Global Reporting System for Hepatitis (GRSH)

An introduction

WHO Global Hepatitis Programme
Objectives

1. Explain the role of the new reporting system
2. Outline the reporting required from countries to WHO
3. Describe the new Global Reporting System for Hepatitis
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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
# Global health sector strategy on viral hepatitis, 2016–2021

<table>
<thead>
<tr>
<th>Intervention</th>
<th>2030 targets</th>
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</thead>
<tbody>
<tr>
<td><strong>Elimination is defined by impact indicators</strong></td>
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</tr>
<tr>
<td>A. Incidence</td>
<td>90% reduction</td>
</tr>
<tr>
<td>B. Mortality</td>
<td>65% reduction</td>
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<tr>
<td><strong>Achieving sufficient coverage of five core interventions will produce impact</strong></td>
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<tr>
<td>1. Three-dose hepatitis B vaccine</td>
<td>90% coverage</td>
</tr>
<tr>
<td>2. Preventing HBV mother-to-child transmission</td>
<td>90% coverage</td>
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<tr>
<td>3. Blood and injection safety</td>
<td>100% screened donations</td>
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<td></td>
<td>100% safe injections</td>
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<tr>
<td>4. Harm reduction</td>
<td>300 injection sets per person who injects drugs per year</td>
</tr>
<tr>
<td>5. Testing and treatment</td>
<td>90% diagnosed</td>
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<tr>
<td></td>
<td>80% of the eligible people treated</td>
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</table>
Need for a new system

No need to replicate already existing systems

• Prevention indicators
• Prevalence

Need to monitor what is new

1. Policy uptake
2. Cascade of care
3. Sequelae

Third-dose hepatitis B vaccine coverage, by WHO region, 2015, as reported to WHO and UNICEF
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## Reporting systems to be used to monitor service coverage and impact

<table>
<thead>
<tr>
<th>Indicators to monitor service coverage of the core interventions</th>
<th>Indicators</th>
<th>Reporting system (existing or new)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. HBV vaccination:</strong></td>
<td>C.3.b:</td>
<td>WHO/UNICEF joint reporting form</td>
</tr>
<tr>
<td>• Give three doses to infants</td>
<td>Coverage of the third dose of HBV vaccine among infants</td>
<td></td>
</tr>
<tr>
<td><strong>2. Preventing the mother-to-child transmission of hepatitis B virus:</strong></td>
<td>C.3.a:</td>
<td>WHO/UNICEF joint reporting form</td>
</tr>
<tr>
<td>• Use birth-dose vaccination or another approach to prevent mother-to-child transmission</td>
<td>Coverage of timely HBV vaccine birth dose (within 24 hours) and other interventions to prevent the mother-to-child transmission of HBV</td>
<td></td>
</tr>
<tr>
<td><strong>3. Infection control</strong></td>
<td>C.5:</td>
<td>National Demographic Health Surveys</td>
</tr>
<tr>
<td>• Administer safe health-care injections</td>
<td>Facility-level injection safety</td>
<td></td>
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<tr>
<td>• Reduce the rates of transmission of transfusion-transmissible infections</td>
<td>A.17: Facility-level blood safety</td>
<td>WHO’s Global Database on Blood Safety</td>
</tr>
<tr>
<td><strong>4. Harm reduction:</strong></td>
<td>C.4:</td>
<td>WHO/UNAIDS Global AIDS Monitoring</td>
</tr>
<tr>
<td>• Provide sterile needles and syringes for people who inject drugs</td>
<td>Needle and syringe distribution</td>
<td></td>
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<tr>
<td><strong>5. Testing and treatment:</strong></td>
<td>C.6.a/b:</td>
<td>Global Reporting System for Hepatitis</td>
</tr>
<tr>
<td>• Diagnose people with HBV or HCV infection</td>
<td>People with HCV and/or HBV diagnosis</td>
<td></td>
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<tr>
<td>• Treat people with chronic HBV or HCV infection</td>
<td>C.7.a/b:</td>
<td>Global Reporting System for Hepatitis</td>
</tr>
<tr>
<td>• Treatment coverage and initiation for people with HBV (regardless of eligibility) or HCV infection</td>
<td>Treatment coverage and initiation for people with HBV (regardless of eligibility) or HCV infection</td>
<td></td>
</tr>
<tr>
<td><strong>Indicators to monitor impact</strong></td>
<td>C.8.a/b:</td>
<td>Global Reporting System for Hepatitis</td>
</tr>
<tr>
<td>• Cure (HCV) or viral suppression (HBV)</td>
<td>Cure (HCV) or viral suppression (HBV)</td>
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</tr>
</tbody>
</table>

### Incidence:
- C.9.a: Cumulated incidence of HBV infection among children five years of age
- C.9.b: Incidence of HCV infection

### Mortality:
- C.10: Deaths from hepatocellular carcinoma, cirrhosis and chronic liver diseases attributable to
Preview of the output of the Global Reporting System for Hepatitis
Proportion of countries with hepatitis plans and dedicated funding, 2016/2017, by WHO region

- South-East Asia: 50% dedicated funds, 50% national plan
- African: 30% dedicated funds, 70% national plan
- Americas: 40% dedicated funds, 60% national plan
- Western Pacific: 40% dedicated funds, 60% national plan
- European: 40% dedicated funds, 60% national plan
- Eastern Mediterranean: 80% dedicated funds, 20% national plan
2. Cascade

