

WHO 2016-2021 draft Global Health Sector Strategy on Hepatitis

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An insight into...

- How the first global hepatitis strategy will drive global and country action
- An emerging set of ambitious, yet feasible goals and targets, to drive progress in hepatitis
- The strategy framework and development process

A Global Health Sector Strategy: Why and why now?

Major global public health threat

New opportunities: medicines, technologies
and approaches

Progress uneven and inequitable

New era of ambition towards SDGs and
advocacy for viral hepatitis – mandate from
World Health Assembly

World Health Assembly Hepatitis Resolution (WHA67.6): a powerful tool for action

- Unanimously adopted with 49 countries speaking in favor
- Broad set of recommended actions including:
 - Support development of national viral hepatitis strategies
 - Enhance strategic information
 - Promote access to prevention and treatment services
 - Assess feasibility of elimination of HBV and HCV

Feasibility and focus of elimination

- **Vision of elimination confirmed** with consultation at Hepatitis Advisory Group and expert Think Tank: *“A world where viral hepatitis transmission is stopped and everyone has access to safe, affordable and effective treatment and care”*
- Elimination as a **public health issue of concern** - remove sustained transmission, remove hepatitis as a leading cause of mortality:
 - **In line with HIV, TB, malaria** and other health issues in post 2015 agenda
 - Elimination and not eradication: **long wave of prevalence** will remain for decades
- **Technically feasible** by scaling up five key interventions to high coverage

For the first time: global hepatitis targets

- **Impact targets across hepatitis B and C – incidence and mortality by 2030**
- Supported by **coverage targets** for key interventions
 - Balance **feasibility** with **ambition**
 - **Set agenda to 2030 with milestones for 2021**

Effective interventions in hand

Intervention	HBV	HCV	Status
HBV vaccine	✓		HBV vaccine coverage: <ul style="list-style-type: none"> • 81% for childhood immunization • 38% for birth dose
Safe blood	✓	✓	39 countries without universal testing of blood donations
Infection control practices	✓	✓	Significant risk in some countries due to overuse of injections and reuse of syringes
Harm reduction	✓	✓	Insufficient coverage of services
Safer sex practices	✓	✓	Vaccination (HBV), condom promotion, partern reduction
Prenatal interventions	✓		Inadequate coverage or HBV birth dose, role of HBIG, antivirals?
Treatment	✓	✓	Very low coverage

Moving toward elimination

- What we have:
 - Prevention: effective tools to prevent all routes of transmission
 - Treatment: safe and effective medicines to control (HBV) and cure (HCV) hepatitis infection
- What we need:
 - Stronger advocacy
 - Political and financial commitment
 - Innovation

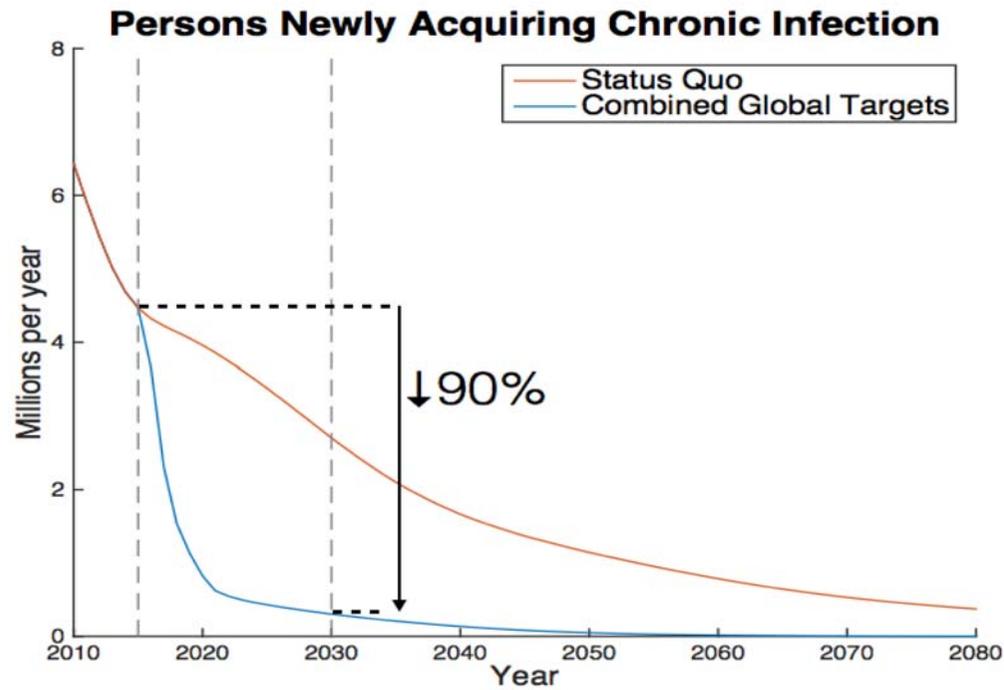
Draft framework for elimination targets for consultation – based on the key interventions required for impact

