Global strategy on viral hepatitis and regional action plan: monitoring framework and 10 core indicators

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WHO Regional Office for Europe

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Viral hepatitis: the change of paradigm

- 2014 – **WHA67.6 resolution** calling for national strategies for preventing, diagnosing and treating viral hepatitis based on the local epidemiological context

- 2015 – UN General Assembly adopts **Sustainable Development Goals**, with Target 3.3 calling for specific action to combat viral hepatitis

- The first ever **Global Health Sector Strategy for Viral Hepatitis 2016-2021** adopted by 194 governments on 28 May 2016

- 2016 – development of the **Action plan for the health sector response to viral hepatitis in the WHO European Region** through a broad consultative process
Global Health Sector Strategy on Viral Hepatitis 2016–2021

- Vision: “A world where viral hepatitis transmission is stopped and everyone has access to safe, affordable and effective prevention, treatment and care”

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

- Framework: Universal health coverage and continuity of services
90% reduction in new cases of chronic HBV and HCV infection

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

65% reduction in deaths from chronic HBV and HCV

1.4 million deaths (in 2015) to under 500,000 deaths (by 2030)
## Service coverage targets to reach the impact targets

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2030</th>
<th>2020</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV vaccination</td>
<td>Childhood vaccine coverage</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>HBV MTCT (mother to child)</td>
<td>Birth dose vaccine coverage (or other approach to prevent MTCT)</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Safe injection</td>
<td>Safe infections (needs to cover in and out facility)</td>
<td>90%</td>
<td>50% coverage</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>Number of needles/PWID/year (as part of effective harm reduction package)</td>
<td>300 (75% coverage)</td>
<td>200 (50% coverage)</td>
</tr>
<tr>
<td>Testing</td>
<td>Percent of persons with chronic HBV and HCV diagnosed</td>
<td>90%</td>
<td>30%</td>
</tr>
<tr>
<td>HBV Treatment</td>
<td>Treatment eligible persons with chronic HBV treated</td>
<td>80%</td>
<td>8 million treated</td>
</tr>
<tr>
<td>HCV Treatment</td>
<td>Treatment eligible persons with chronic HCV treated</td>
<td>80%</td>
<td></td>
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</table>
Action plan for the health sector response to viral hepatitis in the WHO European Region

Proposed regional *impact* targets by 2020:

- **10% reduction in mortality** due to all types of viral hepatitis (2013 baseline estimated > 171 000 deaths annually)
- **≤ 0.5% HBsAg prevalence in vaccinated cohorts**
- **a 10% reduction in chronic HCV prevalence** (2012 baseline: estimated 15 million chronic HCV infections)

Proposed regional *service coverage* targets by 2020: tailored to regional context
Strategic direction one: information for focused action

Main challenges

- Lack of harmonized case definitions and low notification rates
- Scarce information on the burden of disease, prevalence and incidence rates
- Many countries still lack national strategies and viral hepatitis is not prioritized as a public health issue

The way forward

1. Improved case-based surveillance + seroprevalence surveys
2. National disease and treatment burden estimates
3. Evidence-based costed and funded national strategy
Strategic direction two: interventions for impact

Main challenges

- Transmission is still ongoing in the health care settings, but particularly among high-risk and vulnerable populations
- Majority are unaware of their viral hepatitis infection
- Testing, care and effective treatment interventions are not always well-defined and thus not accessible for many

The way forward

- Essential hepatitis services package defined based on country context
- Member States to set national targets for hepatitis intervention coverage
- Full range of hepatitis services made accessible and affordable for all in need
Strategic direction three: delivering for equity

Main challenges

- Many people at high risk for or living with viral hepatitis do not have access to the services due to organizational, legal or social barriers
- The impact of hepatitis response is hampered by the inequitable access to diagnostics, medicines and interventions, as well as the capacity of service providers

The way forward

1. The epidemiological evidence to identify populations and locations most affected
2. Addressing existing barriers, inequalities, stigma and discrimination
3. Strengthening the capacity of health sector and involving the community
Strategic directions four: financing for sustainability

Main challenges

- Universal health coverage remains a principle yet to be reached in many Member States, and European targets for 2020 as well as the global target of elimination by 2030 will require substantial investments and sustainable funding mechanisms
- Many opportunities to optimize the use of resources and reduce costs are not used

The way forward

- Good response management and coordination with other health programmes and effective price reduction strategies
- Building political commitment for sustained financing supported by investment case and using innovative funding approaches
Prioritizing viral hepatitis as a research area and providing public funding for targeted projects

Main challenges

- Current interventions in prevention and treatment limited:
  - There is still no vaccine against HCV
  - Chronic hepatitis B remains largely incurable
  - The need for better rapid diagnostic tests and point-of-care test for monitoring viral load and treatment response

The way forward

- Prioritizing viral hepatitis as a research area and providing public funding for targeted projects
- Translating research findings into practice rapidly and sharing best practices
Development process

