Scaling up action for Global Hepatitis Prevention and Treatment

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Outline

- Disease burden and response
- Scaling up action at WHO
- Emerging opportunities
- Why this meeting/dialogue?
Number of hepatitis deaths by virus type and disease outcome, 2010

Most deaths are due to chronic hepatitis B and C

Source: Global Burden of Disease Study 2010 Lozano et al, Lancet 2012
Number of deaths/year from selected conditions, 2010

1.4 million people died in 2010 of viral hepatitis

- HIV/AIDS: 1.4 million
- Viral hepatitis: 1.4 million
- Tuberculosis: 1.2 million
- Malaria: 0.4 million

Source: Global Burden of Disease Study 2010 Lozano et al, Lancet 2012
Estimated annual deaths from selected causes by region, 2010

Different patterns of mortality in different parts of the world

Source: Courtesy of IHME – Global Burden of Disease Study
### What can be done?

<table>
<thead>
<tr>
<th>Hepatitis virus</th>
<th>Intervention</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAV, HEV</td>
<td>Safe food and water</td>
<td>Variable access</td>
</tr>
<tr>
<td></td>
<td>HAV vaccine</td>
<td>Universal immunization policy in 12 countries</td>
</tr>
<tr>
<td></td>
<td>HEV vaccine</td>
<td>Use being assessed by WHO-SAGE</td>
</tr>
<tr>
<td>HBV(± D)</td>
<td><strong>HBV vaccine</strong></td>
<td>Global coverage of childhood immunization estimated at 79%. Birth dose coverage much lower</td>
</tr>
<tr>
<td>HCV</td>
<td>Safe blood</td>
<td>Improved coverage of screening, but blood not universally screened in 39 countries</td>
</tr>
<tr>
<td></td>
<td>Infection control practices</td>
<td>Significant risk in selected countries due to overuse of injections and reuse of syringes</td>
</tr>
<tr>
<td></td>
<td>Harm reduction for IDUs</td>
<td>Insufficient coverage of services</td>
</tr>
<tr>
<td></td>
<td>Safer sex practices</td>
<td>Condom use increased, yet varies</td>
</tr>
<tr>
<td></td>
<td>Prenatal interventions</td>
<td>Insufficient coverage of HBV birth dose</td>
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<tr>
<td></td>
<td>Treatment: new tx options</td>
<td>Clinical trials ongoing to evaluate HBV treatment to prevent mother-to-child transmission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Very low coverage</td>
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</table>
Global hepatitis response: Situation analysis

• Insufficient/lack of
  – Awareness of magnitude of problem
  – Good data: both national and global (e.g., country estimates on burden of disease)
  – Global advocacy for action
  – Comprehensive national hepatitis control plans/strategies
  – Access to hepatitis prevention and treatment services
  – Funding for scale-up of services
WHO's response: Hepatitis area of work

- **2010**: World Health Assembly Resolution on Viral Hepatitis
- **2011**: Establishment of Global Hepatitis Programme (GHP)
- **2012**: Global Framework
- **2013**: Reorganization of Global Hepatitis Programme

- ✓ Hep B immunization
- ✓ Blood/injection safety
- ✓ Outbreak control
- ✓ Water and sanitation
Global Hepatitis Framework: Four Axes

Axis 1: Partnerships, resource mobilization and communication

Axis 2: Data for policy and action

Axis 3: Prevention of virus transmission

Axis 4: Screening, care and treatment
Global Hepatitis Framework: Vision

A world where viral hepatitis transmission is stopped and all have access to safe and effective care and treatment
Global Hepatitis Framework: Goals

Within a health systems framework:
- Reduce transmission
- Reduce morbidity and mortality and improve treatment and care of patients
- Reduce the socio-economic impact at individual, community and population levels

Entry-point to link with and support other critical organizational priorities, including
- universal health coverage
- affordable access to commodities
- health inequities
Scaling up action at WHO

WHO Executive Board meeting

Strategic and Technical Advisory Meeting

Global Partners Meeting on Hepatitis

Launch of HCV treatment guidelines

World Health Assembly – Hepatitis Resolution

HBV treatment guidelines meeting

Meeting with pharmaceutical and diagnostics companies
Global Partners’ Meeting on Hepatitis

