Elimination of viral hepatitis in The Balkan countries: Lessons learnt and way forward, 28 October 2022

Nicole Seguy, WHO Europe
Global agenda: elimination of viral hepatitis as a public health threat by 2030 – started in 2016

6-10 m infections (in 2015) to 900,000 infections (by 2030)
1.4 m deaths (in 2015) to 500,000 deaths (by 2030)

https://www.who.int/publications/i/item/9789240028395
**Burden of disease**

**In the WHO European Region (2019):**

**Hepatitis B: 14 million**
- New infections: 19,000
- Deaths: 43,000

**Hepatitis C: 13 million**
- New infections: 300,000
- Deaths: 64,000

**Globally:**

- **Hepatitis B: 296 million**
  - New infections: 1,500,000
  - Deaths: 820,000

- **Hepatitis C: 58 million**
  - New infections: 1,500,000
  - Deaths: 290,000

**GLOBOCAN**

Liver cancer: 98,787 new cases and 89,130 deaths

*one death every six minutes in the WHO European Region*
National strategies and plans

The number of countries in WHO European Region with **national hepatitis plans** increased from

13 (in 2013)  
30 (in 2018)  
36 (in 2022)

All 5 MS in Central Asia developed viral hepatitis NSPs
Cascade of care

Testing and treatment

- **HBV**: 27% increase in the proportion of people diagnosed and doubled the annual number of treatments (from 98 000 in 2016 to 210 000 in 2019)

- **HCV**: more than 20% increase in the annual number of treatments (from 208 000 to 250 000)

- 14 countries inserted in expanded access agreements and improved access to generic versions of DAAs

2020 targets of 50% diagnosed and 75% treated not achieved

In the **WHO European Region**, 2019 (WHO, 2021):

**B**
- Diagnosed: 19%
- Treated: 2%

**C**
- Diagnosed: 24%
- Treated: 8%
Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2022-2030
(endorsed at WHA75, May 2022)
Structure and Strategic Framework

A common vision
End epidemics and advance universal health coverage, primary health care and health security

Disease-specific goals
End AIDS and the epidemics of viral hepatitis and sexually transmitted infections by 2030

Strategic directions with shared and disease-specific actions

Drivers of progress
Gender, equity and human rights
Financing
Leadership and partnerships

HIV strategy
Chapter 1 – Introduction
Chapter 2 – Vision, goals, strategic directions and targets
Chapter 3 – Shared approaches for a people-centred response
Chapter 4 – HIV
Chapter 5 – Viral hepatitis
Chapter 6 – Sexually transmitted infections
Chapter 7 – Implementation, accountability and monitoring
Annexes

Viral hepatitis strategy

Sexually transmitted infections strategy

HIV actions
Chapter 3
Chapter 4

Viral hepatitis actions
Chapter 3
Chapter 5

Sexually transmitted infections actions
Chapter 3
Chapter 6
Hepatitis B and C Impact & Coverage Targets to reach 2030

Table 5.1: Impact and coverage indicators, targets and milestones for viral hepatitis by 2030

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline - 2020</th>
<th>Targets - 2030</th>
<th>Targets - 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td></td>
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</tr>
<tr>
<td>HBsAg prevalence among children younger than 5 years</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Number of new hepatitis B infections per year</td>
<td>1.5 million</td>
<td>850,000</td>
<td>170,000</td>
</tr>
<tr>
<td>Number of new hepatitis C infections per year</td>
<td>1.575 million</td>
<td>530,000</td>
<td>310,000</td>
</tr>
<tr>
<td>Number of new hepatitis C infections per year among people who inject drugs per year</td>
<td>8 per 100</td>
<td>3 per 100</td>
<td>2 per 100</td>
</tr>
<tr>
<td>Number of people dying from hepatitis B per year</td>
<td>820,000</td>
<td>530,000</td>
<td>310,000</td>
</tr>
<tr>
<td>Number of people dying from hepatitis C per year</td>
<td>280,000</td>
<td>240,000</td>
<td>140,000</td>
</tr>
</tbody>
</table>

