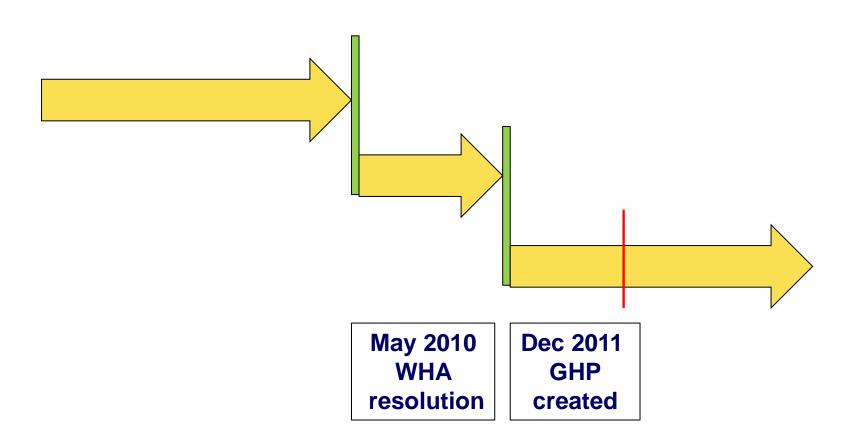
Prevention and Control of Viral Hepatitis Infection: WHO Framework for Global Action

## <u>globalhepatitis</u> programme

## **Dr. Stefan Wiktor, Team Lead**



# Viral hepatitis at WHO: a historical perspective





## World Health Assembly 2010

### 2010 World Health Assembly resolution 63.18:

- Sponsored by Brazil, Columbia, and Indonesia
- Call for comprehensive approach to hepatitis prevention and control

### Mandate to WHO:

- Mobilize support
- Develop guidelines and strategies for surveillance, prevention and control of viral hepatitis
- Improve global prevalence and disease-burden estimates
- Support development of scientific research
- Strengthen WHO Safe Injection Global Network

## **WHO Viral Hepatitis Programme**

- Created December 2011
- Develop Framework for Prevention and Control of Viral Hepatitis Infection:
  - Vision: A world where viral hepatitis transmission is stopped and all have access to safe and effective care and treatment
  - Goals to:
    - reduce the transmission of hepatitis-related viruses
    - reduce the morbidity and mortality due to viral hepatitis and improve the care of patients with viral hepatitis
    - reduce the socio-economic impact of viral hepatitis at individual, community and population levels



## **WHO-HQ Viral Hepatitis Team**









Stefan Wiktor, Team Lead

Hande Harmanci

Tim Nguyen Naoko Obara

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World Health Organization Prevention & Control of Viral Hepatitis Infection:

Framework for Global Action

Available at: http://www.who.int/csr/disease/GHP\_framework.pdf

> World Health Organization



## **Global Hepatitis Framework**



Strategic axis 4. Screening, care and treatment





# Axis 1: Increasing engagement through awareness, partnerships and mobilizing resources

Increasing awareness among policy makers, health professionals, and the public about viral hepatitis

- Support for World Hepatitis Day
- Viral Hepatitis Network: Establish global network of collaborating centres and civil-society associations for viral hepatitis prevention and control
- Mobilize resources
  - WHO
  - Countries with limited resources





www.worldhepatitisday.info



### WOL HEPATITIS DEI 28 JULAE

#### KATEM HEPATITIS B LONG 2012

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MOH

WHO



# Axis 2: Evidence-based policy and data for action

Increase collection, analysis of data:

- Publish global prevalence and burden estimates for viral hepatitis
- Develop:
  - Guidelines for hepatitis surveillance in low-income countries
  - Monitoring and evaluation framework
- Conduct country hepatitis burden-of-disease and hepatitis response workshops



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ELSEVIER		omepage: www.elsevier.com/locate/vaccine			
-	us seroprevalence by age and w	orld region, 1990 and 2005			
* Department of Global & Comm	n <sup>a,</sup> *, <b>Steven T. Wiersma</b> <sup>b, 1</sup> unity Health, George Mason University. 4400 University Drive M tation, Department of Immunization, Vaccines and Biologicals, W	•			
		BMC Infectious Diseases		Search this journal	▼ for
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		Research article The risk of perinatal hepatitis B virus prevalence estimates for all world re Jördis J Ott, Gretchen A Stevens and Steven T Wi	egions		Access J)
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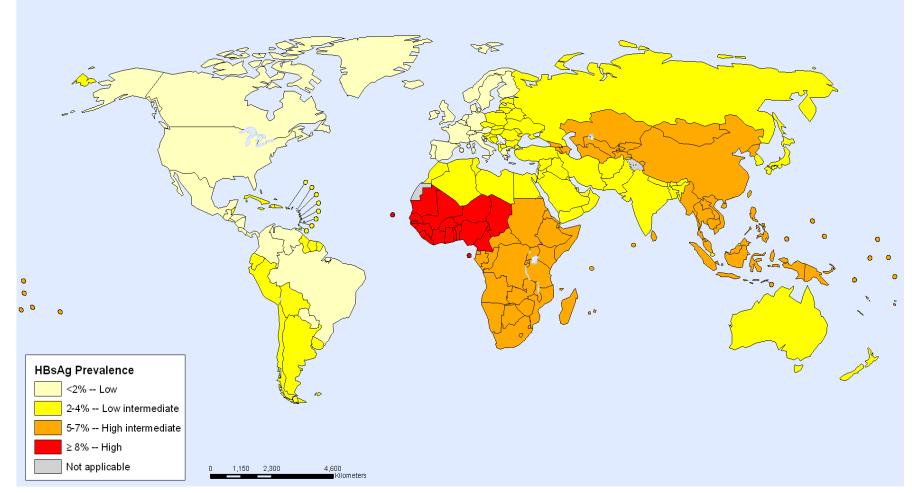
HBsAg seroprevalence and endemicity

