



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



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Всемирная организация здравоохранения

Европейское региональное бюро

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WHO Regional Office for Europe

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Viral hepatitis: the change of paradigm

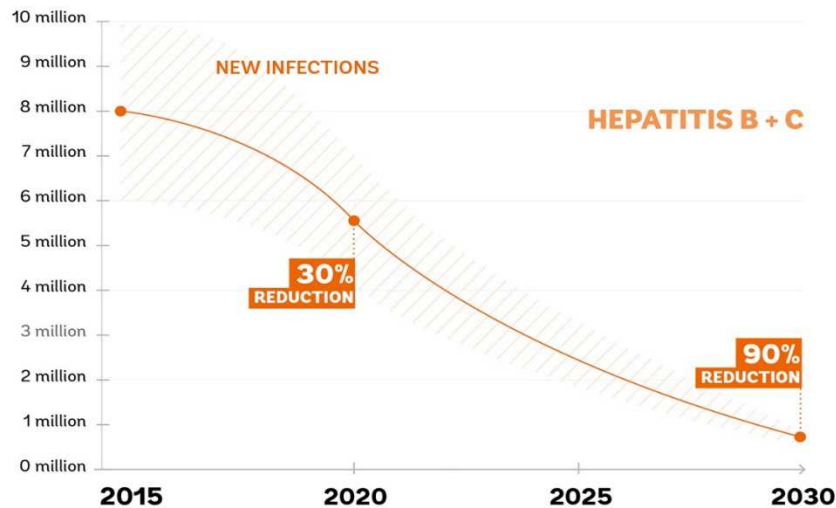
- 2014 – **WHA67.6 resolution** calling for national strategies for preventing, diagnosing and treating viral hepatitis based on the local epidemiological context
- 2015 – UN General Assembly adopts **Sustainable Development Goals**, with Target 3.3 calling for specific action to combat viral hepatitis
- 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

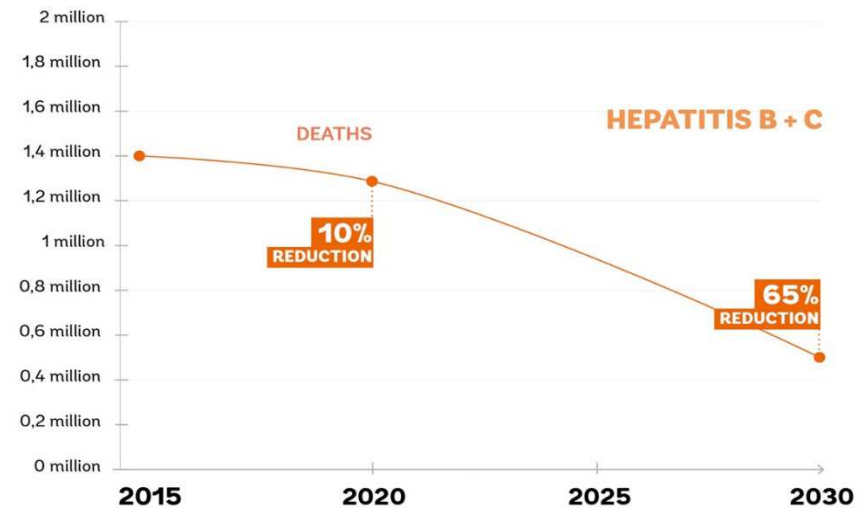
Defining «elimination»: impact targets

**90% reduction in new cases of
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

Intervention targets				
	Indicator	2030	2020	Baseline
HBV vaccination	Childhood vaccine coverage	90%	90%	81%
HBV MTCT (mother to child)	Birth dose vaccine coverage (or other approach to prevent MTC)	90%	50%	38%
Safe injection	Safe infections (needs to cover in and out facility)	90%	50% coverage	5%
Harm reduction	Number of needles/PWID/year (as part of effective harm reduction package)	300 (75% coverage)	200 (50% coverage)	20
Testing	Percent of persons with chronic HBV and HCV diagnosed	90%	30%	5%
HBV Treatment	Treatment eligible persons with chronic HBV treated	80%	8 million treated	<1%
HCV Treatment	Treatment eligible persons with chronic HCV treated	80%	(Est. 5m HBV, 3m HCV)	<1%

