WHO 2016-2021 draft Global Health Sector Strategy on Hepatitis

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World Health Organization
An insight into...

• How the first global hepatitis strategy will drive global and country action

• An emerging set of ambitious, yet feasible goals and targets, to drive progress in hepatitis

• The strategy framework and development process
A Global Health Sector Strategy: Why and why now?

- Major global public health threat
- New opportunities: medicines, technologies and approaches
- Progress uneven and inequitable
- New era of ambition towards SDGs and advocacy for viral hepatitis – mandate from World Health Assembly
World Health Assembly Hepatitis Resolution (WHA67.6): a powerful tool for action

- Unanimously adopted with 49 countries speaking in favor
- Broad set of recommended actions including:
  - Support development of national viral hepatitis strategies
  - Enhance strategic information
  - Promote access to prevention and treatment services
  - Assess feasibility of elimination of HBV and HCV
Feasibility and focus of elimination

- Vision of elimination confirmed with consultation at Hepatitis Advisory Group and expert Think Tank: “A world where viral hepatitis transmission is stopped and everyone has access to safe, affordable and effective treatment and care”

- Elimination as a public health issue of concern - remove sustained transmission, remove hepatitis as a leading cause of mortality:
  - In line with HIV, TB, malaria and other health issues in post 2015 agenda
  - Elimination and not eradication: long wave of prevalence will remain for decades

- Technically feasible by scaling up five key interventions to high coverage
For the first time: global hepatitis targets

- Impact targets across hepatitis B and C – incidence and mortality by 2030
- Supported by coverage targets for key interventions
  - Balance feasibility with ambition
  - Set agenda to 2030 with milestones for 2021
# Effective interventions in hand

<table>
<thead>
<tr>
<th>Intervention</th>
<th>HBV</th>
<th>HCV</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV vaccine</td>
<td>✓</td>
<td></td>
<td>HBV vaccine coverage:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 81% for childhood immunization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 38% for birth dose</td>
</tr>
<tr>
<td>Safe blood</td>
<td>✓</td>
<td>✓</td>
<td>39 countries without universal testing of blood donations</td>
</tr>
<tr>
<td>Infection control practices</td>
<td>✓</td>
<td>✓</td>
<td>Significant risk in some countries due to overuse of injections and reuse of syringes</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>✓</td>
<td>✓</td>
<td>Insufficient coverage of services</td>
</tr>
<tr>
<td>Safer sex practices</td>
<td>✓</td>
<td>✓</td>
<td>Vaccination (HBV), condom promotion, partner reduction</td>
</tr>
<tr>
<td>Prenatal interventions</td>
<td>✓</td>
<td></td>
<td>Inadequate coverage or HBV birth dose, role of HBIG, antivirals?</td>
</tr>
<tr>
<td>Treatment</td>
<td>✓</td>
<td>✓</td>
<td>Very low coverage</td>
</tr>
</tbody>
</table>
Moving toward elimination

• What we have:
  – Prevention: effective tools to prevent all routes of transmission
  – Treatment: safe and effective medicines to control (HBV) and cure (HCV) hepatitis infection

• What we need:
  – Stronger advocacy
  – Political and financial commitment
  – Innovation
<table>
<thead>
<tr>
<th>Focus</th>
<th>Indicator</th>
<th>Target (reduction from 2010 baseline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Incidence</td>
<td>Incidence of Hepatitis B&lt;br&gt;Incidence of Hepatitis C</td>
</tr>
<tr>
<td>Impact</td>
<td>Mortality</td>
<td>Deaths due to Hepatitis B&lt;br&gt;Deaths due to Hepatitis C</td>
</tr>
<tr>
<td>HBV</td>
<td>Coverage</td>
<td>• Infant vaccination&lt;br&gt;• Birth dose vaccine (mother to child transmission)&lt;br&gt;• Hepatitis B treatment (cascade)</td>
</tr>
<tr>
<td>HCV</td>
<td>Coverage</td>
<td>• Risk of medical exposure (in and outside facility)&lt;br&gt;• Harm reduction&lt;br&gt;• Hepatitis C treatment (cascade to cure)</td>
</tr>
</tbody>
</table>
To achieve these targets certain programmatic assumptions are made:

1. Immunization scale-up; and approaches to eliminate mother to child transmission, e.g. innovations in delivery of birth dose
2. Universal access to blood and injection safety in and beyond health settings and to Harm Reduction
3. Scale up and innovations in treatment: innovations in diagnostics, including point of care testing, new case finding, radical reductions in treatment costs, and innovations in curative HBV treatment
4. Strong linkages of hepatitis interventions to HIV, TB, MCH, NCDs and health systems approaches
5. Significant investment in surveillance
(A) Persons Newly Acquiring Chronic Infection

Persons Newly Acquiring Chronic Infection

- Status Quo
- Combined Global Targets

↓90%

(B) Infants Newly Infected

Infants Newly Infected

- Status Quo
- Combined Global Targets

↓95%  ↓100%

(C) HBV Deaths

HBV Deaths

- Status Quo
- Combined Global Targets

65% of all HBV deaths averted 2020-2030

(D) HBV-related Deaths Averted

HBV-related Deaths Averted

- Total HBV-related deaths
- HBV-related Cancer deaths

9.6M deaths averted by 2030
2.4M cancer-deaths averted by 2030
What is the projected impact?

