Towards the Elimination of Hepatitis B and C by 2030
The draft WHO Global Hepatitis Strategy, 2016-2021
and global elimination targets

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This Presentation

• Making the case: why do we need a global strategy

• Ambitious yet feasible: setting targets towards elimination

• What needs to happen: strategic directions for action

• Building consensus on the global strategy: the process
Why a Global Hepatitis Strategy?

- Major global public health threat
- Progress uneven and inequitable; major access gaps; stigma as a barrier
- New opportunities: prevention, medicines, technologies
- New era of ambition and advocacy - looking towards 2030
Epidemiologic imperative: high and increasing burden of disease

Viral hepatitis kills more than 1.4 million people a year, yet there is a remarkable lack of global awareness and action to combat the disease.

400 million persons with chronic HBV or HCV infection

Highest prevalence in Asia and Africa
Hepatitis mortality rates and virus distribution: A global public health problem

Mortality rate (per 100,000 py)
- <10
- 10 - 14.9
- 15 - 19.9
- 20 - 29.9
- 30 +

Proportion attributable to each virus
- The area of each pie is proportional to the number of hepatitis-attributable deaths in that region; each wedge represents the proportion of those deaths attributable to a given virus.
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Hepatitis E

Courtesy of Graham Cooke based on Global Burden of Disease 2010
Number of deaths/year from selected conditions, Global Burden of Disease Study 2010 and 2013

- HIV/AIDS
- Viral hepatitis
- Tuberculosis
- Malaria

Disease elimination - Post-2015 agenda
Concrete targets for HIV, TB, Malaria
The Global Hepatitis Agenda

Where are we...?

• Hepatitis is getting on the global agenda
• Advances in treatment result in greater awareness of access issues
• Several «champion» countries are showing the way...
• Yet, continued limited global and country funding
• Major opportunities to move forward – key interventions exist
• Action will be cheaper than inaction – preventing and treating will save costs!
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An emerging call for elimination...

- **World Health Assembly requested** (May 2014)
  - “Feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C with a view to setting global targets”

- **Sustainable Development Goals** (Sept 2015)
  - “End the epidemics of AIDS, TB, malaria and .. and combat hepatitis, water-borne diseases and other communicable diseases”

- **Growing movement around hepatitis**
  - Patient voices and demands – civil society momentum builds up
  - Increasing number with national plans
  - Some global partners expand their scope (e.g. UNITAID, CHAI, MSF)
Elimination

- **Vision** “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:
  - Elimination and not eradication: **long wave of prevalence** will remain for decades

- **Technically feasible** by scaling up **six key interventions** to high coverage
Key interventions for scale up

- Hepatitis B vaccination (including birthdose)
- Safe injection practices and safe blood
- Harm reduction for injecting drug users
- Safer sex (including condom promotion)
- Hepatitis B treatment
- Hepatitis C cure
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
<table>
<thead>
<tr>
<th>Intervention</th>
<th>2030</th>
<th>2020</th>
<th>Baseline 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HBV vaccination</td>
<td>90%</td>
<td>90%</td>
<td>81%</td>
</tr>
<tr>
<td>2. HBV MTCT; birthdose</td>
<td>90%</td>
<td>50%</td>
<td>38%</td>
</tr>
<tr>
<td>3. Safe injection</td>
<td>90%</td>
<td>50% coverage</td>
<td>5%</td>
</tr>
<tr>
<td>4. Harm reduction</td>
<td>300 (75% coverage)</td>
<td>200 (50% coverage)</td>
<td>20</td>
</tr>
<tr>
<td>5. HBV Treatment</td>
<td>80%</td>
<td>8 million treated (5m HBV, 3m HCV)</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>6. HCV Treatment</td>
<td>80%</td>
<td></td>
<td>&lt;1%</td>
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</tbody>
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Impact targets for elimination

90% reduction in new cases of chronic HBV and HCV infection

65% reduction in deaths from chronic HBV and HCV

6-10 million infections (in 2015) to 900,000 infections (by 2030)

1.4 million deaths (in 2015) to under 500,000 deaths (by 2030)
How can elimination be made affordable?

• Radical reductions in treatment costs
  – Includes ineffective treatment and care costs in middle and high income countries

• Shared costs with other strategies
  – Harm reduction costs, immunization and blood safety
  – Co-infection with HIV and service delivery

• Innovations and efficiencies over time
  – Simplified treatment package, non-specialist care
  – hepatitis B cure
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The Global Hepatitis Strategy, 2016-2021

Elimination 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
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

Dr Safaa Mourad, Egypt: “10 per cent of people in Egypt are infected with Hepatitis C.”
Raquel Peck, World Hepatitis Alliance: “We have to drive down prices of treatment.”
WHO Director General, Dr Margaret Chan: “Next year the World Health Assembly will address strategies for HIV, viral hepatitis and sexually transmitted infections.”
What it will take .....?

Energy, Commitment and Resources

A public health approach (simplification, integration, affordability, equitable access)

Partnerships (governments, civil society, private sector, ...)

Concrete and tailored action in countries (guided by national plans)
Consultation website:

www.who.int/hepatitis