Future priorities and activities to support the elimination of viral hepatitis as a public health treat

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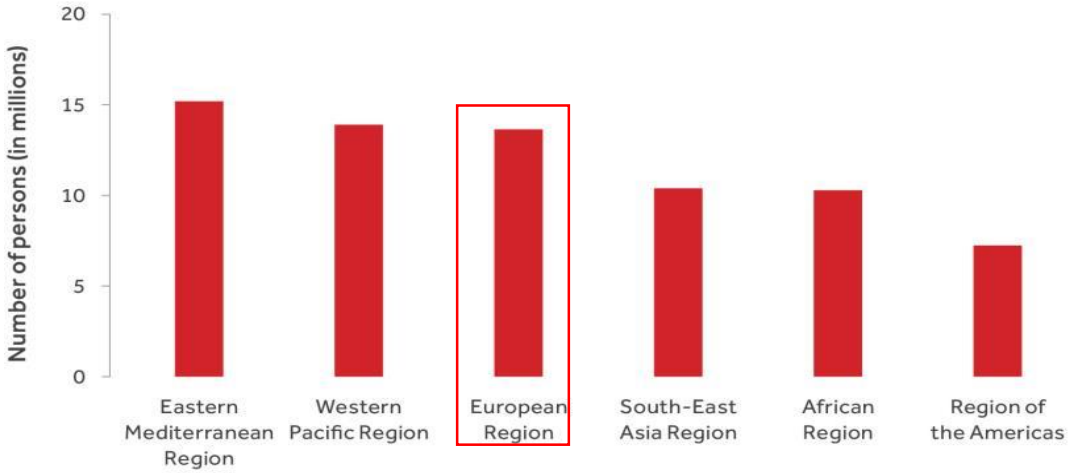
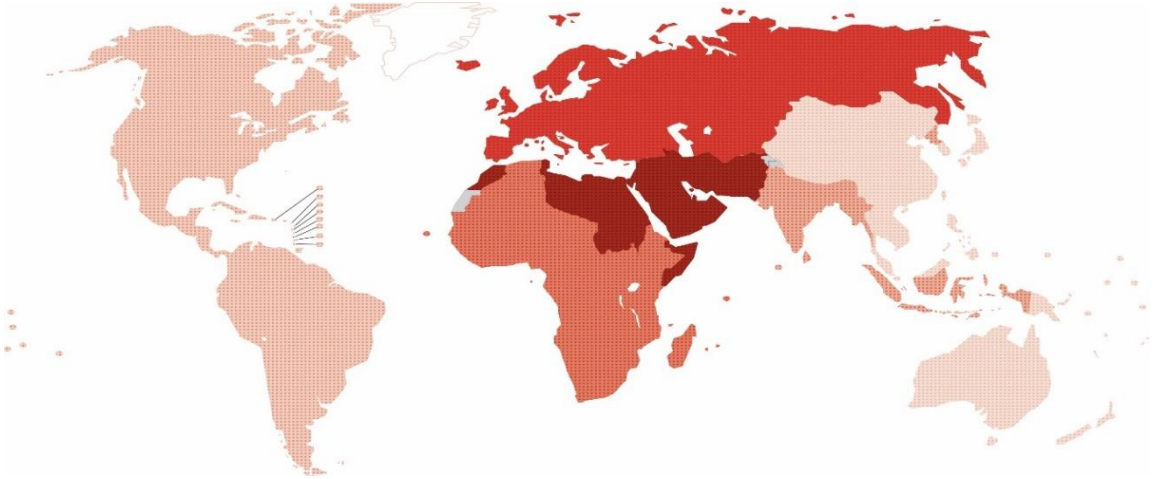
WHO Regional Office for Europe

25 March 2021

Global and regional burden of HCV infection





Global prevalence: 71 million infected, all regions

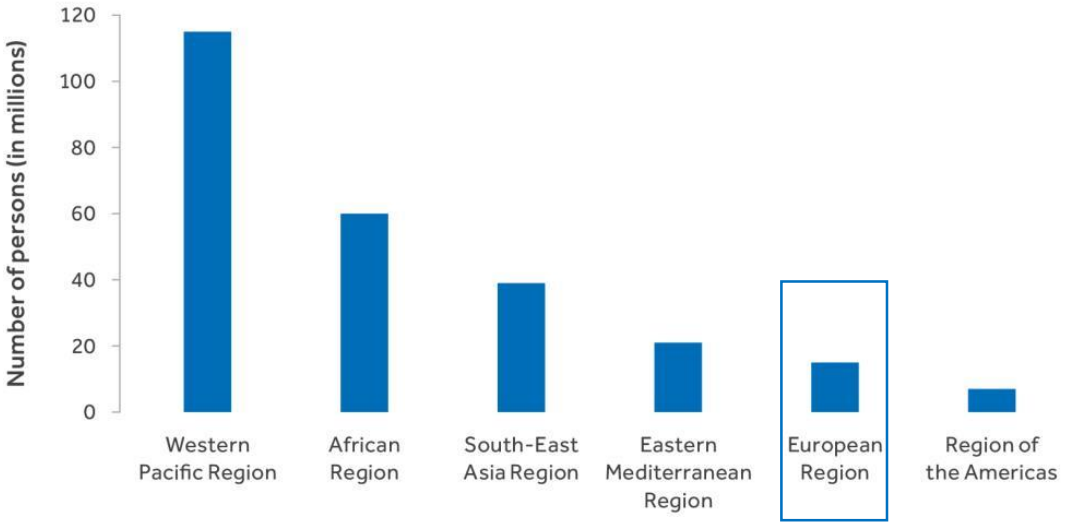
Incidence: 1.75 million new infections / year
(unsafe health care and injection drug use)

