World Health Organization

SEVENTY-FIRST WORLD HEALTH ASSEMBLY **A71/41 Rev.2**
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Progress reports

Report by the Director-General

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A. GLOBAL HEALTH SECTOR STRATEGIES ON HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS, FOR THE PERIOD 2016–2021 (resolution WHA69.22 (2016))

1. In May 2016, the Sixty-ninth World Health Assembly, in resolution WHA69.22, adopted the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021. This report describes the progress achieved in implementing the strategies.

2. The regional committees responded proactively, variously endorsing, adapting and promoting the strategies, including through regional action plans.

3. The strategies promote synergies across the diseases and other health areas. A number of advances have been made, including: participation of 60 countries in the Global Antimicrobial Resistance Surveillance System and publication of guidelines and a global action plan on HIV drug resistance; validation of the elimination of mother-to-child transmission of HIV and/or syphilis in 10 countries or areas in 2016 and 2017[1] and endorsement by the Regional Committee for the Western Pacific of a regional framework for the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in Asia and the Pacific 2018–2030;[2] publication of new treatment guidance for HIV infection, hepatitis C, syphilis, *Chlamydia trachomatis* infection, genital herpes and gonorrhoea; publication of advice on the use of a dual HIV/syphilis rapid diagnostic test in antenatal services; and updating of the WHO Model List of Essential Medicines[3] to include new treatments for sexually transmitted infections, the first combination therapy effective against all six genotypes of hepatitis C virus, and antiretroviral drugs for use as pre-exposure prophylaxis to prevent HIV infection.

4. Under the strategies' framework, key partnerships have been strengthened resulting in: the signing of a Memorandum of Understanding between WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria to improve country impact of the Fund's investments; the signing of a Memorandum of Understanding between WHO and UNODC that makes a commitment to joint action on HIV, viral hepatitis and tuberculosis among people who use drugs; co-signature of a joint United Nations statement on ending discrimination in health care settings; joint advocacy with the World Hepatitis Alliance to drive action to tackle viral hepatitis; and award signing of a grant from Unitaid to WHO to promote research and innovation in HIV and hepatitis C prevention, diagnosis and treatment.

5. **HIV infection.** Treatment scale-up has continued rapidly, with 20.9 million people receiving treatment by mid-2017, compared with 19.5 million in 2016. Progress towards the UNAIDS "90-90-90" target for HIV testing and treatment has been guided by new WHO policies and guidelines, including those on: the use of antiretroviral drugs for treatment and prevention; patient monitoring and case surveillance; HIV-related drug resistance; key populations; HIV self-testing and

[1] Armenia, for HIV only (2016); Republic of Moldova, for syphilis only (2016); dual elimination in Belarus and Thailand (2016) and Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat and Saint Kitts and Nevis (2017).

[2] See resolution WPR/RC68.R2 (2017).

[3] The selection and use of essential medicines: report of the WHO Expert Committee, 2017 (including the 20th WHO Model List of Essential Medicines and the 6th WHO Model List of Essential Medicines for Children). Geneva: World Health Organization; 2017 (WHO Technical Report Series, No. 1006; http://www.who.int/medicines/publications/essentialmedicines/trs-1006-2017/en/, accessed 5 March 2018).

partner notification; managing advanced HIV disease; and sexual and reproductive health and rights of women living with HIV. Monitoring the uptake and implementation of WHO guidance is now routine and has demonstrated country impact: by November 2017, 70% of 139 low- and middle-income countries were following HIV "treat all" guidance, 58% had fully implemented routine viral load testing, 40% had included dolutegravir in first-line antiretroviral therapy combinations and 27% had either implemented or were developing a policy on HIV self-testing.

