

POLICIES FOR HCV ELIMINATION

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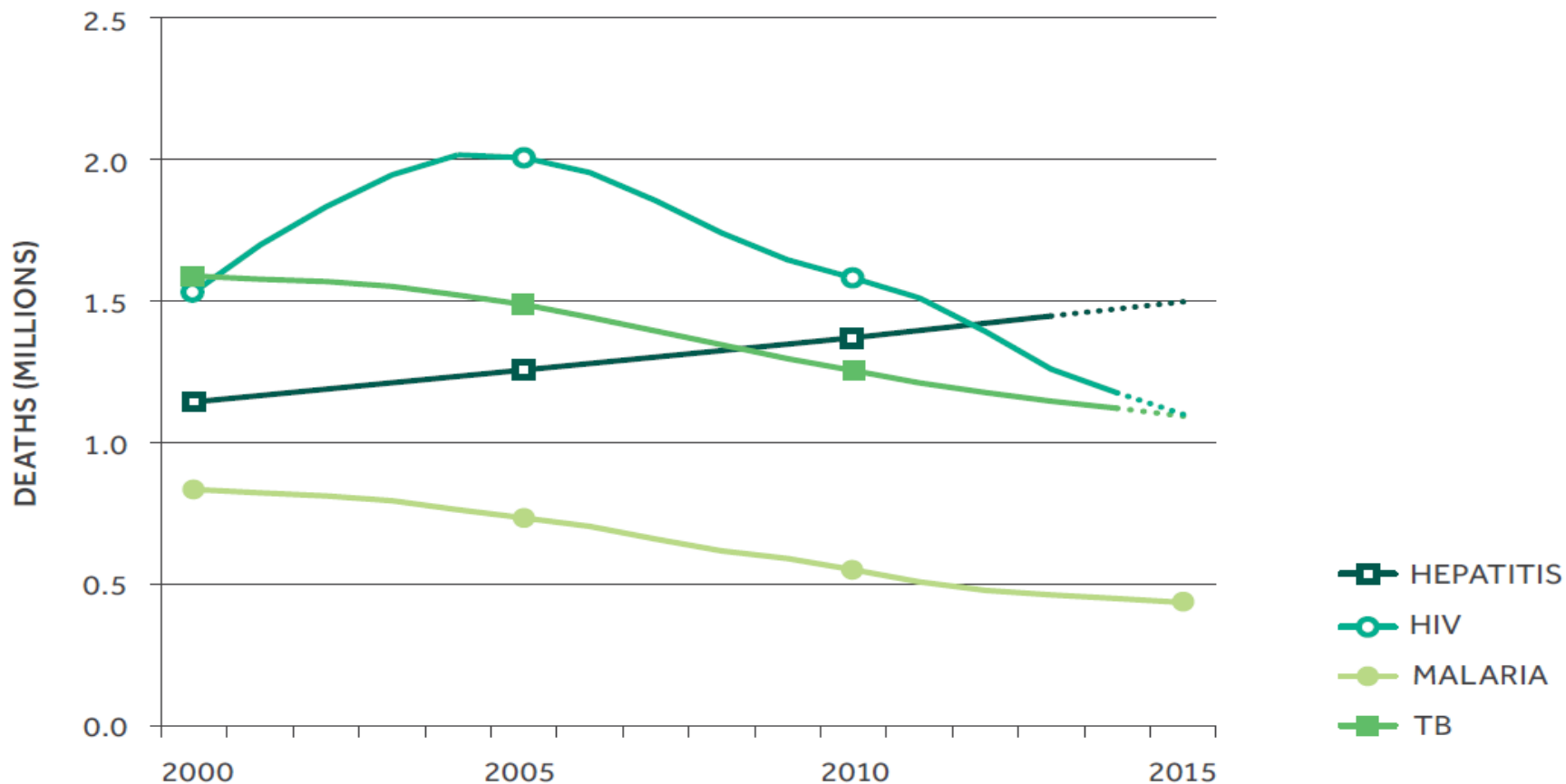



- **WHO Strategies and Policies to Eliminate Viral Hepatitis**

- **Prospects for HCV Elimination in European Union (EU)**
- **Challenges for HCV Elimination within EU**

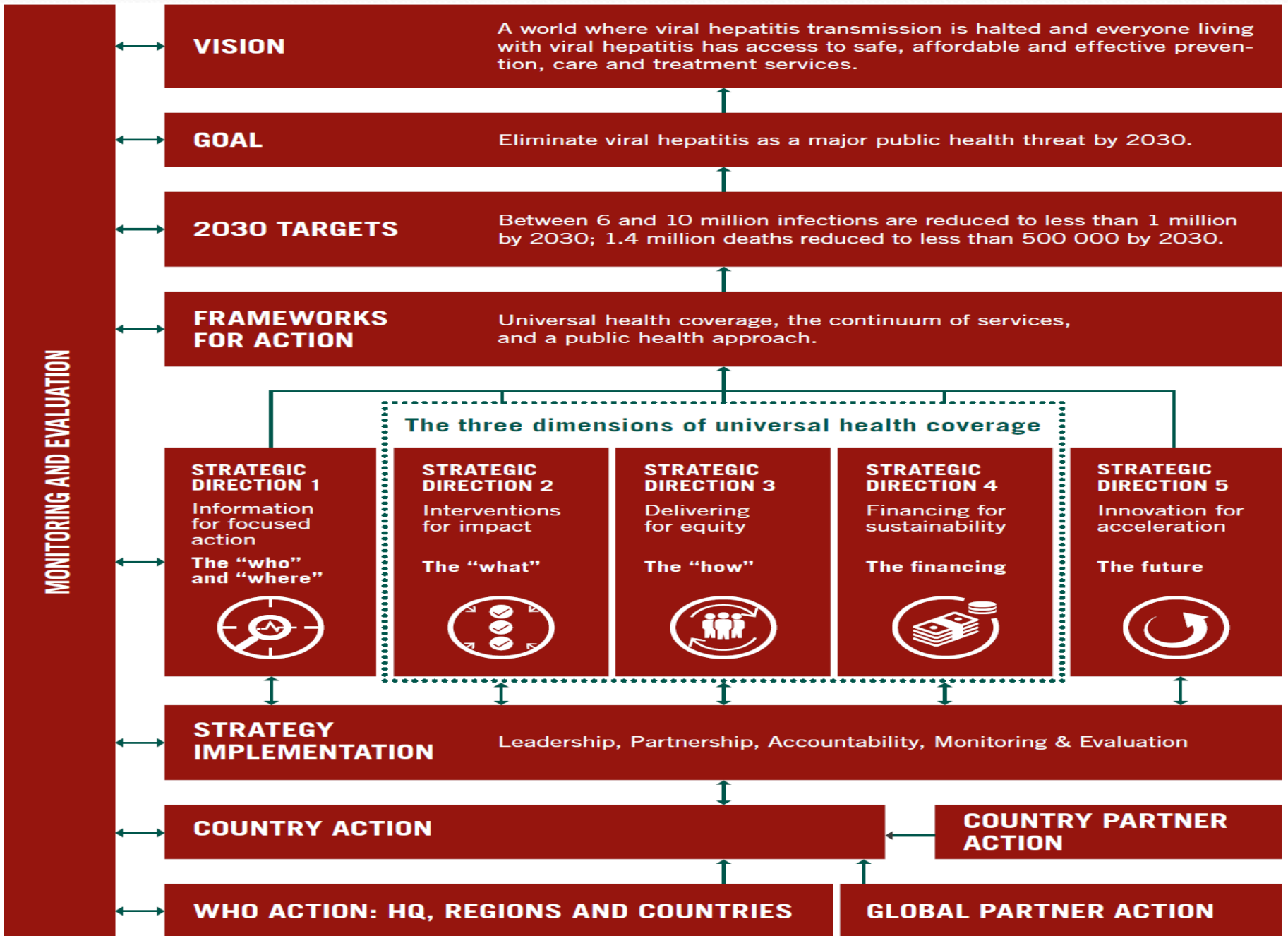
WHO Strategies and Policies to Eliminate Viral Hepatitis

