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**FRAMEWORK FOR AN INTEGRATED MULTISECTORAL RESPONSE TO TB, HIV,  
STIs AND HEPATITIS IN THE WHO AFRICAN REGION 2021–2030**

**Report of the Secretariat**

**EXECUTIVE SUMMARY**

1. In the African Region, the burdens of HIV, TB, viral hepatitis and STIs are still high. The regional action frameworks for the implementation of global sector strategies respectively for HIV, viral hepatitis, STIs and the End TB strategy adopted at the Sixty-sixth and Sixty-seventh Regional Committees have triggered progress in national responses. While considerable progress has been made as the action frameworks come to an end, the expected targets for 2020 have not been met due to many issues and challenges.
2. Insufficient political commitment to the four diseases has resulted in inadequate funding. Delays in adopting and implementing innovative interventions, technologies and approaches, as well as persistent legal and social barriers to accessing services for key populations and vulnerable groups are a cause for concern. The engagement of community actors and availability of community-led services are suboptimal. Little attention is paid to the social determinants of the four epidemics. In addition, the absence of a coordination structure and an accountability framework for integration of programmes does not encourage managers to leverage synergies and efficiencies across programmes. Moreover, health systems are not resilient enough to mitigate service disruption that might result from any humanitarian emergency such as COVID-19.
3. The proposed framework leverages existing opportunities such as increasing public financing for health, comprehensive revitalization of primary health care, the universal health coverage agenda and broader global health commitments. The proposed framework fosters greater integration of human rights in the response and advocates the use of new medicines, technologies and approaches.
4. This new regional action framework was developed with the aim of achieving an African Region where the public health threats of HIV, tuberculosis, viral hepatitis and sexually transmitted infections are controlled or eliminated. Drawing lessons from the shortfalls of the past and addressing the above challenges, it aims at mobilizing and guiding Member States towards achieving the sustainable development targets for control and/or elimination of these diseases. To this end, national responses should be led by governments; they should be integrated, multisectoral and promote universal health coverage, adopt a people-centred approach, accommodate gender-sensitivity, equity and human rights, and reflect strong community engagement and preparedness.
5. The actions that Member States must implement should give priority to the primary health care level and follow the life-cycle approach. They are organized around seven strategic interventions, namely leadership and management for performance; information for action; interventions for impact;

equity in service delivery; financing for sustainability; innovation for accelerating service delivery; and preparedness for resilience.

6. Member States should establish a broad national organizational structure for integrated control of HIV, STIs, TB and viral hepatitis; scale up viral hepatitis birth dose vaccine within 24 hours of birth; screen for HIV, hepatitis B and syphilis as part of the triple elimination of the three diseases; provide HPV vaccination to girls below the age of 15 years to prevent cervical cancer; scale up comprehensive prevention and treatment; prevent and manage antimicrobial resistance; and screen for noncommunicable diseases such as cervical and liver cancer, metabolic and cardiovascular disorders.

7. Other actions include support for research and development of new tools and technologies, including developing new medicines and multi-disease diagnostic platforms; strengthening integrated national surveillance, monitoring and evaluation systems; harmonizing planning efforts across HIV, TB, viral hepatitis and STI areas; expanding community-based services; opting for a right-based response that leaves no one behind; and implementing health promotion interventions and differentiated service delivery approaches.

8. The Regional Committee is invited to examine and adopt the proposed implementation framework.

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## **ABBREVIATIONS**

AIDS	acquired immunodeficiency syndrome
CD4	cluster of differentiation-4
DHIS2	District Health Information Software-2
GPW 13	Thirteenth General Programme of Work, 2019–2023
IDSR	Integrated Disease Surveillance and Response
HIV	human immunodeficiency virus
HPV	human papillomavirus
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
STIs	sexually transmitted infections
TB	tuberculosis

## INTRODUCTION

1. The WHO Regional Committee for Africa has previously adopted regional action frameworks on the prevention and treatment of human immunodeficiency virus (HIV)<sup>1</sup>, tuberculosis (TB)<sup>2</sup>, viral hepatitis<sup>3</sup> and sexually transmitted infections (STIs)<sup>4</sup>. The first three frameworks ended in 2020 and the fourth will end in 2021. Progress reports on the implementation of the frameworks were submitted to the Sixty-eighth session of the WHO Regional Committee for Africa in 2018. Despite the considerable progress made, the targets set across all four frameworks were not met in 2020.

