

Global Health Sector Strategy 2022 – 2030

How civil society can use it to drive change



What is the new Global Health Sector strategy?

World Health Organization's (WHO) new Global Health Sector Strategy (GHSS) on HIV, viral hepatitis and sexually transmitted infections (STIs) promotes the disease specific goals to end AIDS and the epidemics of viral hepatitis and STIs by 2030.

The new strategies propose a common vision to end epidemics and advance universal health coverage (UHC), primary health care and health security in a world where all people have access to high-quality, evidence-based and people-centred health services. This emphasises the need and benefits of an integrated approach which focuses on the needs of individuals and communities rather than a specific disease.

The new GHSS also includes hepatitis elimination targets for 2025 as well as 2030. These 2025 goals can be used to hold health systems accountable to their commitment to hepatitis elimination.

The GHSS has five strategic directions providing the overall guiding framework for achieving these goals:

1. Deliver high-quality evidence-based people-centred services
2. Optimise systems, sectors and partnerships for impact
3. Generate and use data to drive decisions for action
4. Engage empowered communities and civil society
5. Foster innovations for impact





Strategic direction 4: Engage empowered communities and civil society

This strategic direction – “Engage empowered communities and civil society” – champions the essential role of communities in the response, including delivering services.

This strategic direction focuses on engaging communities and civil society, including key and affected populations, and supporting their self-empowerment and pivotal role in advocacy, service delivery and policy-making, including to ensure that services are culturally appropriate and responsive to community needs, and to address stigma and discrimination and tackle social and structural barriers.

Outputs, outcomes

Communities are engaged and empowered to bring services closer to people and promote accountability.

Delivery of services is people-centred and tailored to diverse populations and settings, reducing inequalities.

Impact

By 2030, end AIDS and the epidemics of viral hepatitis and STIs. Advance universal health coverage and health security.

Impact indicators and targets for HIV, viral hepatitis and sexually transmitted infections, by 2030

DISEASE AREA	IMPACT INDICATOR	2025 TARGET	2030 TARGET
Shared: HIV, viral hepatitis and STI's	Reduced incidence <ul style="list-style-type: none"> Number of new HIV and viral hepatitis cases per year 	<1.5 million	<500,000
	Healthy lives – reduced mortality and cancers <ul style="list-style-type: none"> Number of people dying from HIV, viral hepatitis and STI's per year Number of new cases of cancer from HIV, viral hepatitis and STI's per year 	<1.7 million	<1 million
		<900,000	<700,000
Viral hepatitis	Hepatitis B surface antigen prevalence among children 0-4 years old	0.5%	0.1%
	Number of new hepatitis B infections per year	850,000 new cases 11 per 100,000	170,000 new cases 2 per 100,000
	Number of new hepatitis C infections per year	1 million new cases 13 per 100 000	350 000 new cases 5 per 100 000
	Number of new hepatitis C infections among persons who inject drugs per year	3 per 100	2 per 100
	Number of people dying from hepatitis B per year	530,000 deaths 7 per 100,000	310,000 deaths 4 per 100,000
	Number of people dying from hepatitis C per year	240,000 deaths 3 per 100,000	140,000 deaths 2 per 100,000

Coverage indicators and targets for viral hepatitis by 2030

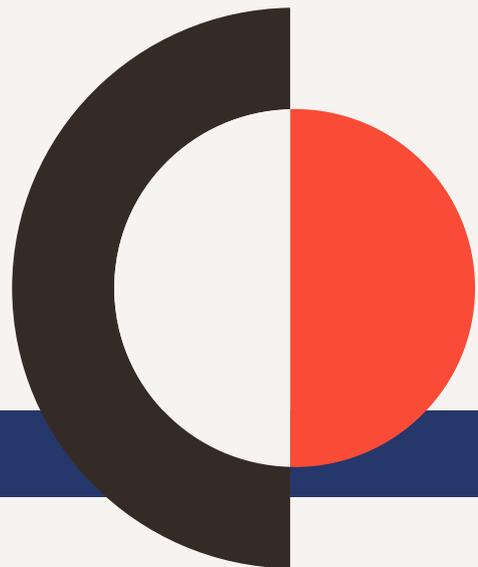
COVERAGE INDICATOR	2025 TARGET	2030 TARGET
Hepatitis B – percentage of people living with hepatitis B diagnosed / and treated	60%/50%	90%/80%
Hepatitis C – percentage of people living with hepatitis C diagnosed / and cured	60%/50%	90%/80%
Percentage of newborns who have benefitted from a timely birth dose of hepatitis vaccine and from other interventions to prevent the vertical (mother-to-child) transmission of hepatitis B virus	70%	90%
Hepatitis B vaccine coverage among children (third dose)	90%	90%
Number of needles and syringes distributed per person who injects drugs	200	300
Blood safety - proportion of blood units screened for bloodborne diseases	100%	100%
Safe injections - proportion of safe health-care injections	100%	100%