Estimated global number of deaths due to viral hepatitis, HIV, malaria and TB, 2000-2015





***First Global Health Sector Strategy on viral elimination
was approved by WHO General Assembly (May 2016)
based on previous WHO General Assembly resolutions
in 2010 and 2014.***



VISION

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

GOAL

Eliminate viral hepatitis as a major public health threat by 2030.

2030 TARGETS

Between 6 and 10 million infections are reduced to less than 1 million by 2030; 1.4 million deaths reduced to less than 500 000 by 2030.

FRAMEWORKS FOR ACTION

Universal health coverage, the continuum of services, and a public health approach.

The three dimensions of universal health coverage

STRATEGIC DIRECTION 1

Information for focused action

The “who” and “where”



STRATEGIC DIRECTION 2

Interventions for impact

The “what”



STRATEGIC DIRECTION 3

Delivering for 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

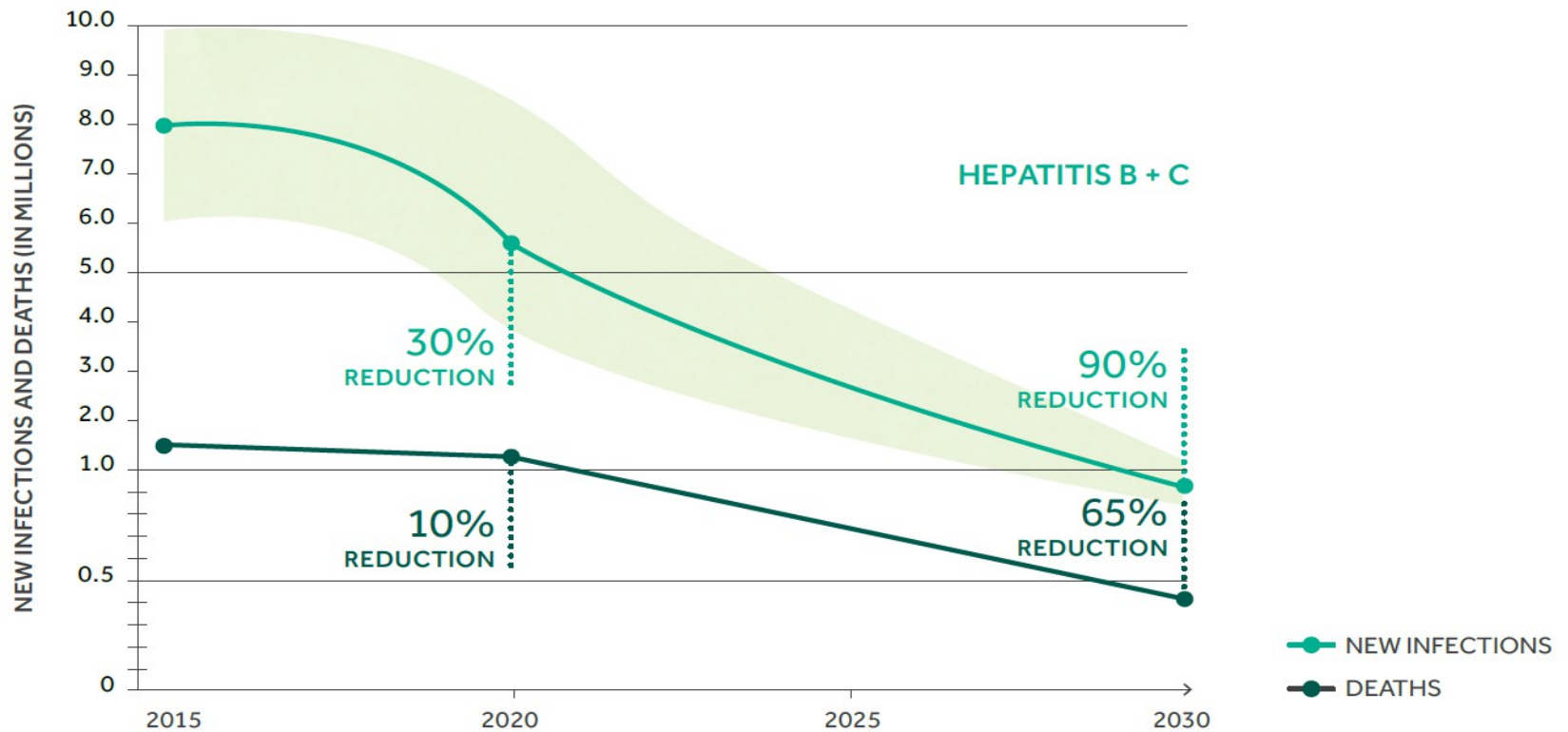
COUNTRY ACTION

COUNTRY PARTNER ACTION

WHO ACTION: HQ, REGIONS AND COUNTRIES

GLOBAL PARTNER ACTION

Targets for reducing new cases of and deaths from chronic viral hepatitis B and V infection



