Introduction

Viral hepatitis takes a heavy toll on lives, communities and health systems around the world. Viral hepatitis is responsible for an estimated 1.4 million deaths per year from acute infection and hepatitis-related liver cancer and cirrhosis — a toll comparable to that of HIV and tuberculosis. Already, approximately 240 million people are chronically infected with HBV and 130-150 million with HCV. Without an expanded and accelerated response, the number of people living with HBV is projected to remain at the current, high levels for the next 40–50 years, with a cumulative 20 million deaths occurring between 2015 and 2030. A stepped-up global response can no longer be delayed.

This paper provides an overview of the development of the world's first global hepatitis strategy. The 2016-2021 global health sector strategy on viral hepatitis is being developed alongside two other strategies, on HIV and sexually transmitted infections, for consideration at the World Health Assembly in 2016.

The scale and complexity of the hepatitis pandemic, along with growing recognition of its massive public health burden combined with new opportunities for action necessitates the need for concerted global action.

To date, few countries have seized these opportunities; action has tended to be fragmented and inadequate. The time has come for a coherent public health response that is guided by clear targets, identifies essential interventions, promotes effective service delivery approaches and establishes clear institutional responsibility and accountability.

The World Health Assembly

The global health sector strategy on viral hepatitis will be finalized for consideration by the World Health Assembly (WHA) in May 2016 in response to discussion and resolutions from past Assemblies:

- Since 2012 WHO's Global Hepatitis Programme has been guided by the Prevention and Control of Viral Hepatitis Infection: Framework for Global Action. A resolution on hepatitis (WHA67.6) was adopted by the WHA in May 2014, calling for an intensified and expanded global hepatitis response and for the WHO Secretariat to examine the feasibility of elimination of hepatitis B and C.

- In May 2015 a Technical Briefing at the WHA committed to addressing the unfinished agenda of HIV, the emerging hepatitis epidemic, and the ancient challenges of STI diseases. WHO Director-General, Dr Margaret Chan, recognizing strong commitment from partners to tackling the three diseases, called for coordinated global action.
Strategy Development Process

Since the start of 2015 a series of consultations, to help shape the strategy, have been held with: Member States; technical experts and partners; civil society; development partners; United Nations agencies and other stakeholders, including through a five week public online consultation. Details follow:

→ **Technical Advisory Committees**: Early concepts and outlines for the three strategies were presented to a series of formal WHO technical advisory committees in February including: the Strategic and Technical Advisory Committee on Viral Hepatitis; the Strategic and Technical Advisory Committee on HIV; the Gender and Rights Advisory Panel; the Strategic Advisory Group for Reproductive Health and Research.

→ **Public Online Consultation**: A six week online survey in official WHO Languages was launched on 26 March and generated more than 300 responses for the three draft strategies in development – with 96 responses specifically offering feedback on the draft strategy for viral hepatitis.

→ **Regional Consultations** with Member States and partners were held in Brazil, Denmark, Egypt, India, Lebanon, Philippines and South Africa.

→ **Civil Society Reference Groups**: two civil society reference groups (HIV and viral hepatitis) convened in Geneva to discuss the draft strategies.

→ **World Health Assembly Technical Briefing**: Representatives from Member States, partner and stakeholder organizations attended the final Technical Briefing of the Sixty-Eighth World Health Assembly on “Changing the trajectory of three epidemics: HIV, viral hepatitis and STIs through the development of global health sector strategies”.

→ **Geneva informal Missions Briefing**: more than 80 participants attended a short missions briefing in July to outline the structure and process for the three strategies.

Unprecedented Opportunities

There are great opportunities for enhancing and scaling up a viral hepatitis response capable of ending the pandemic as a major public health concern, including:

→ HBV infection can be prevented with an inexpensive, highly effective vaccine, with effective vaccines also available for preventing HAV and HEV infection;
→ Both HBV and HCV transmission can be dramatically reduced through measures to improve infection prevention and control measures including injection and surgical safety and provision of safe blood;
→ Chronic HCV infection in most people can be cured by using existing medicines; and
→ Life-long treatment provided to people with chronic HBV infection saves lives and improves health
→ Learning from and building on the successes of HIV responses, such as reaching key populations and increasing access to affordable treatment.
Vision

- *A world where viral hepatitis transmission is halted and everyone living with hepatitis has access to safe, affordable and effective care and treatment*

Goal

- *Eliminate viral hepatitis as a major public health threat*

Targets

Countries have an opportunity to take a decisive leap forward towards eliminating viral hepatitis as a major public health problem — if they act with enough resolve to reach an ambitious set of targets for 2030. These targets apply to everyone at risk for viral hepatitis infection: children, adolescents and adults; rich and poor; women and men; and all key populations. For the first time the strategies propose global targets to guide action and ensure mutual accountability towards an agenda that is ambitious yet technically feasible:

- 90% reduction in new cases of chronic HBV and HCV infection
- 65% reduction in deaths from chronic HBV and HCV

