

Viral Hepatitis Prevention Board

Prevention and control of viral hepatitis in Latin America and Brazil: lessons learnt and the way forward

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Objectives

- To review the epidemiological situation in Latin America generally and the epidemiology, disease burden, prevention and control measures in Brazil in particular
- To discuss progress in prevention, control and treatment
- To identify specific issues in different countries and challenges in Latin America that need further attention
- To present an assessment of the work of the Viral Hepatitis Prevention Board (VHPB) and discuss its possible role as a model approach for the region

Context

- Considerable burden of disease and death in the region due to viral hepatitis, with increases forecast over medium term
- Progress made, with viral hepatitis response integrated within national HIV programmes in Argentina, Brazil and Peru; otherwise responses still fragmented and incomplete, and visibility of viral hepatitis in government and the media and among the general public remains low, and patients' perspectives neglected
- Global moves towards universal health coverage with equity of access to care (good health, good economics)
- Growing unease at the disparate institutional and governmental responses to disease burdens that match or outweigh the well-funded AIDS, tuberculosis and malaria sectors

Context (continued)

- Turning point - WHO governing body resolutions; tendency towards coalescing programmes and integration of viral hepatitis into HIV/AIDS programmes with expectation of increased resources and synergies; partnerships with civil society; Global Hepatitis Programme in WHO established and now in HIV/AIDS and TB department; PAHO integrated viral hepatitis into HIV, STI and TB programme to gain synergies; WHO Framework for Prevention and Control of Viral Hepatitis issued
- Promise of effective new oral, interferon-free treatments for hepatitis C but at unaffordable prices; scenario reminiscent of HIV/AIDS 20 yr ago
- Brazil taken a leading role in raising awareness at intergovernmental level of viral hepatitis; aspires to regional and international leadership
- Heterogeneity between and within countries in the region (e.g. size, geography, social disparities, cultures, ethnicities, policies and strategies, epidemiology and disease burden, role of civil society and patients' organizations)

Role and impact of VHPB

- Independent forum and neutral provider of broad range of multidisciplinary expertise, with wealth of data on website
- Convening power to bring together interested parties and disparate groups
- Country meetings are triggers for high-level advocacy, facilitating prioritization and political commitment; they catalyse communication, interaction and networking; are conducive to influencing policy and legislation; and allow sharing of best practices
- Technical meetings can resolve topical issues and provide recommendations for action at national, regional and global levels
- VHPB drafts guidelines and issues consensus statements
- Europe's mosaic of epidemics, policies and diversity of countries similar to that in Latin America, where there are genuine achievements but activities are not necessarily coordinated nationally or regionally: role for VHPB-like group?

VHPB country meetings: impact

- Experiences reported by three countries demonstrated impact of VHPB, with recognition of successes and failures, shaping of policy and legislation, and leading to clear benefits
- **Bulgaria:** helped to reveal the “big picture”, highlighted novel outreach approaches, provided opportunity to raise political priority and commitment, and led to development of a national plan for viral hepatitis and a legal framework for protection of health care workers against viral hepatitis
- **Israel:** brought together disparate stakeholders; meeting report submitted to Government that led to support for improving prevention and control in the health system of viral hepatitis; meeting not only highlighted successes and generated pride in achievements, but helped to make recommendations to fill gaps and for improvements
- **Portugal:** succeeded in aim to put viral hepatitis on the national health agenda; supported health minister in preparing action plan for an integrated approach to viral hepatitis that National Assembly adopted
- Other countries have similarly revised or changed policies as a result of country meetings

Epidemiology

- Numerous small epidemiological studies in selected populations, with data for policy derived often from literature reviews; few national studies and poor data reliability and comparability
- 10% of all deaths due to liver disease due to viral hepatitis in the region (2008-2010); delays in diagnosis and treatment
- Disease burden not accurately known, but hepatocellular carcinoma is acknowledged as an epidemiological, clinical (including liver transplants) and societal burden and likely to be increasingly so, and some mathematical modelling ongoing
- Screening policies vary from compulsory for specific groups in 7 countries to being available free in 12 countries; only some 40% report having policies for surveillance of chronic hepatitis B and C

