

**REGIONAL COMMITTEE FOR AFRICA****ORIGINAL: ENGLISH**Seventy-fourth sessionBrazzaville, Republic of Congo, 26–30 August 2024Provisional agenda item 18.14**PROGRESS REPORT ON THE FRAMEWORK FOR AN INTEGRATED  
MULTISECTORAL RESPONSE TO TB, HIV, STIs AND HEPATITIS IN THE WHO  
AFRICAN REGION 2021–2030.****Information Document****CONTENTS**

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## BACKGROUND

1. The Seventy-first Regional Committee adopted the Framework for an integrated multisectoral response to TB, HIV, STIs, and viral hepatitis in 2021.<sup>1</sup> One of the 2025 cross-cutting milestones is the following: 90% of people with HIV, TB, viral hepatitis and STIs are linked to services for other communicable diseases, noncommunicable diseases and other services. This first progress report summarizes the progress on cross-cutting and disease-specific milestones of the regional framework for the period 2021–2023 and proposes next steps for action.
2. The 2025 disease-specific milestones are as follows:
  - (a) 90% of new and relapse cases notified and successfully treated;
  - (b) 90% of people living with HIV complete a standard course of TB preventive therapy;
  - (c) 90% reduction of new HIV infections and HIV-related deaths;
  - (d) the UNAIDS 95-95-95<sup>2</sup> testing and treatment targets for HIV achieved among all subpopulations;
  - (e) 95% of all people at risk use appropriate and effective HIV prevention options;
  - (f) 35 Member States have introduced hepatitis B vaccine birth dose;
  - (g) 30% of people with chronic hepatitis infections diagnosed and treated for hepatitis B and C;
  - (h) All Member States provide STI services in primary health care facilities;
  - (i) All Member States have introduced human papillomavirus vaccine into national immunization programmes.

## PROGRESS MADE/ACTION TAKEN

3. Notable strides have been made in combating tuberculosis, HIV, hepatitis, and STIs. In respect of the 90% notification milestone expected by the end of 2025, a total of 88% new and relapse cases of TB were notified and treated, while 58% of people living with HIV completed a standard course of TB preventive therapy compared to the 90% target by 2025. The Region exhibited the highest coverage of HIV testing among TB-diagnosed patients, with 89% aware of their HIV status.<sup>3</sup> All 47 Member States have National TB Strategic Plans and have adopted the policy on the use of rapid molecular tests as the first line of diagnosis for presumptive TB.
4. At the end of 2022, HIV incidence and AIDS-related deaths had reduced by 57% and 58% respectively since 2010 in East and Southern Africa. In West and Central Africa, the reduction was 49% and 52% respectively.
5. Progress on the 95-95-95 testing and treatment targets among all people living with HIV stood at 92%-83%-72% achievement at the end of 2023 for East and Southern Africa, and 82%-78%-71%

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<sup>1</sup> Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the WHO African Region 2021-2030, AFR/RC71/6: WHO Regional Office for Africa: 2021 (<https://www.afro.who.int/sites/default/files/2021-11/AFR-RC71-6%20Framework%20for%20an%20integrated%20multisectoral%20response%20to%20TB%20HIV%20STIs%20and%20hepatitis%20in%20the%20WHO%20African%20Region.pdf>, accessed 30 May 2024)

<sup>2</sup> The Joint United Nations Programme on HIV/AIDS (UNAIDS) targets: 95% of the people who are living with HIV know their HIV status; 95% of the people who know that they are living with HIV are on lifesaving antiretroviral treatment; and 95% of people who are on treatment are virally suppressed.

<sup>3</sup> World Health Organization, *Global Tuberculosis Report*, 2023.

for West and Central Africa. Five Member States<sup>4</sup> achieved the 95-95-95 targets. In the same period, coverage of people on antiretroviral treatment increased from 21% to nearly 80% (20.9 million on antiretrovirals). Adoption of the ‘treat all’ policy by all Member States, introduction of dolutegravir-based regimens, differentiated service delivery and antiretroviral scale-up in communities were pivotal in significantly increasing coverage.

