

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

## Draft resolution

The Regional Committee,

(PP1) Having considered the draft Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030, which were developed based on consultations with Member States and civil society organizations;<sup>1</sup>

(PP2) Concerned that HIV, viral hepatitis and sexually transmitted infections (STIs) continue to pose a major public health burden in the WHO European Region, affecting millions of people with long-term complications, affecting quality of life and causing premature mortality, especially in key populations;<sup>2</sup>

(PP3) Concerned that stigmatization and discrimination still pose a major challenge to diagnosis and treatment of STIs, and especially HIV/AIDS, in the Region;

(PP4) Recognizing (i) the need for an integrated response to and management of HIV, viral hepatitis and STIs, with a focus on nationally defined, people-centred, differentiated, decentralized, adequately financed, sustainable and resilient service delivery (according to the national capacity), (ii) that service delivery should be undertaken in a way that promotes gender equity and human rights, and through united

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<sup>1</sup> Working document EUR/RC72/9.

<sup>2</sup> For HIV, key populations are people who inject drugs, men who have sex with men, transgender people, sex workers, people in prisons and correctional facilities, and migrants, as well as their sexual partners. For hepatitis, additional groups include people who use drugs, people who have been exposed to the hepatitis virus through unsafe blood supplies and unsafe medical injections and procedures, people with thalassemia who are at increased risk of transfusion-related hepatitis infection, and infants born to hepatitis B surface antigen-positive mothers. For STIs, additional groups include young people, pregnant women and women of childbearing age.

action of primary health care, civil society and communities, and public health institutions, as well as through universal access to health care and commodities, and (iii) the benefits that the above can bring to minimize the impacts of pandemics and other health emergencies;

(PP5) Considering the 2030 Agenda for Sustainable Development and the Sustainable Development Goals, in particular Sustainable Development Goal target 3.3;

(PP6) Recognizing the progress made in the Region through implementation of the Action Plan for the Health Sector Response to HIV in the WHO European Region (resolution EUR/RC66/R9) and the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region (resolution EUR/RC66/R10), while acknowledging that many of the 2020 targets of both action plans have not been met, as presented in the final progress reports;<sup>3</sup>

(PP7) Recognizing the importance of committing to the promotion, protection and fulfilment of all human rights, including those that enable all people to make informed decisions about their sexual health and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence, and the importance of all people being able to enjoy the highest attainable standard of sexual and reproductive health and well-being and to have universal access to quality and affordable sexual and reproductive health services, including age-appropriate, evidence-informed, comprehensive sexuality information and education and sexual health services;<sup>4</sup>

(PP8) Recognizing the importance of responding to HIV, viral hepatitis and STIs within the framework of the Thirteenth General Programme of Work, 2019–2025, and the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”, adopted through resolution EUR/RC70/R3;

(PP9) Recalling the United Nations General Assembly’s 2021 Political declaration on HIV and AIDS: ending inequalities and getting on track to end AIDS by 2030;<sup>5</sup>

(PP10) Recalling World Health Assembly resolution WHA75.20, in 2022, taking note with appreciation of the Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030;

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<sup>3</sup> EUR/RC72/17(A); EUR/RC72/17(B).

<sup>4</sup> In accordance with the commitments made through the Beijing Platform for Action, the Programme of Action of the International Conference on Population and Development and the outcome documents of their review conferences.

<sup>5</sup> The political declaration was adopted by vote, with 165 Member States voting in favour of and four voting against the adoption.

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(PP11) Recognizing the health and economic consequences of the ongoing COVID-19 pandemic and of any future pandemics or emergencies, military conflicts and natural disasters, particularly for those in marginalized and vulnerable situations, and noting the need to regain lost ground and increase resilience to future crises;

(PP12) Recognizing the need to strengthen prevention of new HIV infections and STIs and to end AIDS as a public health threat by 2030;

(PP13) Acknowledging the need for political commitment, country ownership and collective actions from all relevant stakeholders to achieve the goals of ending AIDS and the epidemics of viral hepatitis and STIs;

(OP1) ADOPTS the Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030 and their vision, goals, strategic directions, targets and priority actions;