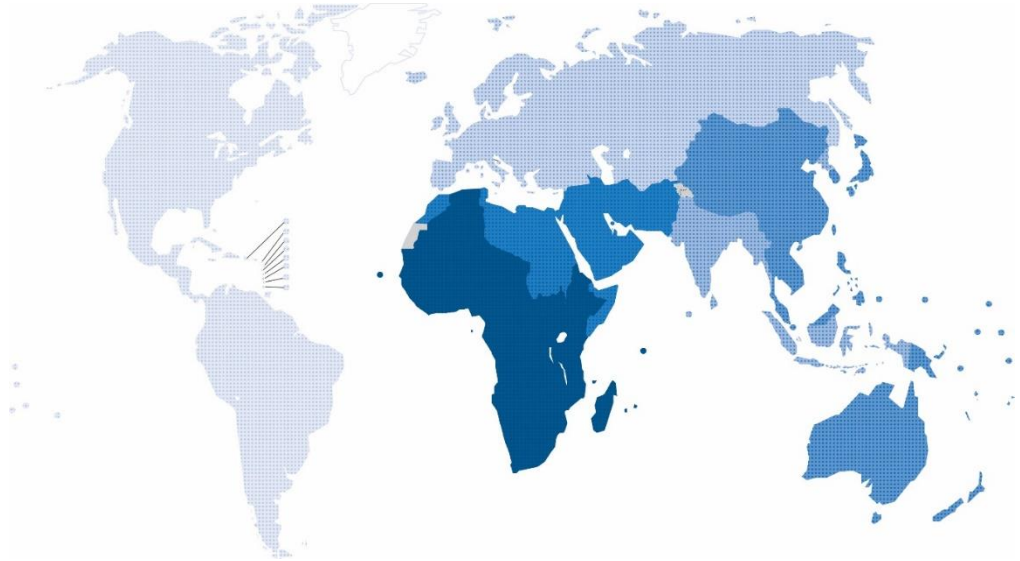
In the WHO European Region:

- **14 million** people living with **HCV infection**
  - 31% diagnosed (2015)
  - Estimated number of deaths: 112,500/year
  - Over 60% of those affected live in eastern Europe and central Asia

Source: Global Hepatitis Report, 2017

Global and regional burden of HBV infection





Global prevalence: 257 million

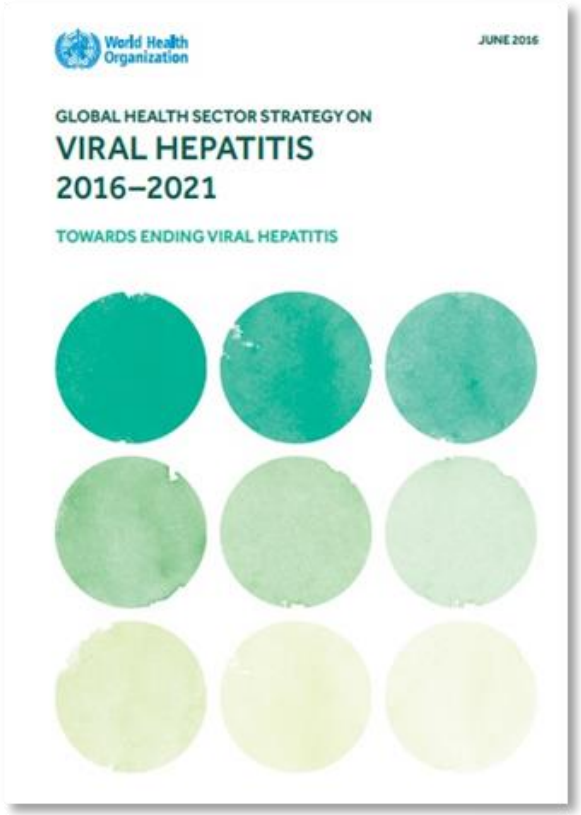
Incidence: prevalence among children below 5 years (conisdered as proxy for chronic hepatitis B incidence) decreased from 4.7% to 1.3% on the global level after introduction of vaccination

