Prevention and control of hepatitis B and C in the European Region of WHO

Viral Hepatitis Prevention Board

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Burden of viral hepatitis in the European Region of WHO

- Estimated number of people living with infection\(^1\):
  - Hepatitis B - 13.3 million
  - Hepatitis C - 14 million
  - Over 60% infected live in eastern European and central Asian countries

- Estimated number of deaths due to viral hepatitis\(^2\):
  - 60,000 deaths due to Hep B annually
  - 84,000 death due to Hep C annually

\(^1\) V.D. Hope et al. / Epidemiol. Infect (2013) 1-17
\(^2\) Global Disease Burden Estimate
Comparison of deaths by major communicable diseases in the European Region, 2012*

- Viral hepatitis: 145 thousand deaths
- HIV / AIDS: 92 thousand deaths
- Tuberculosis: 37 thousand deaths

Estimated prevalence of chronic HCV, WHO European Region

V.D. Hope et al. / Epidemiol. Infect (2013) 1-17
Estimated prevalence of chronic hepatitis B, WHO European Region

V.D. Hope et al. / Epidemiol. Infect (2013) 1-17
Hepatitis B and C among “most affected population groups”
WHO European Region, 2008

- People who inject drugs: 15% (Hepatitis B) / 44% (Hepatitis C)
- Men who have sex with men: 9% (Hepatitis B) / 4% (Hepatitis C)
- Sex workers: 3% (Hepatitis B) / 11% (Hepatitis C)
- General population: 1.8% (Hepatitis B) / 2% (Hepatitis C)

V.D. Hope et al. / Epidemiol. Infect (2013) 1-17
HIV / viral hepatitis co-infection in the European Region of WHO

• Proportion of HCV co-infection among HIV positive individuals (2006):
  – Eastern European countries: 28 – 80%
  – Central European countries: 2% - 35%
  – Western European countries: 3% - 40%

• WHO guidelines on coinfection management
Viral Hepatitis recognized as a global public health problem

- **2010**: World Health Assembly Resolution on Viral Hepatitis
- **2011**: Establishment of Global Hepatitis Programme (GHP)
- **2012**: Global Framework
- **2013**: Reorganization of Global Hepatitis Programme
- **2014**: WHA resolution, STAC-Hep Global Partners' Meeting
- **2015 (and beyond)**: Implementation of Resolution And Global Action Plan

- ✔ Hep B immunization
- ✔ Blood/injection safety
- ✔ Outbreak control
- ✔ Water and sanitation
World Health Assembly Resolution 2104

- Develop comprehensive strategy for viral hepatitis prevention and control
- Designate 28 July as World Hepatitis Day
- Support integrated, cost-effective approach to Viral Hepatitis, considering linkages with HIV co-infection
- Promote access to preventive, diagnostic and treatment technologies against viral hepatitis
- Promote injection safety at all levels of national healthcare system
- Monitor progress and evaluate implementation
- Support scientific research
Global strategy for viral hepatitis prevention and control

- Goal: To develop a strategy that identifies priorities and sets global targets for a coordinated global response
- Will cover 2016-2020; to be presented at WHA in May 2016
- Regional consultation and stakeholder engagement as critical components
  - Discussion with Member States at the Regional Committees in 2014
- World Health Assembly discussion in May 2016
- Discussion at the Regional Committee to define the regional context (possibly in 2015 / 2016)
Regional approach to viral hepatitis: comprehensive and integrated

- HBV/HCV prevention, treatment and care integrated into existing programmes:
  - HIV/AIDS prevention and control
  - Hepatitis B immunization
  - Safe injections
  - Blood safety
  - Cancer prevention and control
Global Hepatitis Framework: Four Axes

**Axis 1: Partnerships, resource mobilization and communication**

**Axis 2: Data for policy and action**

**Axis 3: Prevention of virus transmission**

**Axis 4: Screening, care and treatment**
World Hepatitis Day in WHO/Europe

World Hepatitis Day

28 July

Every year on 28 July, WHO and partners mark World Hepatitis Day to increase awareness and understanding of viral hepatitis and the diseases that it causes. This date honours the birthday of Nobel Laureate Professor Baruch Samuel Blumberg, discoverer of the hepatitis B virus.

There are five main strains of viral hepatitis - types A, B, C, D and E. All hepatitis viruses can cause acute and chronic infection and inflammation of the liver that can lead to cirrhosis and liver cancer.

Hepatitis B and C together constitute a major burden of disease in the WHO European Region, with 13.3 million people estimated to live with chronic hepatitis B and 15 million people with hepatitis C. Most of these people are...
Regional strategic partnership

- Facilitate broad network of hepatitis partners at regional and national levels:
  - Technical agencies and institutions
  - VHPB - leading partner in the area of prevention and control of viral hepatitis
  - Civil Society Organizations and Associations
  - WHO Collaborating Centers
    - University of Antwerp
    - University of Copenhagen
Axis 2: Data for policy and action; regional implications

- Input to the Global Policy Report 2013
- Regional estimate of hepatitis B and C burden, 2013
- Routine Viral hepatitis surveillance:
  - Acute hepatitis surveillance is weak in many countries
  - Chronic hepatitis surveillance does not exist in the majority of low and middle-income countries
Member States reporting national strategy or plan on prevention and control of viral hepatitis

Global policy report on the prevention and control of viral hepatitis 2013
**Axis 3: Prevention of virus transmission**

**Hepatitis B immunization**

- European Vaccine Action Plan 2015-2020 endorsed by Regional Committee in September 2014:
  - “a European Region free of vaccine preventable diseases, where all countries provide equitable access to high quality, safe, affordable vaccines and immunization services through the life course”

- Successful prevention of HBV transmission through immunization programmes, however challenges remain

- Regional Hepatitis B Control Goal 2015-2020 (being developed)
WHO position paper on hepatitis A vaccines, 2012

• WHO recommends that vaccination against HAV be integrated into the national immunization schedule for children aged ≥1 year if indicated on the basis of:
  – incidence of acute hepatitis A
  – change in the endemicity from high to intermediate
  – consideration of cost-effectiveness

• Vaccination against hepatitis A should be part of a comprehensive plan for the prevention and control of viral hepatitis
Prevention of virus transmission
Blood safety and injection safety

• Policy guidance and technical assistance for:
  – universal access to safe blood and blood products
  – self-sufficiency in safe blood and blood products based on voluntary unpaid blood donation

• European Action Plan for HIV/AIDS, 2012-2015: to reduce HIV and viral hepatitis co-infection

• Promotion of harm-reduction guidance and services
Axis 4: Screening, care and treatment

• Major advances in treatment options

• Address pricing issues:
  – WHO Expert Committee will review HCV related medicines in April 2015
  – Analysis of patents situation (published in September 2014)
  – Evaluation of pharmaceutical products to treat HIV / HCV coinfection
**Conclusions**

- Successful prevention of HBV transmission through implementation of immunization programmes, however challenges remain to be addressed

- Using critical momentum to reinforce and scale up actions for prevention and control of viral hepatitis
  - World Health Assembly discussion on global viral hepatitis strategy (May 2015/2016)
  - Discussion at the Regional Committee to define the regional context (possibly in 2015 / 2016)

- Political commitment and resources for hepatitis prevention and control

- Increasing engagement through awareness and partnerships

- Supporting countries in development and implementation of coordinated multisectoral national strategies for prevention, diagnosis and treatment
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Thank you…