- April 2014, Geneva
- Brought together representatives from >90 institutions, including governments, civil society (NGOs, patient networks, activist groups), global implementors and funding partners, academia, UN partners
- Multi-stakeholder engagement in order to:
  - Brief partners on new developments in viral hepatitis
  - Exchange information across the broad range of partners
  - Identify potential priorities for joint action over the next 2-5 years;
  - Identify opportunities for collaboration
- Call to action
WHO hepatitis C treatment guidelines

- Recommendations across continuum of care (screening, care, treatment)
- Aimed at health policy makers in low- and middle-income countries
- Public health approach
- Recommendations for all approved hepatitis C drugs
- Launched in April 2014
  - Dissemination efforts to follow
WHO mandated to:

• Provide technical support to Member States to:
  – Develop national viral hepatitis strategies and plans
  – Improve surveillance systems

• Develop systems to:
  – Set global targets and indicators
  – Monitor and report global progress
  – Estimate burden of disease and associated impact

• Develop guidance to:
  – Prevent, diagnose, care for and treat hepatitis
  – Integrate hepatitis into existing health programs
to work with key stakeholders to facilitate equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics

to support Member States with technical assistance in the use of TRIPS flexibilities in accordance with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property

to examine the feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C
Improved sustained virological response (cure rate) with newer HCV medicines

<table>
<thead>
<tr>
<th>Year</th>
<th>Treatment</th>
<th>SVR (%)</th>
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</thead>
<tbody>
<tr>
<td>1991</td>
<td>Standard IFN</td>
<td>6</td>
</tr>
<tr>
<td>1998</td>
<td>IFN/RBV</td>
<td>16</td>
</tr>
<tr>
<td>1998</td>
<td>PegIFN</td>
<td>34</td>
</tr>
<tr>
<td>2001</td>
<td>PegIFN/RBV</td>
<td>42</td>
</tr>
<tr>
<td>2012</td>
<td>PegIFN/RBV/DAA</td>
<td>55</td>
</tr>
<tr>
<td>2014+</td>
<td>PegIFN/RBV/DAA</td>
<td>70+</td>
</tr>
<tr>
<td>2014+</td>
<td>PegIFN/RBV/DAA</td>
<td>90+</td>
</tr>
</tbody>
</table>

1/2 or 3 DAA +/- RBV
Improvements in safety and efficacy of HCV therapy

- Peg/RBV + BOC/TVR
- Peg/RBV + 2nd-gen PI
- Peg/RBV + 2 DAAs
- IFN-free DAA combos
- IFN-free DAA+R combo

1 pill, QD, No AEs, 100% SVR
Estimated proportion of persons/year with chronic HCV receiving treatment in selected European countries in 2010

Treatment coverage remains very low, even in high-income countries

WHO’s role in improving access to hepatitis prevention and Tx

Screening

World Hep Day
Better data

Care

Prevention
Harm reduction
Injection safety
Blood Safety
Immunization

Treatment

Treatment Guidelines
Prequalification of generic medicines
Essential Medicines List
Advocacy, guidance and technical assistance for improved treatment access
Multi-stakeholder engagement

Awareness

Testing

Referral

Disease-stage assessment

Treatment

Monitoring

Prequalification of diagnostics
Screening/testing guidelines
Scale-up of HIV antiretroviral therapy by Region, 2003-2012
Some lessons from the HIV movement

- Impressive scale up is possible!!! 12 million people on Tx!!
- Strong voice of the community – advocacy and activism
- A global movement - need for multi-stakeholder engagement
- Strong government commitment – early champions show the way, others follow suit
- Strategies to promote affordable and equitable access – simplified guidance using a public health approach
- Public-private partnerships
- Major price reduction can be achieved
Why this meeting?

• Remarkable advances in hepatitis treatment options

• Multi-stakeholder engagement is needed to harness the excitement and potential of new therapies

• Private industry has a critical role:
  – Innovation: drug development and diagnostic advances
  – Awareness raising: work with patient organizations
  – Prioritizing equitable access to affordable medicines and diagnostics
Thank you