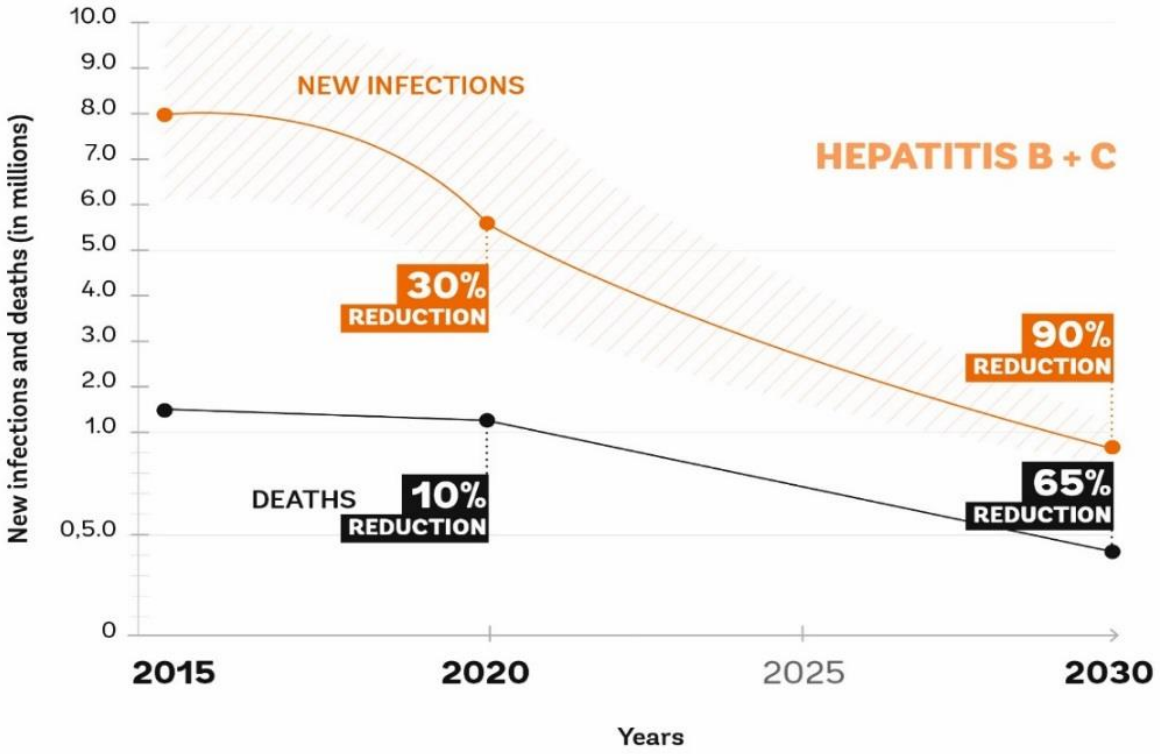
WHO European Region:

- **15 million** living with chronic HBV infection (2015)
  - 31% diagnosed (2017)
  - 56 000 deaths / year
  - Universal hepatitis B vaccination – in 50/53 countries

Source: Global Hepatitis Report, 2017

Global agenda: elimination of viral hepatitis as a public health threat by 2030





6-10 mio infections (in 2015) to 900,000 infections (by 2030)

1.4 mio deaths (in 2015) to under 500,000 deaths (by 2030)

The World Health Assembly pledged to reach elimination

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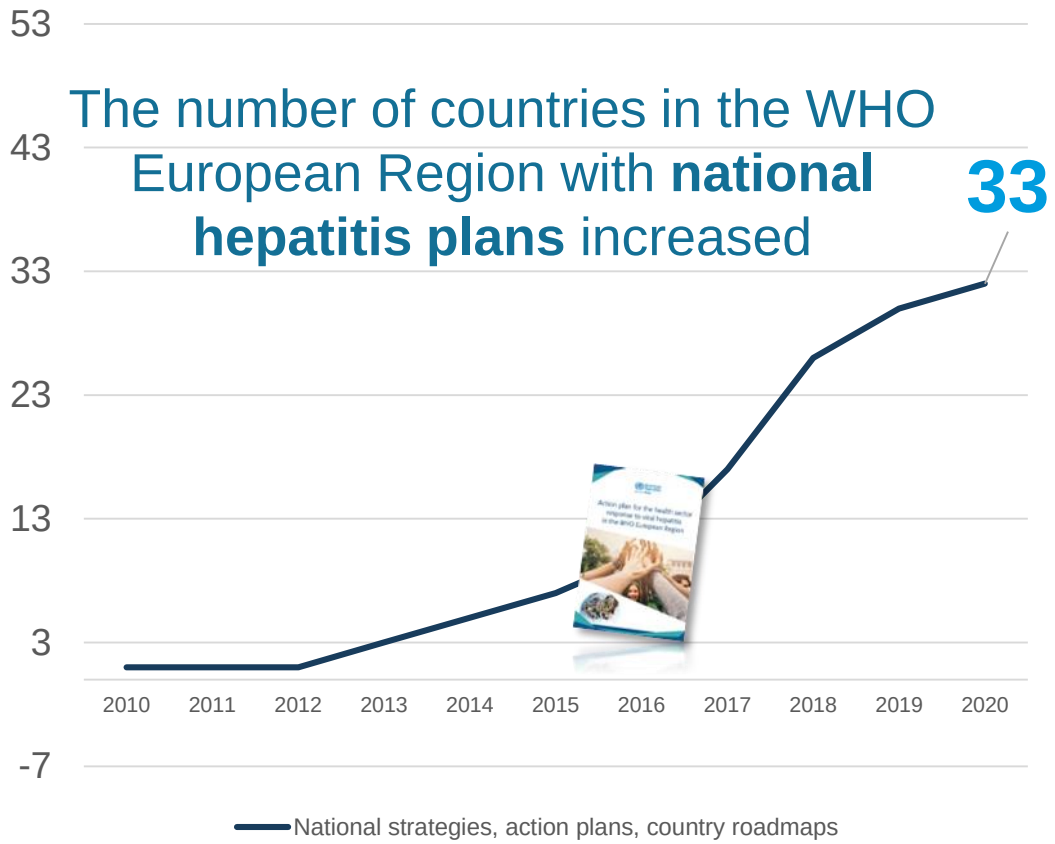
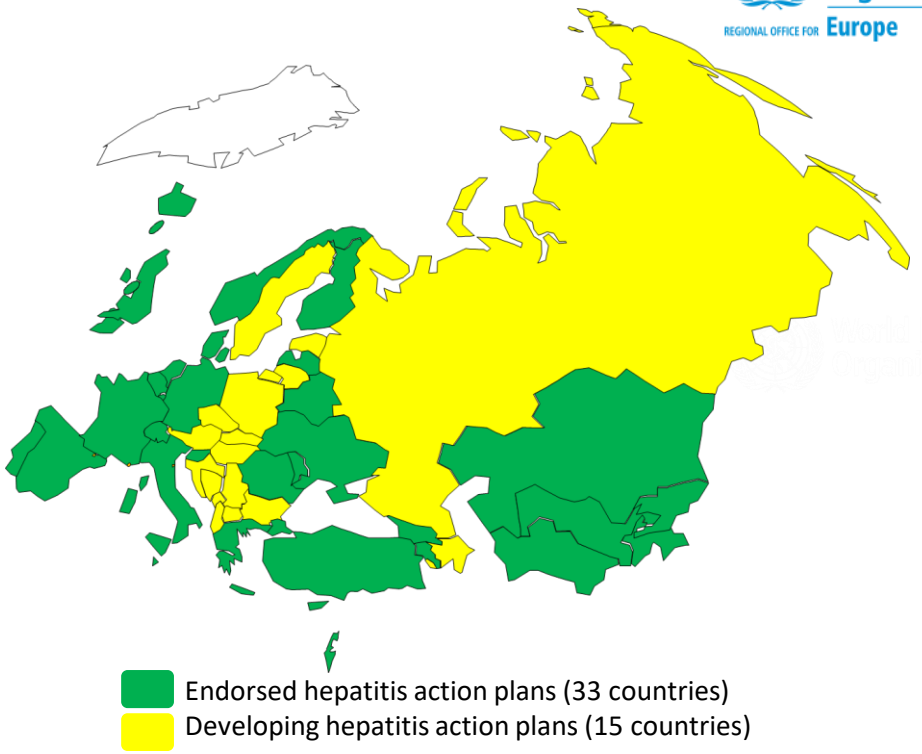
- 2016: World Health Assembly endorses elimination
- Major initiatives in some countries, little in others
- Need to review the status:
  - Report on GHSS in 2021
  - New strategy in 2022

