

HIV, Viral Hepatitis, STIs, TB European action plans: Objectives and targets for the European countries:

Stela Bivol

Unit lead Joint Infectious Diseases
Country Health Programmes

16 February 2023

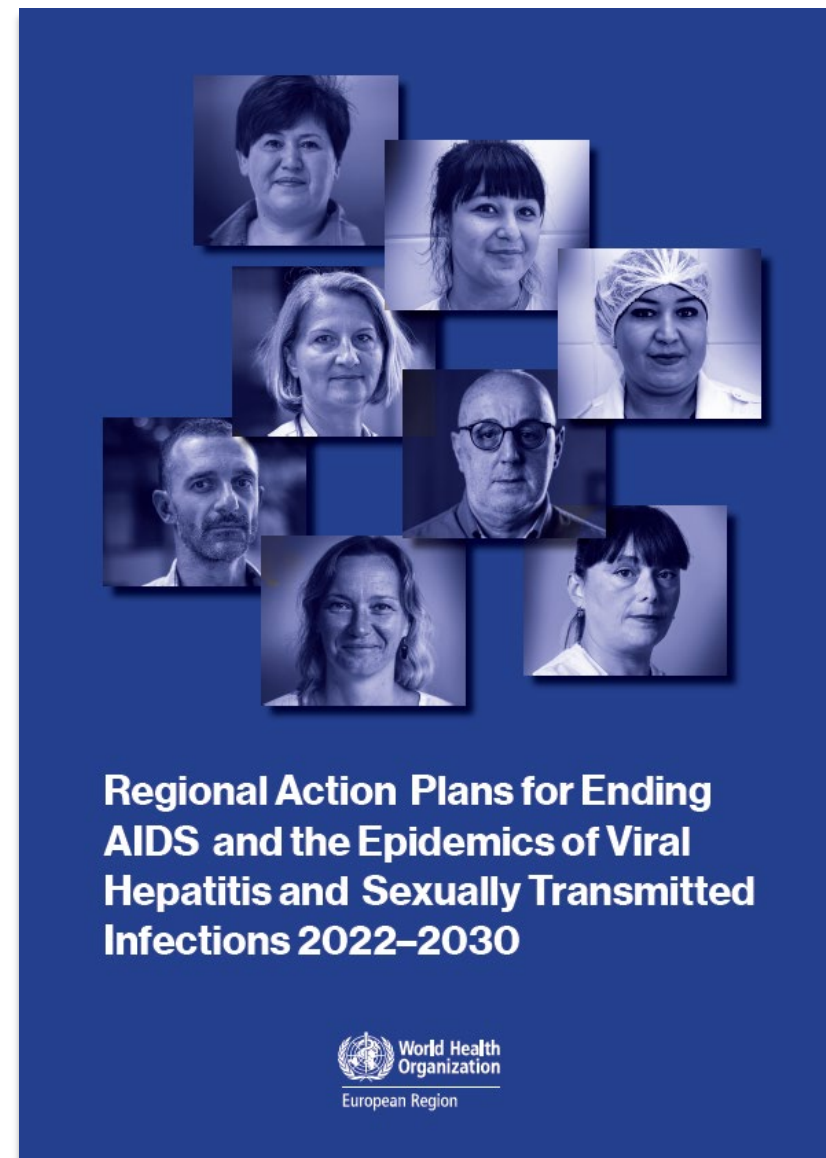
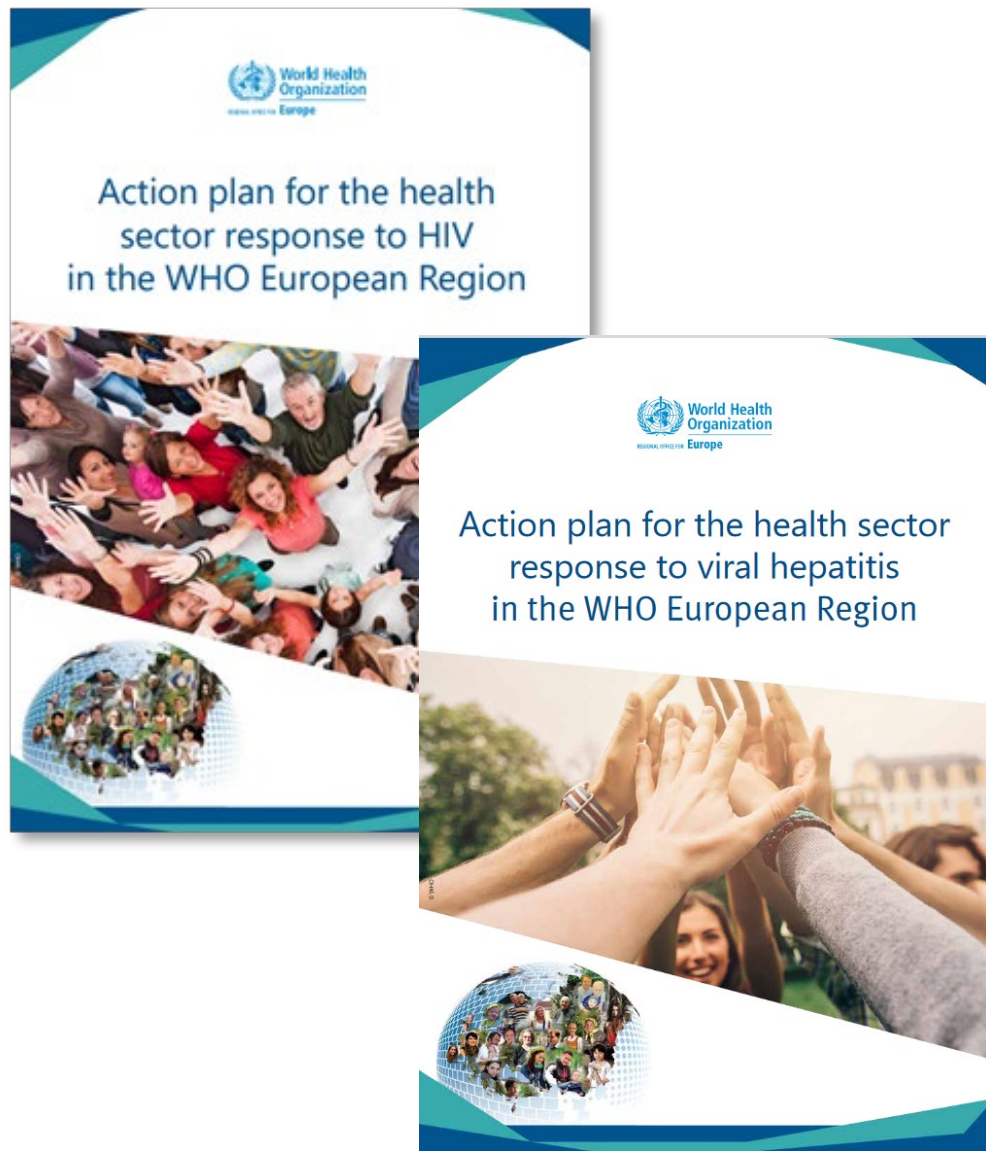


World Health
Organization

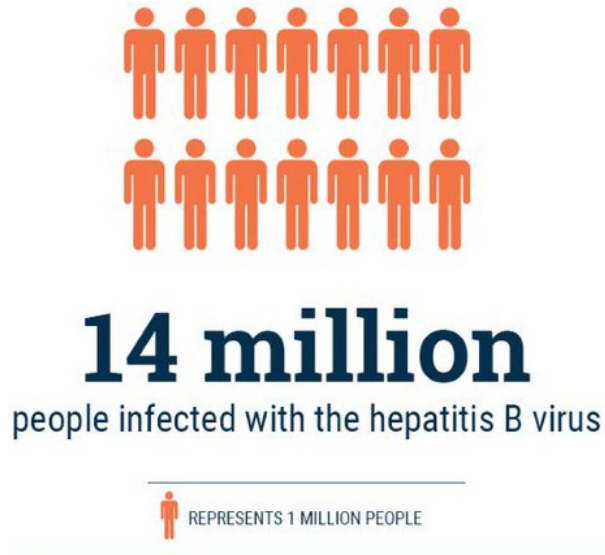
European Region



Strengthening regional efforts towards ending AIDS and the epidemics of viral hepatitis and STIs by 2030



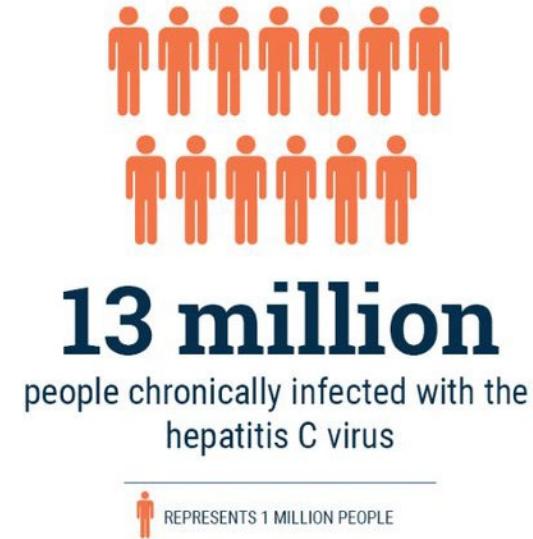
Burden of Hepatitis B and C in the WHO European region



Hepatitis B

New infections: **19 000**

Deaths: **43 000**



Hepatitis C

New infections: **300 000**

Deaths: **64 000**

Liver cancer: 98 787 new cases and 89 130 deaths

one death every six minutes in the WHO European Region



Regional Progress

Testing and Treatment cascade

Hepatitis B: 27% increase in the proportion of people diagnosed and doubled the annual number of treatments
(from 98 000 in 2016 to 210 000 in 2019)

Hepatitis C: more than 20% increase in the annual number of treatments
(from 208 000 to 250 000)

14 countries inserted in expanded access agreements and improved access to generic versions of DAAs