Strategic Direction 1: The “Who and Where”

1.1 Data for Informed Decisions

- Surveillance
- Hepatitis indicators

1.2 Evidence-based National Planning

- National Action Plans
- National Governance Structure
- Monitoring and evaluation mechanisms
- Awareness campaigns and communication strategies

Strategic Direction 2: Interventions for Impact. The “What”

- 2.1** HBV immunization and prevention of mother-to-child transmission
- 2.2** Blood and Injection Safety
- 2.3** Prevention of Transmissions Associated with Injecting Drug Use
- 2.4** Prevention of Sexual Transmissions (and other sexually transmitted infections)
- 2.5** Ensuring Food and Water Safety
- 2.6** Testing: Diagnosing Hepatitis Virus Infections
- 2.7** Enhancing Chronic hepatitis Care and Treatment

Strategic Direction 3: Delivering for Equity. The “How”

3.1 Public Health Approach

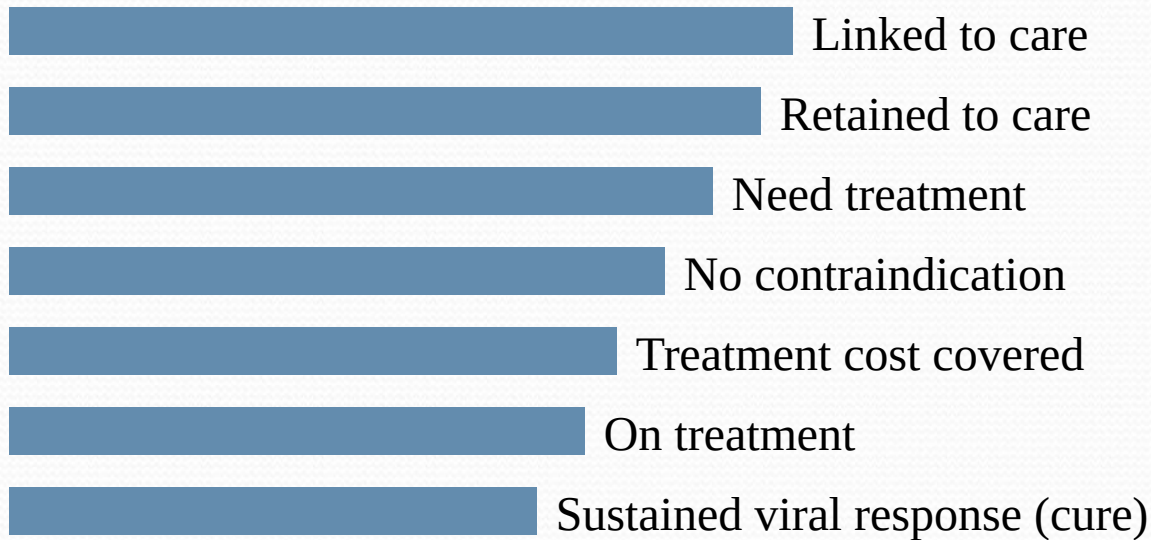
3.2 Optimization of Services Delivery

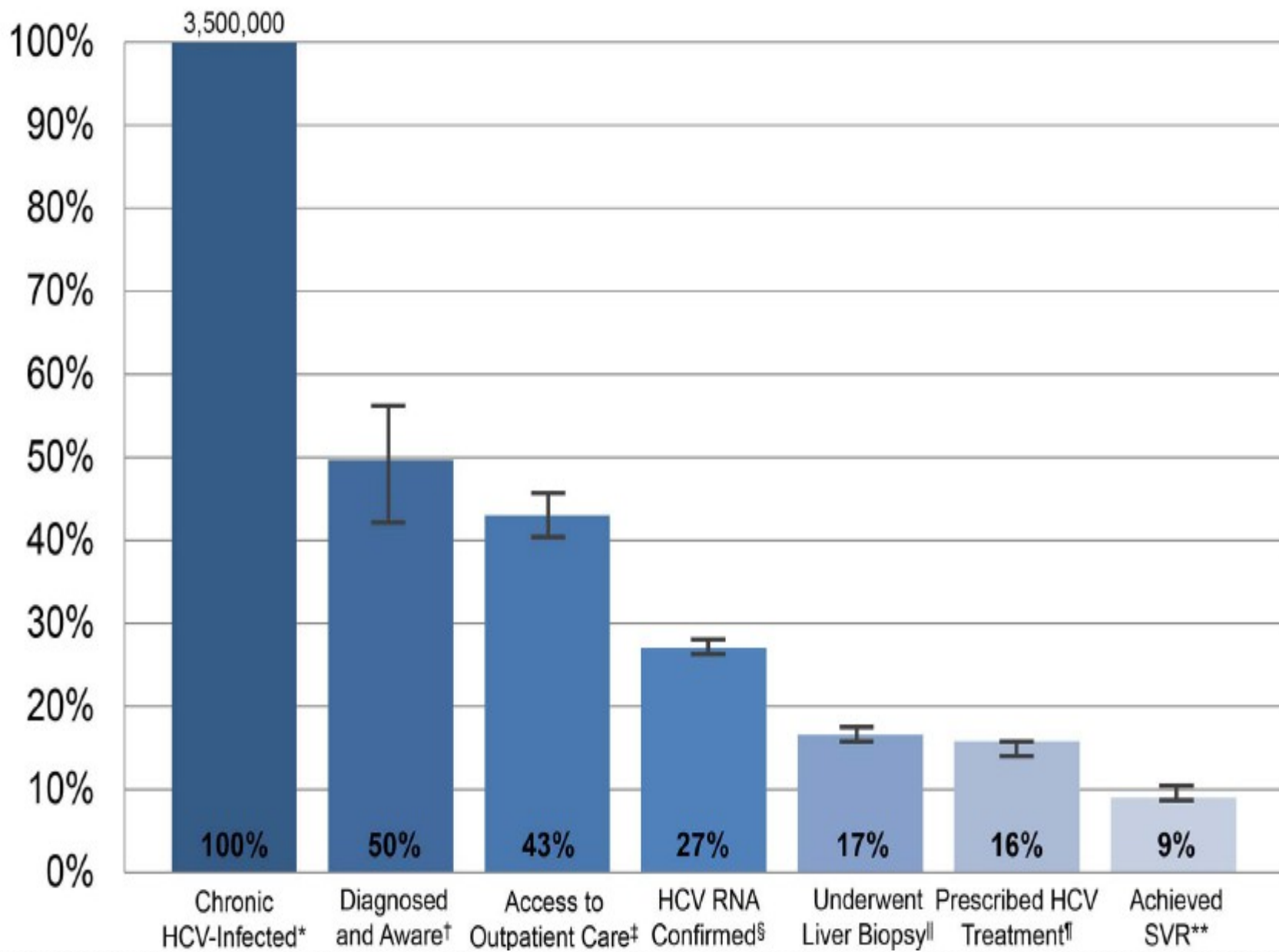
3.3 Continuum of Hepatitis Services