	Focus	Indicator	Target (reduction from 2010 baseline)
Impact	Incidence	Incidence of Hepatitis B Incidence of Hepatitis C	90% reduction 70% reduction by 2030
Impact	Mortality	Deaths due to Hepatitis B Deaths due to Hepatitis C	60% reduction by 2030
HBV	Coverage	<ul style="list-style-type: none"> • Infant vaccination • Birth dose vaccine (mother to child transmission) • Hepatitis B treatment (cascade) 	90% + 80% 90, 90, 90
HCV	Coverage	<ul style="list-style-type: none"> • Risk of medical exposure (in and outside facility) • Harm reduction • Hepatitis C treatment (cascade to cure) 	75% 50% 90, 90, 90

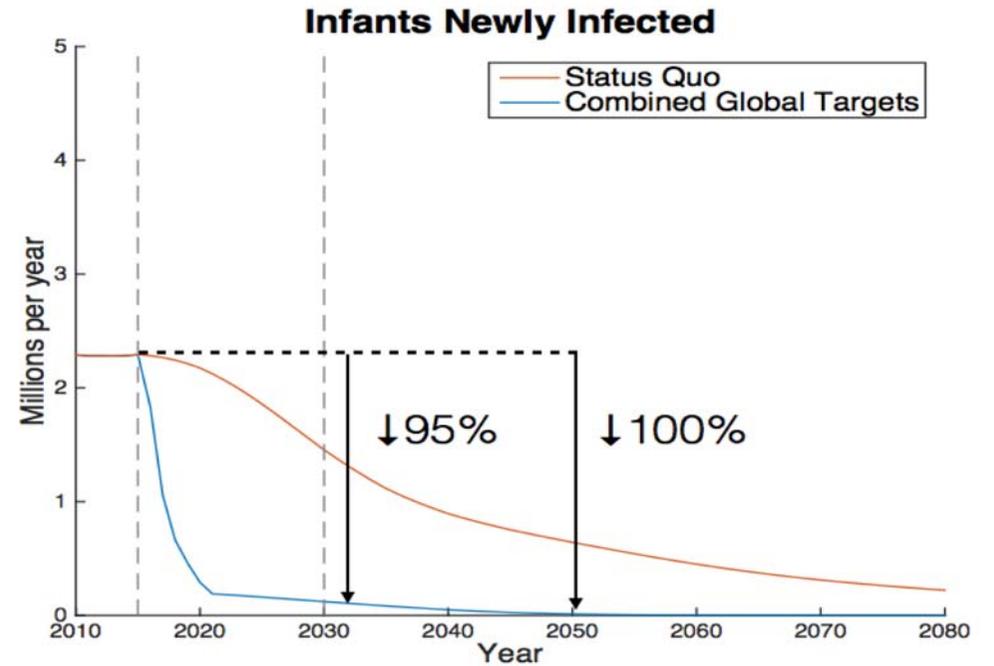
To achieve these targets certain programmatic assumptions are made:

- 1. Immunization scale-up; and approaches to eliminate mother to child transmission, e.g. innovations in delivery of birth dose**
- 2. Universal access to blood and injection safety in and beyond health settings and to Harm Reduction**
- 3. Scale up and innovations in treatment:** innovations in diagnostics, including point of care testing, new case finding, radical reductions in treatment costs, and innovations in curative HBV treatment
- 4. Strong linkages of hepatitis interventions to HIV, TB, MCH, NCDs and health systems approaches**
- 5. Significant investment in surveillance**

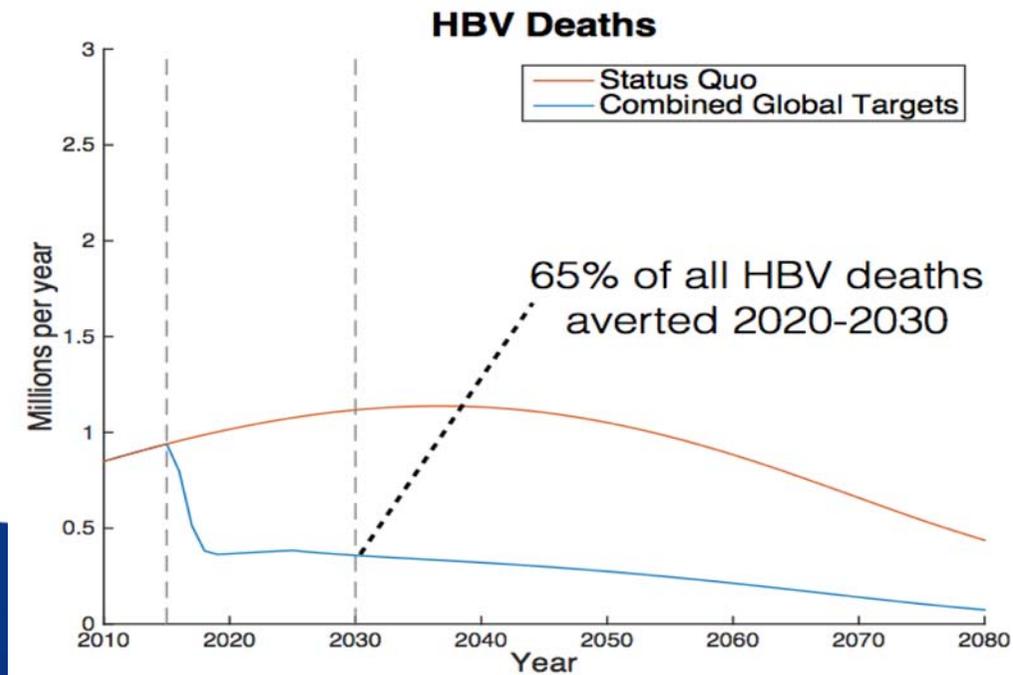
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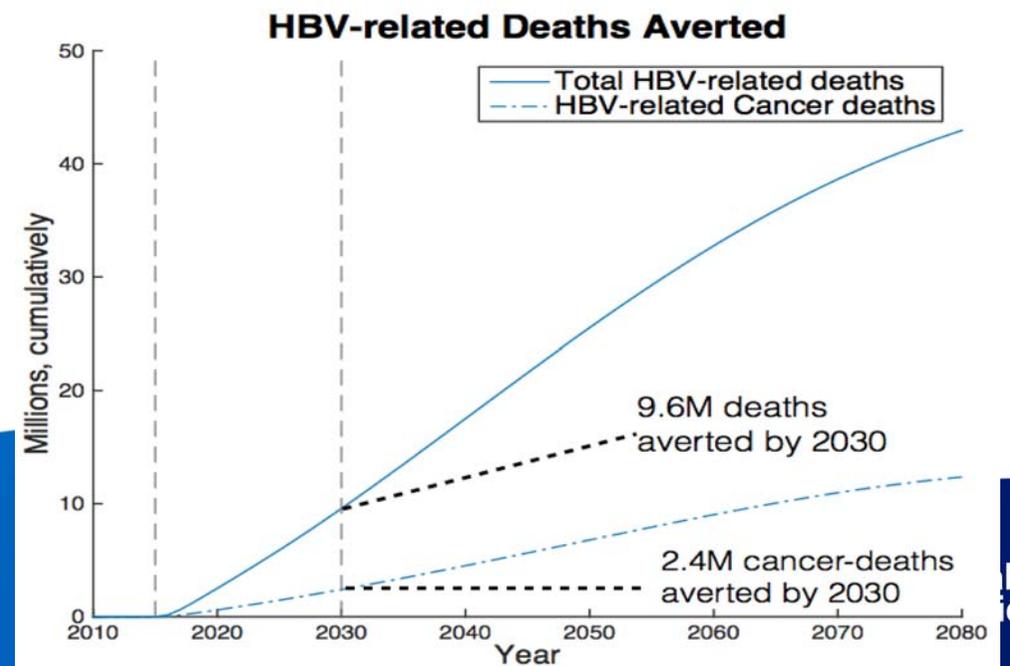
(B)