→ Reduce incidence: 6-10 million cases of chronic infection (in 2015) reduced to 900,000 infections (by 2030)
→ Reduce mortality: 1.4 million annual deaths (in 2015) decreased to under 500,000 deaths (by 2030)

Interventions identified for prioritised scale-up

- **HBV vaccination** – childhood vaccine coverage;
- **Prevention of mother-to-child transmission of HBV** - including birth-dose vaccine coverage;
- **Safe Injection, Blood and Medical Procedures** - injections administered with safety engineered devices (Safe injection coverage in and out of health facilities);
- **Harm reduction for injecting drug users** - number of needles/PWID/year (as part of effective harm reduction package);
- **HBV Treatment** - treatment eligible persons with chronic HBV treated (lifelong treatment);
- **HCV Treatment** – treatment eligible persons with chronic HCV treated (cure).
Intervention targets

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Parameter</th>
<th>2015 baseline.</th>
<th>2020</th>
<th>2030</th>
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<tbody>
<tr>
<td>HBV vaccination</td>
<td>Childhood vaccine coverage</td>
<td>81%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>HBV MTCT (mother to child transmission)</td>
<td>Birth-dose vaccine coverage or other approach to prevent MTCT</td>
<td>38%</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td>Safe injection</td>
<td>Injections administered with safety engineered devices</td>
<td>5%</td>
<td>50%  coverage</td>
<td>90%</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>Number of needles/PWID/year (as part of effective harm reduction package)</td>
<td>20</td>
<td>200 (50% coverage)</td>
<td>300 (75% coverage)</td>
</tr>
<tr>
<td>HBV Treatment</td>
<td>Treatment eligible persons with chronic HBV treated</td>
<td>&lt;1%</td>
<td>8 million treated (Estimated 5m HBV, 3m HCV)</td>
<td>80%</td>
</tr>
<tr>
<td>HCV Treatment</td>
<td>Treatment eligible persons with chronic HCV treated</td>
<td>&lt;1%</td>
<td></td>
<td>80%</td>
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A framework for action

Ensuring financial security and health equity are key concerns of the Sustainable Development Goals, and universal health coverage (UHC) provides a framework for addressing them. Therefore UHC is the organizing framework for the global health sector strategy for viral hepatitis.

UHC is achieved when all people receive the services they need, which are of sufficient quality to make a difference, without those people incurring financial hardship. It comprises three major, interlinked objectives: improving the quality and availability of needed essential health interventions and services (covering the range of services needed); improving the equitable and optimal uptake of services in relation to need (covering the populations in need of services); and improving cost efficiencies and financial protection (covering the costs of services).

As resources, efficiencies and capacities increase, the range of services provided can be expanded, the quality improved, more populations covered with fewer direct costs to those who need the services — a progressive realization of universal health coverage.

While the concept of universal health coverage frames the strategy overall, the continuum of services that are needed to curb the epidemic provides the organizing framework for the strategy's five strategic directions. The continuum spans the entire range of interventions – from preventing infection to providing chronic care – that is needed to achieve the strategy's targets.
Proposing a Global Health Sector Strategy for Viral Hepatitis 2016-2021

The strategy also proposes a clear Public Health approach which includes a focus on:

→ Standardized simplified protocols and guidance;
→ Decentralized service delivery;
→ Focus on equity and community participation;
→ Meaningful involvement of people living with viral hepatitis;
→ Leveraging public and private sectors;
→ Ensuring services are free or affordable;
→ Moving from an individual clinical focus to population-based national plans.

Each of the three global health sector strategies in development are organised around a similar structure based on five strategic directions as follows:

1. Strategic information for focus and accountability
2. Essential interventions for impact
3. Delivering for quality and equity
4. Financing for sustainability
5. Innovation for acceleration

The proposed global health sector strategy for viral hepatitis 2016-2021

<table>
<thead>
<tr>
<th>Vision: A world where viral hepatitis transmission is halted and everyone living with hepatitis has access to safe, affordable and effective care and treatment</th>
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<tbody>
<tr>
<td>Eliminate viral hepatitis as a major public health threat.</td>
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<tr>
<td>→ Reduce 6-10 million HBV and HCV infections (in 2015) to 900,000 infections (by 2030)</td>
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<td>→ Reduce 1.4 million HBV and HCV deaths (in 2015) to under 500,000 deaths (by 2030)</td>
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Frameworks for action: Universal health coverage and the continuum of care

<table>
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<tr>
<th>Strategic Direction 1: Information for focus and accountability</th>
<th>Strategic Direction 2: Interventions for impact</th>
<th>Strategic Direction 3: Delivering for quality and equity</th>
<th>Strategic Direction 4: Financing for sustainability</th>
<th>Strategic Direction 5: Innovation for acceleration</th>
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<tr>
<td>The “who” and “where”</td>
<td>The “what”</td>
<td>The “how”</td>
<td>The financing</td>
<td>The future</td>
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Strategy Implementation: Leadership, Partnership, Accountability, Monitoring & Evaluation

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