Action plan for the health sector response to viral hepatitis in the WHO European Region

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Chronic viral hepatitis: a major public health threat in the Region

- Estimated number of people living with infection:
  - Hepatitis B virus (HBV) – 13.3 million
  - Hepatitis C virus (HCV) – 14–15 million
- Over 2/3 in eastern Europe and central Asia
- Populations most affected and at risk differ
- Over 170 000 preventable deaths each year (113 000 from HCV, 58 000 from HBV)

An action plan for a comprehensive response

Action plan development:

• Building on lessons learned

• Broad Region-wide participatory process

Alignment with global and regional policies and strategies
Development through wide participatory process

• Advisory Committee
• Member States consultation
• Web consultation
Action plan for the health sector response to viral hepatitis

2030 Vision
• Transmission of new viral hepatitis infections is halted, testing is accessible, and people living with chronic viral hepatitis have access to care and affordable and effective treatment

2030 Goal
• Elimination of viral hepatitis as a public health threat by 2030 through:
  • reduction of transmission
  • reduction in morbidity and mortality
  • ensuring equitable access

Frameworks for action: universal health coverage, the continuum of services, a public health approach
Seven essential targets by 2020

Prevention
• 95% coverage with three-dose B vaccine for children
• 90% coverage with interventions to prevent B vertical transmission
• 100% blood donations screened
• 50% of injections with safety-engineered devices
• At least 200 sterile injection kits per person per year for people who inject drugs

Testing and treatment
• 50% of people diagnosed and aware
• 75% treatment coverage for hepatitis B and C among diagnosed and eligible
Strategic direction 1: Information for focused action (the “who” and “where”)

The way forward:

- Improved case-based surveillance + seroprevalence surveys
- National disease and treatment burden estimates
- Evidence-based costed and funded national strategy
Strategic direction 2: Interventions for impact (the “what”)

The way forward:

- Essential hepatitis services package defined based on country context
- Member States to set national targets for hepatitis interventions coverage
- Full range of hepatitis services made accessible and affordable for all in need
Strategic direction 3: Delivering for equity (the “how”)

The way forward:

- Epidemiological evidence to identify populations and locations most affected
- Addressing existing barriers, inequalities, stigma and discrimination
- Strengthening capacity of the health sector and involving the community
Strategic direction 4: Financing for sustainability (the financing)

The way forward:

- Good response management and coordination with other health programmes and guidance on price reduction strategies
- Building political commitment for sustained financing supported by developing an investment case and using innovative funding approaches
Strategic direction 5: Innovation for acceleration (the future)

The way forward:

Prioritizing viral hepatitis as a research area and providing public funding for targeted projects

Translating research findings into practice rapidly and sharing best practices
Resolution (EUR/RC66/Conf.Doc./6)

- **align national viral hepatitis strategies** with the action plan and **strengthen public health systems**
- target individuals most affected and at risk
- facilitate **partnerships** to strengthen the response to viral hepatitis and **exchange of best practices and experiences**
- **monitor and report** to 69th and 72nd Regional Committees on implementation of the action plan
Thank you