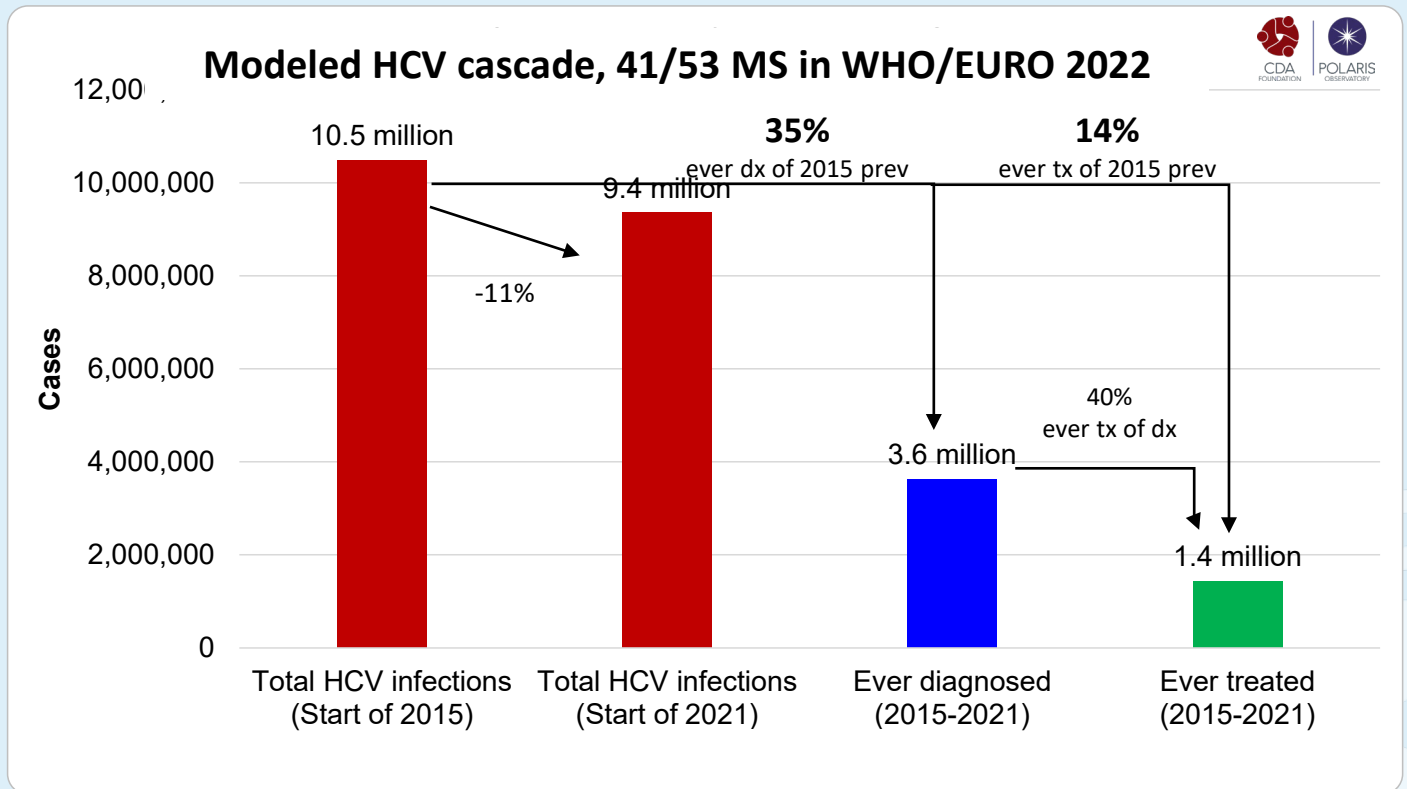
European Region

2020 targets of 50% diagnosed and 75% treated not achieved

In the WHO European Region, 2019 (WHO, 2021):

B Diagnosed: 19% Treated: 2%

C Diagnosed: 24% Treated: 8%



HIV and TB/HIV in WHO European Region (2020)

Est. new infections: **170 000**

Target of <40 000 **not achieved**

Deaths: **40 000**

Target of <30 000 **not achieved**



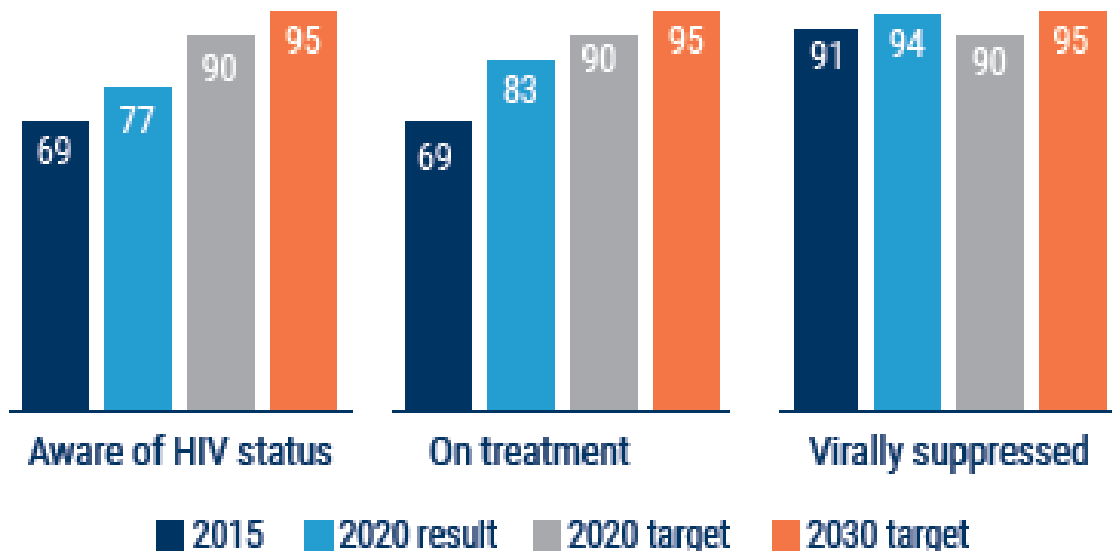
Numbers of new HIV infections and the HIV-associated mortality rate rose in 2020

50%

of people have a late diagnosis; many people remain undiagnosed and untreated



Persisting barriers for key populations: legal, stigma and discrimination



TB/HIV coinfection rates are high and rising: 12% among new TB cases (2020)

HIV 90-90-90 targets not met

Reported new HIV diagnoses in the WHO European Region 2021

NEWLY DIAGNOSED HIV INFECTIONS IN THE WHO EUROPEAN REGION, 2021

A total of 106 508 people were diagnosed in 2021.
Overall rate for the WHO European Region: 12% per 100 000 population



17 130

3.9 per 100 000



5940

3.1 per 100 000



83 438

32.4 per 100 000

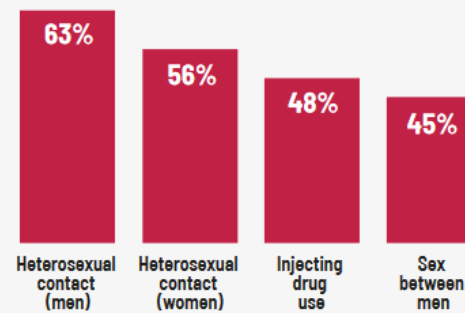


EARLY DIAGNOSIS
results in longer and healthier lives
and reduces transmission

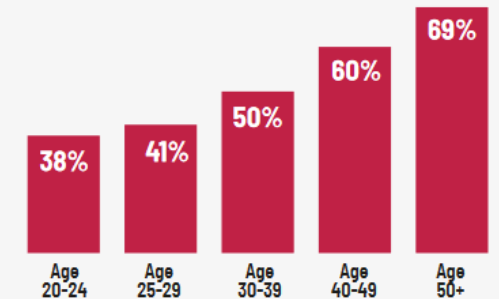
LATE DIAGNOSIS
delays treatment and increases
the risk of AIDS and death



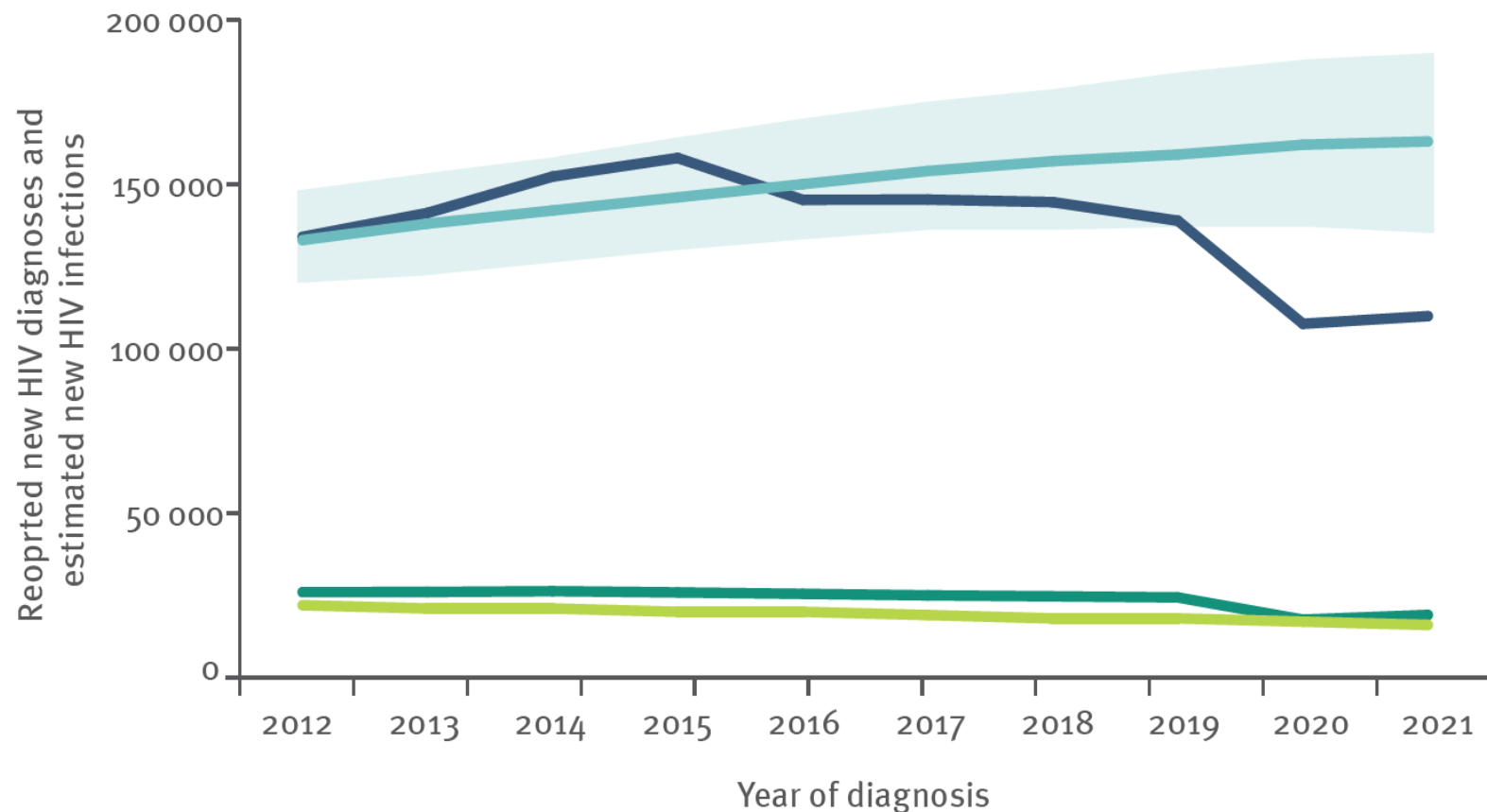
Percentage of people **diagnosed late** with HIV is higher among those infected heterosexually, particularly among men.