5 core interventions with sufficient coverage would lead to elimination (incidence - 90%, mortality -65%)

	Interventions	Indicator	2015	2020	2030
	3 dose HBV vaccine	Coverage	84%	90%	90%
	HBV PMTCT	Coverage	39%	50%	90%
	Blood / injection safety	Screened donations	97%	100%	100 %
		Safe injections	95%	100%	100%
	Harm reduction	Sets/PWID/year	27	200	300
	HBV and HCV testing and treatment	% diagnosed	9/20%	30%	90%
		% treated	8/7%	N/A	80%

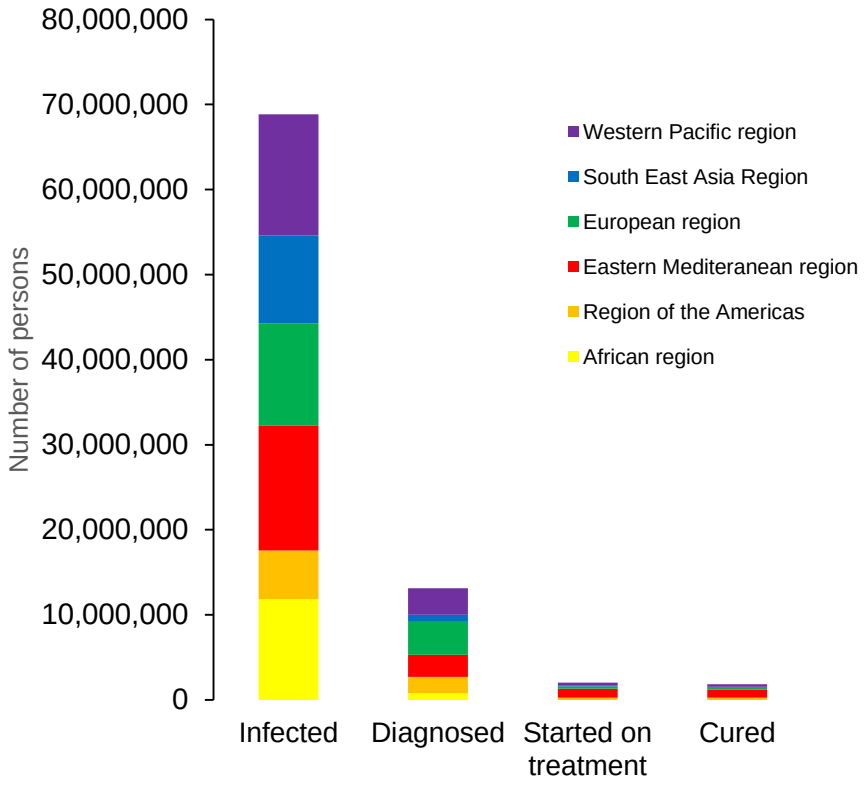
Countries increasing commitment towards hepatitis elimination





