How to...
Global Health Sector Strategies in the WHO European Region

Marcelo C M Naveira
Medical Officer (Viral Hepatitis)
TB, HIV/AIDS, Hepatitis and other infectious diseases unit
Division of Country Health Programmes (CHP)
Outline

• Global strategy 2022-2030
• Regional progress
  • Burden of disease
  • Cascade of care
• How to
  • *Hepatitis control and validation of elimination*
  • Paradigm shifts in service delivery
  • UN teamwork and WHO Collaborating Centres
  • Support funding and implementation
Global strategy 2022-2030

New chapter with integrated approach

Assess → Planning → Implement → Evaluate

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

1. Deliver high-quality, evidence-based, people-centred services
2. Optimize 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
Global strategy 2022-2030

People-centered services

### Strategies
- Integration
- Decentralization
- Task shifting
- Community-based approaches
- Differentiated service delivery

### Why
- Access
- Acceptability
- Affordability
- Equity

### Challenges
- Need for increasingly integrated service delivery across common comorbidities and coinfections
- Slow alignment to guidelines, changes needed
- Low service coverage and scale including due to:
  - Centralized models, fragmented services and complicated patient pathways
  - Persisting barriers in access
  - Insufficient national funding in the context of decreasing external funding
  - Restrictive political, social, and legal environments
  - Systemic issues with stigma and discrimination
Viral hepatitis

Cascade of care

- **HBV**: 27% increase in the proportion of people diagnosed and doubled the annual number of treatments (2016–2019)
  - 8% increase in the proportion of people diagnosed of hepatitis B (2020–2022)
- **HCV**: more than 20% increase in the annual number of treatments (2016–2019)
  - 10% annual increase in the number of treatments for hepatitis C (2020-2022)

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%

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Modeled HCV cascade, 41/53 MS in WHO/EURO 2022

- **Total HCV infections (Start of 2015)**: 10.5 million
- **Total HCV infections (Start of 2021)**: 9.4 million
- **Ever diagnosed (2015-2021)**: 3.6 million
- **Ever treated (2015-2021)**: 1.4 million
Paradigm shifts

Decentralization, integration and task-shifting; self-testing...

- Need for innovative approaches and service delivery models and to move treatment and care out of specialty clinics (gastroenterology, hepatology, ID)

- Decentralization:
  - Peripheral health or community-based facilities, and ideally at the same site
  - PHC, harm reduction sites, prisons and HIV/ART clinics
  - Community-based organizations and outreach services

- Integration:
  - Existing care services at peripheral health facilities.
  - PHC, harm reduction sites, prisons and HIV/ART services.

- Task-shifting:
  - trained non-specialist MD/nurses

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HCVST

**Effectiveness:** 27 RCTs, ↑77% uptake

**V&P:** Europe (4), PWUD, hepatology/infectious disease outpatient clinic attendees and young people, Africa (1), General Population

Benefits and advantages outweigh potential harms and disadvantages.

**Feasibility:** highly acceptable, >94% recommend HCVST (China 74%)

**Cost is higher**

- Ongoing experience in Georgia, Malaysia and Pakistan (FIND, WHO), Brazil (MoH, WHO)

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**Implementation considerations**

- Policy and regulatory frameworks
- Human and financial resources
- Referral pathways
UN teamwork
Sharing ideas and resources for longer, healthier lives for all

- WHO/Europe
  - World Health Emergencies
  - Antimicrobial Resistance
  - Behavioural and Cultural Insights
    - Established in 2020, to drive evidence and methods from psychology, sociology, economics, anthropology, political science and cultural studies
    - Linkage to care, health promotion, drivers and barriers, stigma and discrimination
  - Alcohol, Illicit Drugs and Prison Health
    - Prisons/Ministry of Justice, microelimination initiatives, setup of NSP
  - Nutrition, Physical Activity and Obesity
- International Organization for Migration
  - Humanitarian and migratory crises
WHO Collaborating Centres

• “an institution designated by the Director-General of WHO to form part of an international collaborative network set up by WHO in support of its programme at the country, intercountry, regional, interregional and global levels.”

• FENSA clearance, WHO HQ discussion and minimum 2-year history of collaboration

• WHO CC participate in the strengthening of country resources
  • information, services, research, training...
  • support national health development.

• 1947: World Influenza Centre (London, UK)
• 2022: Over 800 institutions in over 80 countries
• From bilateral relations to multilateral networks
WHO Collaborating Centre for Viral Hepatitis and HIV

3rd March 2021

- Robert Koch Institute
  - Dr Viviane Bremer and Dr Sandra Dudareva

TOR1: To assist WHO in supporting Member States in developing methodology, planning, conducting and analyzing epidemiological surveys on hepatitis B and C and HIV in different population groups

TOR2: To support WHO in assessing viral hepatitis B and C and HIV/AIDS monitoring, control and elimination in the countries of WHO European Region

- Centre for International Health Protection (ZIG)
- Unit 15 Gastroenteritis and Hepatitis Pathogens and Enteroviruses
- Unit 18 for Bacterial STI and HIV
- Unit 33 Immunization
- Unit 34 HIV/AIDS, STI and Blood-borne Infections
WHO Collaborating Centre on Viral Hepatitis Elimination (GEO-3)
72nd session of the WHO Regional Committee for Europe

• National Center for Disease Control and Public Health
  • Dr Tamar Gabunia and Dr Maia Tsereteli

**TOR1:** To assist WHO in supporting Member States for developing, revising and monitoring *national hepatitis elimination action plans.*

**TOR2:** To assist WHO in supporting Member States for improving *national viral hepatitis testing strategies and strengthening diagnostic laboratory capacity*

• Division of HIV/AIDS, Hepatitis, STI & TB
• The Lugar Centre
• GFTAM Program Implementation Unit
• International and Public Relations Division
WHO Collaborating Centre on Viral Hepatitis Elimination (GEO-3)
WHO Demonstration Platform on Hepatitis C Elimination in Georgia, 17 January 2023

• Launch of WHO CC on Viral Hepatitis Elimination (16/01)
  Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
  Ministry of Foreign Affairs of Georgia
  Healthcare and Social Issues Committee of the Parliament of Georgia
  Delegates from Kyrgyzstan, Uzbekistan, Tajikistan

• Infectious Diseases, AIDS and Clinical Immunology Research Centre
• Primary Health Care
• Good practices, capacity building
• Decentralization, integration, task-shifting
Support funding for viral hepatitis

Advocacy for action and financing

- **Global Fund to Fight AIDS, TB and Malaria**
  - Continuous technical support to Member States/CCMs
  - Ensure modules and actions comprise response to viral hepatitis
- **ANRS | Maladies infectieuses émergentes**
  - 15 March and **15 September** (HIV, TB, viral hepatitis, STI ± COVID-19)
- **U.S. Department of Health and Human Services National Institutes of Health**
  - **93.279**: “collaborative research by multi-disciplinary teams to address critical issues of ... in people who use or misuse substances or have a substance use disorder, or other research areas relevant to substance use, misuse, or use disorders”
  - **93.393**: “to enhance mechanistic and epidemiologic investigations addressing the roles of co-infection and cancer to shed light on presently unestablished pathways in carcinogenesis that may inform prevention and treatment strategies for infection-related cancers...”
- **European Commission**
  - Comparative effectiveness research for healthcare interventions in areas of high public health need
  - Access to health care services for people in vulnerable situations
Thank you