Percentage of people **diagnosed late** with HIV increases with age and is highest in people over age 50.



Estimated new HIV infections and reported new HIV diagnoses in the WHO European Region, 2012–2021

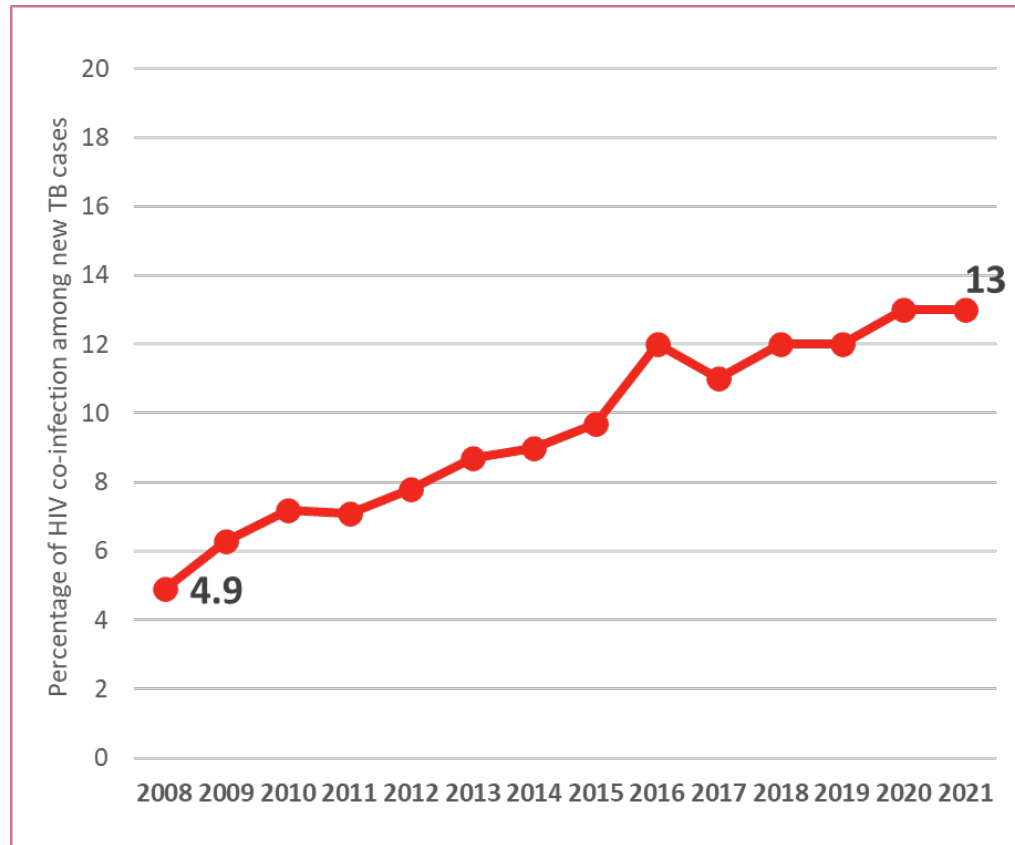


More people became infected with HIV in the Region than had been diagnosed

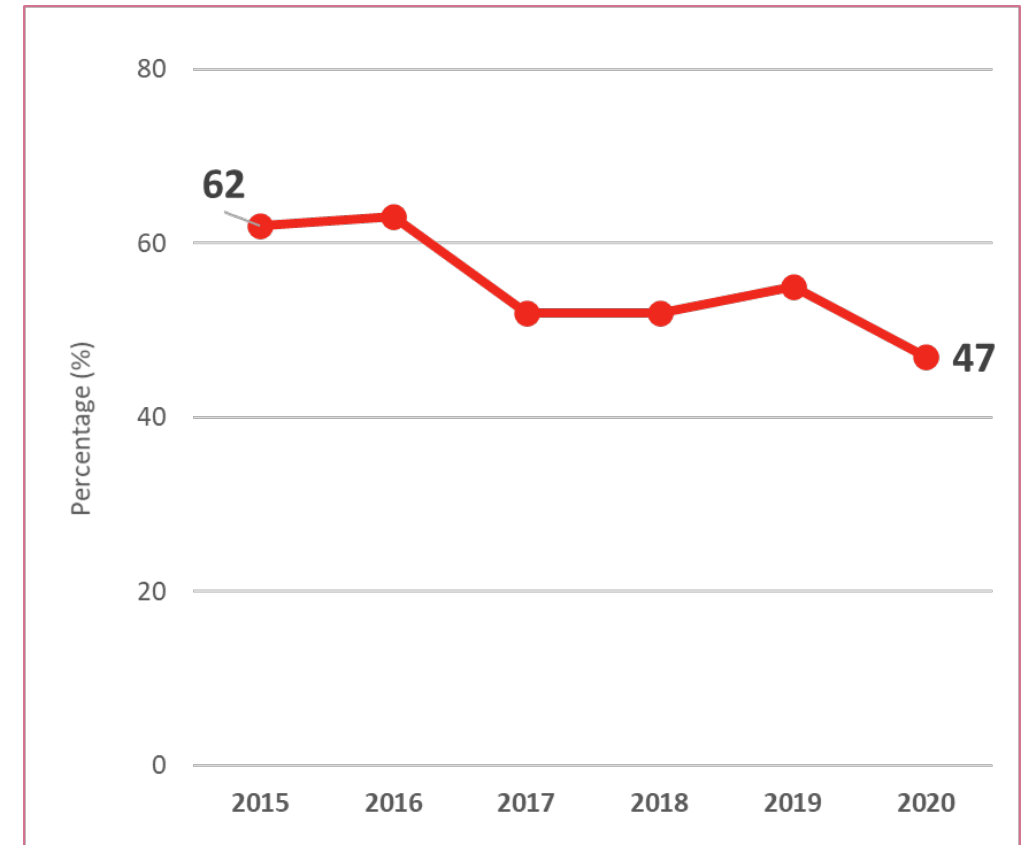
- WHO European Region estimated infections
- WHO European Region diagnoses
- EU/EEA estimated infections
- EU/EEA diagnoses