6. **Viral hepatitis.** In 2017, WHO published the first global hepatitis report, describing the epidemiological situation and response to viral hepatitis. The global health sector strategy on viral hepatitis 2016–2021 has stimulated country action, particularly in the areas of national strategic planning and scale-up of treatment. In 2017, 82 countries reported that viral hepatitis plans were in place, compared with only 17 in 2012, yet only 35% of these countries reported dedicated funding for such plans. The number of persons starting hepatitis C treatment increased from 1.1 million in 2015 to 1.76 million in 2016, with most (86%) receiving direct-acting antiviral medicines, with the increase spurred by decreasing prices of these medicines. The price of a course of sofosbuvir to cure hepatitis C, for example, decreased in some countries from about US$ 84 000 to less than US$ 200 between 2014 and 2017. For hepatitis B, the number of persons on lifelong treatment increased from 1.7 million in 2015 to 4.5 million people in 2016, representing an increase in coverage from 8% to 16%. Between 2004 and 2017, the annual cost of treatment with tenofovir for hepatitis B decreased from US$ 208 to US$ 28. In 2018, as patents expire, all countries should be able to procure generic tenofovir, further increasing access to hepatitis B treatment. Progress in countries has been facilitated by increased political commitments. The World Hepatitis Summit in November 2017 brought together public health professionals, governments and civil society, resulting in a declaration supporting the elimination of hepatitis as a public health threat.

7. **Sexually transmitted infections.** The global health sector strategy on sexually transmitted infections 2016–2021 identified global targets for 2030 and progress has been made in the generation of global baseline incidence data. Provisional estimates, derived from the Spectrum-STI modelling tool and based on reported data from 129 countries, suggest that in 2016 there were 1.1 million global maternal syphilis cases resulting in more than 660 000 cases of congenital syphilis, with 350 000 of these occurring as adverse birth outcomes. In 2017, five countries developed baseline incidence data for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* infections and a further seven will develop estimates in 2018. Human papillomavirus vaccine for girls was introduced into 71 national immunization programmes by March 2017. The global health sector strategy was promoted and discussed in six regional meetings attended by 105 Member States, the majority of which reported use of the strategy and new treatment guidelines. The development of guidelines on syndromic management of sexually transmitted infections started in 2017, with publication planned in 2018. A survey is planned for 2019 to measure progress towards the achievement of 2020 milestones. Research on new diagnostic tests and vaccines for sexually transmitted infections has advanced, with an independent laboratory-based evaluation of promising point-of-care tests completed and new treatment options for syphilis and gonorrhoea being explored.

8. Despite considerable progress, meeting the 2020 milestones of the three global health sector strategies requires strengthening approaches to reach populations and locations with the highest incidence and poorest prevention and treatment outcomes. The draft thirteenth general programme of work, 2019–2023 provides new opportunities to enhance implementation and impact of the strategies.

B. ERADICATION OF DRACUNCULIASIS (resolution WHA64.16 (2011))

9. In 2017, only two countries, Chad and Ethiopia, reported human cases of dracunculiasis: previously the disease was endemic in 21 countries.[1] The number of human cases fell from an estimated 3.5 million in 1986 to only 30 in 2017: Chad and Ethiopia reported 15 human cases each, from a total of 20 villages. In 2017, for the first time, South Sudan reported zero human cases; Mali reported zero human cases in both 2016 and 2017. The reduction in the risk of dracunculiasis in marginalized communities helps in the attainment of universal health coverage.

10. WHO, its global partners (The Carter Center, UNICEF and the WHO Collaborating Center for Dracunculiasis Eradication at the United States Centers for Disease Control and Prevention), as well as other stakeholders have continued to work hard to ensure that support is provided for dracunculiasis eradication efforts, wherever needed.

11. Following recommendations of the International Commission for the Certification of Dracunculiasis Eradication, WHO has certified a total of 199 countries, territories and areas, including 187 WHO Member States, as free from dracunculiasis transmission, the latest being Kenya, in February 2018. Seven Member States remain to be certified: Chad, Ethiopia and Mali, in which the disease is currently endemic; South Sudan and Sudan, in the pre-certification stage; and Angola and the Democratic Republic of the Congo, which have had no history of the disease since the 1980s.

12. During 2017, the four countries in which the disease was endemic (Chad, Ethiopia, Mali and South Sudan) sustained active community-based surveillance in 6547 villages, compared with 5300 villages in 2016. Nationwide communication campaigns were launched by each of these countries during 2017.

13. In 2017, no human cases or infected animals were found following searches in Angola (in two thirds of the country) and in the Democratic Republic of the Congo (in 18 of the country's 26 provinces).

14. All countries that remain to be certified, except Angola, continue to offer cash rewards for voluntary case reporting. A global reward scheme, similar to that used in the last stage of the smallpox eradication campaign, is being planned by the Secretariat in consultation with Member States. Nearly 40 800 rumours of cases of dracunculiasis were reported globally and investigated during 2017: 19 rumours led to the detection of human cases in Chad and Ethiopia. The majority of post-certification countries in which the disease was previously endemic (11/15) continued to submit quarterly reports to WHO in 2017.