(C)



(D)



What is the projected impact?

- Incidence – reduction from **10 million cases to 1 million by 2030**
- Mortality – reduction from **1.3 million to under 500,000 deaths**

WHO is developing three separate, yet interlinked, strategies

HIV: End the AIDS epidemic in 2030

*Build on momentum;
accelerate (“fast-track”) the response
Aligned to UNAIDS strategy*

STIs End STI epidemics in 2030

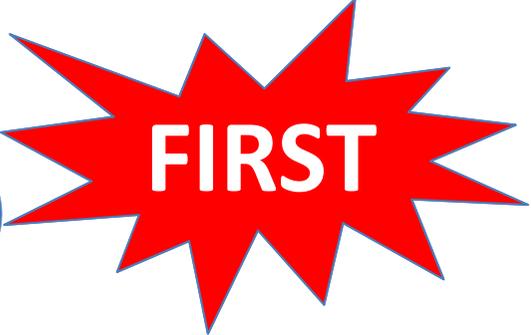
Neglected area; complexity: drug resistance

Viral hepatitis: *Eliminate hepatitis B and C in 2030*

*Silent epidemic, yet emerging global interest;
increasing patient demand;
new prevention and treatment opportunities*



Building on
previous
strategies



FIRST

Addressing SDG 3 Sub-Goals

OVERARCHING HEALTH GOAL

Ensure healthy lives and promote well-being for all at all ages (SDG 3)

HEALTH SUB-GOALS

1. Reduce maternal mortality
2. Reduce child and neonatal mortality
3. End epidemics of AIDS, TB, malaria and NTDs and combat hepatitis and other communicable diseases
4. Reduce NCDs and improve mental health
5. Address alcohol and other substance use
6. Road traffic accidents
7. Sexual and reproductive health
8. Universal Health Coverage including financial risk protection
9. Hazardous chemicals, pollution & contamination
10. Tobacco control
11. Affordable essential medicines
12. Health financing and workforce
13. Capacity for early warning and management of health risks

**The draft strategy
poses five critical
questions to
achieve impact**

- What is the situation we face?
- What interventions need to be delivered?
 - How can we optimally deliver?
 - How can we cover the costs?
- How can we change the trajectory?

Frameworks for action: **Universal health coverage** and the **continuum of care**

Goal, targets and milestones

Strategic
Direction 1:
**Information for
focus and
accountability**

*The “who”
and
“where”*

Strategic
Direction 2:
**Interventions
for impact**

The “what”

Strategic
Direction 3:
**Delivering for
quality and
equity**

The “how”

Strategic
Direction 4:
**Financing for
sustainability**

*The
financing*

Strategic
Direction 5:
**Innovation for
acceleration**

The future

Strategy Implementation: Leadership, Partnership, Accountability, Monitoring & Evaluation

Consultations to date

Brazil

South Africa

Online Consultation

Civil Society Reference Groups

Expert Technical Advisory Groups...

