World Health Organization

Informal Virtual Consultation

Draft global health sector strategies on respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022-2030

Thursday, 7 April 2022, 13:00 (CET)

Proposed Agenda

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1. **Welcome, introductory remarks and session objectives**

   - **Dr Ren Minghui**, Assistant Director-General Universal Health Coverage/Communicable and Noncommunicable Diseases

2. **Revisions made and evolution of the draft global health sector strategies between the December 2021 and April 2022 versions of the document**

   - **Dr Meg Doherty,** Director Global HIV, Hepatitis and STIs Programmes
   - **Mr Andy Seale,** Adviser, Office of the Director, Global HIV, Hepatitis and STIs Programmes

3. **Questions, feedback and input from Member States**

4. **Closing remarks and summary of next steps**

Session objectives

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- Present updates made to the draft global health sector strategies on respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 following feedback Member States feedback during the informal consultation held on 7 March 2022.

- The Secretariat proposes to submit this third revised version (subject to today's feedback) to the Seventy-fifth World Health Assembly in all official languages for consideration for adoption. Member States are requested to advise the Secretariat on this proposal.

→ In preparation for the informal consultation, a track changes revised full draft version of the strategies was made available for Member States, alongside other relevant documents in the WHO website.

Updated full revised draft version of the strategies

Track changes version of draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections 2022-2030 >

Comments and feedback

Evolution of the draft strategies following feedback from Member States in the context of the 150th Executive Board >

Timeline: GHSS 2022-2030 Development

148th WHO Executive Board

74th World Health Assembly

150th WHO Executive Board

75th World Health Assembly

Launch of Global HHS Report

PleaseReview Platform

Finalization Process

2021 January February March April May June July August September October November December 2022 January February March April May June

7 January Informal MS consultation

May – July Online Consultation (all stakeholders including Member States)

26 July Information session MS

Regional Consultation Meetings

7 Oct Informal MS consultation

17 Dec Informal MS consultation

Feb – April Intersessional consultation

CONSIDERATION FOR ADOPTION

Strategies Outline

FIRST DRAFT STRATEGIES (Uploaded into the Please Review)

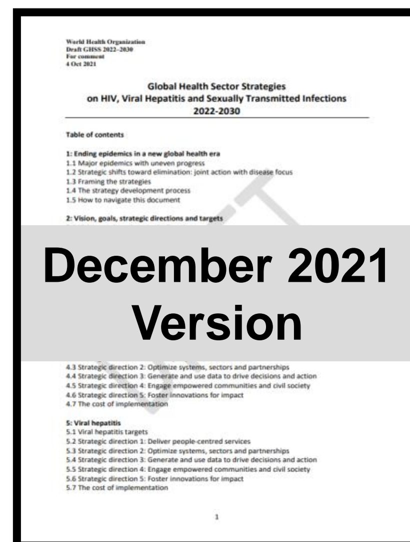
REVISED FULL DRAFT - EB150 (Published into the WHO website on 20 Dec)

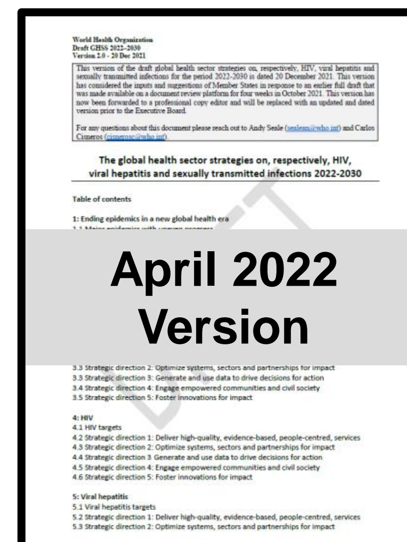
REPORT BY THE DG AND DRAFT EB150 RESOLUTION

FULL UPDATED VERSION (Published on 3rd March and updated on 1st April 2022 - WHO Web)

FINAL FULL DRAFT STRATEGIES AND DRAFT RESOLUTION

Updates made in the draft global health sector strategies and evolution of draft strategies following feedback from Member States in the context of the 150th Executive Board





Updates made in the draft global health sector strategies

Revisions made in the last month and since our last informal consultation are focused on the following six sections:

- **Page 14:** Drivers of progress/Gender, equity, and human rights.
- **Page 24**: Action 1. Primary prevention, including proposed addition of a footnote to technical guidance on sexuality education.
- **Page 27**: Action 8: Stigma and discrimination in health care settings.
- **Page 29**: Action 14: Gender-based violence.
- **Page 102 Indicators**: slight change to wording in one indicator
- **Page 111-113: Glossary**. Addition of further references to gender related concepts.

