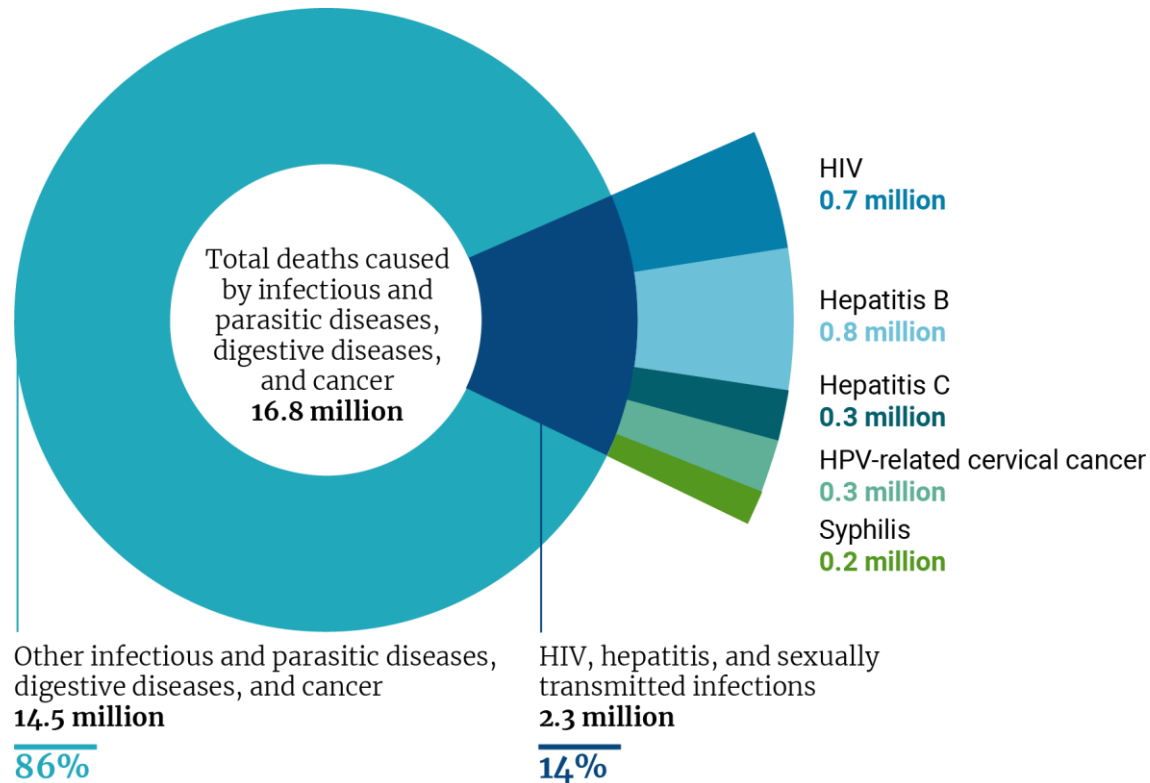
WHO action with gaps in 2020 and steps to address these by 2030

Global health sector strategy	WHO action with significant gap in 2020
HIV	<p>Advocate for and support the expansion of new prevention technologies.</p> <p>Provide guidance on combination HIV prevention.</p>
Viral hepatitis	<p>Support countries with tools and technical assistance.</p> <p>Support countries in fully implementing WHO's injection safety policy and global campaign.</p> <p>Provide advocacy and technical support to countries to mobilize commitment to harm reduction.</p> <p>Provide guidance on quality assurance and quality improvement systems.</p> <p>Provide policy and technical guidance aimed at building a competent workforce.</p>

Global health sector strategy	WHO action with significant gap in 2020
Viral hepatitis	<p>Provide technical support to countries to forecast the need for essential hepatitis commodities.</p> <p>Support regulatory authorities in pre-market assessment and registration of new hepatitis medicines and diagnostics, with post-market surveillance.</p> <p>Assess the quality and performance of commercially available hepatitis diagnostics.</p>
STIs	<p>Ensure linkage of some components of STI surveillance to existing mechanisms.</p> <p>Provide technical support to countries with STI programmes.</p> <p>Update and disseminate guidance for targeted populations on STI vulnerability and risk-reduction interventions.</p> <p>Strengthen efforts to ensure that high-quality diagnostics for STIs are accessible and available.</p> <p>Develop and support public-private partnerships to catalyse the development of new technologies.</p>

Potential to save 2m lives per year by 2030

2.3m deaths per year



Disease	New cases
Hepatocellular carcinoma caused by hepatitis B and C	500 000
Cervical cancer caused by HPV	570 000
Other types of cancer caused by viral hepatitis and HPV	140 000
Total	1 210 000

1.2m
new cancer cases
each year

1m
new STI infections
each day

4. Building back better for HHS and COVID-19

1. New data on viral Hepatitis and STIs and new HIV target and gaps

2. Accountability and actions to improve impact

3. Disruption and innovation, take learnings into next strategy to 2030







“

Despite major progress, the 2020 targets were off-target in major areas even before the COVID-19 pandemic





“

The ambition of the next decade to eliminate HIV, viral hepatitis and STIs as public health threats by 2030 is enormous yet feasible





“

Building back better – COVID-19, HIV, viral hepatitis, STIs towards Universal Health Coverage