Coverage

- Hepatitis B - percentage of people living with hepatitis B diagnosed and treated: 30%/50%
- Hepatitis C - percentage of people living with hepatitis C diagnosed and treated: 20%/30%

Milestones

- Surveillance - number of countries reporting burden and cascade annually: TBD 30 50
- Hepatitis C virus drug access - percentage average reduction in prices (to equivalent generic prices by 2025): 20% 50% 60%
- Hepatitis B virus drug access - percentage average reduction in average prices (alignment with HIV drug prices by 2025): 20% 50% 60%
- Elimination of vertical (mother-to-child) transmission - number of countries validated for the elimination of vertical transmission of either HIV, hepatitis B, or syphilis: 15 50 100
- Elimination - number of countries validated for elimination of hepatitis C and/or hepatitis B: 0 5 20
- Integration - proportion of people living with HIV linked to and engaged in care from hepatitis C: To be determined 60%/50% 90%/80%
Key shifts required to reach the targets – Viral Hepatitis

Key shifts required to end the epidemic of viral hepatitis by 2030:

- Greater public awareness of the importance of viral hepatitis B and C prevention, testing and treatment
- Increased financial resources allocated
- Scale-up of universal access to hepatitis B birth dose vaccine and improved services for prevention of vertical transmission
- Continuous investment in primary prevention
- Greatly increased access to hepatitis B and C virus testing and treatment
- Simplified and decentralized service as well as integrated service delivery
- Strengthened community and civil society
- Development of curative drug regimens for hepatitis B virus
Regional action plans for ending AIDS and the epidemics of viral hepatitis and STIs 2022–2030 (endorsed at RC72, July 2022)

Eight-year plan (2022-2030)

Integrates HIV, viral hepatitis and STIs into a single document

Focus on health system delivery and design, as well as disease-specific actions

Contain country actions and WHO Regional Office/ partners actions

Key and most-at-risk population-focused

Key regional platform for driving SDG Target 3.3

Aligned with:

- GHSS for HIV, viral hepatitis and STIs 2022-2030
- European Programme of Work 2020-2025
- Other relevant WHO frameworks and programs (cancer, immunization etc..)
Strategic Directions and priorities for action

Strategic Direction 1: Creating a shared vision of the HIV, viral hepatitis and STI response within UHC and a health system approach

Strategic Direction 2: HIV targets, populations and priority actions

Strategic Direction 3: Viral Hepatitis targets, populations and priority actions

Strategic Direction 4: STI targets, populations and interventions

**Strengthen surveillance**, burden of diseases estimates and cascade monitoring

**Allocate increased domestic financial resources** to hepatitis B and C through inclusion of VH prevention, testing and treatment as part of UHC

**Scale up testing** to diagnose, using a range of evidence-based strategies, the large numbers of people living with hepatitis B and C who are unaware of their diagnosis, including key populations and those most at risk

Implement a **test-and-treat strategy** and significantly scale up treatment for hepatitis B, C and D to everyone who is eligible. Ensure that the most **effective treatment regimens are accessible and affordable to all populations**. **Decentralize** care for VH to primary and community settings, wherever possible, and develop these models of care in collaboration with civil society

Create an **enabling environment for key populations** and those most at risk by addressing legal and political forms of discrimination that perpetuate stigma

Prevent the transmission of VH, with a particular focus on key populations, through integration of prevention services for HIV, VH and STIs, and intensify efforts to **scale up comprehensive combination services for people who inject drugs** in all settings, including **prisons**

Ensure universal access to **hepatitis B birth-dose vaccines** and improve services for testing pregnant women to prevent vertical (mother-to-child) transmission of hepatitis B
## Impact Targets: Regional Action Plan 2022-2030

