Global, regional and national strategic planning for viral hepatitis prevention and control

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WHO Regional Office for Europe

VHPB Baltic Meeting
19-20 November 2015
Riga, Latvia
Presentation outline

• WHO work on viral hepatitis
• Global health sector strategy 2016–2021
• European regional action plan 2016–2021
• National planning
WHO organisational structure

- **HQ**
  - AMRO
    - Country offices
  - EMRO
    - Country offices
  - EURO
    - Country offices
  - SEARO
    - Country offices
  - WPRO
    - Country offices

- **GHP team:** Team lead and 4 professional staff
- **Regional advisor +/- one technical officer**
- **Zero hepatitis staff**
WHO Global Hepatitis Programme: Evolving priorities

Advocacy

|------|------|------|------|------|------|------|

Framework | Normative documents | Implementation

World Health Organization
Regional Office for Europe
Presentation outline

• WHO work on viral hepatitis

• **Global health sector strategy 2016–2021**

• European regional action plan 2016–2021

• National planning
Global Health Sector Strategy on Viral Hepatitis, 2016–2021

- Goal: to develop a strategy that identifies priorities and sets global targets for a coordinated global response, through an extensive consultation process with global and regional stake-holders, experts and WHO partners

- A vision of elimination of viral hepatitis as a public health issue of concern

- Final draft to be presented to the 69th World Health Assembly in May 2016 for adoption
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 2020
Proposed hepatitis impact targets (Baseline, 2020 and 2030)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>2020</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence</td>
<td>Approximately 6-10 million infections</td>
<td>30% reduction in HBV new cases</td>
<td>95% reduction HBV (less than 1 million)</td>
</tr>
<tr>
<td></td>
<td>30% reduction in HCV new cases</td>
<td>80% reduction HCV (less than 1 million)</td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td>1.4 million deaths</td>
<td>10% reduction in HCV and HBV deaths</td>
<td>60% reduction (500,000 deaths)</td>
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</table>
# Proposed hepatitis impact targets (Baseline, 2020 and 2030)

<table>
<thead>
<tr>
<th>Key Service Targets</th>
<th>Baseline</th>
<th>2020</th>
<th>2030</th>
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<tbody>
<tr>
<td><strong>HBV vaccination</strong></td>
<td>82% of infants 38% of infants</td>
<td>90% of infants vaccinated (3rd dose cov.) 50% of infants vaccinated with birth dose</td>
<td>90% 90%</td>
</tr>
<tr>
<td><strong>Blood safety</strong></td>
<td>39 countries do not routinely screen all blood donations</td>
<td>All countries have haemovigilance systems in place to identify and quantify infection rates</td>
<td>Reduce transmission rates by 99% compared with 2020</td>
</tr>
<tr>
<td><strong>Safe injections</strong></td>
<td>5% injections with safety-engineered devices</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Harm reduction</strong></td>
<td>20 needles per PWID per year</td>
<td>200 needles per PWID per year</td>
<td>300 per PWID p.a.</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>&lt;5% chronic infections</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>&lt; 1% of those eligible</td>
<td>5 million receiving HBV treatment 3 million received HCV treatment</td>
<td>80% eligible treated 80% eligible treated</td>
</tr>
</tbody>
</table>
Five key interventions towards elimination

1. Infant and birth dose Vaccination (HBV)
2. Hepatitis B treatment (lifelong)
3. Hepatitis C treatment (high cure rates of >90%, 3 months oral)
4. Reduce risk of medical exposure (in and outside facility) – safe injection, safe blood
5. Provide Harm reduction interventions (IDUs)
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
  - *Financing*

- **Strategic Direction 5:** Innovation for acceleration
  - *The future*

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

*World Health Organization*
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• European regional action plan 2016–2021
• National planning
Burden of Hepatitis B and C in the WHO European Region

• Estimated number of people living with infection¹:
  – Hepatitis B – 13.3 million
  – Hepatitis C – 14-15 million
  – Over 60% infected live in eastern European and central Asian countries (EECA)
  – Transmission concentrated in certain vulnerable groups (currently)

• Estimated number of deaths due to viral hepatitis²:
  ~ 60 000 deaths due to Hep B annually
  ~ 84 000 deaths due to Hep C annually