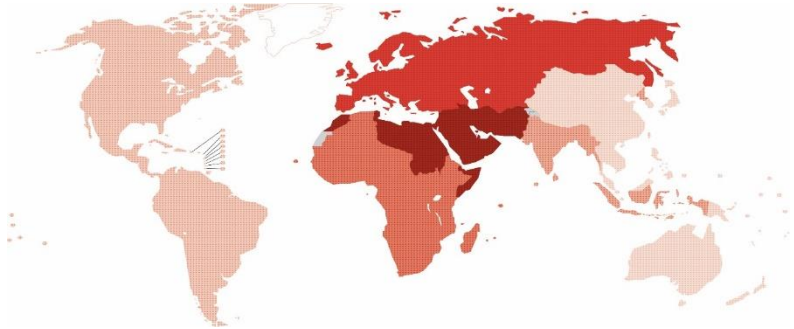
- WHO/Europe provided direct support for action plan development in ~15 countries (2016–2020)
- However, funding and implementation of the action plans still varies

Cascade of cure for HCV infection by WHO region, 2017



➢ **Globally: ~5 million treated with DAA (by 31 Dec. 2017)**

Most treatments in ~10 'champion' countries



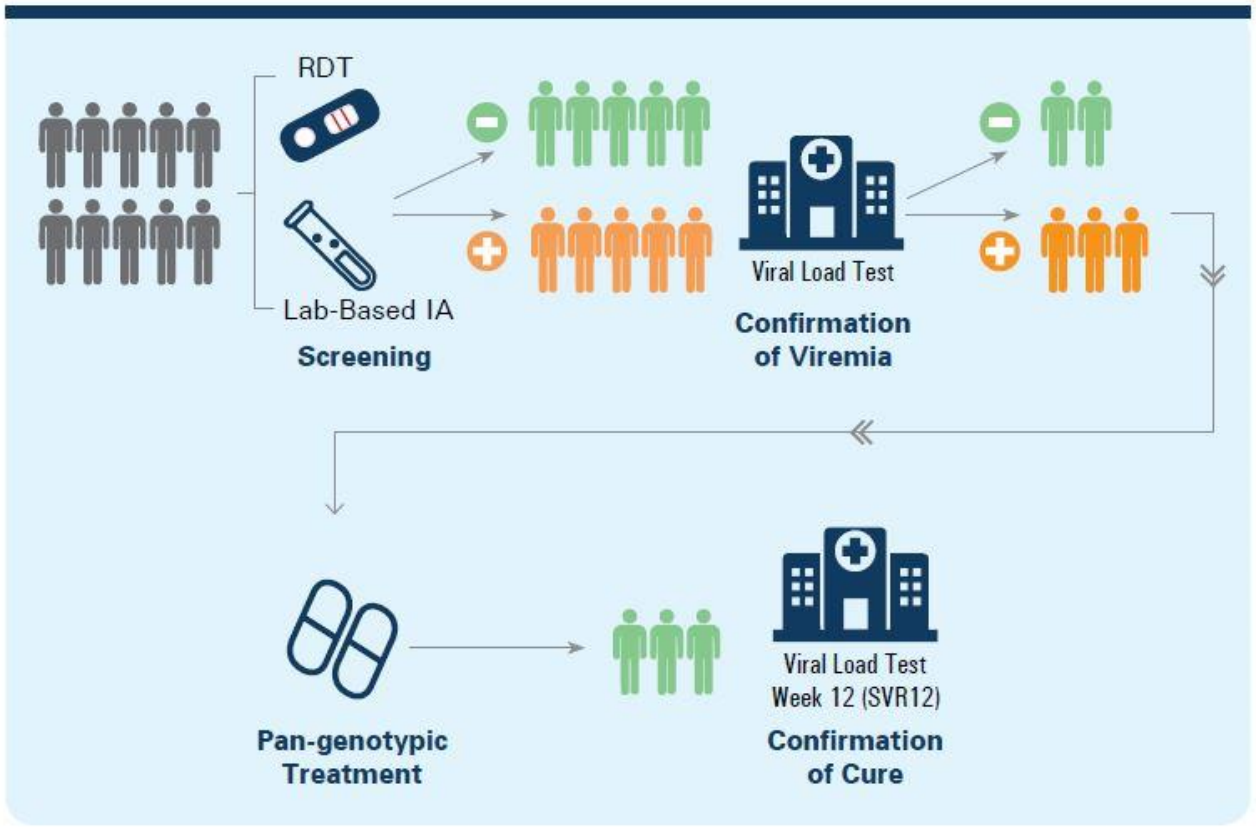
➢ **In WHO/Europe:**

at least 230 thousand Tx/year with DAAs (2017-2020)*

- Based on the scarce data reported or published
- **Eleven** Member States have access to generic DAAs (lowest reported price: $89 SOF/DAC for 3 months)

European Centre for Disease Prevention and Control. Monitoring the responses to hepatitis B and C epidemics in EU/EEA Member States, 2019. Stockholm: ECDC; 2020; CDA Foundation's Polaris Observatory; 2020; AIDS Foundation East-West (AFEW-Ukraine); (2018); UNDP; 2020; MSF; 2018; Flisiak R, et al (2019); Idilman R, et al (2020); Meijerink H, et al (2017);

WHO recommended simplified HCV management approach



Recommended prior to treatment:	No longer necessary:
Assessment of hepatic fibrosis by APRI or FIB-4. Assessment of co-morbidities, pregnancy, and potential drug-drug interactions. Genotyping for adolescents (12-17 years) to determine the appropriate treatment regimen.	Genotyping for adults when pan-genotypic DAAs are used in treatment. HCV viral load at week four due to a lack of clinical evidence in predicting cure.