Epidemiology (continued)

- **Hepatitis A:** intermediate endemicity (but low in Argentina), but declining immunity: changing epidemiological patterns with increasing proportions of susceptible people and risk of outbreaks
- Argentina successfully reduced incidence of hepatitis A to zero through introduction of a single-dose vaccination programme; Panama and Uruguay have also adopted same policy. Shifting pattern of susceptibility
- **Hepatitis E:** Few data, but “it is a reality” and causes some morbidity and mortality
- Different routes of transmission for different genotypes (oro-fecal and zoonotic)
- A vaccine has been licensed

Epidemiology (continued)

- **Hepatitis B:** Low or low/intermediate prevalence rates in region with wide variations in different groups and populations
- All countries have introduced routine childhood vaccination (but few data on vaccination coverage rates and serological monitoring were presented)
- Still some 11 million people may be infected with HBV in the region
- Co-infection with HIV (at least 5%; also HIV/HBV/HDV); high rate in nonvaccinated subjects
- Limited data but superinfection with HDV is a significant problem especially in the Amazonian basin (high prevalence: reports of 3-50% of HBsAg carriers infected with HDV in western Amazonia)
- Genotype F most frequent in Amazonian part of Brazil; elsewhere other genotypes circulating

Epidemiology (continued)

- **Hepatitis C:** Some 8 million people are thought to be infected in the region, with 4 million in Brazil and Mexico together
- HCV and to a lesser extent HBV major causes of HCC and result in need for liver transplants (for which there are long waiting lists in some countries)
- Data on HCC not sufficiently robust to be usable for making policy briefs yet indicative of a varied and heavy burden
- Co-infections in HIV-infected people (HBV and HCV), probably higher rates than official figures – “priority for treatment”
- Health-care related infections (B and C) still occur
- Strong blood screening programmes
- Data for Central America and the Caribbean scarce, inadequate and not published or easily accessible

Brazil: health system

- Constitution: right to health and duty of the State, universal health care, unified but decentralized health system
- Presidential decree in 2011 addresses inter alia regional differences
- Policy, procurement and payment of vaccination responsibility of health ministry but administration (free) by municipalities
- Emphasis on social participation for awareness but also «social control»
- Prevention and control of viral hepatitis seen as highly cost effective
- Built on HIV testing network to expand diagnosis
- Public institution for domestic production of vaccines (hepatitis A planned)

Brazil: viral hepatitis

- Liver disease a heavy burden and rising; main causes (1999-2009) A (40%), B (35%), and C (24%); high rates in prisons
- HAV: regional variations, changing pattern with decreasing prevalence and increasing susceptibility (especially in children of low socioeconomic status); outbreaks still occur; Brazil to visit Argentina and learn from its vaccination programme's experience
- HEV: scarce but present
- HBV/HCV co-infection in HIV/AIDS: important cause of death; HCV in 20% of cases, HBV in 5%, HBV + HDV in 1%
- High HCV prevalence in western Amazonia (three times higher than in rest of country)

Particular characteristics in Brazil

- Purchase and delivery of medicines for HIV/AIDS reportedly more rapid than for viral hepatitis
- Civil society active but faces many obstacles in trying to influence policy
- Proposed media campaign for 35 year olds to ask doctors to test for C, and growing use of telemedicine and internet for information
- Amazonian region (Legal Amazon 60% of the territory, but about 10% of population) – particular characteristics (ethnicity, intra-familial transmission and dental treatment, clinical presentation, difficulties for immunization, treatment and access to care); more work needed on hepatitis B, C and D and viral genotypes in the region – the D genotype 3 is unique
- Challenges being recognized by Ministry of Health