• First draft early February 2016

• Advisory Committee meeting, 4–5 April 2016:
  – Representatives of Member States, civil society organizations, policy and scientific bodies, and partner organizations
  – Review of the draft, suggestions and comments on the proposed regional goals, targets and priority actions

• Broad consultation with Member States, academic experts, civil society and partner organizations, and with the general public by 7 June 2016: http://www.euro.who.int/hepatitis

• Action plan to be presented to the RC – September 2016
M&E framework for hepatitis B and C

PURPOSE:
• Support the Global Health Sector Strategy [GHSS] for hepatitis
• Facilitate collection and analysis of standardized data
• Find balance:
  • Remaining parsimonious
  • Obtaining the minimum information required
Type of indicators

10 CORE indicators
C.1 – C.10

27 ADDITIONAL indicators
A.1-A.27

10 ADDITIONAL indicators for hepatitis
(A.1-A.10)

17 ADDITIONAL indicators from other programmes
(A.11-A.27)
10 Core indicators along the result chain

Context & needs
- Epidemic patterns, stigma, and population in need

Inputs
- Policy, laws, health system inputs and financing

Output & outcomes
- Prevention
- Testing
- Care and treatment
- Cure / suppression
  - Cascade of care
    - C1. Prevalence
    - C2. Infrastructure for testing
    - C3. Vaccination coverage
    - C4. Needle syringe distribution
    - C5. Injection safety
    - C6. People diagnosed
    - C7. Treatment coverage / initiation
    - C8. Viral suppression (HBV) or cure (HCV)
    - C9. Incidence
    - C10. Mortality from HCC, cirrhosis and chronic liver diseases

Impact
- New infections, deaths, equity
3 indicators already collected

- C1. Prevalence
- C2. Infrastructure for testing
- C3. Vaccination coverage
- C4. Needle syringe distribution
- C5. Injection safety
- C6. People diagnosed
- C7. Treatment coverage / initiation
- C8. Viral suppression (HBV) or cure (HCV)
- C9. Incidence
- C10. Mortality from HCC, cirrhosis and chronic liver diseases
5 indicators paralleling the HIV approach

Context & needs
- Epidemic patterns, stigma, and population in need

Inputs
- Policy, laws, health system inputs and financing

Output & outcomes
- Prevention
- Testing
- Care and treatment
- Cure / suppression

Impact
- New infections, deaths, equity

Cascade of care
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- C10. Mortality from HCC, cirrhosis and chronic liver diseases
2 indicators specific to viral hepatitis

Context & needs
- Epidemic patterns, stigma, and population in need

Inputs
- Policy, laws, health system inputs and financing

Output & outcomes
- Prevention
  - C3. Vaccination coverage
  - C4. Needle syringe distribution
  - C5. Injection safety
- Testing
  - C6. People diagnosed
- Care and treatment
  - C7. Treatment coverage / initiation
- Cure / suppression
  - C8. Viral suppression (HBV) or cure (HCV)

Impact
- New infections, deaths, equity
  - C9. Incidence
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Cascade of care
- Prevention
- Testing
- Care and treatment
- Cure / suppression

World Health Organization
Regional Office for Europe
<table>
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<tr>
<th>Indicator</th>
<th>Indicator name</th>
<th>Proposed method of measurement</th>
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<tr>
<td>C1</td>
<td>Prevalence of chronic HBV/HCV infection</td>
<td>Surveys, but also programmatic data, special studies and modelling</td>
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<tr>
<td>C2</td>
<td>Infrastructure for HBV and HCV testing</td>
<td>Programmatic data</td>
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</table>
| C3        | 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 | Programmatic data or periodic surveys                                                             |
| C4        | Facility-level injection safety                                                 | Surveys of health facilities or population surveys                                               |
| C5        | Needle–syringe distribution                                                    | Programmatic data                                                                               |
| C6        | People living with HCV and/or HBV diagnosed                                    | Surveys or a combination of notification data with surveys                                        |
| C7        | a. Treatment coverage for hepatitis B patients                                | Programmatic data in conjunction with modelling estimates                                         |
|           | b. Treatment initiation for hepatitis C patients                               |                                                                                                |
| C8        | a. Viral suppression for chronic hepatitis B patients treated                  | Programmatic data, cohort studies, patient records                                               |
|           | b. Cure for chronic hepatitis C patients treated                               |                                                                                                |
| C9        | a. Cumulated incidence of HBV infection in children 5 years of age             | Surveys (HBV) and modelled with inputs from repeated surveys (HCV)                               |
|           | b. Incidence of HCV infection                                                   |                                                                                                |
| C10       | Deaths attributable to HBV and HCV infection                                  | National mortality data sources, global databases, cancer registry data, hospital registers     |
10 additional indicators for hepatitis (A.1–A.10)

1. Hepatitis D coinfection among people living with B
2. Experience with discrimination
3. Availability of essential medicines and commodities
4. National system for viral hepatitis surveillance
5. Hepatitis B testing
6. Hepatitis C testing
7. HCV genotyping
8. Viral hepatitis B and C care coverage
9. Equitable access to hepatitis treatment
10. Documentation of treatment effectiveness