Source: Hepatitis C Market Report, Clinton Health Access Initiative, May 2020

WHO has delivered most of the global goods needed

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2015

- ✓ National plan manual
- ✓ HBV Guidelines

2016

- ✓ Revised HCV Guidelines
- ✓ Global Health Sector Strategy

2017

- ✓ Baseline estimates: Global Hepatitis Report
- ✓ HBV/HCV testing Guidelines
- ✓ Injection safety campaign

2018

- ✓ Global hepatitis reporting system
- ✓ HCV treatment Guidelines: Treat All
- ✓ Cost effectiveness calculators (HBV/HCV)

2019

- ✓ Consolidated strategic information guidelines
- ✓ Progress report on HIV/Hepatitis/STIs

2020

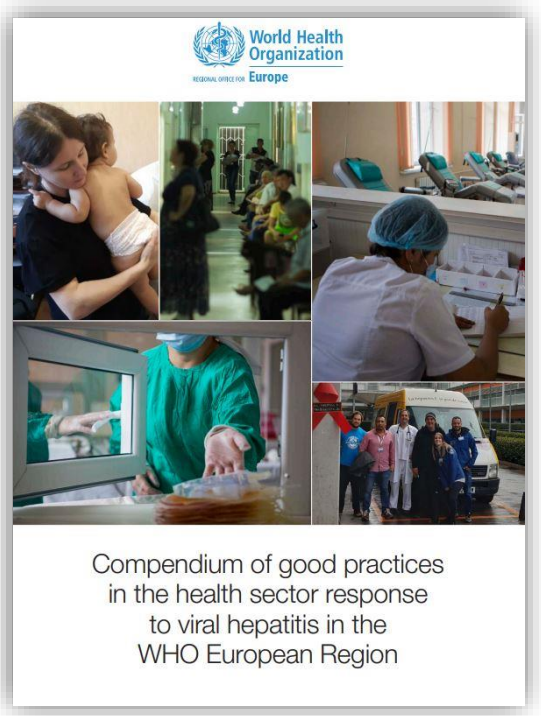
- ✓ HBV PMTCT recommendations on antiviral medicine use in pregnancy

WHO/Europe support to countries 2018–2020

- Comprehensive **hepatitis response assessment** as an entry point
- Improving **hepatitis surveillance and monitoring**, serosurveys (HBV), combined serosurveys COVID-19 and HCV/HBV (Armenia, Georgia,..) patient registry (Turkmenistan), mortality assessement (Ukraine)
- Estimating **the burden** of HBV and HCV and **elimination scenarios** in collaboration with CDAF (Uzbekistan, Kyrgyzstan, Ukraine and Armenia)
- Support with development of national testing and treatement **guidelines**
- Advocacy for **civil society inclusion** in all steps of national planning and response

Compendium of good practices in the health sector response to viral hepatitis in the WHO European Region (2020)

- **Collection period:** May to November 2019
- **Contributions from:** National hepatitis programmes, WHO Country Offices, care providers, academia, NGOs and key partners
- **Predefined criteria:** Relevance, sustainability, Efficiency, Ethical appropriateness, Equity/gender, effectiveness, possibility for scale up, partnership, community involvement, political commitment
- **Outline:** 112 pages, 34 good practices from 18 Member States, 5 strategic directions
- **Themes:** National strategies, action plans, country roadmaps, National immunization programmes, Synergy, intersectoral collaboration, Service delivery models, Social transformation, Social return on investment (SROI), Health in prisons, Innovation and accessibility, Access to medicines






Photos collected from authors and JTH staff personal archive

Guidance on maintaining essential health services in the COVID-19 context: 1 June 2020