• Incidence – reduction from **10 million cases** to **1 million** by 2030

• Mortality – reduction from **1.3 million** to under **500,000 deaths**
WHO is developing three separate, yet interlinked, strategies

**HIV:** End the AIDS epidemic in 2030

*Build on momentum; accelerate (“fast-track”) the response*
*Aligned to UNAIDS strategy*

**STIs** End STI epidemics in 2030

*Neglected area; complexity; drug resistance*

**Viral hepatitis:** *Eliminate hepatitis B and C in 2030*

*Silent epidemic, yet emerging global interest; increasing patient demand; new prevention and treatment opportunities*
## Addressing SDG 3 Sub-Goals

<table>
<thead>
<tr>
<th>OVERARCHING HEALTH GOAL</th>
<th>Ensure healthy lives and promote well-being for all at all ages (SDG 3)</th>
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<tbody>
<tr>
<td>HEALTH SUB-GOALS</td>
<td>1. Reduce maternal mortality</td>
</tr>
<tr>
<td></td>
<td>2. Reduce child and neonatal mortality</td>
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<tr>
<td></td>
<td>3. End epidemics of AIDS, TB, malaria and NTDs and combat hepatitis and other communicable diseases</td>
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<td></td>
<td>4. Reduce NCDs and improve mental health</td>
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<td></td>
<td>5. Address alcohol and other substance use</td>
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<td></td>
<td>6. Road traffic accidents</td>
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<td>7. Sexual and reproductive health</td>
</tr>
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<td></td>
<td>8. Universal Health Coverage including financial risk protection</td>
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<td></td>
<td>9. Hazardous chemicals, pollution &amp; contamination</td>
</tr>
<tr>
<td></td>
<td>10. Tobacco control</td>
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<td></td>
<td>11. Affordable essential medicines</td>
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<td></td>
<td>12. Health financing and workforce</td>
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<tr>
<td></td>
<td>13. Capacity for early warning and management of health risks</td>
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</table>
The draft strategy poses five critical questions to achieve impact

- What is the situation we face?
- What interventions need to be delivered?
- How can we optimally deliver?
- How can we cover the costs?
- How can we change the trajectory?
Frameworks for action: Universal health coverage and the continuum of care

Goal, targets and milestones

Strategic Direction 1: Information for focus and accountability

Strategic Direction 2: Interventions for impact

Strategic Direction 3: Delivering for quality and equity

Strategic Direction 4: Financing for sustainability

Strategic Direction 5: Innovation for acceleration

The “who” and “where”

The “what”

The “how”

The financing

The future

Strategy Implementation: Leadership, Partnership, Accountability, Monitoring & Evaluation
Consultations to date

Brazil
South Africa
Online Consultation
Civil Society Reference Groups
Expert Technical Advisory Groups...

- **Strong support** for the strategy

**Request for:**
- deliberately ambitious targets
- stronger data and strategic information to inform our responses
- clear focus on equity and key populations
- pathways to ensuring sustainable financing for responses
- explicit focus on innovation in the context of new opportunities
Technical briefing on Hepatitis, HIV, STI strategies at World Health Assembly, May 2015
GHSS Development Timeline

136th WHO Executive Board

WHA68

WHO Regional Consultations

Regional Committees

137th WHO Executive Board

Finalization Process

Still to come: Copenhagen and Manila…

Online Consultation

STAC Meetings

Civil Society Reference Groups

Side events and conferences (HIV, HEP, STI)

DRAFT 1

DRAFT 2

DRAFT 3

DRAFT 4

136th
WHO
Executive
Board

WHA68

Regional
Committees

137th
WHO
Executive
Board

ADOPTION
Spirit of the elimination agenda: commitment and innovation

Ask not:
Is it feasible?

Ask rather:
How can we make it feasible?
The first global event to bring together WHO Member States (technical and policy-makers), civil society, development partners, private sector, patients and media to advance the global hepatitis agenda.

It is by invitation-only and all WHO Member States are invited.

www.worldhepatitissummit.com
Elimination targets for incidence and mortality are consistent with scale up of integrated package of interventions
... and for prevention and treatment of Hepatitis C

**Hepatitis C targets**

<table>
<thead>
<tr>
<th>Year</th>
<th>Incidence per 100 person years</th>
</tr>
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<tbody>
<tr>
<td>2000</td>
<td>0.25</td>
</tr>
<tr>
<td>2005</td>
<td>0.2</td>
</tr>
<tr>
<td>2010</td>
<td>0.15</td>
</tr>
<tr>
<td>2015</td>
<td>0.1</td>
</tr>
<tr>
<td>2020</td>
<td>0.05</td>
</tr>
<tr>
<td>2025</td>
<td>0.02</td>
</tr>
<tr>
<td>2030</td>
<td>0.01</td>
</tr>
<tr>
<td>2035</td>
<td>0.005</td>
</tr>
</tbody>
</table>

- **No intervention (status quo)**
- **Just Harm reduction (HR)**
- **HR+decrease in medical risk (MR)**
- **HR+MR+treat cirr**
- **HR+MR+treat all non-PWID (10% per year)**
- **HR+MR+treat all (10% per year)**

**Programmatic Issues**

- **Potentially feasible targets** would be:
  - 70% reduction in new infections by 2030.
  - 65% reduction in deaths by 2030.
- Continued scaled-up of **harm reduction** to 50% of the PWID population and reduced risk of **medical exposure** of 75%.
- Treatment of **100% of patients with cirrhosis** caused by HCV and **85% of non-cirrhotic chronic patients** before they become cirrhotic.
- **Investment in the order of $>7-14bn** (assuming large price reductions in treatment).