6. Effective support by the WHO Regional Office for African to Member States was instrumental in guiding and enabling the implementation of recent guidelines in 39 Member States,<sup>5</sup> and people-centred care in 33 Member States.<sup>6</sup>

7. Thirty out of 33 Member States reporting have conducted sentinel surveys;<sup>7</sup> however, this number falls sharply when surveys are conducted among key populations. Seventeen Member States<sup>8</sup> have implemented at least one population-based survey for HIV impact assessments.

8. Access to hepatitis B and C diagnosis and treatment remains unacceptably low. Compared to the 30% target by 2025, less than 5% have been diagnosed and treated.<sup>9</sup> Sixteen Member States<sup>10</sup> have introduced hepatitis B birth-dose vaccine. Twenty-eight Member States have introduced human papillomavirus vaccine into their national immunization programmes.

9. All Member States provide STIs services in primary health care facilities.

10. Ninety per cent of all people at risk of HIV infection in the Region should have access to appropriate and effective combination prevention options by 2025. Sixty-five per cent of the target population was reached with pre-exposure prophylaxis in East and Southern Africa and 80% in West and Central Africa as part of a combination prevention package. Voluntary medical male circumcision coverage is still well below the 90% target in most provinces and districts in the 15 priority Member States.<sup>11</sup>

## NEXT STEPS

11. The following next steps are proposed to address the issues and challenges identified.

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<sup>4</sup> Botswana, Eswatini, Rwanda, the United Republic of Tanzania, and Zimbabwe.

<sup>5</sup> Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, Zambia and Zimbabwe.

<sup>6</sup> Angola, Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Côte d’Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Eswatini, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Zambia, Zimbabwe.

<sup>7</sup> Sentinel surveys are used to estimate overall HIV prevalence and determine trends over time and across geographical locations.

<sup>8</sup> Botswana, Cameroon, Cote d’Ivoire, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.

<sup>9</sup> Global hepatitis report 2024: action for access in low- and middle-income countries. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO, ([file:///C:/Users/dball/Downloads/9789240091672-eng%20\(2\).pdf](file:///C:/Users/dball/Downloads/9789240091672-eng%20(2).pdf)), accessed 30 May 2024).

<sup>10</sup> Algeria, Angola, Benin, Burkina Faso, Botswana, Côte d’Ivoire, Cabo Verde, Gambia, Equatorial Guinea, Mauritania, Mauritius, Namibia, Nigeria, Senegal, Sao Tome and Principe, Uganda.

<sup>11</sup> Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, United Republic of Tanzania, Uganda, Zambia, and Zimbabwe.

12. Member States should:

- (a) prioritize political commitment to STI and viral hepatitis responses;
- (b) broaden multisectoral partnerships, mobilize resources, and establish accountability frameworks;
- (c) increase domestic financing and develop plans that address political, financial, and programmatic sustainability needs;
- (d) target interventions for populations falling behind, including pregnant women, children and key populations;
- (e) strengthen data governance, including integrated surveillance systems;
- (f) improve reporting on antimicrobial resistance to HIV, TB and *Neisseria* gonorrhoea treatments.

13. The WHO Secretariat and partners should:

- (a) encourage and support Member States to undertake the Path to Elimination process for HIV, syphilis and hepatitis B;
- (b) support and mobilize resources for local research to bridge gaps in science, drug resistance surveillance, and TB cost surveys;
- (c) support Member States in improving the adoption of WHO-approved diagnostic technologies and products.;
- (d) introduce appropriate indicators for monitoring linkages to communicable and noncommunicable diseases and other services for people with HIV, TB, and viral hepatitis.

**ANNEXES**

- Annex 1: Tuberculosis in the WHO African Region: 2023 progress update, accessible at the following link: <https://www.afro.who.int/publications/tuberculosis-who-african-region-2023-progress-update>
- Annex 2: Scorecards for tuberculosis in the African Region, accessible at the following link: [TB scorecard 2023 - monitoring country progress](#)
- Annex 3: Scorecard for HIV in the African Region, accessible at the following link: [HIV scorecard 2023 - monitoring country progress.](#)