World Health Organization
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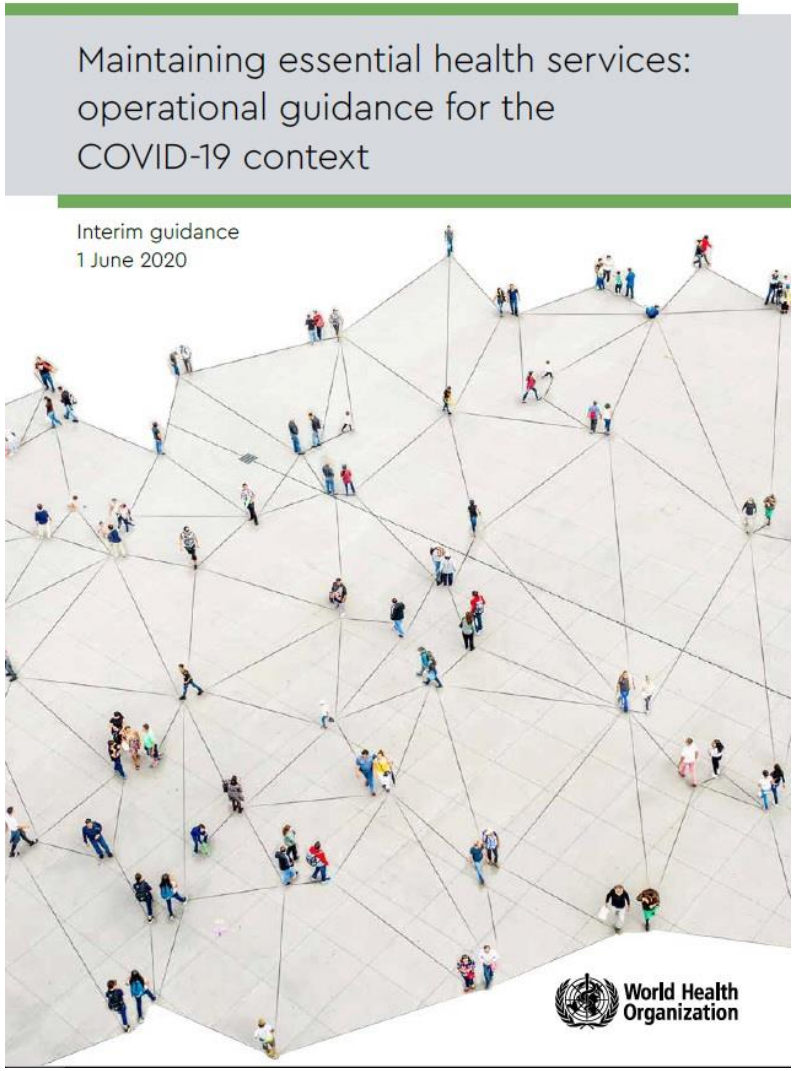
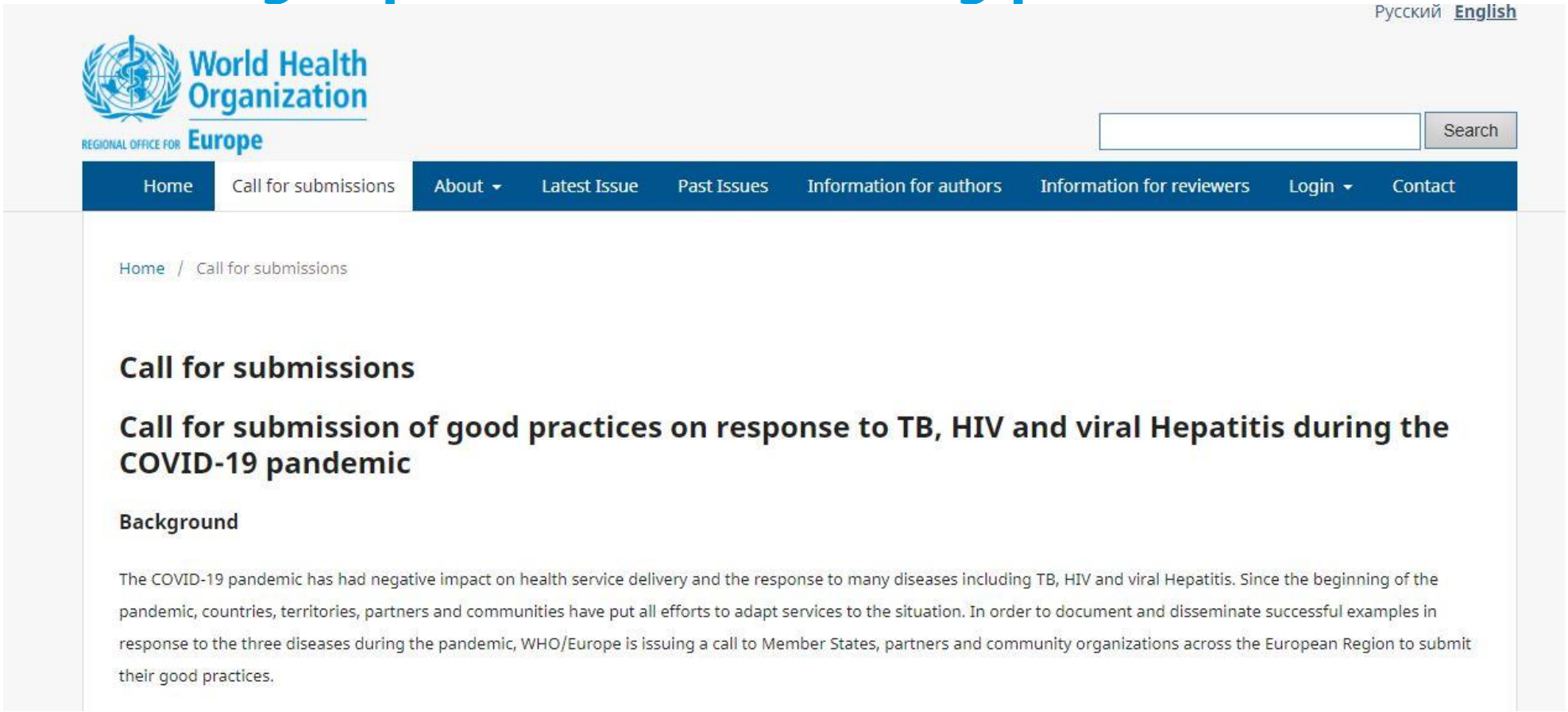
Programme activities	Modifications for safe delivery of services	Transition towards restoration of activities*
Facility-based testing for viral hepatitis	Adapt pretest information and posttest counselling to include online or telephone consultations. Prioritize hepatitis B and C testing for high-risk individuals and persons with symptoms of liver disease, and consider deferring other testing, if feasible.	Plan for catch-up.
Community-based testing for HIV and viral hepatitis	Space community-based HIV testing to support physical distancing. Consider options for HIV self-testing (see Self-testing for HIV, below). Suspend community-based viral hepatitis testing campaigns.	Run catch-up campaigns, including for early infant diagnosis at first vaccination or other well child visits if missed.