2. First, all the adopted action frameworks were organized around a common structure and similar strategic directions. Second, all the frameworks had the same goal of ending the public health threat from the four diseases by 2030. Third, there are significant successes, opportunities, lessons and better practices to build upon from the implementation of the frameworks over the last five years, and this provides the rationale for developing a new, integrated framework in order to promote the synergies and linkages across the four diseases and other functional areas of health.

3. The proposed framework will prioritize integrated interventions using a primary health care approach in the context of achieving universal health coverage and other health-related SDG targets. The framework is aligned with the WHO Thirteenth General Programme of Work, 2019-2023 (GPW 13).<sup>5</sup> In addition, it takes into account public health events such as the COVID-19 pandemic which may affect access to services.

4. The integrated framework proposes evidence-based interventions and actions to be delivered using a life-cycle approach. Advances in science, technology and innovation in the prevention and treatment of the four diseases have been incorporated, while the people-centred approach calls on Member States to adopt community-led service delivery and differentiated care.

## CURRENT SITUATION

5. In 2019, an estimated 2.5 million people fell ill with TB in the Region, accounting for 25% of the global burden.<sup>6</sup> In the same year, 25.7 million people were living with HIV, representing 67% of the global burden. In 2019, over 500 000 people died from TB and the Region recorded 440 000 AIDS-related deaths. Also, the African Region accounts for almost 60% of new HIV

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<sup>1</sup> Document AFR/RC66/11, HIV/AIDS: framework for action in the WHO African Region 2016-2020. In sixty-sixth session of the WHO Regional Committee for Africa, Addis Ababa, Ethiopia 19-23 August 2016, Final Report. Brazzaville, World Health Organization, Regional Office for Africa, 2016 (AFR/RC66/19), paras. 76-80.

<sup>2</sup> Document AFR/RC66/10, Framework for implementing the End TB Strategy in the African Region 2016-2020. In sixty-sixth session of the WHO Regional Committee for Africa, Addis Ababa, Ethiopia 19-23 August 2016, Final Report. Brazzaville, World Health Organization, Regional Office for Africa, 2016 (AFR/RC66/19), paras. 70-75.

<sup>3</sup> Document AFR/RC66/12, Prevention, Care and Treatment of Viral Hepatitis in the African Region: framework for action, 2016-2020. In sixty-sixth session of the WHO Regional Committee for Africa, Addis Ababa, Ethiopia 19-23 August 2016, Final Report. Brazzaville, World Health Organization, Regional Office for Africa, 2016 (AFR/RC66/19), paras. 81-86.

<sup>4</sup> Document AFR/RC67/7, Global Health Sector Strategy on sexually transmitted infections 2016-2021: implementation framework for the African Region. In sixty-seventh session of the WHO Regional Committee for Africa, Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017, Final Report. Brazzaville, World Health Organization, Regional Office for Africa, 2017 (AFR/RC67/18), paras. 57-60.

<sup>5</sup> WHO, Thirteenth General Programme of Work, 2019-2023; 2019.

<sup>6</sup> WHO, Global Tuberculosis Report; Geneva, World Health Organization, 2020. (<https://www.who.int/publications/i/item/9789240013131>, accessed 23 April 2021)

infections globally.<sup>7</sup> Chronic hepatitis B virus affects 60 million Africans, while an additional 14.6 million individuals are living with chronic hepatitis C infection.<sup>8</sup> In 2015, viral hepatitis caused 136 000 deaths.

6. WHO estimates that more than 86 million curable STIs comprising chlamydia, gonorrhoea, syphilis and trichomoniasis are acquired every year among persons aged 15 to 45 years in the African Region.<sup>9</sup> In addition, there are approximately 162 million people living with genital herpes<sup>10</sup> and one in four women are estimated to have human papillomavirus (HPV) infection,<sup>11</sup> which causes cervical cancer, the second most common cancer in women in Africa with 110 755 new cases and 72 705 deaths in 2020. More than half of cervical cancer cases occur among HIV-positive women in countries with high HIV prevalence.<sup>12</sup>

7. Coinfections are common. In 2019, around 24% of new TB cases were coinfecting<sup>8</sup> with HIV. It was estimated that in 2017, there were 9 million HIV-hepatitis B coinfecting individuals and about 2.3 million HIV-hepatitis C coinfecting individuals.<sup>13</sup>