3.4 Respect of Principle of Equity and Human Rights

3.5 Sufficient Health Care Workforce

Treatment Cascade or Continuum of HCV Diagnosis, Care and Treatment

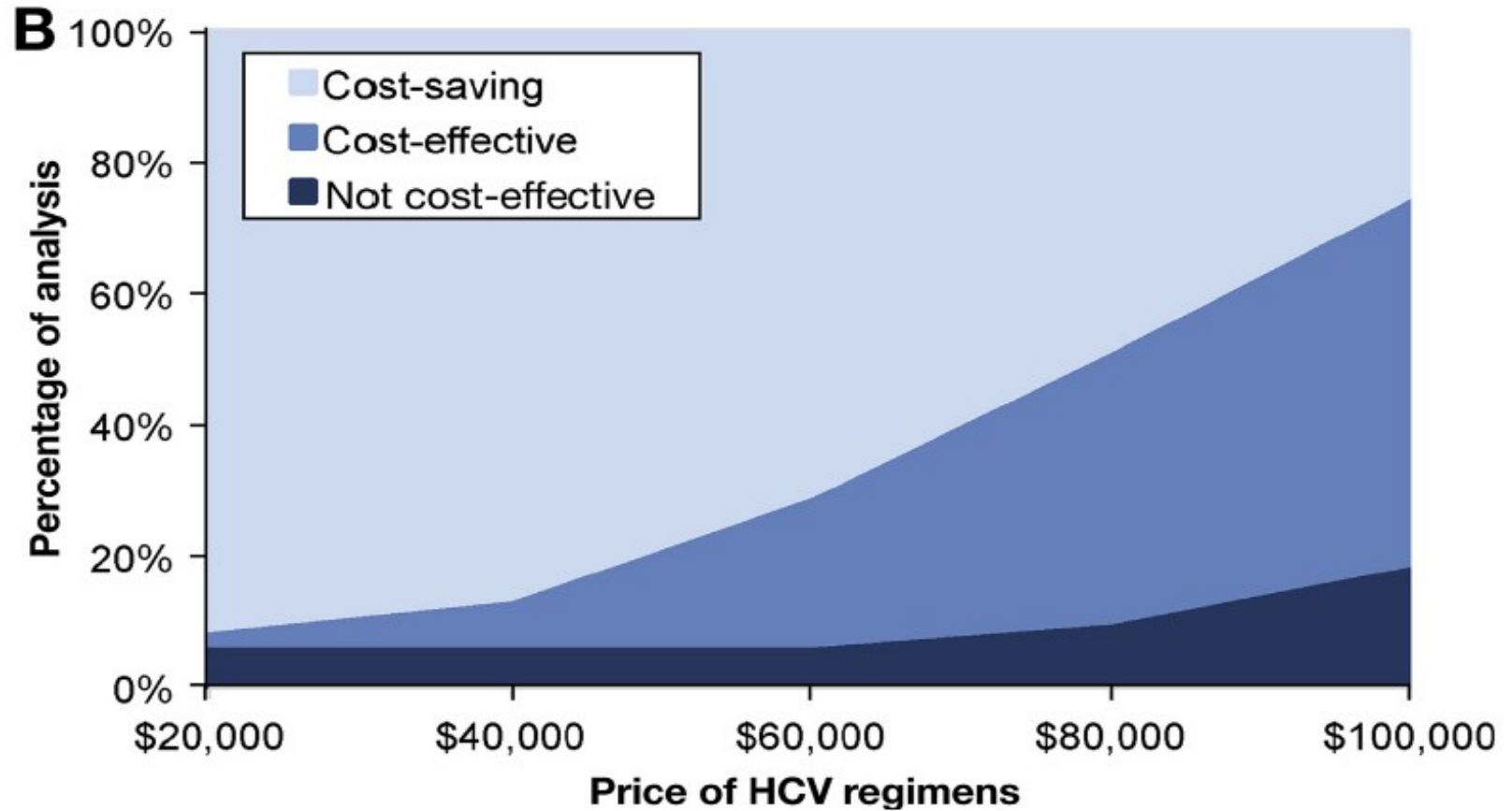




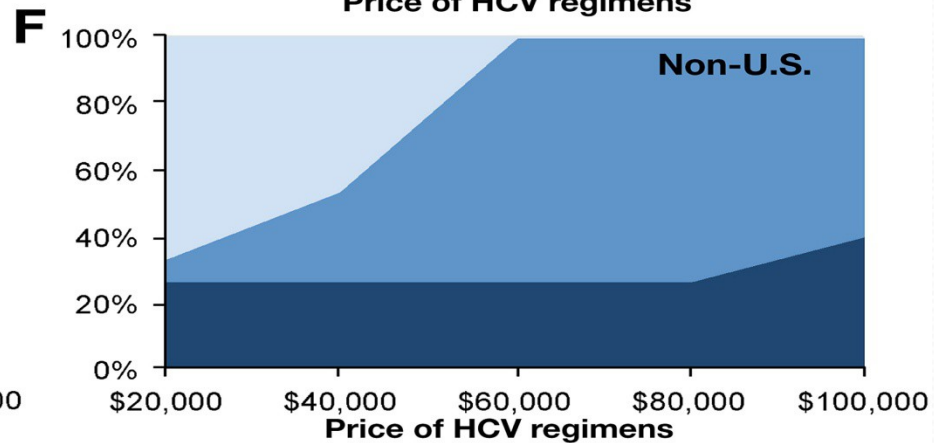
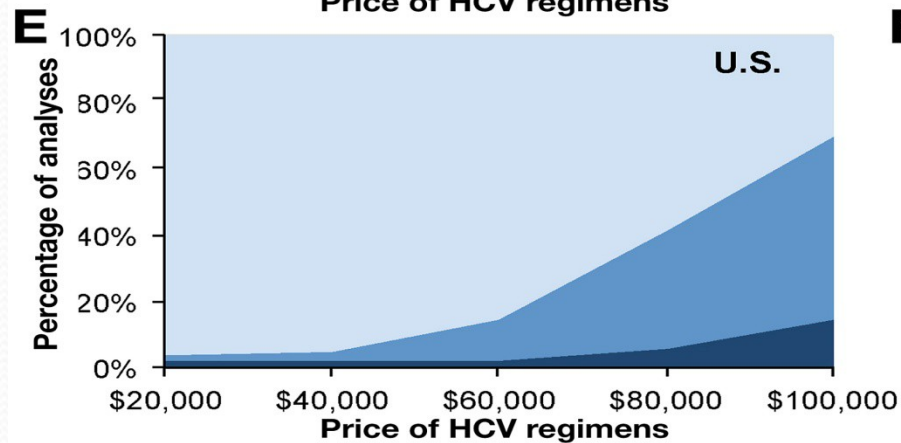
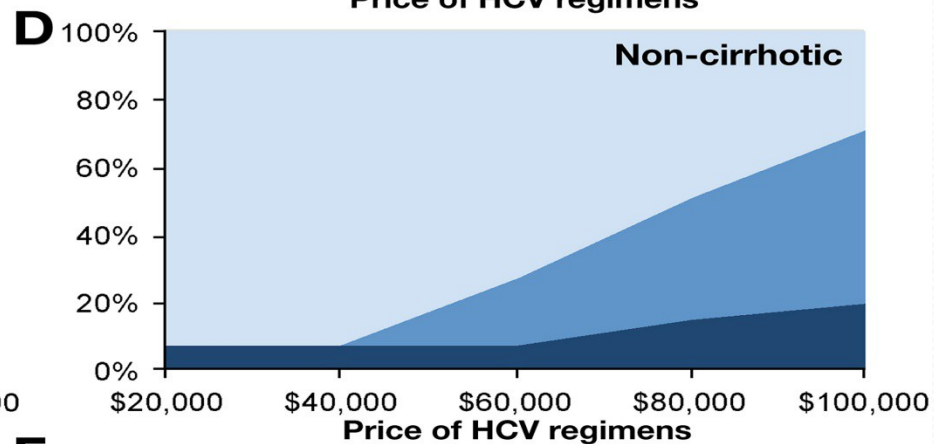
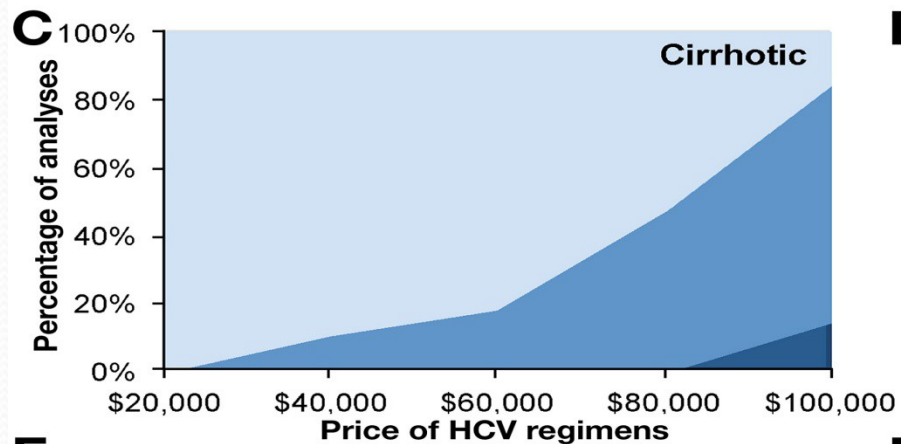
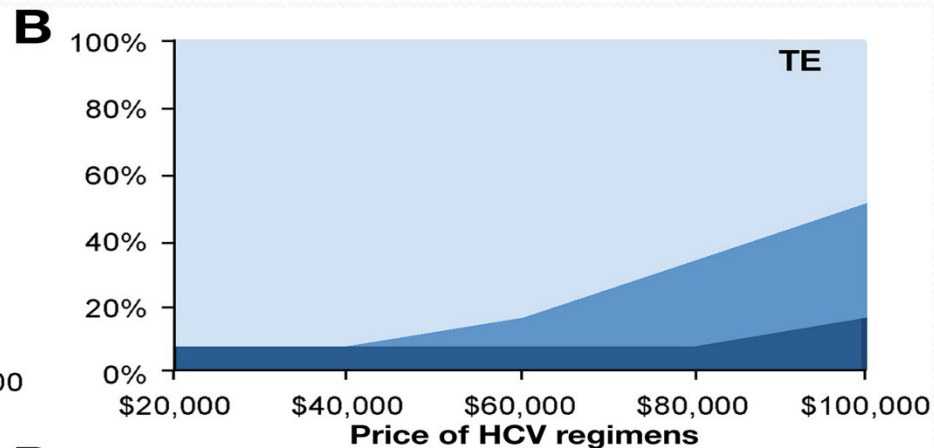
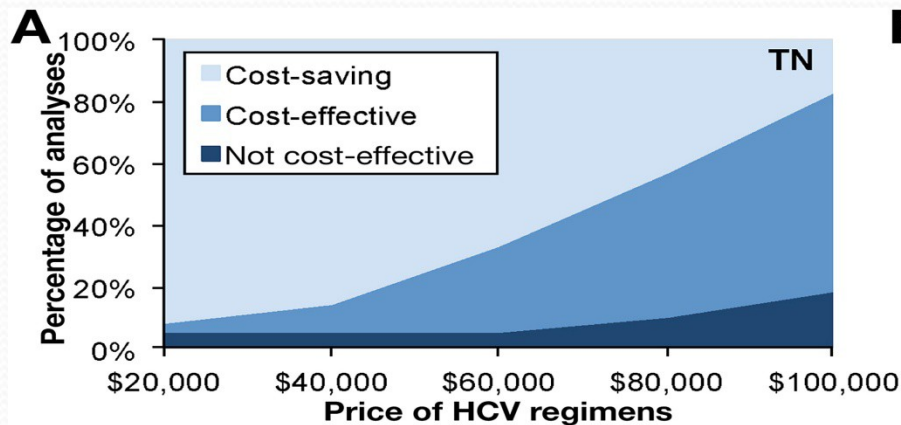
Strategic Direction 4: Financing and Sustainability. The “Financing”