15. *Dracunculus medinensis* infection in dogs remains a challenge to the global dracunculiasis eradication campaign. In 2017, Chad reported 817 infected dogs; 11 infected dogs and four infected baboons were reported by Ethiopia, and nine infected dogs by Mali. In Chad, the number of infected dogs fell by 26% and the number of *D. medinensis* worms emerging from infected dogs by 38% during 2017. Results of operational research indicate that transmission can be interrupted through the application of current strategies, including vigorous pursuit of copepod control and the prevention of transmission from human cases and infected dogs.

[1] Prior to South Sudan's independence in 2011, the disease was endemic in 20 countries.

16. Insecurity and inaccessibility due to conflicts continue to hinder accessibility and eradication programme efforts in certain areas. In Mali, security concerns in the regions of Gao, Kidal, Mopti and Ségou remain a hurdle to programme implementation. Civil unrest, including cattle raids, and massive population displacement in South Sudan continue to hamper programme implementation and restrict access to areas in which the disease is endemic.

17. The Director-General regularly monitors the eradication campaign. An annual meeting of all national dracunculiasis eradication programmes is held in which countries officially report on the status of their programmes during the preceding year.

18. An informal meeting with health ministers of countries affected by dracunculiasis, chaired by the Regional Director for Africa, was held on the margins of the Seventieth World Health Assembly in 2017. The ministers and their representatives expressed their continued commitment to lead in advocating for and supporting their national eradication programmes, and pledged to redouble efforts to interrupt transmission of the disease as soon as possible.

C. ELIMINATION OF SCHISTOSOMIASIS (resolution WHA65.21 (2012))

19. Schistosomiasis remains a significant global public health problem. The main intervention is the periodic administration of the anthelmintic medicine, praziquantel. Increased availability of donated praziquantel allowed some 89.2 million people, particularly school-age children, to be treated in 39 countries in 2016. Although donation of praziquantel from the pharmaceutical industry had increased from 72.3 million tablets in 2014 to 183 million tablets in 2016, these donations still covered only about 30% of the 563 million tablets needed. Some 206.4 million people required preventive chemotherapy for schistosomiasis in 2016; coverage for school-age children was 53.7%.

African Region

20. Of the 41 Member States in the Region, 31 reported data in 2016, according to which, some 82.1 million people received preventive chemotherapy. In 19 countries, coverage reached 100% of endemic areas. A total of 57.4 million school-age children were treated, representing 57.2% coverage. The WHO target of 75% coverage for school-age children was met in Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Eswatini, Guinea, Malawi, Mali, Mozambique, Togo, United Republic of Tanzania and Zimbabwe. The number of people receiving preventive chemotherapy for schistosomiasis increased by nearly 57%, from 52.4 million in 2014 to 82.1 million in 2016.

21. The introduction of preventive chemotherapy through mass treatment campaigns has led to a significant decrease in schistosomiasis prevalence in sub-Saharan Africa from 15.4% in 2010 to 7.7% in 2017. The number of people requiring preventive chemotherapy for schistosomiasis decreased from 258.8 million in 2014 to 206.4 million in 2016.

Region of the Americas

22. Preventive chemotherapy is required in the Bolivarian Republic of Venezuela and Brazil, with 1.6 million people in need of treatment. In 2016, only Brazil reported having used a test-and-treat strategy, with which it had treated 16 054 people. Suriname has residual transmission in isolated foci, while transmission may have been interrupted in seven other countries or territories: Antigua and Barbuda, Dominican Republic, Guadeloupe, Martinique, Montserrat, Puerto Rico and Saint Lucia.

South-East Asia Region

23. Indonesia is the only Member State in the Region with populations requiring preventive chemotherapy. These populations reside in 28 villages of Central Sulawesi, where prevalence of infection in humans is less than 2%. In 2016, 5319 people were treated. In 2017 a comprehensive national plan of action was launched.

European Region

24. The occurrence of autochthonous cases of schistosomiasis due to *Schistosoma haematobium* in Corsica (France) between 2011 and 2015 highlights the need for vigilance in areas of Southern Europe where the intermediate host snail is present. The situation has been under control since 2015, with no new autochthonous cases reported.