J.J. Ott<sup>a</sup>, G.A. Stevens<sup>a</sup>, J. Groeger<sup>b</sup>, S.T. Wiersma<sup>a,\*</sup>

<sup>a</sup> World Health Organization, 20, Avenue Appia, 1211 Geneva 27, Switzerland <sup>b</sup> Centers for Disease Control and Prevention, Atlanta, GA, USA



#### Global prevalence of chronic hepatitis B virus infection, 2005, adults (19-49 years)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. Data Source: refer to data/models described in manuscript Map Production: Public Health Information and Geographic Information Systems (GIS) World Health Organization



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# Axis 3: Prevention of virus transmission

- **Promote expansion of immunization:** 
  - Protection of newborns, health-care workers, and high-risk groups against hepatitis B
  - Promote innovative approaches for the future

### • **Promote behavioral and structural interventions:**

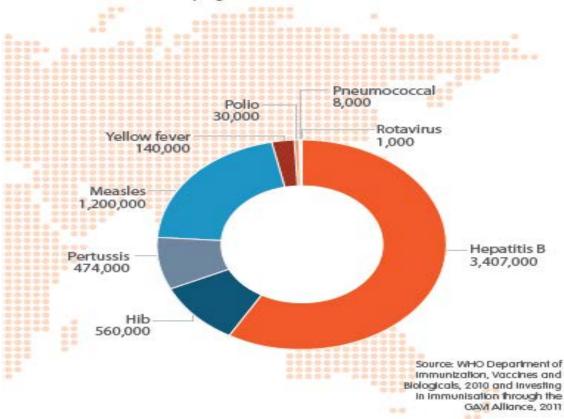
- Safer sex
- Safe and rational use of injections
- Safe blood transfusion
- ensuring safe food and water for countries and on proper disposal of sanitary waste



Hepatitis B infant immunization: A well accepted strategy that works!

#### Figure 1.

Future deaths prevented trough continuous investments into routine immunization programmes



09



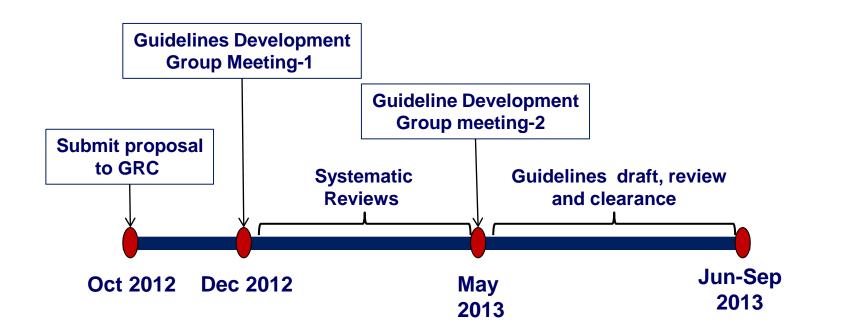


# Axis 4: Screening, care and treatment

- Advocate for better data on burden of disease
- Develop treatment guidelines
- Prequalify diagnostics
- Prequalify therapeutics
- Develop training tools
- Advocate/negotiate for drug and reagent price reductions
- Assist countries in developing national strategies



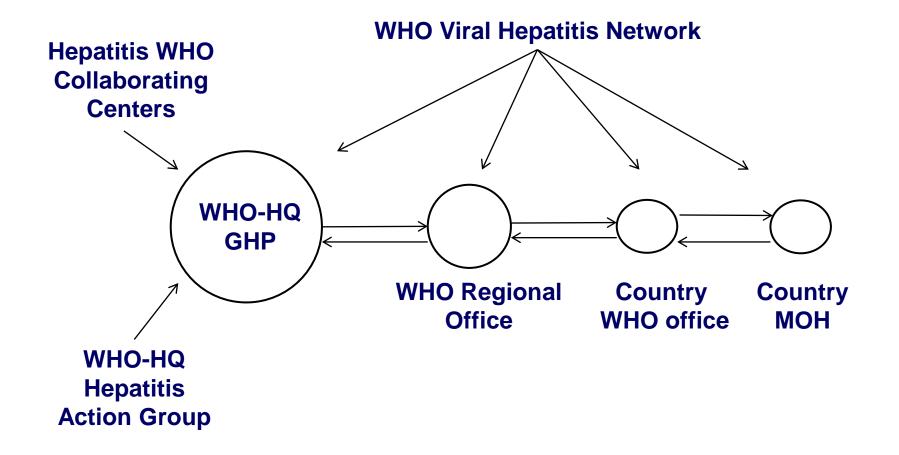
# Timeline of development of WHO hepatitis C screening, care, and treatment guidelines



#### Hepatitis B Treatment Guidelines



## Working together with WHO-Global Hepatitis Programme





### Global Hepatitis Network Organizational Meeting Izmir Turkey, October 2012





## Conclusions: Challenges and opportunities

- Increasing 'buzz' around hepatitis
- Huge mandate small team, few resources
- Hepatitis control is cross-cutting
- Fast changing landscape



## Strengthening WHO Global Hepatitis Programme

- Staffing needs
  - Surveillance officer
  - Treatment officer
  - External relations/fund raising
- Funding needs
  - Country burden of disease workshops
  - Laboratory work: prequalification of diagnostics
  - Prequalification of biosimilars
  - Development of training tools



## Thank you

## <u>globalhepatitis</u> programme



World Health Organization