Updates made in the draft global health sector strategies

Page 14: Drivers of progress/Gender, equity, and human rights.

Drivers of progress: The successful implementation of the strategies rests on common drivers of progress:

- ***Gender, equity, and human rights.*** The vision and goals of the strategies will not be achieved without addressing the inequalities that drive epidemics and prevent people from accessing health services and being active in improving their own health. The right to the highest attainable standard of physical and mental health applies to everyone and to all communities. However, this right ~~can~~ should not be compromised by discrimination based on sex, age, gender, sexual orientation, legal status, or practices such as sex work or drug use and other population characteristics. Promoting equity and gender equality, and respecting, protecting and fulfilling the human rights and dignity of all, are critical enabling factors for success at the country level and central to WHO's work in progressively incorporating and monitoring gender, equity and human rights across the organization as part of its mission to serve the vulnerable and leave no one behind.

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Updates made in the draft global health sector strategies

Page 24: Action 1. Primary prevention, including proposed addition of a footnote to technical guidance on sexuality education.

3.2.1. Shared interventions across HIV, viral hepatitis and sexually transmitted infections

Action 1: Primary prevention. Renew investments in primary prevention interventions and scale up their delivery, including comprehensive education and information about sexual and reproductive health and HIV prevention [25] informed by WHO technical guidance[26], correct and consistent condom use, addressing the harmful use of alcohol and drugs in the context of sexual behaviour, and using evidence-based and differentiated prevention strategies, such as vaccination, with a focus on key and affected populations, in the context of broadly promoting sexual and reproductive health and well-being. Critical interventions to reduce the number of people newly infected in accordance with global targets include: increasing access to full and accurate, evidence-based age and developmentally appropriate, culturally relevant education and information about sexual and reproductive health and HIV prevention, that includes content on gender-equitable, respectful and healthy relationships, aligned with scientifically accurate evidence and international technical standards and in accordance with national legislation; providing family planning services; promoting correct and consistent use of male and female condoms and lubricants with innovative programming; and promoting access to vaccines such as for human papillomavirus and hepatitis B; are critical interventions to reduce new infections in line with global targets. HIV is a major sexually transmitted infection, and shares behavioural, social and structural determinants with other sexually transmitted infections. Although the sexual transmission of viral hepatitis B and C plays a relatively minor role in most hepatitis epidemics, specific attention should be given to certain populations, such as men who have sex with men. Targeted public awareness campaigns are urgently needed to make these populations aware of disease transmission risks including the role of the harmful use of alcohol and drugs. To be effective, prevention approaches must be tailored to the needs of affected populations in various contexts.

[26] International technical guidance on sexuality education: an evidence-informed approach, Revised Edition : United Nations Educational, Scientific and Cultural Organization, UNAIDS Secretariat, the United Nations Population Fund, the United Nations Children's Fund, UN Women and the World Health Organization, 2018. (https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf accessed 25 March 2022)

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Updates made in the draft global health sector strategies

Page 27: Action 8: Stigma and discrimination in health care settings.

Action 8: Stigma and discrimination in health care settings. Eliminate stigma and discrimination in health care settings and strengthen accountability for discrimination-free health care. Stigma and discrimination experienced by people living with, or affected by, HIV, viral hepatitis and/or sexually transmitted infections, including key populations, or on the basis of sex, gender, sexual orientation, drug use, sex work or other factors, negatively affect the response to these diseases. The health sector is responsible for ensuring that everyone can access services for HIV, viral hepatitis and sexually transmitted infections in an inclusive, non-discriminatory and supportive environment.[30] Key health sector interventions include regular trainings for all health care staff to increase knowledge of these diseases, address misconceptions and underlying fears, and raise awareness about the harmful consequences of stigma and discrimination, including delayed health service utilization and health inequalities; and the development and monitoring of standards for health care workers to ensure that all patients are treated with respect, dignity and compassion. Health-care workers should be educated about patient rights, as well as their own, and about how to sensitively provide care to all patients, especially key and most-affected populations. Stigma and discrimination towards health-care workers, including those who may themselves be living with HIV, viral hepatitis or sexually transmitted infections, must also be addressed to advance this goal.

