



Progress report on HIV, viral hepatitis and sexually transmitted infections, 2019

Accountability for the global health
sector strategies, 2016–2021



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**World Health
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Key messages

1. Accelerating towards elimination

Time is running short. To reach the 2020 targets, we need to accelerate progress, address specific gaps in implementation, and bring innovation to scale across the three diseases.

- **The global number of people acquiring HIV is declining, but not rapidly enough.** The focus on HIV prevention is insufficient, and the number of people newly infected with HIV would need to decline significantly to achieve global 2020 targets(1). Mortality from HIV has declined but is still too high.
- **Global targets for reducing mortality from viral hepatitis will not be met without massively accelerating universal access to testing, hepatitis B treatment and hepatitis C cure.** The global incidence of hepatitis B virus infection is declining overall towards achieving the strategy targets, with progress in immunization and prevention, but not for people who inject drugs.
- **Sexually transmitted infections are not declining globally except for slow declines in congenital syphilis.** In several countries, sexually transmitted infections are increasing. This report warns that a complete reversal in trend would be required to achieve the targets by 2020.

2. Preventing 1.6 million people from dying and preventing 1.2 million people from developing cancer per year

- HIV, viral hepatitis and sexually transmitted infections cause a staggering 2.7 million deaths per year(2–5), and 1.6 million lives can be saved per year if the global targets to end these three epidemics by 2030 are met.
- Mortality from these diseases is still too high. About 1.4 million people died in 2016 from viral hepatitis(2), and 770 000 people died in 2018 from HIV-related causes(3). Syphilis in pregnancy causes 204 000 fetal and neonatal deaths annually(4).
- HIV, viral hepatitis and sexually transmitted infections are linked to noncommunicable diseases. 1.2 million new cases of cancer, mainly liver and cervical cancer each year(6) are caused by these preventable infectious diseases.

3. Opportunities to fill gaps in implementation to reach the targets

The mid-term progress report for the global health sector strategies highlights major gaps and the need for concrete programmatic actions by disease.

- **Testing and treatment for hepatitis B and C is geared for take-off.** A comprehensive public health approach to hepatitis epidemics is relatively new. Direct-acting antiviral medicines – only available since 2013 and with cure rates >90% and few side-effects – have revolutionized the treatment of hepatitis C virus infection. The global response to viral hepatitis must capitalize on recent momentum, build on its success in preventing hepatitis B virus infection through immunization, scale up testing and treatment and leverage synergy with related health programmes. The new costing of the global hepatitis strategy projects US\$ 6 billion per year incremental funding needed to reach hepatitis targets, yet current spending is US\$ 0.5 billion as of 2016(7).
- **Filling gaps by population and location, and retaining people on treatment, in the HIV response.** The global response to HIV is maturing after years of dedicated action to raise resources and progressively expand service delivery towards achieving the 90–90–90 testing and treatment targets. Nevertheless, the data reveal persistent gaps in the HIV response and the urgent need to boost combination prevention and to improve retention in HIV care, with a particular focus on key populations, men and young women in settings with a high burden of HIV infection.
- **Reviving the response to sexually transmitted infections.** The global response to sexually transmitted infections is in crisis after years of neglect. Opportunities to link with HIV and broader sexual and reproductive health services must be seized to revive progress.

4. Joining forces for health

The progress report highlights eight examples in which the disease programmes can work better together to accelerate towards universal health coverage.

- leveraging a common disaggregated data platform that brings the three disease areas under the universal health coverage data platform;
- scaling up point-of-care diagnostics and self-testing to improve the efficiency and reach of HIV, viral hepatitis and sexually transmitted infection testing;
- achieving triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus;
- improving access to drugs and diagnostics, including through strategies to comprehensively reduce prices (a key element of the WHO flagship initiative on eliminating hepatitis C epidemics);
- protecting against the threat of antimicrobial resistance, to minimize health risks and improve treatment outcomes;
- strengthening joint HIV and TB responses to reduce TB as the leading cause of death among people living with HIV;
- integrating sexual and reproductive health and rights with HIV, viral hepatitis and sexually transmitted infection responses, including links to eliminate cervical cancer (which is also a WHO flagship initiative); and
- addressing social and structural determinants, looking beyond the health sector to boost prevention efforts and treatment and care access and impact.

5. Leaving no one behind

Universal coverage of prevention, diagnosis, treatment and care for key, underserved and overlooked populations must be realized to eliminate HIV, viral hepatitis and sexually transmitted infection epidemics.

- Over half of the people newly infected with HIV are members of key populations or their sexual partners: men who have sex with men, sex workers, people who inject drugs, transgender people, migrants and people in prisons. Almost one quarter of the people newly infected with hepatitis C virus globally inject drugs(8), and more than half the people who inject drugs have chronic hepatitis C virus infection(9). STI incidence among adolescents is the highest compared with other age groups. Nevertheless, these groups have the least access to health-care services.



Progress towards impact

In 2016, at the 69th World Health Assembly, WHO Member States endorsed three aligned global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, respectively, to guide actions over the period of 2016–2021 towards eliminating these diseases by 2030. The strategies were developed jointly, using a common universal health coverage framework.

These diseases share common modes of transmission and social determinants, and their disease burdens overlap among several populations.

WHO is accountable for reporting back to the World Health Assembly on progress in implementing the strategies based on data received from countries. This report assesses the mid-term progress in 2019 in implementing these global health sector strategies from 2016 to 2021. The timeliness and availability of the data across the three diseases is limited, being for 2016 or 2017 in most cases. Key data, including 2018 impact data on incidence and mortality, were not available for hepatitis and sexually transmitted infections, making it difficult to assess and validate overall trends since the launch of the strategies in 2016. For HIV, global data for 2018 are included. The data on the implementation of strategy actions and policies are also for 2018. The progress report highlights the need to strengthen data, in particular to update sexually transmitted infection and hepatitis data more regularly and strengthen the disaggregation of data to improve implementation. The key data that are available for the three diseases are shown in Web Annex 1.



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