Here are some of the strategic actions to look out for:

Action 33: Community and civil society leadership

Engage and support communities and civil society to enhance their pivotal contributions to advocacy, service delivery, policymaking, monitoring and evaluation, and initiatives to address social and structural barriers. Communities and diverse civil society organisations deliver an essential complement to facility-based services and are an integral part of effective health care, especially among populations that may face barriers to accessing services, or in situations in which health facilities may be inaccessible. The meaningful participation of communities and civil society in national health planning processes and service delivery brings services closer to people in need; improves service acceptability, uptake and retention; empowers individuals with greater

autonomy and self-care possibilities and promotes equity. Communities and civil society organisations bolster advocacy efforts, strengthen programme design and delivery, and promote accountability, including through community-led monitoring. To be effective, community-based and civil society organisations require predictable funding and must be recognised by other stakeholders as key partners in efforts to end the epidemics of HIV, viral hepatitis and STIs.



Action 34: Community health workers

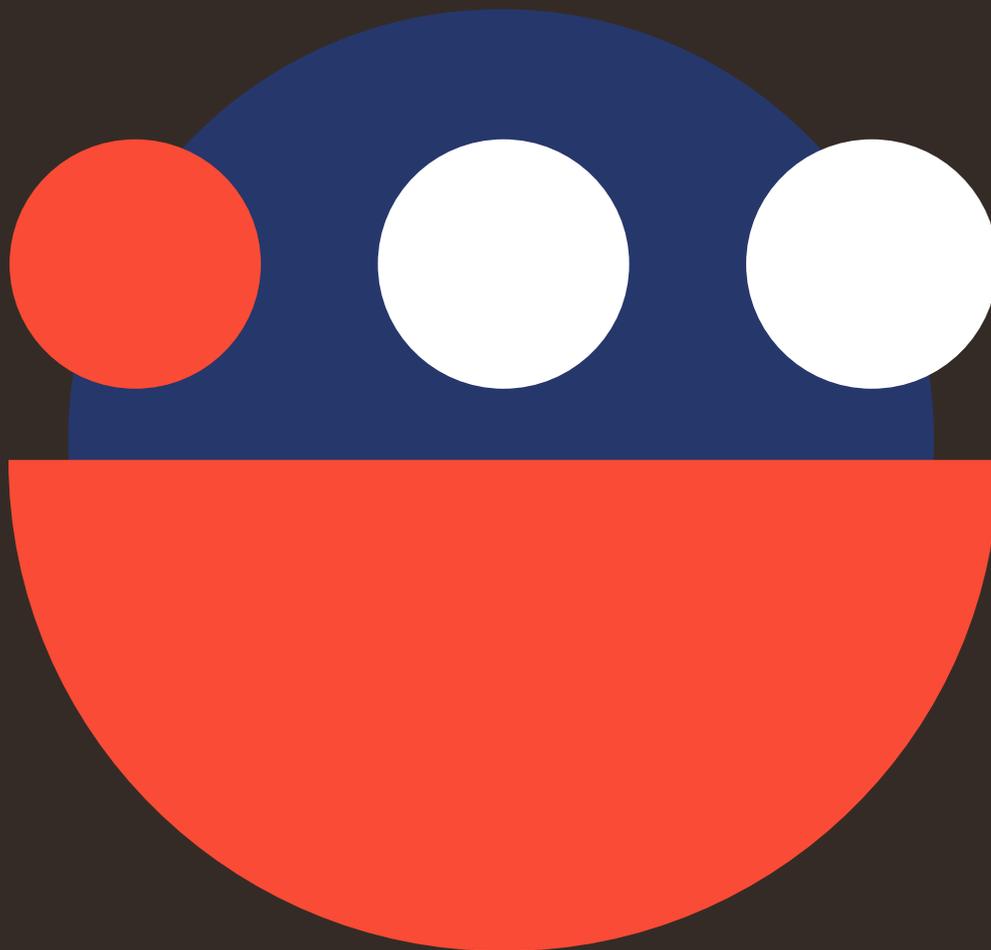
Provide adequate regulation, training, supervision and support for community-based members of the health workforce. Addressing major gaps in the HIV, viral hepatitis and STI responses requires expanding community capacity to provide services and commodities to populations that are not reached effectively through traditional clinic-based approaches. The needs of the community-based health workforce must be addressed on

par with the needs of the formal health workforce in terms of regulation, training and supervision. Linkages need to be strengthened between community-based health services and formal health services. Community-based health workers must be compensated appropriately for their work. Like all health workers, they should have access to protective equipment and be safeguarded by infection control protocols.