8. All Member States are implementing WHO's "Treat All" policy for people living with HIV, which advocates initiation of antiretroviral therapy regardless of their CD4 count. Steady scale-up of HIV testing and antiretroviral therapy continues with more than 80% of people living with HIV knowing their status and 70% of them now receiving life-saving antiretroviral therapy. Consequently, new HIV diagnoses and HIV-related deaths in the African Region have fallen by 35% and 46% respectively since 2010.<sup>14</sup>

9. The African Region reported a reduction of 16% in TB incidence and 19% in TB mortality between 2015 and 2019. Five high TB-burden countries have reached the milestone of 20% reduction in TB incidence.<sup>15</sup> Kenya, Mozambique, Sierra Leone and the United Republic of Tanzania reached the 2020 milestone of a 35% reduction in TB deaths.

10. Momentum is building on action to address viral hepatitis, a long-neglected public health problem responsible for most cases of liver cirrhosis and cancer in the Region. So far, 27 Member States have launched national hepatitis plans.<sup>16</sup> Rwanda and Uganda have established free national public health hepatitis testing and treatment programmes and seven others have

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<sup>7</sup> UNAIDS, Global AIDS Update, Geneva, UNAIDS, 2020 (<https://aids2020.unaids.org/report>, accessed 23 April 2021).

<sup>8</sup> WHO, Global Hepatitis Report; Geneva, World Health Organization, 2017 (<https://www.who.int/hepatitis/publications/global-hepatitis-report2017/en/>, accessed 23 April 2021).

<sup>9</sup> Rowley J, et al. Chlamydia, gonorrhoea, trichomoniasis and syphilis: global prevalence and incidence estimates, 2016. *Bull World Health Organ.* 2019;97(8):548–62.

<sup>10</sup> James C, et al. Herpes simplex virus: global infection prevalence and incidence estimates, 2016. *Bull World Health Organ.* 2020; 98:315–29.

<sup>11</sup> Bruni L, et al. Cervical human papillomavirus prevalence in 5 continents: meta-analysis of 1 million women with normal cytological findings. *J Infect Dis.* 2010 Dec. 15 ;202(12) :1789-99. doi: 10.1086/657321. Epub 2010 Nov. 10. PMID: 21067372.

<sup>12</sup> Marc Arbyn Et al. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *Lancet Glob Health* 2020;8: e191–203. December 4, 2019. [https://doi.org/10.1016/S2214-109X\(19\)30482-6](https://doi.org/10.1016/S2214-109X(19)30482-6).

<sup>13</sup> WHO, Global Hepatitis Report; Geneva, World Health Organization, 2017.

<sup>14</sup> UNAIDS, Global AIDS Update; Geneva, UNAIDS, 2020.

<sup>15</sup> Ethiopia, Kenya, Namibia, South Africa and United Republic of Tanzania.

<sup>16</sup> Algeria, Benin, Burkina Faso, Burundi, Cameroon, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, The Gambia, Ghana, Guinea, Malawi, Mali, Mauritania, Namibia, Niger, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Togo, Uganda and United Republic of Tanzania.

commenced pilot projects.<sup>17</sup> Eleven countries have introduced the hepatitis B birth dose vaccine in their routine immunization schedule.<sup>18</sup>

11. In 2018, eleven Member States<sup>19</sup> in the Region reported having incorporated HPV vaccine into their national immunization programme. Surveillance systems for sexually transmitted infections are in place in 87% of reporting countries and more than 70% of countries provide services or links to primary, HIV, reproductive health, family planning, and antenatal and postnatal care services.

## ISSUES AND CHALLENGES

12. There are significant barriers that need to be addressed to minimize the public health threat posed by HIV, TB, viral hepatitis and STIs.

13. **Lack of an integrated coordination mechanism:** An integrated mechanism to coordinate the response to HIV, TB, viral hepatitis and STIs in Member States has not yet been realized. Most Member States have vertical, single-disease coordination bodies. Only four Member States have established high-level bodies to coordinate integrated HIV, TB, viral hepatitis and STI programmes.<sup>20</sup>

14. **Stand-alone information systems:** Strategic information systems for HIV and TB are strong but not fully integrated into DHIS2. The surveillance systems for viral hepatitis and STIs are very weak. Therefore, Member States are not able to report and monitor trends in these diseases in an integrated and comprehensive manner.

15. **Inadequate access to services:** The provision of services is fragmented, inadequate and the rate of service expansion is slow. In many cases, some of the services especially for viral hepatitis and STIs are not available, especially at the primary health care level.