TB/HIV co-infection trend and outcomes

HIV co-infection among newly diagnosed TB

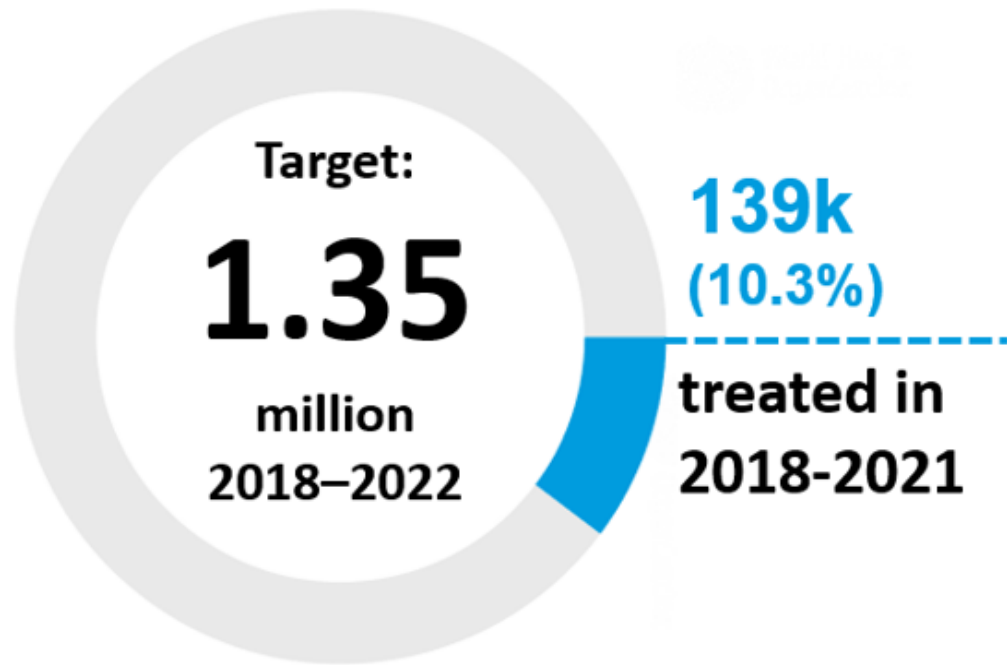


Successful TB/HIV treatment outcomes



Regional challenges: TB/HIV co-infection

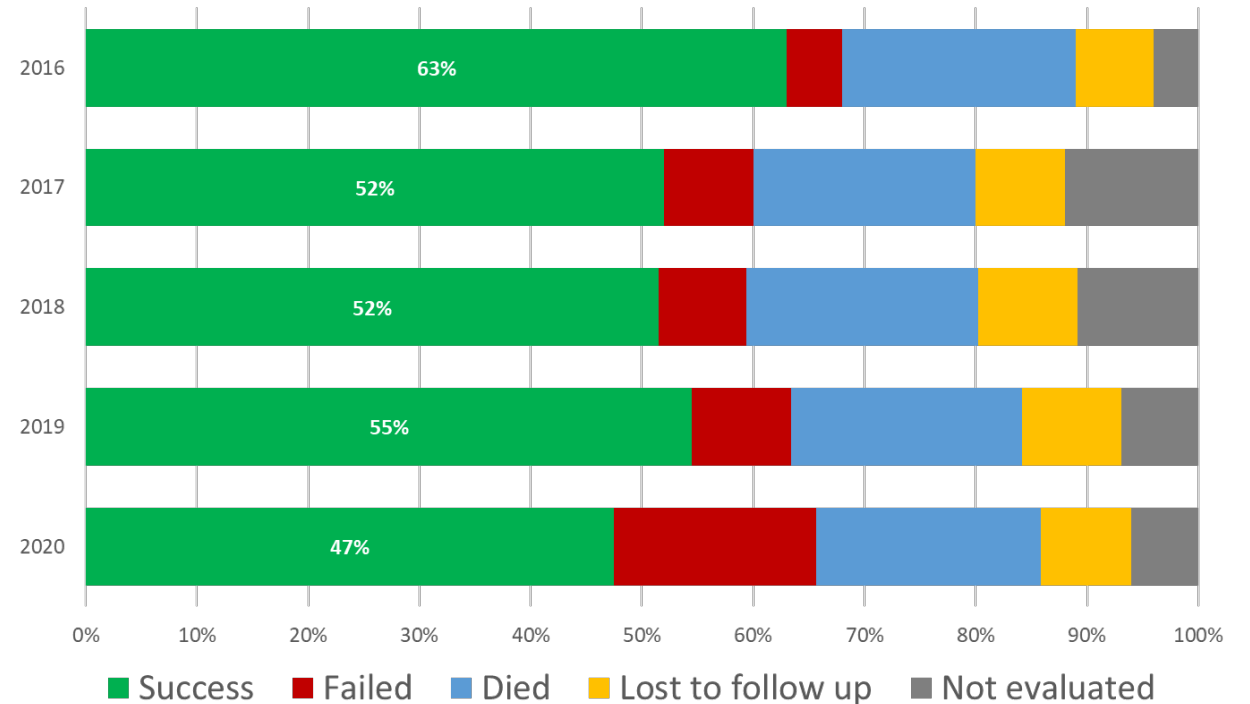
TB Preventive treatment (TPT) among PLHIV WHO European Region



In 2018, during the UNHLM on TB, Member States committed to provide TB preventive treatment to 1.35 million people living with HIV between 2018-2022.
Only 10% were treated in 2018-2021

Source: WHO GTB 2022

TB treatment outcomes among PLHIV WHO European Region



In 2021 **47%** of HIV positive TB cases had successful TB treatment outcome, lower than the global rate of **77%**

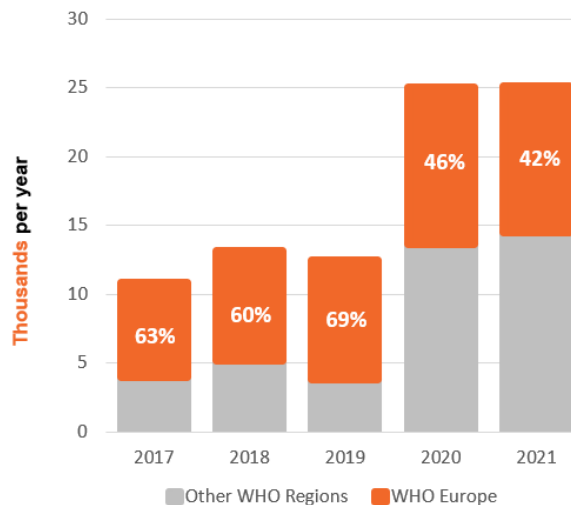
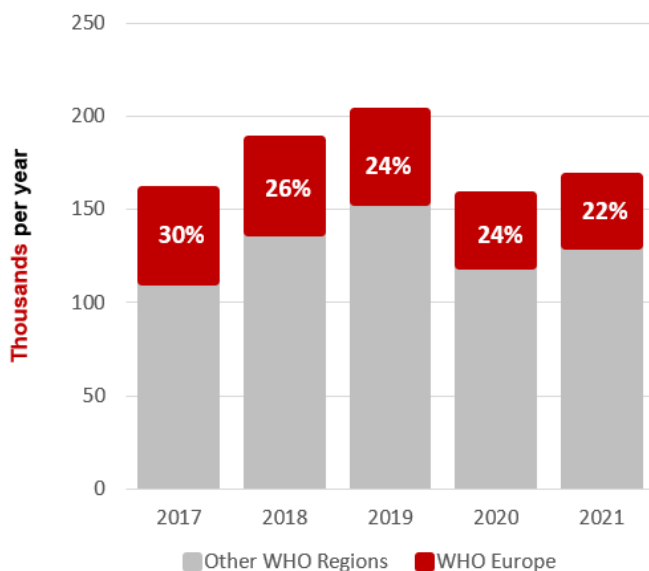
Source: WHO GTB 2022

Burden of Tuberculosis in the WHO European region

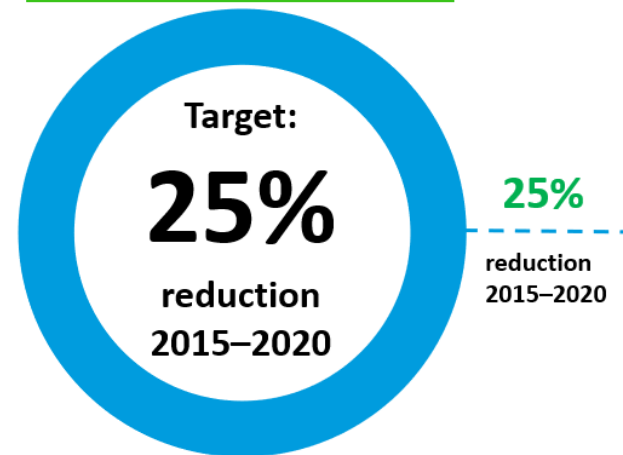


69 000
estimated new cases of DR-TB

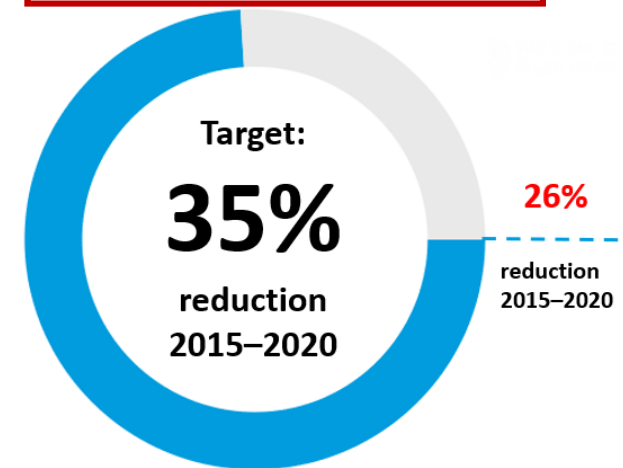
29 000
estimated people
with TB/HIV coinfection



TARGET MET



TARGET NOT MET



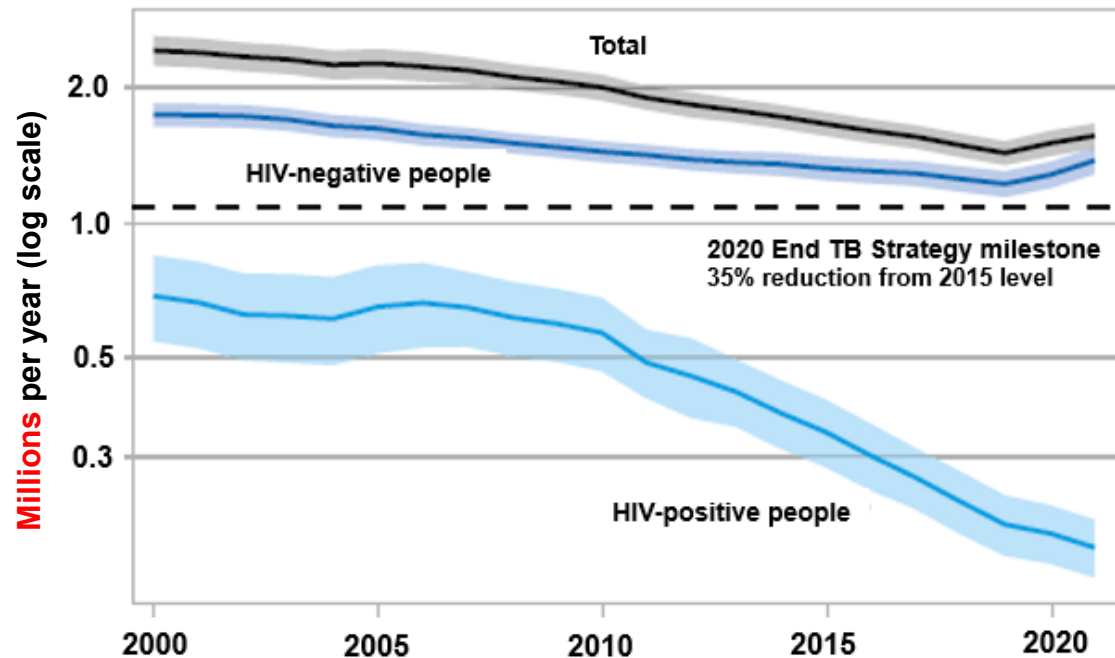
source : source: [roadmap to implement the tuberculosis action plan for the WHO European Region 2016–2020](#) and the Tuberculosis action plan for the WHO European Region 2023-2030. [RC72 website](#)

