Implementation of the WHO Global Hepatitis Framework

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Viral hepatitis at WHO: a historical perspective

- Hep B immunization
- Blood safety
- Injection safety

May 2010
WHA resolution

Dec 2011
GHP created
• 2010 World Health Assembly resolution 63.18:
  – Sponsored by Brazil, Colombia, and Indonesia
  – Call for comprehensive approach to hepatitis prevention and control

• Mandate to WHO:
  – Develop guidelines and strategies for surveillance, prevention and control of viral hepatitis
  – Support development of scientific research
  – Improve global prevalence and disease-burden estimates
  – Mobilize support
  – Strengthen WHO Safe Injection Global Network
## Characteristics of main types of viral hepatitis infections

<table>
<thead>
<tr>
<th></th>
<th>Hep A</th>
<th>Hep E</th>
<th>Hep B ± D</th>
<th>Hep C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mode of transmission</strong></td>
<td>Contaminated food, water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number chronic infections</strong></td>
<td>0</td>
<td>?</td>
<td>240 million</td>
<td>130-170 million</td>
</tr>
<tr>
<td><strong>Annual deaths</strong></td>
<td>34,000</td>
<td>70,000</td>
<td>500,000-700,000</td>
<td>350,000</td>
</tr>
<tr>
<td><strong>Health Outcome</strong></td>
<td>Acute hepatic failure</td>
<td>Acute hepatic failure, maternal death</td>
<td>Acute failure, cirrhosis, hepatocellular carcinoma</td>
<td></td>
</tr>
<tr>
<td><strong>Vaccine</strong></td>
<td>√</td>
<td>√</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td><strong>Other modes of prevention</strong></td>
<td>Improved sanitation</td>
<td></td>
<td></td>
<td>Universal precautions, blood screening, behavior change</td>
</tr>
</tbody>
</table>
Number of hepatitis deaths, 2010

Number of deaths/year from selected conditions, 2010*

*Global Burden of Disease Study 2010 Lozano et al, Lancet 2012
## Low level of engagement at regional and national levels

<table>
<thead>
<tr>
<th>WHO Regional offices with dedicated staff working exclusively on hepatitis</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member States with national hepatitis control plans</td>
<td>38%</td>
</tr>
<tr>
<td>Member States with governmental unit or department responsible solely for viral hepatitis-related activities</td>
<td>29%</td>
</tr>
<tr>
<td>Number of national-level staff working on viral hepatitis</td>
<td>2 (median)</td>
</tr>
</tbody>
</table>

*WHO Hepatitis Global Policy Report - 2013*
WHO 2012 program budgets per disease-specific deaths (2010 GBD study)

Lozano et al, Global Burden of Disease Study 2010 Lancet 2012
WHO Viral Hepatitis Programme

• Created December 2011

• Develop Framework for Prevention and Control of Viral Hepatitis Infection:
  – Vision: A world where viral hepatitis transmission is stopped and all have access to safe and effective care and treatment
  – Goals to:
    • reduce the transmission of hepatitis-related viruses
    • reduce the morbidity and mortality due to viral hepatitis and improve the care of patients with viral hepatitis
    • reduce the socio-economic impact of viral hepatitis at individual, community and population levels
Global Hepatitis Framework

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
Prevention & Control of Viral Hepatitis Infection:

Framework for Global Action

Available at: http://www.who.int/csr/disease/GHP_framework.pdf
Axis 1: Increasing engagement through awareness, partnerships and mobilizing resources

Increasing awareness among policy makers, health professionals, and the public about viral hepatitis

- Support for World Hepatitis Day

- Global Hepatitis Network: Establish global network of collaborating centres and civil-society associations for viral hepatitis prevention and control

- Mobilize resources
  - WHO
  - Countries with limited resources
World Hepatitis Day 2012 sample posters
New global network for hepatitis launched by the World Health Organization

By Poon Chian Hui

A global network to tackle hepatitis was unveiled in Singapore on Friday by the World Health Organization. This initiative seeks to gather help from doctors, researchers and patient groups to fight the disease, which affects one in every 12 people.