16. **Emergence of antimicrobial resistance to medicines for the treatment of TB, HIV and STIs is of major concern in the African Region:** The increasing prevalence of resistance to commonly used antibiotics and antiretroviral drugs has the potential to increase disease incidence, mortality and treatment costs if not adequately addressed.

17. **Non-sustainable financing mechanisms:** Viral hepatitis and STI programmes are severely underfunded. HIV and TB programmes also face major funding gaps and are heavily reliant on external funding which is not sustainable. Domestic financing is increasing, but not to the expected levels.

18. **Slow uptake of innovations in disease diagnosis and treatment:** Advanced and more accurate diagnostics, more efficacious medicines, community-led service delivery models and differentiated care improve the identification, treatment and monitoring of clients with HIV, TB, viral hepatitis and STIs. However, the adoption of many innovations is limited.

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<sup>17</sup> Burkina Faso, Cameroon, Ethiopia, Nigeria, Mozambique, Senegal and United Republic of Tanzania.

<sup>18</sup> Algeria, Angola, Botswana, Cabo Verde, Gambia, Mauritania, Mauritius, Namibia, Nigeria, Sao Tome and Principe and Senegal.

<sup>19</sup> Burundi, Botswana, Mauritius, Rwanda, Sao Tome and Principe, Seychelles, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

<sup>20</sup> Benin, Equatorial Guinea, Guinea and Mali.

19. **Disruption of health services due to humanitarian emergencies and disease outbreaks such as the COVID-19 pandemic in 2020, with HIV testing falling by 41% and TB referrals declining by 59%:**<sup>21</sup> Despite the frequent occurrence of outbreaks over the years, development of preparedness and service continuity planning is not a common practice. Member States must plan and prepare to ensure continuity of services during emergencies.

20. **Growing social inequities are the major drivers of HIV, TB, STIs and hepatitis to a large extent:** Poverty, unemployment, stigma, discrimination and gender inequality are common in the Region. The most vulnerable groups, such as sex workers, prisoners, migrants, drug users, men who have sex with men, miners, the elderly, adolescents and young women are disproportionately affected, and yet face major barriers, including lack of social protection schemes, to prevention and treatment of HIV, TB, STIs and hepatitis.

## **VISION, GOALS, OBJECTIVES, MILESTONES AND TARGETS**

### ***Vision***

21. A Region free of the burden and the negative health effects of AIDS, tuberculosis, viral hepatitis and sexually transmitted infections.

### ***Goal***

22. To combat epidemics caused by HIV, tuberculosis, viral hepatitis and sexually transmitted infections by 2030.

### ***Objective***

23. The framework will guide Member States in the African Region to:

- (a) build stronger and integrated systems and services in order to maximize the impact of interventions against HIV, tuberculosis, viral hepatitis and sexually transmitted infections;
- (b) monitor progress of the response to HIV, tuberculosis, viral hepatitis and sexually transmitted infections.

### ***Targets by 2030***

24. *Cross-cutting targets*

- (a) All Member States have adopted people-centred and context-specific integrated approaches to achieve set targets;
- (b) All Member States with strategic information systems for HIV, TB, viral hepatitis and STIs integrated into DHIS2.

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<sup>21</sup> GFATM; The impact of COVID-19 on HIV, TB and malaria services and systems for health; Geneva, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2020. ([https://www.theglobalfund.org/media/10776/covid-19\\_2020-disruption-impact\\_report\\_en.pdf](https://www.theglobalfund.org/media/10776/covid-19_2020-disruption-impact_report_en.pdf), accessed 23 April 2021).



25. *Disease-specific targets*

Tuberculosis

- (a) 90% reduction in the number of TB deaths compared with 2015
- (b) 80% reduction in the TB incidence rate compared with 2015
- (c) 0% of TB-affected families facing catastrophic costs due to TB.

Viral hepatitis

- (a) 90% reduction of new cases of chronic viral hepatitis B and C infections
- (b) 65% reduction of viral hepatitis B and C-related deaths.

HIV

- (a) 90% reduction in new HIV infections
- (b) 90% reduction in HIV-related deaths.

STIs

- (a) 90% reduction in *T. pallidum* incidence
- (b) 90% reduction in *N. gonorrhoea* incidence
- (c) Less than 50 cases of congenital syphilis per 100 000 live births.