Number of TB deaths increased in 2020 and again in 2021

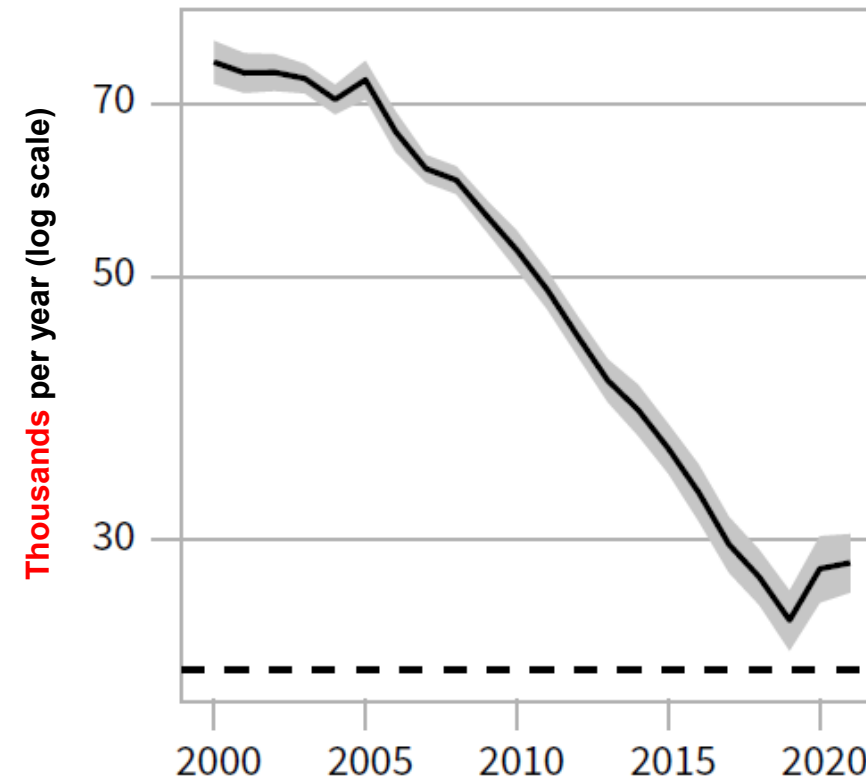
Back to 2017 level

TB second only to COVID-19 as cause of death from single infectious agent

Global



WHO European Region

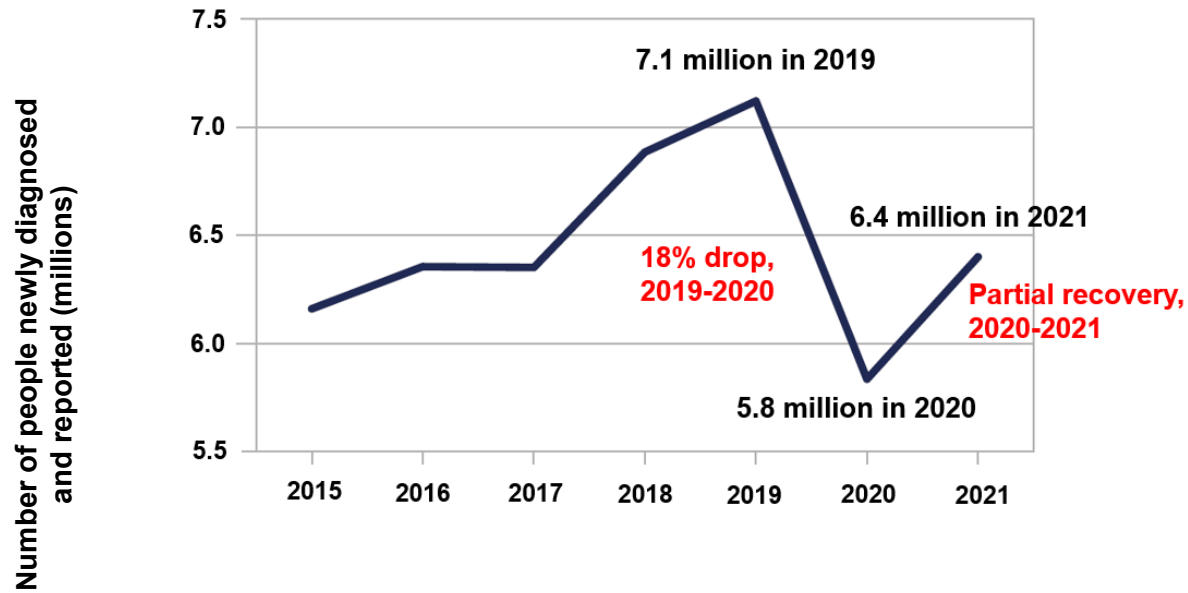


Estimated absolute number of TB deaths increased in 2020 and further in 2021, mainly due to increase in HIV-positive mortality

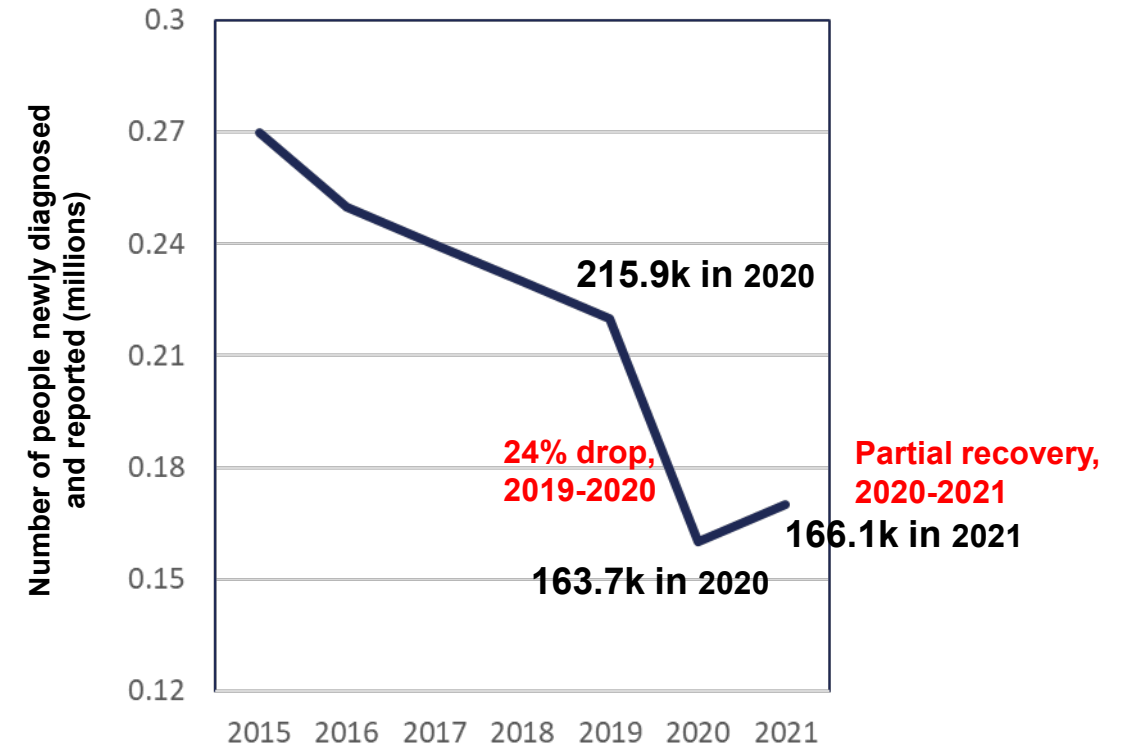
Most immediately obvious impact of COVID-related disruptions

Big drop in number of people newly diagnosed with TB and reported

Global

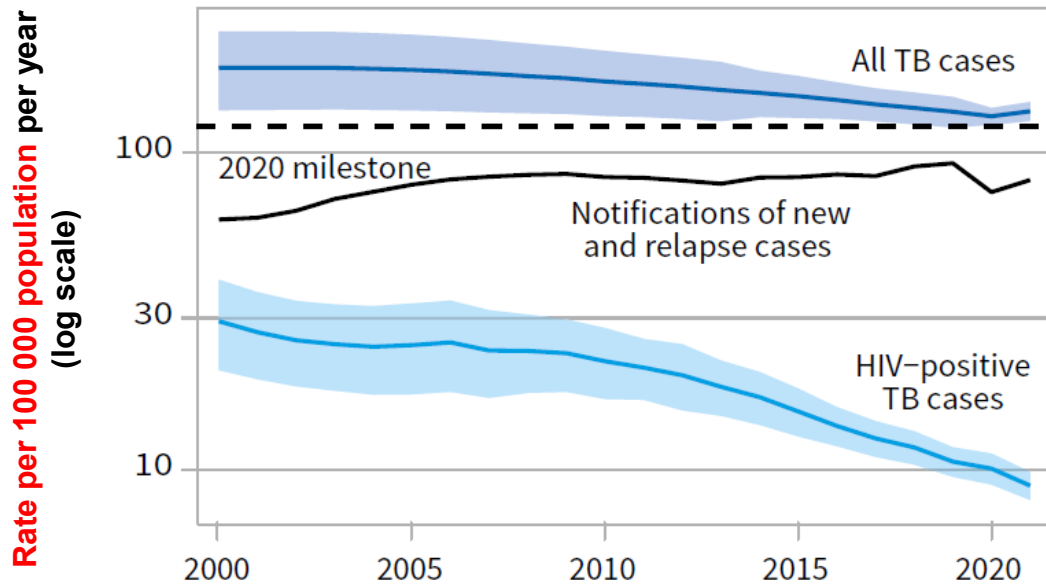


WHO European Region

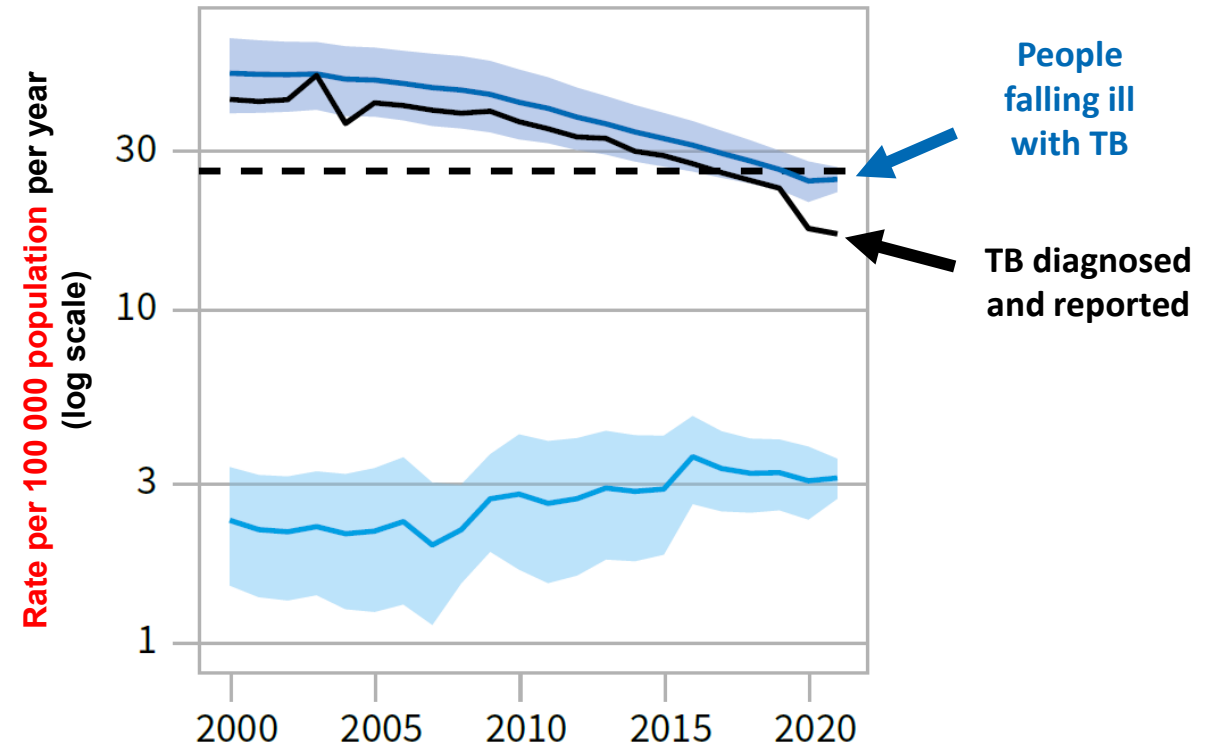


The gap between the number of people falling ill with TB (dark blue line) and the number diagnosed and reported (black line) is increasing