Eastern Mediterranean Region

25. Four Member States in the Region (Egypt, Somalia, Sudan and Yemen) have populations requiring preventive chemotherapy. Preventive chemotherapy was used for the first time in Somalia in 2017. In 2016, Egypt, Sudan and Yemen reported treating 5.6 million people of whom 60% were adults. The number of people treated in the Region decreased from 7.8 million in 2014 to 5.6 million in 2016, mainly due to the impact of years of political instability on treatment rates in Yemen. Of all the cases treated in the Region, 60.3% were in Sudan. In 2017, surveys were conducted in Oman and Iraq to confirm the interruption of schistosomiasis transmission.

Western Pacific Region

26. In 2016, some 3.2 million people required preventive chemotherapy in four Member States in the Region (Cambodia, China, Lao People's Democratic Republic and Philippines), although schistosomiasis cases are restricted to certain communities in those countries. Reports on schistosomiasis treatment were received from Cambodia, Lao People's Democratic Republic and the Philippines in 2016; more than 1.5 million people were treated. Schistosomiasis prevalence in humans has been reduced to very low levels in many endemic areas, meaning that transmission may be interrupted soon. Zoonotic transmission, however, particularly through *S. japonicum*, remains an issue.

27. The Secretariat is using new evidence to draft guidelines on the implementation of schistosomiasis control and elimination, and on the verification of the interruption of the transmission. Furthermore, snail control has been integrated in the Global vector control response 2017–2030. Guidance has been issued on the use of a novel diagnostic test for *S. mansoni*, which is more appropriate for low-transmission areas.

Noncommunicable diseases

D. PUBLIC HEALTH DIMENSION OF THE WORLD DRUG PROBLEM (decision WHA70(18) (2017))

28. The Seventieth World Health Assembly, in decision WHA70(18), requested that the Director-General continue efforts to improve WHO's coordination and collaboration with the United Nations Office on Drugs and Crime (UNODC) and the International Narcotics Control Board (INCB)

in addressing and countering the world drug problem, and to continue to keep the Commission on Narcotic Drugs (CND) appropriately informed of relevant programmes and progress.

29. In February 2017, a Memorandum of Understanding was concluded between WHO and UNODC setting out seven areas for collaboration. Coordination is thus being intensified in all seven areas, at both the global and country levels. In line with decision WHA70(18), WHO organized a side event at the Sixty-first session of the Commission on Narcotic Drugs.

30. In implementing the WHO/UNODC Joint Programme on Drug Dependence Treatment and Care, the WHO Secretariat has been leading collaborative efforts in field testing the International Standards for the Treatment of Drug Use Disorders. Results and recommendations for updating the Standards were discussed at a joint UNODC/WHO meeting in February 2018. Also in collaboration with UNODC, the Secretariat has developed a clinical tool and training materials to facilitate implementation of the WHO guidelines for identification and management of substance use and substance use disorders in pregnancy. A further joint undertaking to study the community-based management of opioid overdose under the S.O.S. Initiative was launched at the Sixtieth session of the Commission on Narcotic Drugs. Collaborative work with UNODC has also continued with the development of information products on treatment and care for people with drug use disorders in contact with criminal justice system (focusing on alternatives to conviction or punishment), on identification and management of disorders due to use of new psychoactive substances, and on drug epidemiology and statistics. UNODC and INCB also contributed significantly to discussions at the WHO Forum on Alcohol, Drugs and Addictive Behaviours in June 2017.

31. The thirty-ninth meeting of the WHO Expert Committee on Drug Dependence met on 6–10 November 2017, with representatives of UNODC and INCB attending as observers. Both UNODC and INCB support the Expert Committee's prioritization process and provide information on dependence, abuse potential and harm to health for the substances under review. The Committee recommended that six fentanyl analogues, five synthetic cannabinoids and one amphetamine-type stimulant be placed under international control. The fortieth meeting will take place in June 2018 and will be specifically dedicated to reviewing cannabis and cannabis components.

32. The UNODC/WHO annual expert consultation on new psychoactive substances was held in October 2017 in Vienna, with the objective of sharing information on the development of the WHO surveillance system for new psychoactive substances and the UNODC Early Warning Advisory, and to explore synergies between them. The WHO surveillance system will inform Member States about the health risks of these substances, including fatal and non-fatal overdoses, related physical and mental disorders, and impaired driving, thereby enabling timely action to be taken through the