***Milestones by 2025***

26. *Cross-cutting milestones*

- (a) 90% of people with HIV, TB, viral hepatitis and STIs are linked to services for other communicable diseases, noncommunicable diseases and other services they need for their overall health and well-being;
- (b) All Member States report on antimicrobial resistance of HIV, TB and *Neisseria gonorrhoea*.

27. *Disease-specific milestones*

Tuberculosis

- (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.

HIV

- (a) 95–95–95 testing and treatment targets achieved among people living with HIV within all subpopulations and age groups;
- (b) 95% of people at risk of HIV infection use appropriate and effective combination prevention options.

Viral hepatitis

- (a) 35 Member States have introduced hepatitis B vaccine birth dose;
- (b) 30% of people with chronic hepatitis infections diagnosed and 30% treated for hepatitis B and C.

## STIs

- (a) All Member States provide STI services in all primary health care facilities:<sup>22</sup>
- (b) All Member States have introduced HPV vaccine into national immunization programmes.

## GUIDING PRINCIPLES

- 28. **Country ownership** of the national HIV, hepatitis, STI and TB response, which should be led, coordinated and owned by Member States.
- 29. **Integration** of HIV, viral hepatitis, TB and STI policies, strategies, management and services into the health system and strengthening of collaboration between health and other sectors.
- 30. **Alignment and effective partnerships for multisectoral programming** to ensure that partners bring their comparative advantage and align their support to governments' priorities.
- 31. **A primary health care approach** to making investments, to ensure that all people obtain the services they need, without suffering financial hardship.
- 32. **A public health approach** based on simplified and standardized interventions and services that can readily be taken to scale and brought nearer to the population in need.
- 33. **A people-centred approach** to care that stresses the life-cycle approach and adopts the perspectives of individuals, families and communities, seen as participants and beneficiaries.
- 34. **Strong engagement with civil society organizations and communities**, including affected communities, allowing for increased access to quality services for hard-to-reach beneficiaries.
- 35. **Protection and promotion of an equity, ethics, gender and rights-based approach** that leaves no one behind.

## PRIORITY INTERVENTIONS AND ACTIONS

### *Promote leadership and management for performance*

- 36. Establish an efficient organizational structure for integrated elimination of HIV, STI, TB and viral hepatitis at the highest political level within the ministry of health or above, and have an accountability framework to ensure integrated efforts towards the 2025 targets. Promote multisectoral action and decentralization. Political support from the national to the district level, involving partners, civil society and affected communities is essential. Member States should conduct integrated strategic and operational planning, reviews and evaluation.

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<sup>22</sup> STI services include: general STI awareness, prevention, detection, case management and partner follow-up.

### ***Generate evidence-based information for action***

37. Strengthen integrated national surveillance, monitoring and evaluation systems. This includes programmatic data management, strengthened laboratory information and pharmacovigilance, all linked with broader health information systems. They should produce timely information of high quality and coverage to reliably track HIV, TB, hepatitis and STI epidemics, and assess progress towards national and global targets. Promote case-based surveillance and real-time monitoring of programmes through IDSR, especially at primary health care level. Collaboration with communities and vital registration is essential to better report on mortality. Investments in prevalence surveys and estimates should be increased and sustained. Intelligence gathered should be disseminated to help in reviewing national strategies in line with global recommendations.

### ***Interventions to implement along the life course for impact***

38. A life course-based approach should be adopted for implementing the framework interventions. It would be beneficial to concretely apply integrated people-centred approaches.

#### *Pregnant women*

39. Pregnant women should be screened for HIV, hepatitis B and syphilis, as part of the triple elimination of the three diseases. Those diagnosed with the diseases should benefit from the optimal treatment for hepatitis B, HIV and syphilis, available for themselves and their babies. HIV-infected women will be screened for TB and receive TB preventive treatment if no active TB is identified. Pregnant women should also benefit from health promotion interventions to adequately take care of their babies, regarding breastfeeding, immunization (BCG and hepatitis B) and nutrition. Integration of HIV, TB, viral hepatitis and STI services into reproductive, maternal, newborn, child health (RMNCH) services is essential.

#### *Newborns and young children (0 to 9 years old)*

40. Newborns should receive viral hepatitis birth dose vaccine within 24 hours of birth, complemented later by three doses of the viral hepatitis pentavalent vaccine. Newborns should also receive the BCG vaccine and be screened for congenital syphilis when necessary. Early infant diagnosis of HIV should be performed for those born to mothers living with HIV, and in case they are found to be HIV-positive, they should benefit from the optimal antiretroviral treatment. HIV-infected infants and those living in the household of bacteriologically confirmed TB patients should also be screened for active TB, in order to receive treatment for drug-sensitive or drug-resistant TB. In case no active TB is detected, they could benefit from TB preventive therapy. These activities could be integrated in relevant health care services such as HIV, RMNACH, nutrition, immunization and other relevant entry points.