- 4.1 Hepatitis Services without Experiencing Financial Hardship**
- 4.2 Sufficient Allocation of National Resources**
- 3.3 Assessment of Services by Cost-Effectiveness and Budget Impact**

Availability of Resources for Testing- Care and Treatment



Direct-Acting Antiviral Agents for Patients With Hepatitis Virus Genotype 1 Infection Are Cost Saving
Chhatwal J et al, CGH 2016





Strategic Direction 5: Innovation for Acceleration . The “Future”

5.1 Research and Innovation Along the Entire Continuum of Prevention, Diagnosis, Treatment and Care Services

Prospects for HCV Elimination in EU

The Burden of HCV in the European Union

H. Razavi

February 17, 2016

Cascade of care in the EU, 2015

Total viremic HCV infections, by country, 2015

HCV Prevalence, Diagnosis and Treatment Rates, 2015

Number of treated patients, by country, 2015

The flow of the HCV disease progression model

➤ **Historical Trend ----**

Genotype-Weighted HCV (Fibrosis \geq F1). Treatment with PEG/RIBA. Annual treatment of 79.000 patients

➤ **Current Standard of Care**

Use of DAAs (Fibrosis \geq F2). Annual treatment of 162.000 patients

➤ **WHO Target**

65% reduction in liver related deaths and 90% reduction on new infections by 2030. Annual treatment of 174.000

patients plus improvements in harm reduction and screening

Projection of HCV Morbidity and Mortality, by Diagnosis and Treatment Strategy, 2014-2030

Challenges for HCV Elimination within EU

European Liver
Patients Association



Hep-CORE

The 2016 Hep-CORE Report

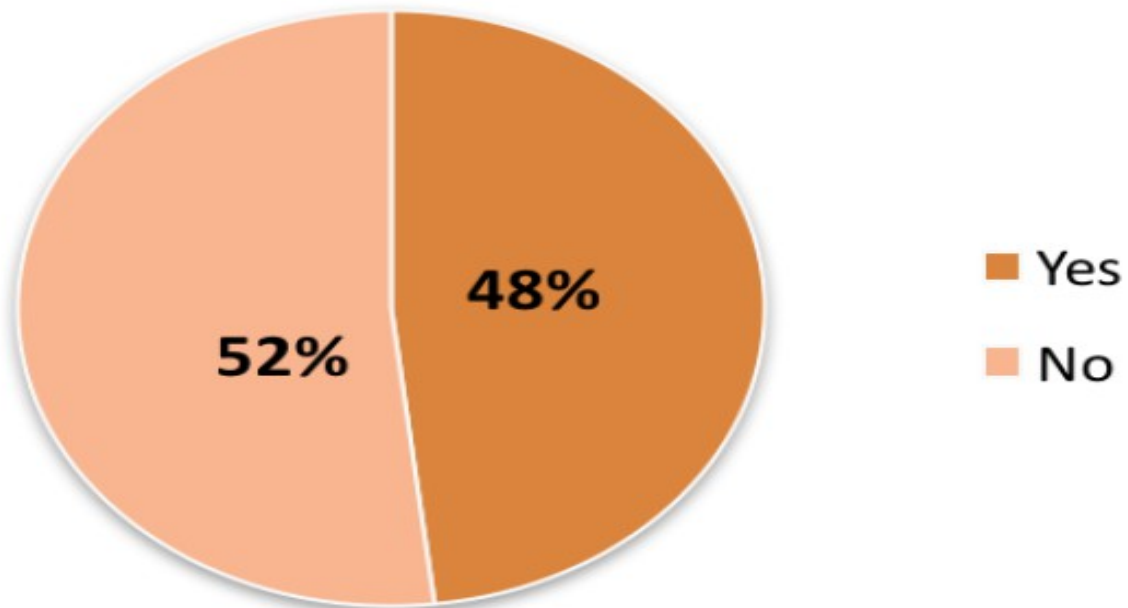
**Monitoring the implementation of hepatitis B and C
policy recommendations in Europe**

European Liver Patients Association

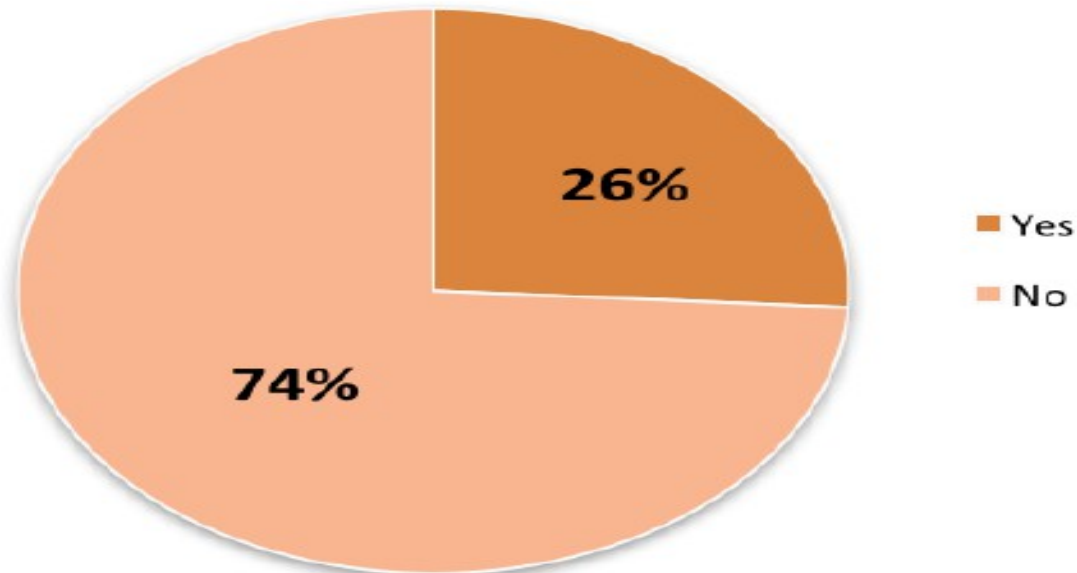
**ELPA Member patients groups that formed part of
the 2016 Hep-CORE study
represent the following 27 countries:**

Austria	Germany	Serbia
Belgium	Greece	Slovakia
Bosnia & Herzegovina	Hungary	Slovenia
Bulgaria	Israel	Spain
Croatia	Italy	Sweden
Denmark	FYROM	Turkey
Egypt	Netherlands	Ukraine
Finland	Poland	United Kingdom
France	Portugal	
	Romania	