(OP2) URGES Member States:<sup>6</sup>

- (a) to enhance commitment, invest adequate resources and scale up evidence-based interventions to end AIDS and the epidemics of viral hepatitis and STIs;
- (b) to align, as appropriate, their national HIV, viral hepatitis and STI strategies and action plans and targets with the Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030;
- (c) to ensure that the needs of people affected by HIV, viral hepatitis and STIs, and the needs of key populations at risk of acquiring these diseases, are addressed through nationally defined, people-centred, decentralized and sustainably financed service delivery, according to the national capacity, through a partnership-based approach with civil society, communities, primary health care, social services and public health institutions, and to ensure that services are delivered in a way that promotes gender equity and human rights;
- (d) to ensure that prevention, treatment and care programmes are sustainably financed to end AIDS and the epidemics of viral hepatitis and STIs, moving towards achievement of the universal health coverage goals;

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<sup>6</sup> And, where applicable, regional economic integration organizations.

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- (e) to commit to the promotion, protection and fulfilment of all human rights, and implementation of commitments on sexual and reproductive health and rights,<sup>7</sup> including the right of every individual to make decisions concerning their sexuality and sexual health free from discrimination, coercion and violence, and to ensure universal access to quality and affordable sexual and reproductive health services, including age-appropriate, evidence-informed, comprehensive sexuality information and education and sexual health services;
  - (f) to prioritize data-driven decision-making, to foster operational research, to instil appropriate governance mechanisms of health information systems and telemedicine, to expand the use of digital health solutions, and to use data to address inequalities;
  - (g) to regain lost progress in HIV, viral hepatitis and STI coverage, outcome and impact targets due to the COVID-19 pandemic and due to humanitarian, health and other emergencies, and to improve the resilience of programmes to prevent similar impact due to emergencies;
  - (h) to urgently increase access to health services, including comprehensive HIV prevention programmes in key populations, a full range of testing strategies to achieve early diagnosis, and universal HIV treatment coverage with optimized antiretroviral regimens, as well as multidisciplinary services for the long-term holistic care of people ageing with HIV;
  - (i) to prioritize access of people living with HIV to appropriate services linked to prevention, screening and treatment for tuberculosis and hepatitis coinfections;
  - (j) in line with national priorities and epidemiologic context, to (i) allocate increased financial resources to expand comprehensive viral hepatitis interventions for people affected by viral hepatitis, including preventive interventions for key populations and for pregnant women, mothers and newborns, (ii) expand testing and early diagnosis of viral hepatitis infections, as well as simplified, affordable and decentralized treatment of hepatitis B and C, and (iii) strengthen surveillance and monitoring;
  - (k) to plan for comprehensive STI prevention, testing and treatment interventions, including integrating STI-related services into all services for key populations and people living with HIV and expanding the use of quality-assured testing technologies, human papillomavirus vaccination, and cervical cancer screening and treatment for women living with HIV, and to strengthen STI surveillance and monitoring of the antimicrobial resistance of STIs;
  - (l) to formulate appropriate national regulations and policies to reduce discrimination, to ensure an enabling environment for people living with HIV and affected by viral hepatitis and STIs, key populations, and those at risk of acquiring HIV, viral hepatitis and STIs in accessing services

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<sup>7</sup> In accordance with the commitments made through the Beijing Platform for Action, the Programme of Action of the International Conference on Population and Development and the outcome documents of their review conferences.

linked to HIV, viral hepatitis and STIs, and to plan targeted communication strategies reaching the general public, health professionals, people living with HIV and affected by viral hepatitis and STIs, and key populations, aiming to improve care and treatment as well as to reduce stigmatization and discrimination;

- (m) to report on the monitoring indicators in the Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030;

(OP3) REQUESTS the Regional Director:

- (a) to support the Member States by advocating for demonstrable political commitment and adequate investment in ending AIDS and the epidemics of viral hepatitis and STIs, in partnership with international, regional and national partners, including civil society and communities;
- (b) to strengthen subregional collaboration to implement the strategic priorities outlined in the Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030, and to facilitate the peer-to-peer exchange of country experiences, with a focus on overcoming implementation barriers;
- (c) to support operational research, including with engagement of communities, and accelerate and scale up innovative strategies based on locally tailored evidence-informed approaches;
- (d) to foster collaboration between regional and national public health institutions, as well as national and subnational stakeholders and partners, and to provide strategic direction towards implementation of national action plans;
- (e) to report on the progress made in the implementation of the action plans by submitting a midterm progress report to the Regional Committee at its 76th session and a final report on the 2030 goals at its 81st session.

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