Global

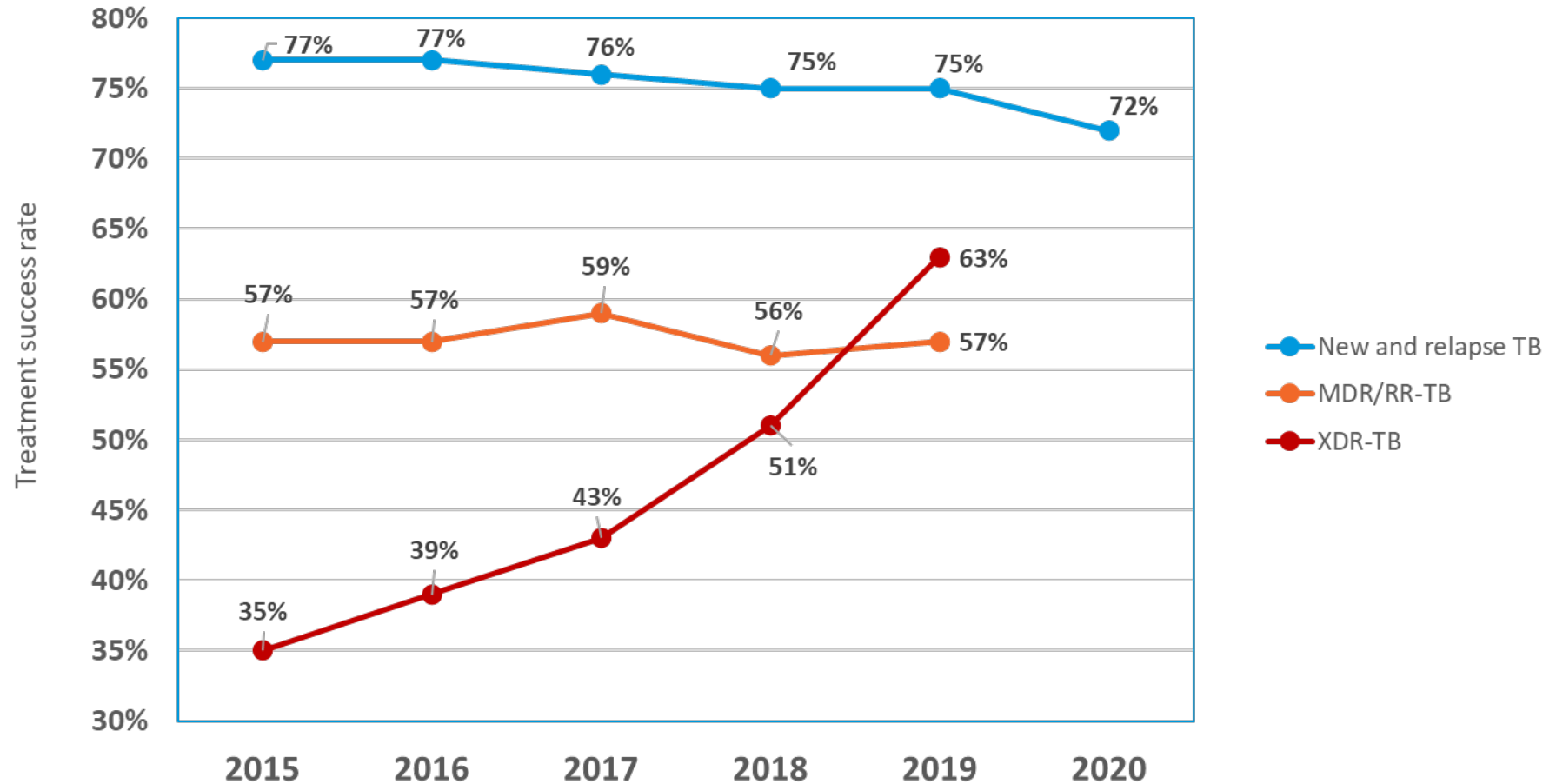


WHO European Region



Treatment outcomes in WHO European Region

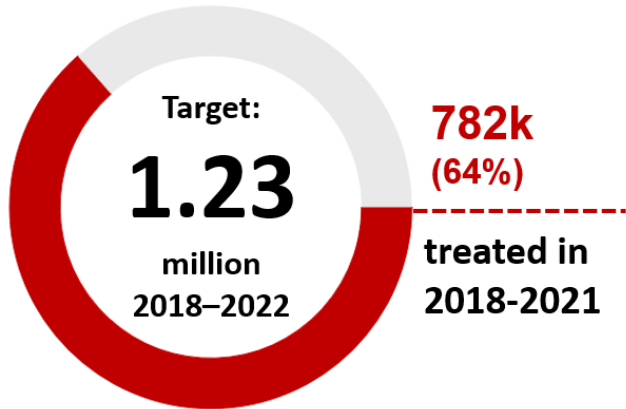
sustained or improving



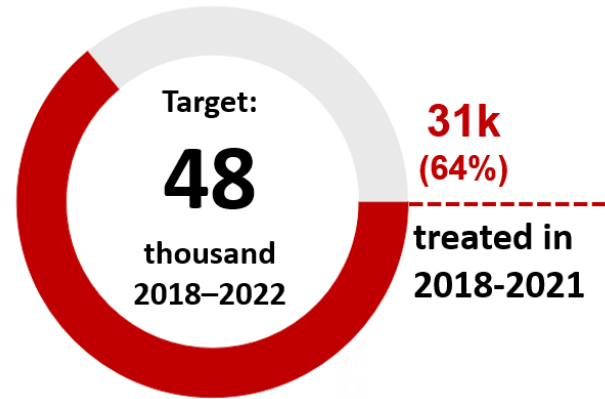
Regional Progress Towards UNHLM targets

People treated for TB in 2018-2021

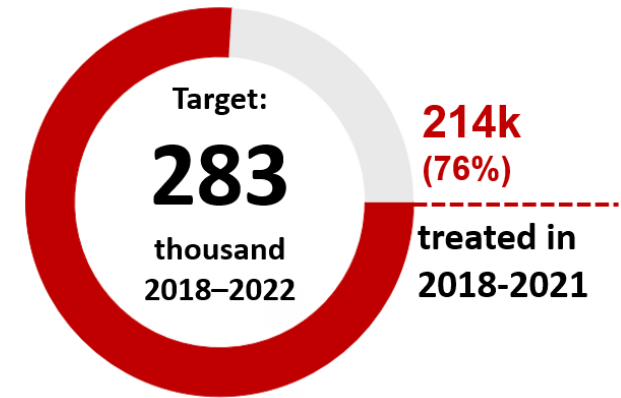
TB treatment (all ages)



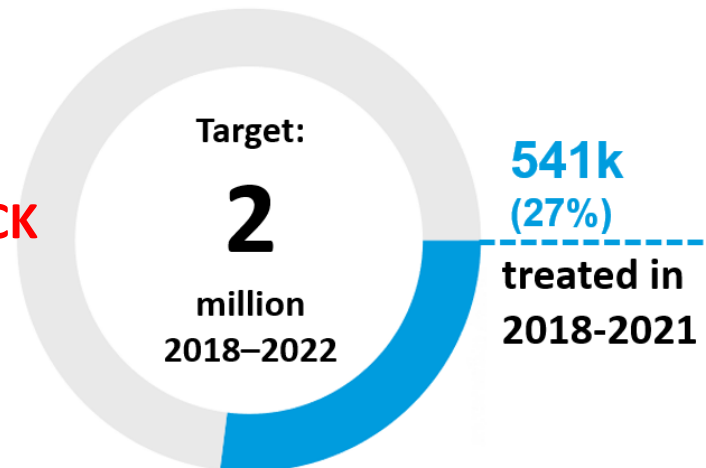
TB treatment (children)



MDR-TB treatment (All ages)

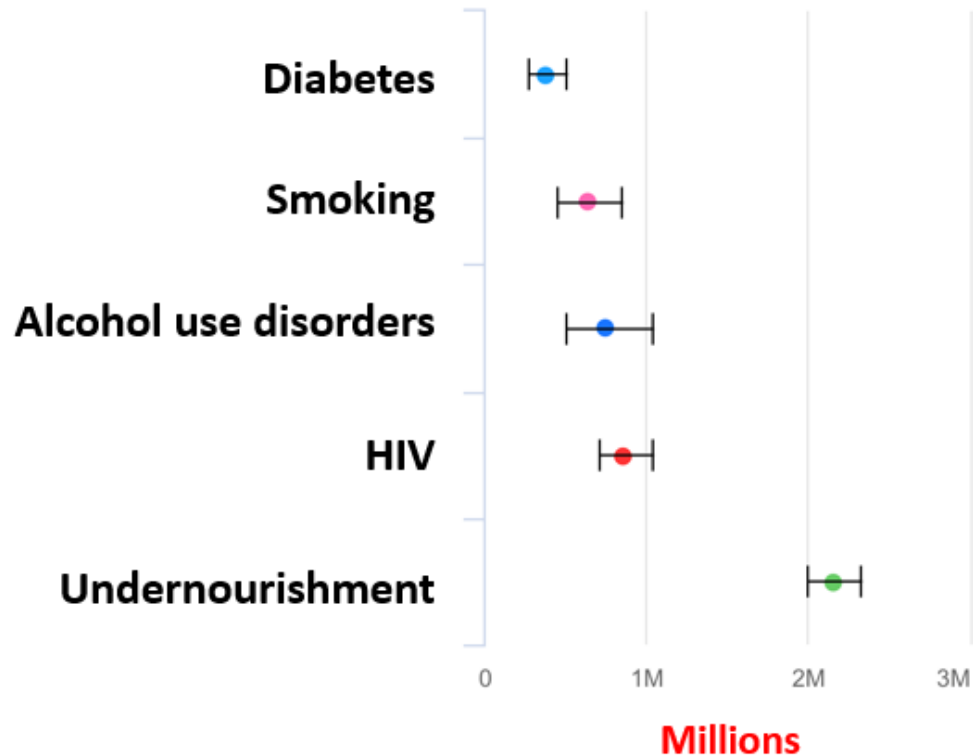


TPT coverage **NOT ON TRACK** (all ages)

