Global Health Sector Strategy on Viral Hepatitis

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ESCMID Postgraduate Education Course
Elimination of Viral Hepatitis: Are We Ready?

Ljubljana, 27–28 September 2019
Hepatitis B and C: the biggest killers

In the WHO European Region:

**B**
- 15 million people living with HBV
- 56,000 deaths/year
- Universal vaccination in 49/53 countries

**C**
- 14 million people living with HCV
- 112,500 deaths/year
- Liver fibrosis, cirrhosis, liver cancer

Risk Factors:
- Injecting drug use
- Health care settings/ injections
- Unsafe blood transfusion
- HIV infection
- Closed settings, prisons

Over 2/3 of cases in EECA countries
Deaths on the rise

Estimated global number of deaths due to viral hepatitis, HIV, malaria and TB, 2000-2015
In 2016, the World Health Assembly endorsed the elimination of hepatitis as a public health threat by 2030

• What does “elimination as a public health threat” mean?
  • Incidence reduced by 90%
  • Mortality reduced by 65%

• What are the implications?
  • Countries formulate plans
  • WHO reports on progress
Eliminating viral hepatitis as public health threat by 2030 is achievable

European Action plan on viral hepatitis (2016)
Towards stronger national plans

Global Health Sector Strategy

Regional Action Framework

National Strategies or Plans
What is an effective public health approach?

- Maximum benefit for the largest number of people
- Define the challenges and quantify them
- Identify social determinants of health and inequalities
- Build evidence for public health policies
- Simplification, decentralization, integration, partnerships
- Protect the vulnerable and deliver for equity
- Universal Health Coverage
5 regional essential targets on track by 2020

*Source: WHO Global Hepatitis Report, 2017

*Measuring the progress on vertical transmission prevention is limited by data on pregnant women screening coverage

** Measuring the progress on HBV treatment is now limited by the absence of data on the proportion of persons eligible
Price of DAAs remain variable, despite the possibility to procure a low price in most LMICs

Missed opportunities for optimized procurement

Prices of 3-month course direct-acting antiviral regimens for hepatitis C, 2017

62% of people living with HCV are in countries where they can access generic DAAs for as low as US$89 per cure (in green)
An heterogenous research landscape

<table>
<thead>
<tr>
<th>Innovations needed</th>
<th>Status</th>
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<tr>
<td>Pangenotypic HCV cure</td>
<td>Available, trials for cheaper medicines</td>
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<tr>
<td>Functional cure HBV</td>
<td>Two phase II clinical trials ongoing</td>
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<td>HCV vaccines</td>
<td>NIH-funded trial involving over 600 high-risk HCV-neg participants in 3 US cities will be announced soon</td>
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<td>Cheaper point of care tests for NAT testing</td>
<td>Being developed</td>
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<tr>
<td>Operational research on decentralized and simplified diagnostic pathways</td>
<td>Ongoing projects</td>
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National Plans for Viral Hepatitis growing globally...

Number of countries with a viral hepatitis plan, 2012-2017

• 17 countries had national plan in 2012
• 82 countries have a national plan in 2017
The number of countries in the European Region with national hepatitis plans increased from 13 (in 2013) to 32 (in 2019).
First Regional Consultation on Viral Hepatitis in the WHO European Region: Progress on the Way to Elimination
Tbilisi, Georgia 11–13 February 2019
WHO working towards global reporting on hepatitis

1. Prevention indicators are already collected: no need to duplicate these systems
2. Aggregation of testing and treatment data needed to monitor the cascade
3. New system to monitor the cascade and other pieces missing:
   – Policy uptake
   – Cascade of care and cure
   – Sequelae
4. Online data entry using DHIS2 tools on WHO servers
3 key steps of the way forward

1. Take a public health approach and provide integrated people-centered care that leaves no one behind

2. Establish partnerships with WHO, civil society and the private sector

3. Take concrete action tailored to country context, guided by national plans
Thank you!!

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