Cascade of care for HBV infection by WHO region, 2016

- 257 million people living with HBV
- Many infected people remain undiagnosed
- 4.5 million people were receiving HBV treatment in 2016 (1.7 million in 2015)

*Measurement of progress on the HBV treatment target is currently limited by the absence of data on the proportion of people who are eligible and the absence of a functional cure.*

Source: WHO based on Center for Disease Analysis/Polaris
Hepatitis B cascade of care: people stay on treatment and HBV replication is suppressed

- Lifelong treatment suppresses replication (similar to HIV)

- **Cascade indicators:**
  - People tested and diagnosed (C6)
  - Treatment coverage (C7)
  - Those receiving treatment with suppressed viral loads (C8)

A hypothetical preview of the elimination scenario: the treatment currently available reduces mortality but not prevalence
Cascade of care for HCV infection by WHO region, 2016

- 71 million people with chronic HCV
- Major gaps in diagnosis
- 1.76 million people started HCV treatment in 2016 (1.10 million in 2015)
- Total: about 3 million (2017)

Source: WHO based on Center for Disease Analysis/Polaris
Hepatitis C cascade of cure: the number of people infected progressively declines

- Short, curative treatment (similar to tuberculosis)

- **Cascade indicators:**
  - People tested and diagnosed (C6)
  - Treatment initiation rate (C7)
  - Proportion cured among the people finishing treatment (C8)

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A hypothetical preview of the elimination scenario: treatment reduces prevalence, but reduction of incidence and mortality define elimination
Fraction of hepatocellular carcinoma attributable (AF HCC) to HBV and HCV infections, by WHO region, 2015

Source: WHO Global Health Estimates.
Objectives

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Proposed process for annual international reporting

WHO sends request to countries for reporting of global indicators

Data visible to WHO country offices (CO), regional office (RO) and headquarters (HQ)

Data entry process frozen

Publication of global report

WHO country and regional offices assist countries in data entry and validation

Rollout and training

Data entry (hepatitis focal point)

Data approval (MOH)

CO and RO assist with validation

HQ analysis and data clearance
National focal points access the data system by using unique login credentials

Web-based DHIS2 platform located on WHO’s integrated data platform

Country-specific dashboards (to visualize the data) with data entry screens

• Two user roles at the country level with two unique login credentials
  • Data entry
  • Data approval

Guidance on the WHO web site

• Webinars
• Videos
• User guide
• Aide mémoire
1. Policy uptake indicators to monitor the adoption of WHO-recommended policies

### POLICY FRAMEWORK

- In your country, is a civil society representative involved in advising the government on its response to viral hepatitis?
- In your country, are funds allocated from the national budget to implement the national plan?
- In your country, is there a national plan or strategy that covers the national response to viral hepatitis?
- In your country, are there policies or laws that address stigma and/or discrimination against people with hepatitis B or C?

### NATIONAL GUIDELINES

- In your country, is there official guidance on which test to use for diagnosing HBV and/or HCV?
- In your country, is tenofovir or entecavir considered the first line of treatment for people with chronic hepatitis B (not coinfected with hepatitis D virus)?
- In your country, are there official guidelines or protocols recommending that all people diagnosed with HBV and/or HCV be routinely referred for treatment and care?
- In your country, are interferon-free direct-acting antiviral drug regimens considered the first line of treatment for people with chronic hepatitis C?
2. Aggregated reporting form for the hepatitis B and C cascades of care and cure

<table>
<thead>
<tr>
<th>Aggregated reporting form to monitor the cascade</th>
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<td><strong>Testing and diagnosis (C6)</strong></td>
</tr>
</tbody>
</table>

| **Number of infected people already identified before the selected year (treated or not)** | **Number of people tested with serology (HBsAg or anti-HCV) in the selected year** | **Number of people newly diagnosed with infection in the selected year (HBsAg positive or HCV RNA or HCV core antigen positive, treated or not)** | **Number of people newly starting treatment in the selected year** | **Number of people completing treatment** | **Number of people assessed for treatment effectiveness** | **Number of people with effective treatment** | **Proportion (%) of people dying from cirrhosis who were positive for viral hepatitis infection** | **Proportion (%) of people dying from hepatocellular carcinoma who were positive for viral hepatitis infection** |

| **HBV** | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable |
| **HCV** | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable |
### 3. Fraction of cirrhosis and hepatocellular carcinoma attributable to HBV and HCV

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of people dying from cirrhosis who had hepatitis</td>
<td>XXX%</td>
<td>XXX%</td>
</tr>
<tr>
<td>Proportion of people dying from hepatocellular carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>who had hepatitis</td>
<td>XX%</td>
<td>XX%</td>
</tr>
</tbody>
</table>
Summary

1. A new reporting system for critical new elements missing

2. Annual collection of information on:
   • Policy uptake
   • Cascade of care and cure
   • Sequelae

3. Online data entry using DHIS2 tools on WHO servers
If you need any assistance to report data on the Global Reporting System for Hepatitis, please contact us:

www.who.int/hepatitis

hepatitis@who.int