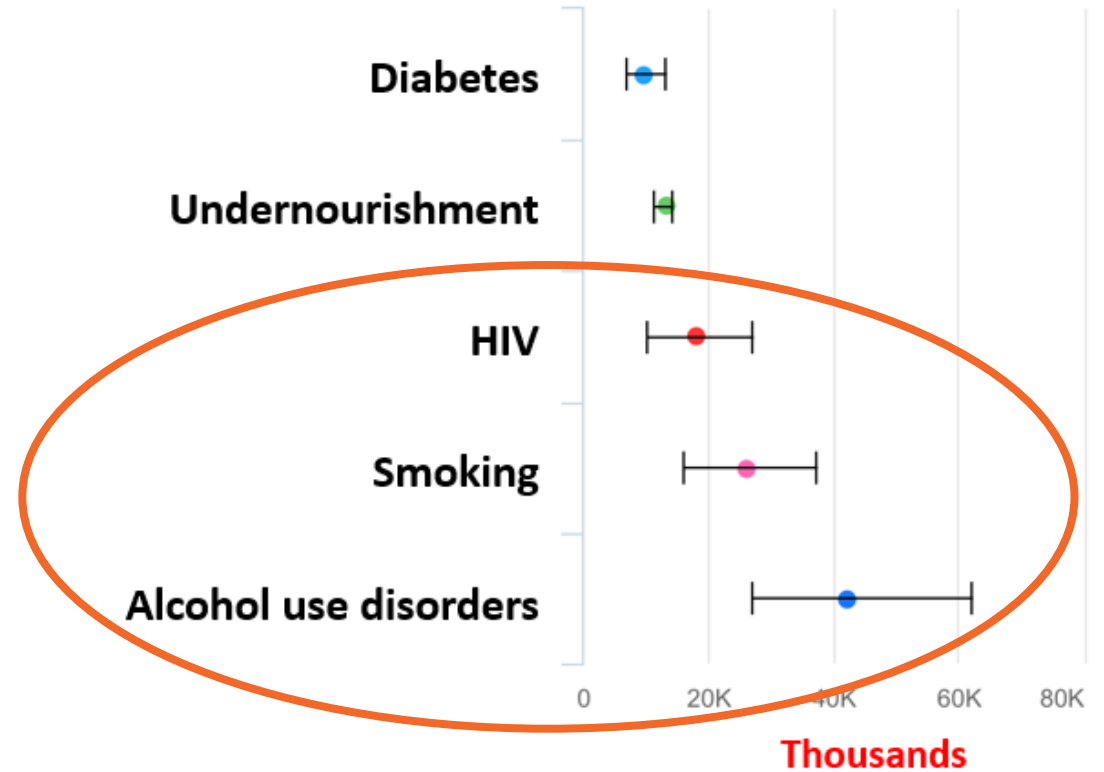


TB determinants (five risk factors in 2021)

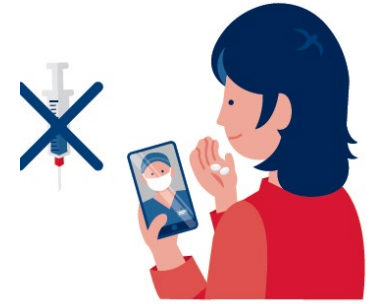
Global estimates of TB cases attributable to 5 risk factors



5 risk factors in Europe

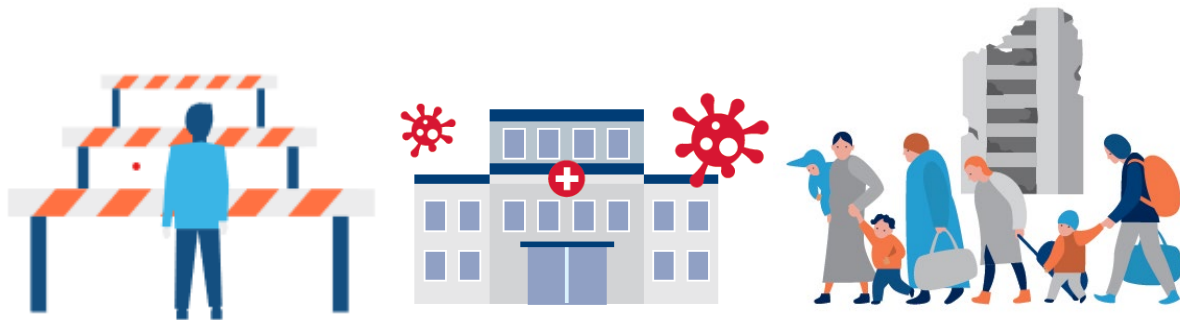


Not on track BUT it can be done



Challenges

- Late diagnosis, many undiagnosed and untreated
- Prevention in key populations (KPs) still a challenge
- Legal, stigma and discrimination barriers for key populations
- Disruptions due to COVID and humanitarian crisis
- Health and structural factors increase exposure and vulnerability
- Health system challenges and inefficiencies
- Slow uptake of innovations to national scale
- Communities and CSOs not used at full potential
- Social and economic ramifications of multiple crises affecting most vulnerable



Opportunities

- Renewed political focus and resetting the agenda
- Innovative options for prevention, screening, diagnostics, medicines.
- New service delivery approaches

Resetting the course towards ending tuberculosis and AIDS, and eliminating the epidemics of viral hepatitis and sexually transmitted infections in the WHO European Region



To contribute to accelerating progress towards TB, HIV, viral hepatitis and STI goals in my country, I personally commit to:

- 1 convening relevant stakeholders to review progress towards our goals to end the diseases, and resetting immediate priorities for 2023;
- 2 protecting current funding and proposing an increase in public funding allocations for TB/HIV/viral hepatitis/STI programmes and services;
- 3 prioritizing services for key populations and those who are at increased risk of TB/HIV/viral hepatitis/STIs;
- 4 leading preparations for the 2023 United Nations High-Level Meeting of the General Assembly on TB, through multisectoral consultation, and mobilizing attendance of the highest political level at the meeting; and
- 5 planning to attend the meeting in person and reporting on progress at the subregional ministerial meeting on HIV, viral hepatitis and STIs.

Regional action plans to end AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022-2030 and the TB Action Plan for WHO European Region for 2023-2030

adopted at 72nd WHO Regional Committee in Tel Aviv on September 14, 2022

Adopted documents on [RC72 website](#)



Vision and goals

SD1: To create a unified vision of the HIV, VH, and STIs epidemics within UHC and a health systems approach			
	SD2: HIV	SD3: Viral hepatitis	SD4: STIs
Vision	<i>Zero new HIV infections, zero-health related deaths and zero health-related discrimination in a world where people living with HIV are able to live long and healthy lives.</i>	<i>A world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective prevention, care and treatment services.</i>	<i>Zero new infections, zero STI-related complications and deaths, and zero discrimination in a world where everyone has free and easy access to prevention and treatment services for STIs, thereby allowing people to live long and happy lives.</i>
Goal	<i>To end the AIDS epidemic as a public health threat by 2030, within the context of ensuring healthy lives and promoting wellbeing for all ages.</i>	<i>Eliminate viral hepatitis as a major public health threat by 2030.</i>	<i>Ending STI epidemics as major public health concerns.</i>

Ambitious targets


HIV and viral hepatitis impact targets

	In 2020	By 2025	By 2030
New HIV infections	170 000	32 000	13 000
HIV-related deaths	40 000	16 000	8 000
New hepatitis C infections	300 000	65 000	25 000
Hepatitis C-related deaths	64 000	53 000	31 000
New hepatitis B infections	19 000	10 500	2 200
Hepatitis B-related deaths	43 000	28 000	16 000

TB key targets

Compared to 2015	In 2020	By 2025	By 2030
Reduce TB deaths	26%	75%	90%
Reduce TB incidence	25%	50%	80%
Improve MDR treatment	56%	80%	85%

Source: Regional Action Plans adopted at 72nd WHO Regional Committee in Tel Aviv on September 14 2022 [Summary of the RAPs](#)

 **World Health Organization**
Regional Committee for Europe
72nd session
Tel Aviv, Israel, 12–14 September 2022

European Region


EUR/RC72/9 | 11 August 2022 | 220605 | ORIGINAL: ENGLISH
Provisional agenda item 7

Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030

HIV, viral hepatitis and sexually transmitted infections continue to pose a major public health burden in the WHO European Region, affecting millions of people and causing premature mortality. Despite some progress in achieving the targets outlined in the previous Action Plan for the Health Sector Response to HIV in the WHO European Region and the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region, challenges persist, particularly for countries in eastern Europe and central Asia.

The regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030 outline the vision, goals and actions required to respond to these epidemics. Building on the progress made and lessons learned, the regional action plans provide a framework to strategically combine disease-specific approaches with the people at the heart of the response.

The regional action plans will operationalize the Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 through Region-specific actions and will align with the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”. The action plans will contribute to realizing the potential of primary health care by promoting multilevel care and delivery networks and to forwarding the universal health coverage agenda through improving access to health services without financial hardship. This working document is submitted, together with a draft resolution, to the 72nd session of the WHO Regional Committee for Europe in September 2022.