In Singapore, about 2.7 per cent of the population has hepatitis B or C, which can lead to liver cancer.

Speaking at the launch of a liver diseases conference at Suntec City, Health Minister Gan Kim Yong said while Singapore has had great success with childhood immunisation of this disease, the nation "cannot rest on its laurels".

"We will need to continue to innovate and find new ways to address our healthcare challenges," he said, adding that $3.7 billion has been earmarked for biomedical research in Singapore for the period of 2011 to 2016.
Increase collection, analysis of data:

- Publish global prevalence and burden estimates for viral hepatitis
- Develop guidelines for hepatitis surveillance in low- and middle-income countries
- Conduct regional adaptation workshops
- Conduct country hepatitis burden-of-disease and hepatitis response workshops
Global prevalence of chronic hepatitis B virus infection, 2005, adults (19-49 years)

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: refer to datamodels described in manuscript
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

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• Systematic reviews to update prevalence estimates

• Statistical modelling of burden of disease
Axis 3: Prevention of virus transmission

- Promote expansion of immunization:
  - Protection of newborns, health-care workers, and high-risk groups against hepatitis B
  - Promote innovative approaches for the future

- Promote behavioral and structural interventions:
  - Safer sex
  - Safe and rational use of injections
  - Safe blood transfusion
  - Ensuring safe food and water for countries and on proper disposal of sanitary waste
Axis 4: Screening, care and treatment

- Develop treatment guidelines
- Prequalify diagnostics
- Prequalify therapeutics
- Develop training
- Advocate/negotiate for price reductions
- Assist countries in developing national hepatitis treatment plans
## Axis 4: WHO’s role improving access to hepatitis therapy

<table>
<thead>
<tr>
<th>Awareness Components</th>
<th>Testing Components</th>
<th>Referral Components</th>
<th>Assessment Components</th>
<th>Treatment Components</th>
<th>Monitoring Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Public Health-workforce</td>
<td>• Antibody test Confirmation</td>
<td>• Available and prepared institution</td>
<td>• Viral load • Genotype • Fibrosis</td>
<td>• Medicines • Health workers • Retention</td>
<td>• Laboratory</td>
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<tr>
<td>Actual</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• WHDay observance • Improved national estimates</td>
<td>• Prequalification of diagnostics</td>
<td></td>
<td>• Treatment guidelines</td>
<td>• Treatment guidelines • Prequalification of interferon</td>
<td>• Laboratory standards</td>
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<tr>
<td>Aspirational</td>
<td></td>
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<tr>
<td>• Country-level surveillance strengthening</td>
<td>• Testing guidelines</td>
<td></td>
<td>• Prequalification of molecular diagnostics • And non-invasive fibrosis assessment</td>
<td>• Health-care force training program • Engagement with pharmaceutical industry</td>
<td>• Laboratory quality assurance and network building</td>
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<tr>
<td>Guidelines</td>
<td>Status</td>
<td>Publication date</td>
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<tr>
<td>Hepatitis C treatment</td>
<td>Draft document</td>
<td>April 2014</td>
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<td>Hepatitis B treatment</td>
<td>Guidelines Development Group formulating questions</td>
<td>December 2014</td>
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<td>Hepatitis surveillance</td>
<td>Draft document in review</td>
<td>Mid 2014</td>
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<td>Hepatitis screening and testing</td>
<td>Fundraising</td>
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</table>
WHO-GHP approach to strengthening national hepatitis control plans

- Advocacy
- Country burden of disease estimates
- Country planning tools
- WHO guidelines
- Technical assistance

National hepatitis control plans
Conclusions: Challenges and opportunities

- Increasing global awareness of burden of hepatitis-related diseases
- Excitement around new hepatitis C drugs raises important issues of equitable treatment access
- WHO can play a key role in moving forward the global hepatitis control agenda
- Comprehensive response will require more resources and visibility
Thank you