Programme activities	Modifications for safe delivery of services	Transition towards restoration of activities*
Viral hepatitis treatment and monitoring	Modify medicine supply at treatment initiation for HBV to 6 months or for HCV to full 12- or 24-week course. Engage courier companies or community groups to support home delivery. Reschedule HCV confirmation of cure (HCV viral load sustained viral response for 12 weeks, or SVR12) and annual HBV viral load monitoring	Maintain log or register of persons awaiting monitoring visit (i.e. for test of cure for HCV or annual HBV viral load), and reschedule when movement restrictions are lifted
Advanced liver disease: care and monitoring	Prioritize access for acute management of complications (e.g. decompensated liver disease, bleeding oesophageal varices). Reschedule liver cancer screening appointments or liver cancer programme activities. Reschedule influenza vaccination. Provide pneumococcal vaccination based on national policy. Section 2.3.3	



https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1

Mainaining hepatitis services during pandemic



Deadline for submission: **31 March 2021**

Submit your practice directly to the virtual library:
http://virtuallibrary.euro.who.int/index.php/vl/CallForSubmissions

2022-2030 Global Health Sector Strategies

Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections 2016-2021, adopted by the 69th World Health Assembly in 2016 (resolution WHA69.22), are coming to an end;

WHO is seeking to develop 2022-2030 strategies to bridge the gap between the 2021 ending date of the current health sector strategies and the goals of ending the epidemics embedded in the 2030 agenda for sustainable development;

Options include: extend existing strategies; develop new strategies; hybrid of the two

Hybrid approach: **maintain core intervention and population elements** – essential package of interventions and reaching populations in need; **update key context and innovation elements** – targets and data, integration, sustainability and the incorporation of technology and service delivery components

Proposing a post 2021 structure

The three 2016-2021 strategies are organized around a common structure – the WHO HHS department proposes maintaining the content described in strategic directions 1, 2 and 3 and updating the rest of each strategy including to reflect the changing context and environment as a result of COVID-19:

Framing and introductory sections (UPDATE)

- Context and rationale: making the case for action
- Vision, goals and targets in conjunction with the United Nations sustainable development goals and disease-specific targets
- Three organizing frameworks: universal health coverage; the continuum of health services; and the public health approach

Five strategic directions

- **Strategic direction 1** – Strategic information for focus and accountability
- **Strategic direction 2** – Essential interventions for impact
- **Strategic direction 3** – Delivering for quality and equity

2016-2021 content remains valid

- **Strategic direction 4** – Financing for sustainability (UPDATE)
- **Strategic direction 5** – Innovation for acceleration (UPDATE)

Strategy implementation

- Working through partnerships, accountability, monitoring and evaluation and costing (UPDATE)

WHO/Europe priorities for 2021 and beyond

1. Regional strategic documents

Final report on the current action plan to be developed and presented to the WHO/Europe RC in September 2022, informed by the official data collected from the Member States on regional targets in collaboration with WHO HQ and ECDC (second half of 2021), including:

- Policy uptake and epi- info
- Prevention, including hepatitis B PMTCT
- Cascade of care in general populations and among PWID
- Impact of Covid19 pandemic in 2020

Development of the post-2021 Action Plan, possibily integrated

WHO/Europe priorities for 2021 and beyond

2. Country support on hepatitis strategic information

A. Combined seroprevalence studies for COVID-19 and HBV/HCV

B. Validation of hepatitis B control targets in immunized cohorts

C. Improving mortality estimated through work with hepatology reference centres

D. Collaboration with regional and global partners, including ECDC and CDA

E. Integrated BBS studies in at-risk populations jointly with HIV programmes

F. Hepatitis investment cases to inform decision makers

G. **Piloting WHO hepatitis elimination validation process**

WHO/Europe priorities for 2021 and beyond

3. Country support on strengthening hepatitis response

A. World Hepatitis Day Camaign

B. Covid-19 impact assessment and support in hepatitis programme adaptation

C. Simplified service delivery, including diagnostic pathways, integration with PHC

D. Integrated BBS studies in at-risk populations jointly with HIV programmes

E. Updated WHO guidance dissemination and roll-out

- Hepatitis B PMTCT guidelines
- HCV Self-Testing guidelines, pediatric HCV management
- Updated WHO Key Populations guidelines

Thank you very much for your attention

Acknowledgements:

Member States, Partners, WHO Headquarters and WHO/Europe

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