 **World Health Organization**
Regional Committee for Europe
72nd session
Tel Aviv, Israel, 12–14 September 2022

European Region

EUR/RC72/10 | 9 August 2022 | 220606 | ORIGINAL: ENGLISH
Provisional agenda item 8

Tuberculosis action plan for the WHO European Region 2023–2030

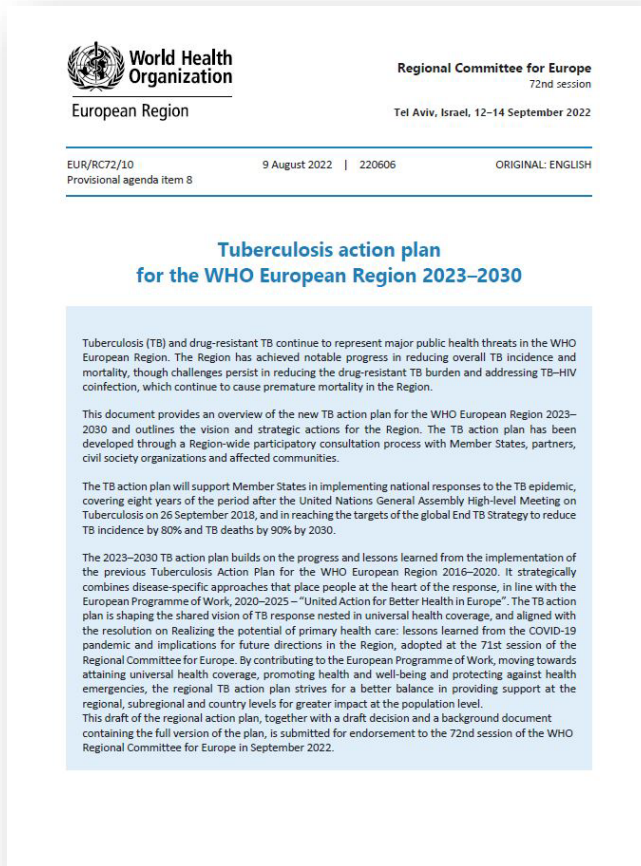
Tuberculosis (TB) and drug-resistant TB continue to represent major public health threats in the WHO European Region. The Region has achieved notable progress in reducing overall TB incidence and mortality, though challenges persist in reducing the drug-resistant TB burden and addressing TB–HIV coinfection, which continue to cause premature mortality in the Region.

This document provides an overview of the new TB action plan for the WHO European Region 2023–2030 and outlines the vision and strategic actions for the Region. The TB action plan has been developed through a Region-wide participatory consultation process with Member States, partners, civil society organizations and affected communities.

The TB action plan will support Member States in implementing national responses to the TB epidemic, covering eight years of the period after the United Nations General Assembly High-level Meeting on Tuberculosis on 26 September 2018, and in reaching the targets of the global End TB Strategy to reduce TB incidence by 80% and TB deaths by 90% by 2030.

The 2023–2030 TB action plan builds on the progress and lessons learned from the implementation of the previous Tuberculosis Action Plan for the WHO European Region 2016–2020. It strategically combines disease-specific approaches that place people at the heart of the response, in line with the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”. The TB action plan is shaping the shared vision of TB response nested in universal health coverage, and aligned with the resolution on Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the Region, adopted at the 71st session of the Regional Committee for Europe. By contributing to the European Programme of Work, moving towards attaining universal health coverage, promoting health and well-being and protecting against health emergencies, the regional TB action plan strives for a better balance in providing support at the regional, subregional and country levels for greater impact at the population level. This draft of the regional action plan, together with a draft decision and a background document containing the full version of the plan, is submitted for endorsement to the 72nd session of the WHO Regional Committee for Europe in September 2022.

Tuberculosis action plan for the WHO European Region 2023–2030



[Link](#)

Regional milestones (*to be achieved by 2025*) [compared to 2015 levels]

75% reduction in TB deaths

50% reduction in TB incidence rate

80% treatment success rate among RR/MDR-TB

Regional targets by 2030 [compared to 2015 levels]

90% reduction in TB deaths

80% reduction in TB incidence rate*

85% treatment success rate among RR/MDR-TB

* To keep incidence rate below 10 per 100 000 for Member States with low burden

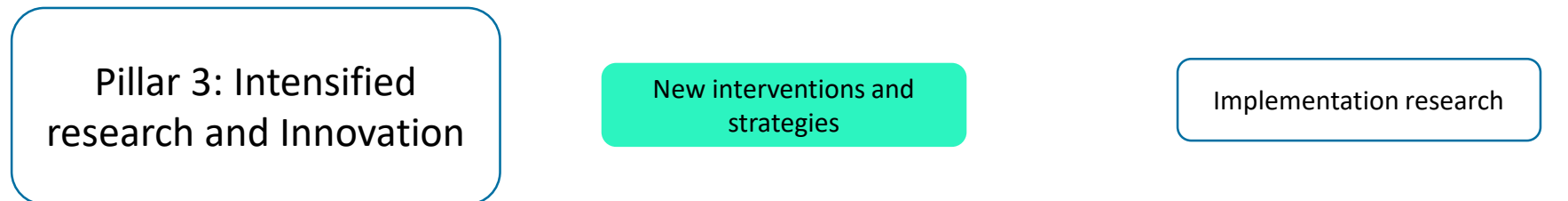
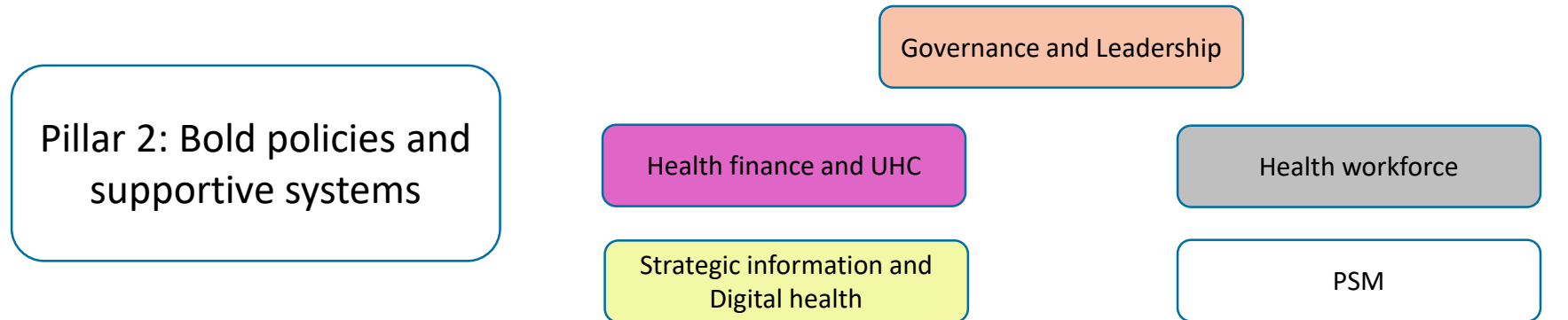
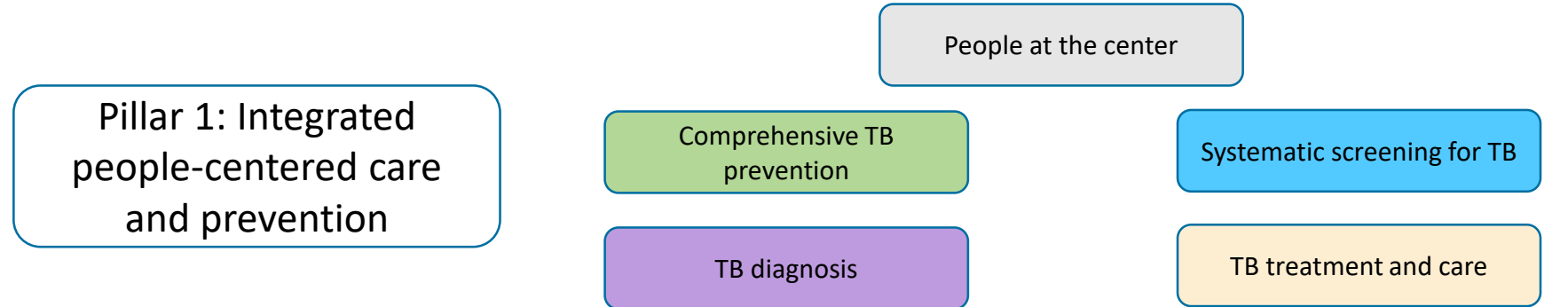
Structure of the TB-RAP and M&E Framework

➤ 30 indicators linked to key areas of intervention under 3 pillars

➤ Global core 10 indicators (G)

➤ Additional 4 priority EURO indicators (E)

➤ 4 civil society engagement related indicators



Towards a unified vision of ending the AIDS, TB and the epidemics of hepatitis within a health systems approach focused on UHC and PHC

WHAT

Renew commitment
Finish the unfinished agenda

Align with EPW, UHC and PHC
Put people at the center and leave no one behind

Recalibrate core disease functions
Reduce incidence, find early, treat fully

Intensify research, innovations
Use technologic advances and introduce rapidly

Public health emergencies and humanitarian crises
Regain losses, adjust approach, ensure continuity and full recovery to get back on track

Shared and integrated actions

- Better services, multidisease care and diagnostics
- Key populations
- Engaging communities and addressing barriers
- Dual track

HIV and Hepatitis: modernize disease response

- Strategic refocus of testing
- Urgent treatment scale up
- Revamped prevention a diversity of platforms
- Subnational targeting

TB: boosting uptake of new guidance, innovations

- People center, screening, case-finding, early diagnosis
- Uptake of new regimens, models of care and digital solutions, quality of care
- New solutions to prevention: TPT, new vaccine

HOW



Supporting Member States to reset disease response investments

What shifts are needed in countries?

From

Blanket approaches

Siloed programs and models of care

Donor supported high-impact programs

Single disease diagnostic networks

Disease response impacted by emergencies



To

Data driven program decisions highest priorities and geographies

Shared innovative approaches across service platforms and comorbidities.

Country owned well-designed high impact scaled-up response

Multidisease capabilities at lower levels of care

Dual track approach to overcome disruptions

Through greater support to

Curating data, improving data for action

Service mapping, design, policy options incl. for **virtual outreach, digital health**

Essential service packages, polyvalent health and community workers

Diagnostic network assessment and planning for multidisease capacity

Maintaining essentials, cross-border service continuity and data exchange

Together we can



European Region