#### *Adolescents (10–19 years old)*

41. Adolescent girls below the age of 15 years should receive HPV vaccine to prevent cervical cancer. At school, adolescents should receive sexual and reproductive health education. Girls should get support to remain in school and adopt healthier sexual and reproductive behaviours, while those who are out of school should be provided with programmes to reduce their vulnerability to HIV and STIs. Advocacy is needed for legal reform to allow persons under 15 years of age to access HIV testing services without prior parental consent. HIV-infected adolescents and those living in the household of bacteriologically confirmed TB patients should be screened for TB and receive TB preventive treatment when active TB is excluded. To encourage the use of these services, all health care facilities should apply the youth- and

adolescent-friendly services standards. Wherever possible, HIV, TB, hepatitis and STIs should be integrated into sexual and reproductive health services.

*Adults (20–49 years)*

42. Member States should adopt new prevention technologies. Adults at high risk of HIV, TB, viral hepatitis and STIs should be screened and treated using integrated and differentiated service delivery approaches that suit their needs and preferences. Structural barriers should be removed to increase access to services for populations at highest risk. For testing, multi-disease diagnostic platforms should be preferred. Innovative strategies should be implemented to reach men, especially for HIV testing and treatment. Initiatives to scale up access to viral hepatitis and STI testing and treatment should be implemented. For women beyond 30 years of age, screening for cervical cancer and treatment should be prioritized.

*Adults and older people (beyond 50 years of age)*

43. All interventions for adults apply. Screening for cervical cancer and liver cancers deriving from chronic forms of viral hepatitis should be prioritized as well as screening for metabolic and cardiovascular noncommunicable diseases as people live longer and, in some cases, resulting from long-term antiretroviral treatment.

*Interventions spanning the life course*

44. Across the life cycle, Member States should implement health promotion interventions and differentiated service delivery approaches. More attention should be given to social and environment determinants of HIV, TB, viral hepatitis and STIs. Strong actions should be taken against antimicrobial resistance.

***Ensure equity in service delivery***

45. Universal health coverage requires strong primary health care to deliver continuous, integrated HIV, TB, hepatitis and STI services that are people-centred and gender-sensitive. Member States should continue opting for a right-based response that leaves no one behind, with efforts to differentiate and tailor services to those in need and address stigma and discrimination, especially in the health sector. Existing platforms for triple elimination of mother-to-child transmission of HIV, hepatitis B virus and syphilis should be leveraged. Community-based services should be expanded. Forecasting and procurement mechanisms should be improved.

***Mobilize financial resources for sustainability***

46. National health sector planning efforts should be harmonized across HIV, TB, viral hepatitis and STI areas, especially for shared health system costs, within the framework of universal health coverage. Efficient use of existing resources, value for money and value-based care should be promoted. Price reductions with generic manufacturing and increased competition and optimizing procurement should be leveraged. Lobbying for increased domestic investment in HIV, TB, hepatitis and STIs by the government and local philanthropy, with a view to long-term sustainability is essential. Building the capacity of programme managers and officials from the ministry of health to leverage fiscal spaces and establishing a collaborative platform with the ministry of finance would support implementation and sustainability.

***Enhance innovation for accelerating service delivery***

47. Adoption and implementation of existing innovations should be accelerated. Member States should support research and development of new tools and technologies, including finding new medicines for TB, a functional cure for hepatitis B virus infection, optimized formulations for treating children, vaccines for HIV, TB, hepatitis C virus, genital herpes and gonorrhoea. The use of new communication technologies to improve the quality of messaging, outreach and health-seeking behaviour to address social determinants of health is important.

***Develop resilient systems***

48. Member States should develop cost-integrated HIV, TB, hepatitis and STI service continuity plans to prevent jeopardizing prior investments made in HIV, TB, hepatitis and STI responses and minimize disruption of essential services when public health emergencies occur.

***Monitoring of framework***

49. The Secretariat will provide progress and monitoring of implementation reports to the Regional Committee in 2023.

**ACTIONS PROPOSED**

50. The Regional Committee is invited to examine and adopt the proposed implementation framework.