¹ V.D. Hope et al. Epidemiol. Infect (2013) 1-17
² Global Disease Burden Estimate
Causes of deaths (selected diseases)
WHO European Region, 2012*

Global Disease Burden Estimate 2010, 2012
Estimated prevalence of anti-HCV, WHO European Region

- <1%
- 1-3%
- >3-5%
- >5%
- No data
Estimated prevalence of HBsAg, WHO European Region

- <1%
- 1-5%
- >5-10%
- >10%
- No data
Hepatitis B and C among “most affected population groups” in the WHO European Region, 2012

European Regional Technical Consultation on WHO Global Health Sector Strategy on Viral Hepatitis
June 2015, Copenhagen

«Is a regional action plan on viral hepatitis needed for a feasible and timely implementation of the GHSSs in the European Region?»

n=62

- Definitely needed: 85%
- Somehow needed: 2%
- Not needed: 1%

«When do you think it would be most opportune time to start developing the regional action plan on viral hepatitis?»

n=61

- As soon as possible: 57%
- Once the GHSS are endorsed: 4%
- I don't know: 2%
Viral hepatitis in Europe: highlights

- Increasing number of Member States developing **national plans on viral hepatitis**: Turkey, Albania, Spain, Georgia (Hepatitis C Elimination Plan)
- Enhanced viral hepatitis **surveillance** in the EU/EEA countries since 2011
- Successes in **prevention of health-care associated transmission** (injection safety, blood safety)
- Successes in **access to treatment** in some Member States
Viral hepatitis in Europe: challenges

- Many countries still lack **national strategies / plans**
- **Lack of reliable data** on disease burden in many Member States
- Majority of patients **unaware of their infection**
- Unequal access to **harm reduction** across the Region – resulting in growing epidemics among injecting drug users
- **New treatments** (DAAs) are not accessible to all who are in need in majority of Member States; affordability and sustainability
Vision:

«A WHO European Region that is free of new hepatitis infections, where all people living with chronic hepatitis have access to care, and affordable and effective treatment»

Goals:

• to reduce the transmission of viral hepatitis; and
• to reduce morbidity and mortality due to viral hepatitis.
Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021

**Five strategic directions** (aligned with the global health sector strategy on viral hepatitis):

SD1: Strategic information for focus and accountability (understand the epidemic and response)

SD2: Interventions for impact (covering the range of services needed)

SD3: Delivering for equity (covering the populations in need of services)

SD4: Financing for sustainability (covering financial costs of services)

SD5: Innovation for acceleration (looking towards the future)

With specific focus to implementation that reflect the European context, including epidemiology and health systems.
Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021

Timeline:

- 2015
- 2016

- June
- July
- August
- September
- October
- November
- December
- January
- February
- March
- April
- May
- June
- July
- August
- September

- WHO Regional Consultation
- 65th RC September 2015
- 23rd SCRC November 2015
- Online Consultation
- ILC2016 (EASL) April 2016
- Regional Consultation & CSRG
- 66th RC

WHA69: GHSS on VH
Moving toward implementation

- Identify focus countries
- Help promote national hepatitis planning
- Dissemination of guidelines
- Other technical assistance
Presentation outline

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WHO's assistance to national planning

• Assess current hepatitis activities
• Identify strengths and weaknesses
• Help formulate priority needs and actions
• Convene stakeholder to create, implement and monitor national hepatitis plans
Contents of the WHO manual

- Introduction and guiding principles
- Process and steps for developing a plan
- Content of a national plan
- Sample template
- Monitoring and evaluation framework
- Process for review and update
- Topic assessment guide
Topic assessment guide

1. Programme management and governance
2. Awareness-raising and community engagement
3. Workforce development
4. Data for policy and action
5. Prevention of transmission
   5.1 Vaccination
   5.2 Blood safety
   5.3 Infection prevention and control
   5.4 Harm reduction
   5.5 Sanitation, clean water, food safety
6. Screening and diagnostic testing
7. Clinical care and treatment
8. Monitoring and evaluation
In summary

• WHA Resolution is a tool for global and country-level action
• Needs are high; WHO with broad mandate and real opportunity for leadership
• but limited resources: small teams, limited funding
• How can we best help countries move forward
Thank you!

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www.who.euro.int/hepatitits