Action 76: Community and civil society leadership for viral hepatitis

Engage and support people living with viral hepatitis and communities to play a central role in efforts to eliminate viral hepatitis through advocacy, policy-making, research, service delivery and monitoring and evaluation. The meaningful involvement of people living with viral hepatitis, communities and civil society promotes awareness-raising for hepatitis B and C and equitable responses to viral hepatitis and is key to effectively addressing the stigmatisation, discrimination, social marginalisation and gender-based violence faced by people living with viral hepatitis and those at risk. Stigma and discrimination take different forms in relation to hepatitis B virus and hepatitis C virus and must

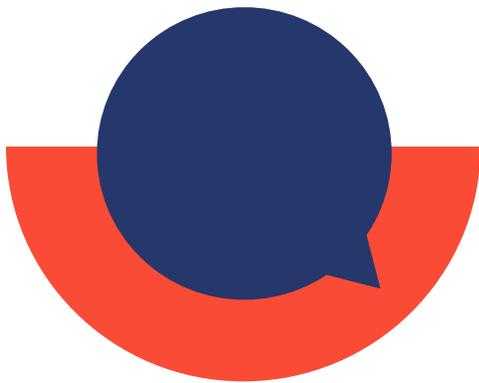
be addressed as distinct issues. Some of these barriers can be overcome by adapting existing service delivery models to meet the needs of affected populations. Others may require the reviewing and reforming of certain laws, regulations and policies that limit access to health services. Discrimination against people based on their hepatitis diagnosis can limit their employment opportunities and impede their ability to access health services and improve their quality of life. Populations that commonly encounter legal and policy barriers to accessing viral hepatitis services include adolescents and young people, migrants from countries with a high burden of hepatitis, and key populations.



What civil society can do to support the GHSS?

Promote greater public and political awareness of the importance of viral hepatitis B and C prevention, testing and treatment:

- ▶ Targeted public awareness and advocacy campaigns to increase awareness amongst key populations and healthcare workers of disease transmission risks and the importance of testing.



Demand high-quality evidence-based, people-centred services:

- ▶ Call for investment and scale up of evidence-based prevention and care strategies with a focus on key and affected populations.

Address the barriers faced by populations most affected and at-risk:

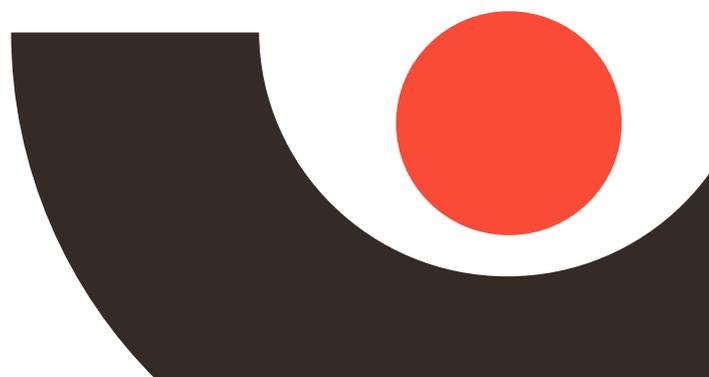
- ▶ Call on governments to define specific populations that are most affected and at-risk within the local context and address their needs.
- ▶ Address stigma and discrimination through regular trainings for all health care staff to increase knowledge, address misconceptions and underlying fears, and raise awareness about the harmful consequences of stigma and discrimination.

Campaign for substantially increased testing and treatment access in community and health facility-based services:

- ▶ Promote the need for prompt and efficacious interventions to treat pregnant women who test positive and to prevent transmission of the infection(s) to their infants; counselling for pregnant women and their partners; safe delivery; follow-up of exposed infants, including the hepatitis B birth dose vaccine and completion of the three-dose series of the hepatitis B vaccine.
- ▶ Call for increased access for rapid point-of-care multiplex to make it possible to provide community-based and self-testing services.
- ▶ Work to strengthen linkages between community-based health services and formal health services.

Strengthen community and civil society involvement and create innovative partnerships:

- ▶ Advocate for communities and civil society to participate in national health planning processes and service delivery to bring services closer to people in need.
- ▶ Promote accountability through community-led monitoring.
- ▶ Call for increased and stable funding and recognition of community groups as key partners in hepatitis elimination.



For more details on the GHSS you can:

[Access the 2022-2030 strategy here](#)

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