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2020</th>
<th>Interim 2025 targets</th>
<th>2030 targets</th>
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<tbody>
<tr>
<td>HBsAg prevalence in vaccinated cohorts</td>
<td>0.5%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Number of new hepatitis B infections per year (incidence)</td>
<td>19,000</td>
<td>10,500</td>
<td>2,200</td>
</tr>
<tr>
<td>(20 per 100,000)</td>
<td>(11 per 100,000)</td>
<td>(2 per 100,000)</td>
<td></td>
</tr>
<tr>
<td>Number of new hepatitis C infections per year (incidence)</td>
<td>300,000</td>
<td>65,000</td>
<td>25,000</td>
</tr>
<tr>
<td>(62 per 100,000)</td>
<td>(13 per 100,000)</td>
<td>(5 per 100,000)</td>
<td></td>
</tr>
<tr>
<td>Number of new hepatitis C infections among people who inject drugs per year</td>
<td>8 per 100</td>
<td>3 per 100</td>
<td>2 per 100</td>
</tr>
<tr>
<td>Number of deaths due to hepatitis B per year (number per 100,000)</td>
<td>43,000</td>
<td>28,000</td>
<td>16,000</td>
</tr>
<tr>
<td>(10 per 100,000)</td>
<td>(7 per 100,000)</td>
<td>(4 per 100,000)</td>
<td></td>
</tr>
<tr>
<td>Number of deaths due to hepatitis C per year (number per 100,000)</td>
<td>64,000</td>
<td>53,000</td>
<td>31,000</td>
</tr>
<tr>
<td>(5 per 100,000)</td>
<td>(3 per 100,000)</td>
<td>(2 per 100,000)</td>
<td></td>
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</table>

*For countries with high and intermediate endemicity, serosurveys will be conducted in vaccinated cohorts. For countries with low endemicity, seroprevalence in pregnant women can be used as a proxy.*

*Incidence of new, chronic HBV infections.*

*Viremic prevalence of successive surveys may be used together with key prevention, testing and treatment intervention coverage to estimate absolute incidence using mathematical modelling.*
# Coverage Targets: Regional action Plan 2022-2030

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<th>2030 targets</th>
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</thead>
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<tr>
<td>Hepatitis B – percentage of people living with hepatitis B diagnosed/treated</td>
<td>15%/2% (2019)</td>
<td>60%/50%</td>
<td>90%/80%</td>
</tr>
<tr>
<td>Hepatitis C – percentage of people living with hepatitis C diagnosed and cured</td>
<td>24%/6% (2019)</td>
<td>60%/50%</td>
<td>90%/80%</td>
</tr>
<tr>
<td>Vaccination coverage (3rd dose) of childhood hepatitis B vaccination</td>
<td>91% (2010)</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of pregnant women screened for HBeAg</td>
<td>Not available</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of newborns who received timely (within 24 hours of birth) hepatitis B birth-dose vaccination</td>
<td>&gt;90% (2019)</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of blood units screened for bloodborne diseases</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of injections in health care settings undertaken with safe injecting equipment*</td>
<td>No data</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Minimum sterile injection equipment kits distributed per person per year for people who inject drugs, as part of a comprehensive package of harm-reduction services</td>
<td>200</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td>Percentage of opioid-dependent people who inject drugs who receive OST</td>
<td>No data</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>
What are the next steps on the road to 2030?

- Review the *lessons learned* from elimination pilot countries and develop a ‘Path to Elimination’ to walk with countries towards 2030.

- Begin to implement the actions and targets of the **Regional Action Plan** and develop /update comprehensive **National Plans**

- Build on opportunities that emerged from the COVID-19 response (HCV self-testing, Differentiated Service Delivery)

- Disseminate and **implement the updated WHO guidelines** and tools to support expansion of ‘test & treat' and elimination approaches

- Use assistance from WHO, partners and WHO collaborating centers (RKI, Germany; NCDC, Georgia, USCDC Atlanta)
New tools- WHO hepatitis guidelines

Triple EMTCT HIV, syphilis and hepatitis B (2021)
HCV self-testing recommendations (2021)
Interim Guidance for country validation of viral hepatitis elimination (2021)

New HCV recommendations / policy briefs (June 2022)

• Simplified Service Delivery (Decentralization, integration and task-sharing)
• HCV diagnostics (Point-of-care viral load, reflex viral load testing)
• Treatment of adolescents and children (reconciling paediatric and adult DAA regimens)
Thank you