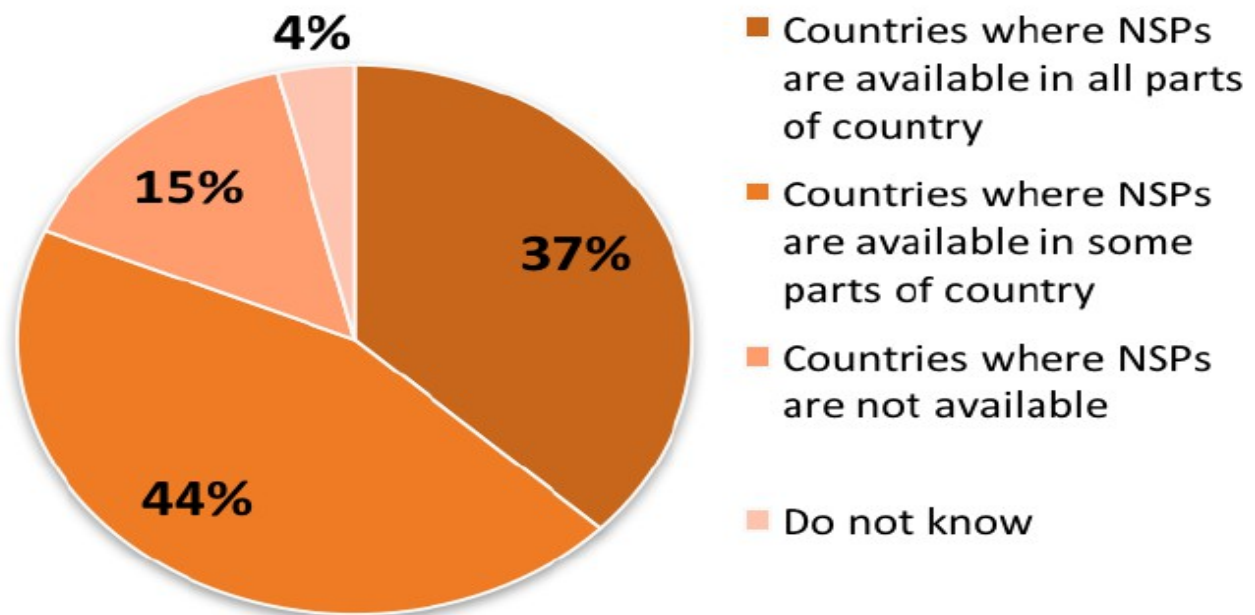
Countries with a written national HBV and/or HCV strategy



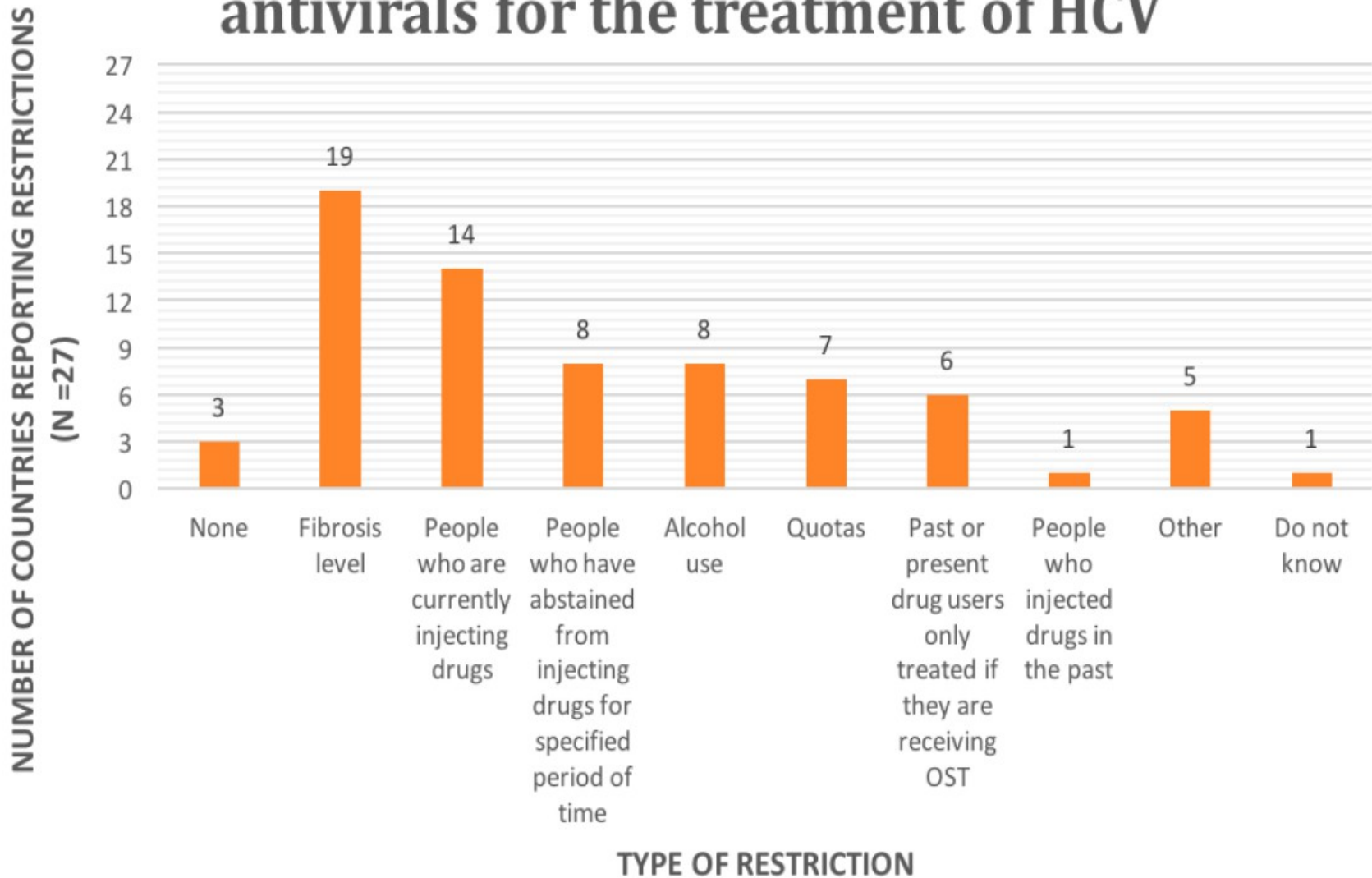
Percentage of countries that have conducted viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day



National distributions of needle and syringe programmes



Restrictions on access to direct-acting antivirals for the treatment of HCV



Conclusions

- I. WHO has developed Strategies and Policies for Hepatitis Elimination, globally, up to 2030. These Strategies and Policies were further adapted for WHO Regions.
- II. Hepatitis Elimination Strategies are being developed nationally as “National Action Plans”.
- III. The prospects for Hepatitis C Elimination in European Union seem promising, although the diversity in prevention and treatment strategies among countries is extensive.
- IV. Specific challenges in every aspect of Elimination Plans are emphasized in ongoing European studies.

