WHO Governance Initiatives

- WHO Executive Board (Jan 2009)
  - Brazil requests WHA action of viral hepatitis

- EMRO Regional Committee Resolution (Oct 2009)

- WHO Executive Board (Jan 2010)
  - Comprehensive approach to viral hepatitis, new focus on screening and treatment for chronic viral hepatitis
  - Resolution introduced by Brazil, Columbia, Indonesia and adopted by EB Members

- WHO World Health Assembly (May 2010)
EMR (RC56) Resolution

- Established regional target for HBV control

- Called for comprehensive national strategies for viral hepatitis control, including improved screening, treatment and surveillance

- Requests that WHO provide increased technical support to countries, support national studies/surveillance activities, and facilitate technology transfer and increased access to lower priced medicines.
Executive Board Actions

- Recognized that WHO prevention and control efforts successful but fragmented, no comprehensive strategy
- Resolution adopted setting direction, priorities, resources for WHO programme of work
- Calls for increasing education and promotes screening and treatment of 500 million people infected with hepatitis B and C viruses
EB126.R16: Screening and Treatment

- "strengthen national health systems … through provision of national surveillance, including tools for prevention, diagnosis and treatment for viral hepatitis …"

- "strengthen capacity in developing countries for increasing the use of reliable diagnostic and treatment methods suitable to local epidemiological situations and health systems"

- "enhancing access to affordable treatments in developing countries"
Ongoing Activities

- Consultation on Treatment of HBV for Resource-Constrained Settings (Feb, 2009)

- Guidelines on ART Initiation
  - Calls for increased HBV screening in HIV + persons

- Develop position on HCV treatment (of coinfected)
  - Call for action on HCV by partners

- Hepatitis Atlas of Country Policy and Activities
WHO should engage in providing advocacy, leadership and coordination on global issue of treatment of chronic HBV infection in resource-constrained settings

Currently available drugs for HBV can be used to treat chronic HBV in the developing world

Serology for hepatitis markers, liver enzymes and common chemistry tests can be used to identify candidates for and guide treatment

Additional affordable and standardized laboratory tools need to be developed/made available
Screening and Treatment Guidelines

- In resource limited settings, HBsAg is appropriate tool, target populations need better definition, ink to other existing programs,

- All HIV-positive persons should be screened for HBV

- All HBV-positive persons should be screened for HIV

- Persons HBsAg + should be referred for management

- Management should include patient education, contact follow-up, further diagnostic measures, and/or treatment
Recommendations—Resource-Limited Settings

- Prioritize treatment of persons with cirrhosis (decompensated or compensated cirrhosis) and certain persons with HIV/HBV co-infection.
- HBV DNA assays should be robust, reliable, sensitive, quantified, standardized, regularly quality controlled, affordable and available to guide management.
- Liver biopsy may be useful if available, provided it can be performed safely and interpreted appropriately.
- Alternatively, non-invasive tests of liver fibrosis, may be considered when available.
Research Recommendations

- Burden of disease (esp. through disease and death registries)
- Prevalence HBV in HIV-infected persons
- HBsAg carriage in persons with cirrhosis and HCC
- HBV prevalence, treatment and outcomes in a region of Africa and Asia
- Effectiveness of screening programs
- Liver related mortality including HCC
- Best practices for surveillance of hepatitis B outcomes
- Laboratory QC panels for testing HBV DNA
- Replacement for liver biopsy
## Proposed Criteria for ART Initiation
*(adults and adolescents, Oct 2009)*

<table>
<thead>
<tr>
<th>Clinical Situation</th>
<th>ART initiation Recommendations</th>
<th>Quality of Evidence</th>
<th>Strength of Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO clinical stage 3 or 4</td>
<td>Start ART irrespective of CD4</td>
<td>Moderate to High</td>
<td>Strong</td>
</tr>
<tr>
<td>WHO clinical stage 1 or 2</td>
<td>Need CD4 to decide</td>
<td>Very Low</td>
<td>Strong</td>
</tr>
<tr>
<td>CD4 &lt; 350 cells/mm³</td>
<td>Start ART irrespective of WHO stage</td>
<td>Moderate</td>
<td>Strong</td>
</tr>
<tr>
<td>Active chronic hepatitis B</td>
<td>Start ART irrespective of CD4</td>
<td>Low</td>
<td>Strong</td>
</tr>
</tbody>
</table>
Proposed Case Definition: Active chronic hepatitis B

- Clinical: Persons with chronic HBV infection may be asymptomatic. They may have no evidence of liver disease or may have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer. Stigmata of end-stage liver disease (ESLD) including spider angiomata, splenomegaly, caput medusa, ascites, jaundice, asterixis and encephalopathy.

- Laboratory:
  - anti-HBc positive AND HBsAg positive, plus:
  - HBV DNA positive OR ALT elevation (either > 30 (male), ALT > 19 (female))

- Classification:
  - Confirmed: a case that meets the laboratory criteria or has stigmata of ESLD
Hepatitis Atlas

- Review of WHO Member State policies
- Led by World Hepatitis Alliance in collaboration with WHO
- Launch scheduled for April at EASL 2010
Opportunities for Advocacy

- Provide input to official delegations to WHA:
Thanks