Some barriers in Latin America

- Few countries have written national prevention and control strategies or clinical management guidelines
- Ignorance or poor knowledge about viral hepatitis leads to inadequate budgeting and funding
- Fragmented and uncoordinated services and programmes
- Costs: antiviral treatments, case management, human resources
- Lack of equitable mechanisms for purchase and distribution of antivirals at best prices
- Access to prevention and care: ranging from remote areas to waiting lists for liver transplants
- Uneven distribution of hepatologists and other health care staff to deliver care and treatments
- Lack of good-quality up-to-date surveillance data needed for evidence-based decisions
- Limitations to molecular biology studies
- Concern that absorption of VH into AIDS programmes will diminish visibility of VH

Lessons learnt

- The cost of doing nothing in some countries can be substantial and needs to be considered in all VH plans and strategies
- Countries need national plans, but plans need to be implemented with appropriate budget lines and authority
- Regional networking is in its early stages, but a start has been made (LALREAN) – could be a VHPB model for networking; also build on networks used for HIV/AIDS
- Different communities need different approaches; one size does not fit all
- Under-reporting of all viral hepatitis is probably considerable
- Quality of laboratory data is essential, and there may be serious questions about the reliability and quality of serological and molecular biological tests in some remote areas
- Blood screening data are neither representative nor an indicator of prevention programme performance

Lessons learnt (continued)

- Global survey of policies and responses a valuable approach and a spur to action (not all countries in the region responded)
- Monitoring of status and real-life performance of programmes (e.g. vaccine coverage rates) is essential
- Valuable input from Argentina, the Caribbean, Mexico and Peru; indicates value of continuing to sharing policy development and implementation practices
- Value of cultural sensitivity in outreach to indigenous people/communities, sometimes as the first point of contact (cultural perceptions of disease)
- Opportunity to learn from HIV/AIDS programmes and policies

Needs in Latin America

- More and better evidence and data needed in the following areas:
 - surveillance programmes and results since 2009
 - programmes for preventing specific routes of transmission
 - breakdown of proportion of transmission by different routes
 - programmes of prevention among injecting drug users, sex workers, refugees, migrants, health care workers, safe injection
 - organization of vaccination programmes and coverage by different target groups
- Robust data are needed to set priorities and form the basis for rational resource allocation
- Internationally comparable data are needed, with harmonized indicators and monitoring tools

Needs in Latin America (cont'd)

- National plans for prevention and control of viral hepatitis need implementation strategy; none evident
- Plans for prevention and control at national and regional levels must be based on solid data and sound epidemiological principles, including robust surveillance of acute and chronic disease and vaccination coverage (the foundation of the house of viral hepatitis prevention and control)
- Plans must be comprehensive and coherent, and cover all subcomponents of viral hepatitis programmes (including blood screening, preventive medicine, groups with at-risk behaviours and vulnerable populations)
- Plans need to be harmonized at national (and as appropriate international) level and include performance indicators and targets

Needs in Latin America (cont'd)

- In some countries, further development, reinforcement or better structuring of prevention policies and activities (including blood safety, improved sanitation, and safe injection) are needed, together with monitoring
- Policies on screening and treatment need to be formulated
- Who pays for the impressive access to modern treatments in the various countries of the region? - a body like the GAVI Alliance might be needed as a protagonist for MS on prices of antivirals; consider regional mechanisms (e.g. PAHO Revolving Fund) for improving access to medicines and diagnostics
- Intercountry comparisons of prices paid for antivirals and diagnostic tools

Needs in Latin America (cont'd)

- Cost-benefit analyses and interpretation for policy-makers
- More human resources and more equitable distribution of health workers (e.g. in remote areas)
- A focal point for viral hepatitis in all WHO regional offices
- Patient advocacy groups need to keep profile of viral hepatitis high and to fight for affordable treatments
- Regional, state and municipal multidisciplinary meetings to discuss plans, including cross-border issues, to implement and prioritize public health policies
- Follow up about future for a neutral advisory body in Latin America, that is independent of health ministries and pharmaceutical industry