- **Strong support** for the strategy

Request for:

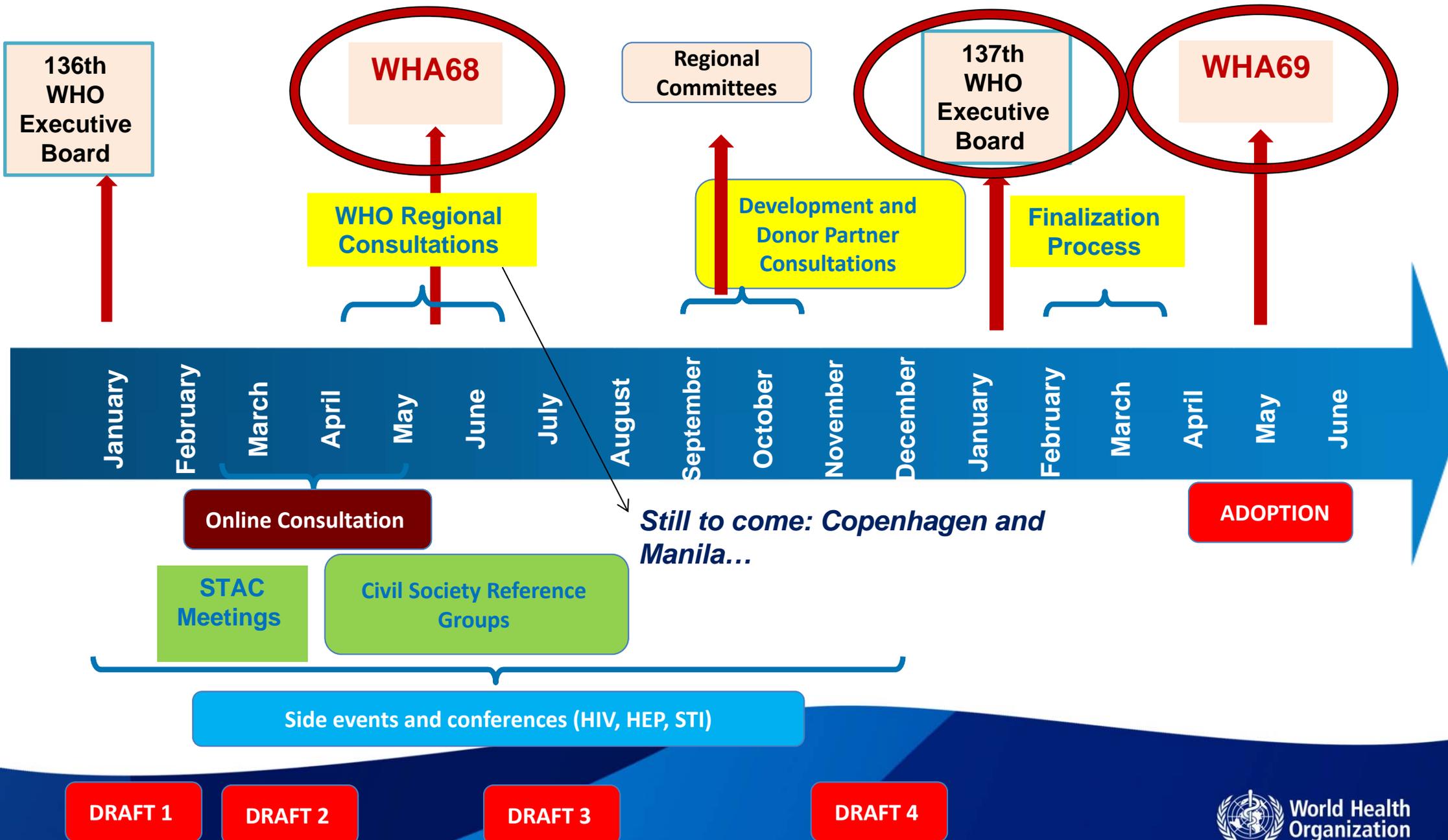
- deliberately ambitious targets
- stronger data and strategic information to inform our responses
- clear focus on equity and key populations
- pathways to ensuring sustainable financing for responses
- explicit focus on innovation in the context of new opportunities



Technical briefing on Hepatitis, HIV, STI strategies at World Health Assembly, May 2015



GHSS Development Timeline



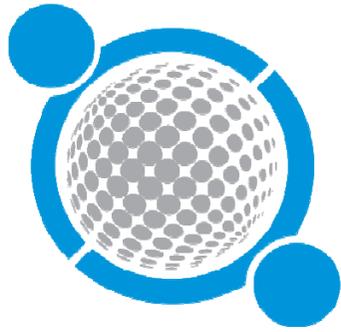
Spirit of the elimination agenda: commitment and innovation

Ask not:

Is it feasible?