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Updates made in the draft global health sector strategies

Page 29: Action 14: Gender-based violence.

Action 14: Gender-based violence. Prevent and respond to gender-based violence, including sexual violence. This includes implementing policies to guide prevention of and responses to violence; providing comprehensive health services to survivors; preventing such violence; and gathering of evidence and data including through health information systems. These four pillars of action are specified in the WHO global plan of action on health systems response to violence, in particular against women and girls and against children, which has been endorsed through World Health Assembly resolutions and recognizes the critical role of the health sector in addressing gender-based violence.[31],[32] Provision of comprehensive health services to survivors ~~is to be guided by~~should follow the WHO guidelines and tools for clinical and policy responses to gender-based violence.[33] The root cause of gender-based violence is gender inequality, and therefore prevention and response to such violence requires evidence-based interventions to promote gender equality. Implementation of these evidence-based interventions should be guided by the WHO and UN Women *RESPECT women: preventing violence against women* package for policy makers endorsed by 12 other UN, bilateral and multilateral agencies.[34] Adolescent girls and young women experience particular harms related to violence, and evidence shows that women living with HIV, sex workers and transgender people are also at higher risk of violence, ~~. Preventing gender-based violence should also focus on health workers including through a focus on safe workplaces.~~including disrespect and abuse from the health sector. WHO calls for policies and accountability measures to prevent disrespect and abuse of patients/clients.[35] Health workers, particularly female health workers, who comprise a majority of front-line workers are also subjected to violence and harassment in the work place. WHO has issued guidance for the occupational safety of health workers that addresses the prevention of sexual harassment faced by health workers.[36]

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Updates made in the draft global health sector strategies

Page 102 Indicators: slight change to wording in one indicator

	Indicator	Baseline – 2020[a]	Targets – 2025	Targets – 2030	Disaggregation	Data Source
Milestones	**Stigma and discrimination – percentage of people living with HIV, viral hepatitis and sexually transmitted infections and priority populations who experience stigma and discrimination**		Less than 10%	Less than 10%	WHO 102egión, priority population	WHO/UNAIDS
	Laws and policies – percentage of countries that have punitive laws and policies	Varied by population[e]	Less than 10%	Less than 10%	WHO region	WHO/UNAIDS
	Gender equality – prevalence of recent (last 12 months) intimate partner violence among ~~people~~ women and girls 15-49 years old	13%	5%	2%	WHO region, age, rural/urban	WHO global reporting

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Updates made in the draft global health sector strategies

Page 111-113: Glossary. Addition of further references to gender related concepts.

Comprehensive sexuality education

Action 1 references international technical guidance on sexuality education: an evidence informed approach. The guidance, co-authored by WHO, recognizes that comprehensive sexuality education (CSE) plays a central role in the preparation of young people for a safe, productive, fulfilling life in a world where HIV, sexually transmitted infections, unintended pregnancies, gender-based violence and gender inequality still pose serious risks to their well-being.

- Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality.

  It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.

International technical guidance on sexuality education: an evidence-informed approach, Revised Edition : United Nations Educational, Scientific and Cultural Organization, UNAIDS Secretariat, the United Nations Population Fund, the United Nations Children's Fund, UN Women and the World Health Organization, 2018. (https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf accessed 25 March 2022)

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Page 111-113: Glossary. Addition of further references to gender related concepts.

Gender

- Gender refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed. The concept of gender includes five important elements: relational, hierarchical, historical, contextual and institutional. While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities and work places. When individuals or groups do not "fit" established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health.

Gender mainstreaming for health managers: a practical approach, WHO 2011 https://www.who.int/publications/i/item/9789241501057

Intimate partner violence

- Intimate partner violence refers to "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours". Intimate partner refers to a husband, cohabiting partner, boyfriend or lover, ex-husband, ex-partner, ex-boyfriend or ex-lover. The definition of intimate partner varies between settings and studies, and includes formal partnerships, such as marriage, as well as informal partnerships, including cohabiting, dating relationships and unmarried sexual relationships. In some settings, intimate partners tend to be married, while in others more informal partnerships are more common.

Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. WHO, 2013 https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf

Violence against women : intimate partner and sexual violence against women : intimate partner and sexual violence have serious short- and long-term physical, mental and sexual and reproductive health problems for survivors : fact sheet. WHO, 2014 https://apps.who.int/iris/handle/10665/112325.

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