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WHO-EURO

Regional Targets up to 2020

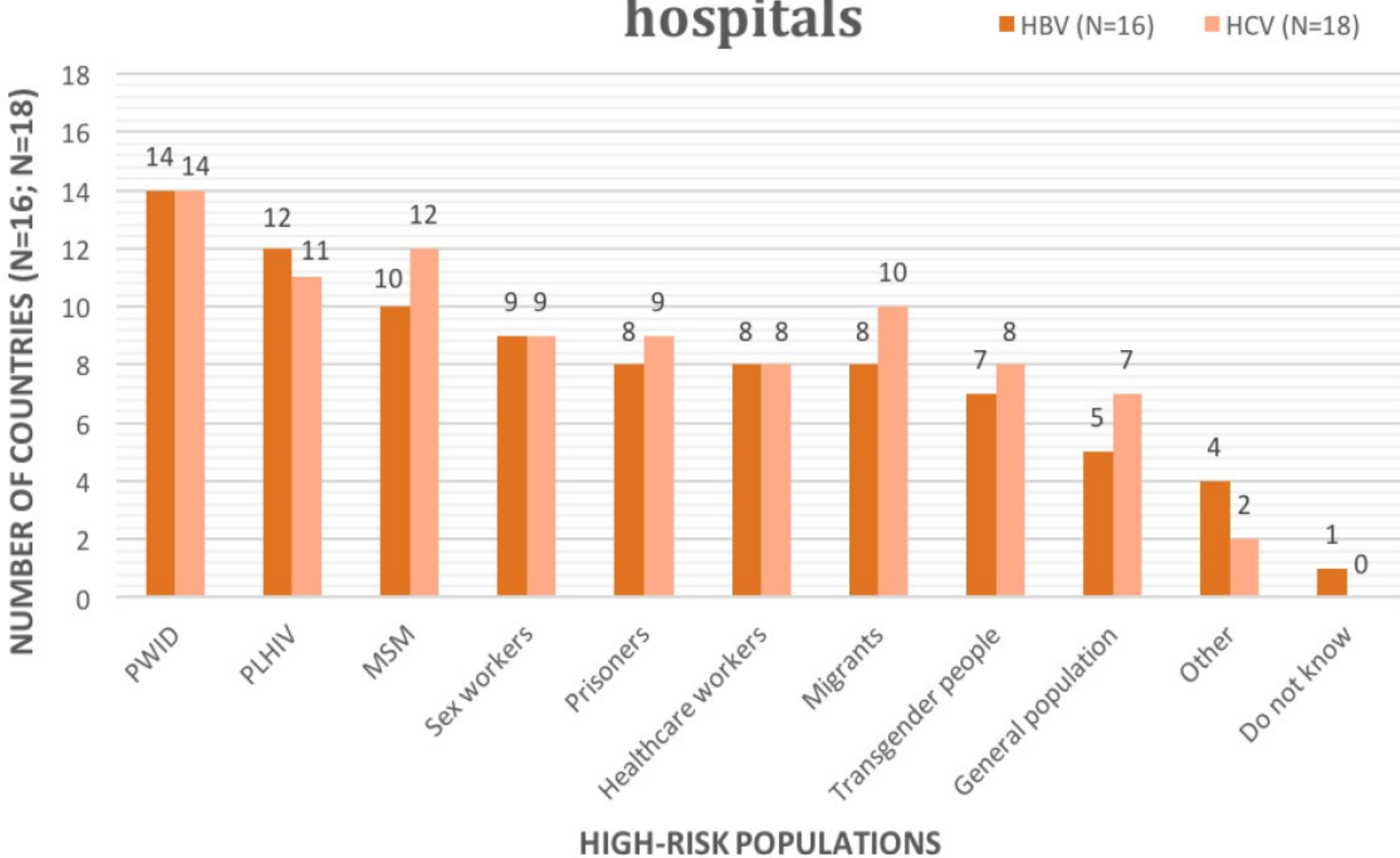
- 95% coverage with three-dose HBV vaccine for infants, in countries that implement universal vaccination;
- 90% coverage with interventions to prevent mother-to-child transmission of HBV: hepatitis B birth-dose vaccination or other approaches;
- 100% of blood donations screened using quality assured methods;
- 50% of injections administered with safety-engineered injection devices;³
- at least 200 sterile injection equipment kits distributed per person per year for people who inject drugs, as part of comprehensive package of harm reduction services;⁴
- 50% of people living with chronic HBV and HCV infections are diagnosed and aware of their condition; and
- 75% treatment coverage of people diagnosed with HBV and HCV infections who are eligible for treatment.

TABLE 2. Summary of indicators for monitoring and evaluation of viral hepatitis B and C

Section 1. Core indicators: essential indicators to monitor and report progress at global and national levels		
Indicator number	Indicator name	Programmatic area
C.1	a	Prevalence of chronic HBV infection
	b	Prevalence of chronic HCV infection
C.2		Infrastructure for HBV and HCV testing
C.3	a	Coverage of timely hepatitis B vaccine birth dose (within 24 hours) and other interventions to prevent mother-to-child transmission of HBV
	b	Coverage of third-dose hepatitis B vaccine among infants
C.4		Facility-level injection safety
C.5		Needle–syringe distribution
C.6		People living with HCV and/or HBV diagnosed
C.7	a	Treatment coverage for hepatitis B patients
	b	Treatment initiation for hepatitis C patients
C.8	a	Viral suppression for chronic hepatitis B patients treated
	b	Cure for chronic hepatitis C patients treated
C.9	a	Cumulated incidence of HBV infection in children 5 years of age
	b	Incidence of HCV infection
C.10		Deaths from hepatocellular carcinoma (HCC), cirrhosis and liver diseases attributable to HBV and HCV infection

European Union viremic infections by age cohort, 2015

HBV and HCV testing/screening sites available to high-risk populations outside of hospitals



Percentage of patient groups reporting available HCV treatment in prisons (N=27)