Ask rather:

How can we make it feasible?



World Hepatitis Summit 2015

GLASGOW, SCOTLAND 2-4 SEPTEMBER

The first global event to bring together WHO Member States (technical and policy-makers), civil society, development partners, private sector, patients and media to advance the global hepatitis agenda.

It is by invitation-only and all WHO Member States are invited.

www.worldhepatitissummit.com

World Hepatitis
Alliance



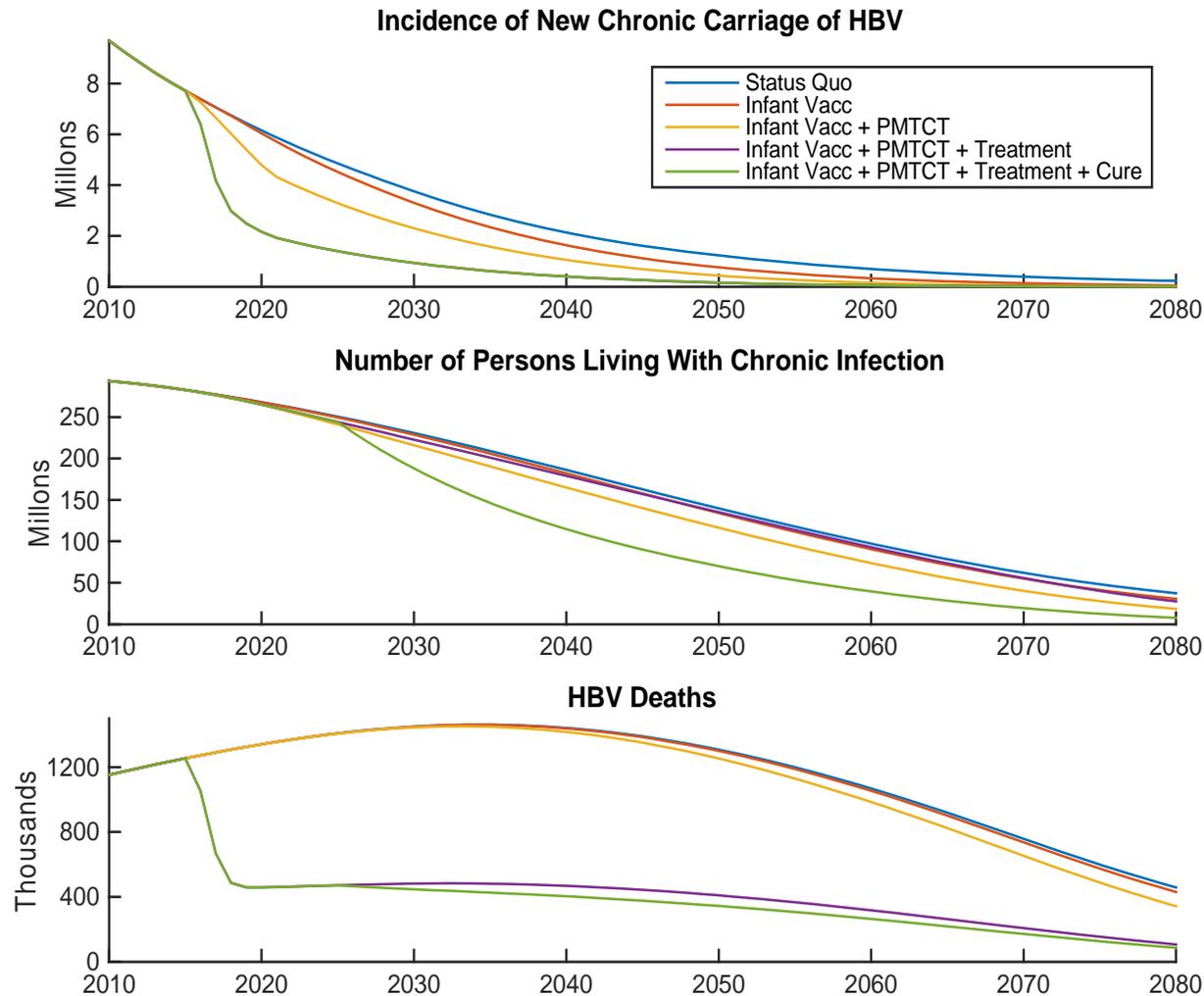
World Health
Organization



IN PARTNERSHIP WITH

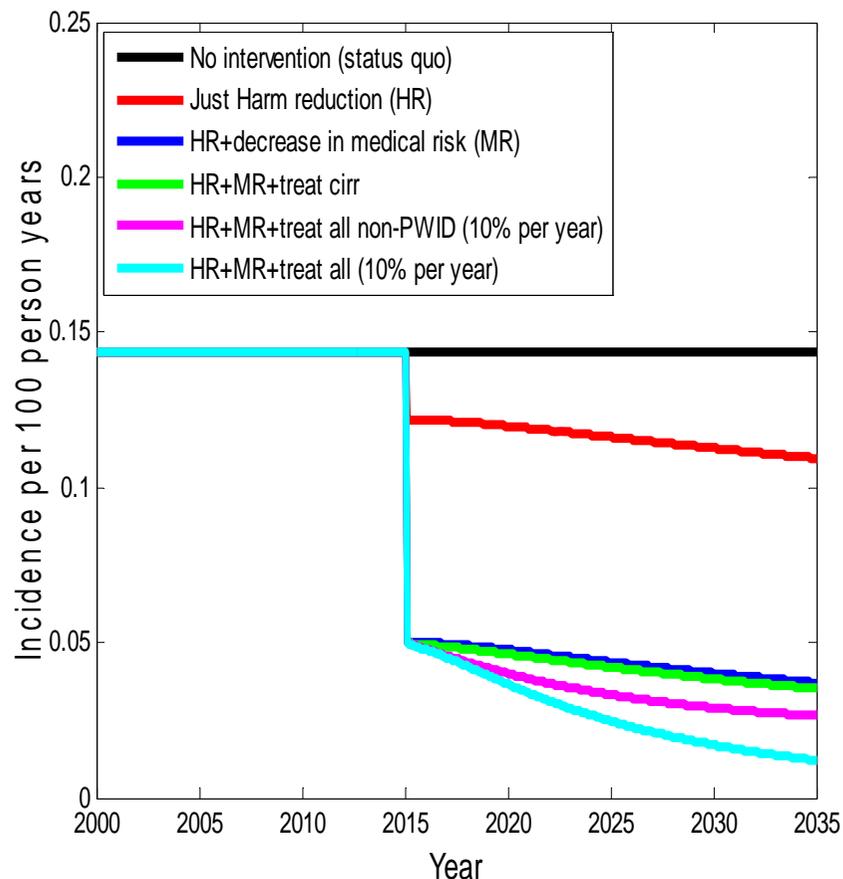


Elimination targets for incidence and mortality are consistent with scale up of integrated package of interventions



... and for prevention and treatment of Hepatitis C

Hepatitis C targets



Programmatic Issues

- **Potentially feasible targets** would be:
 - 70% reduction in new infections by 2030.
 - 65% reduction in deaths by 2030
- Continued scaled-up of **harm reduction** to 50% of the PWID population and reduced risk of **medical exposure** of 75%.
- **Treatment of 100% of patients with cirrhosis** caused by HCV and 85% of non-cirrhotic chronic patients before they become cirrhotic.
- **Investment in the order of \$>7-14bn** (assuming large price reductions in treatment).