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



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



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



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

Strategic direction five: innovation for acceleration

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



PUROPSE:

- 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)

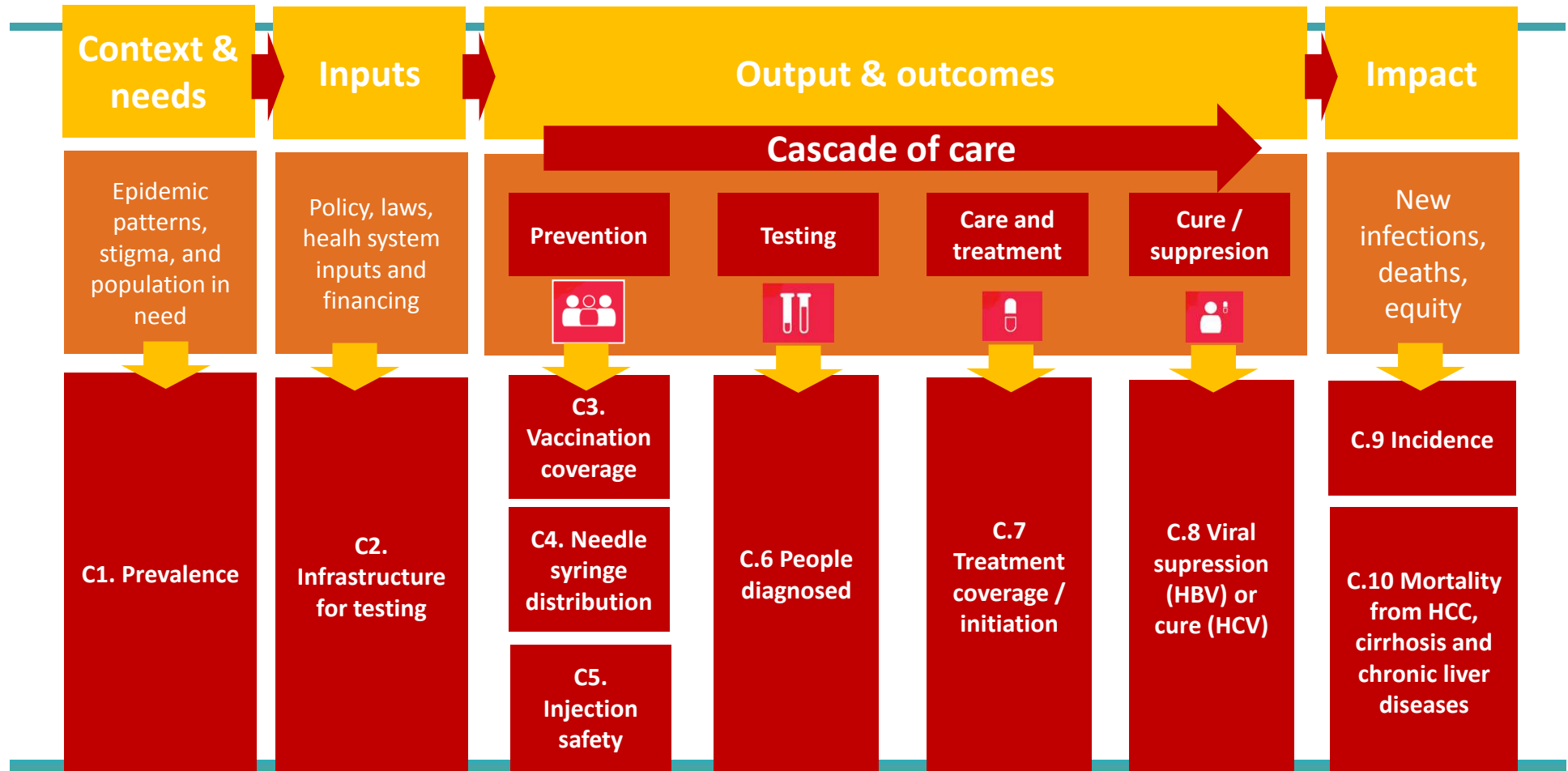


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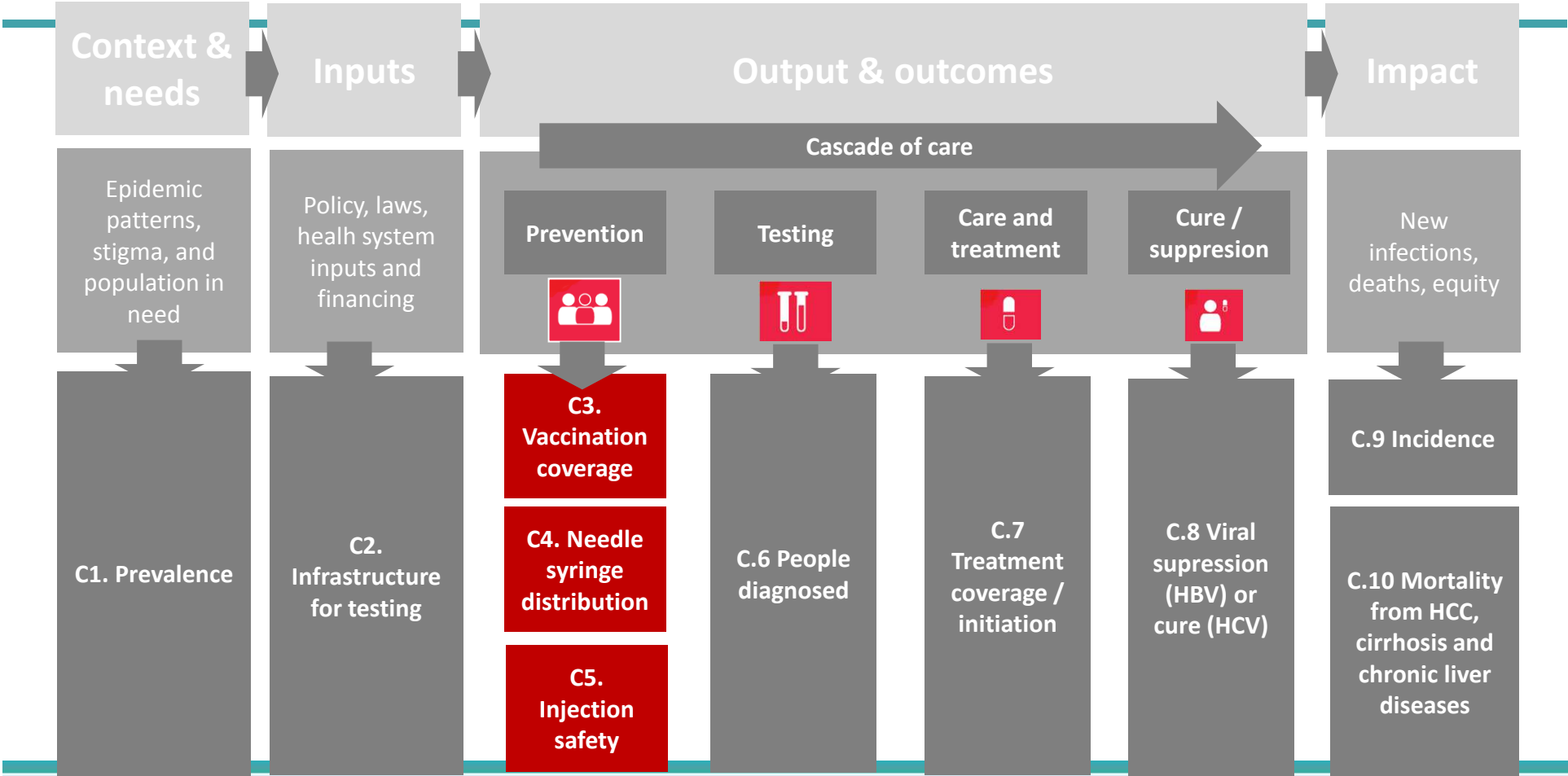
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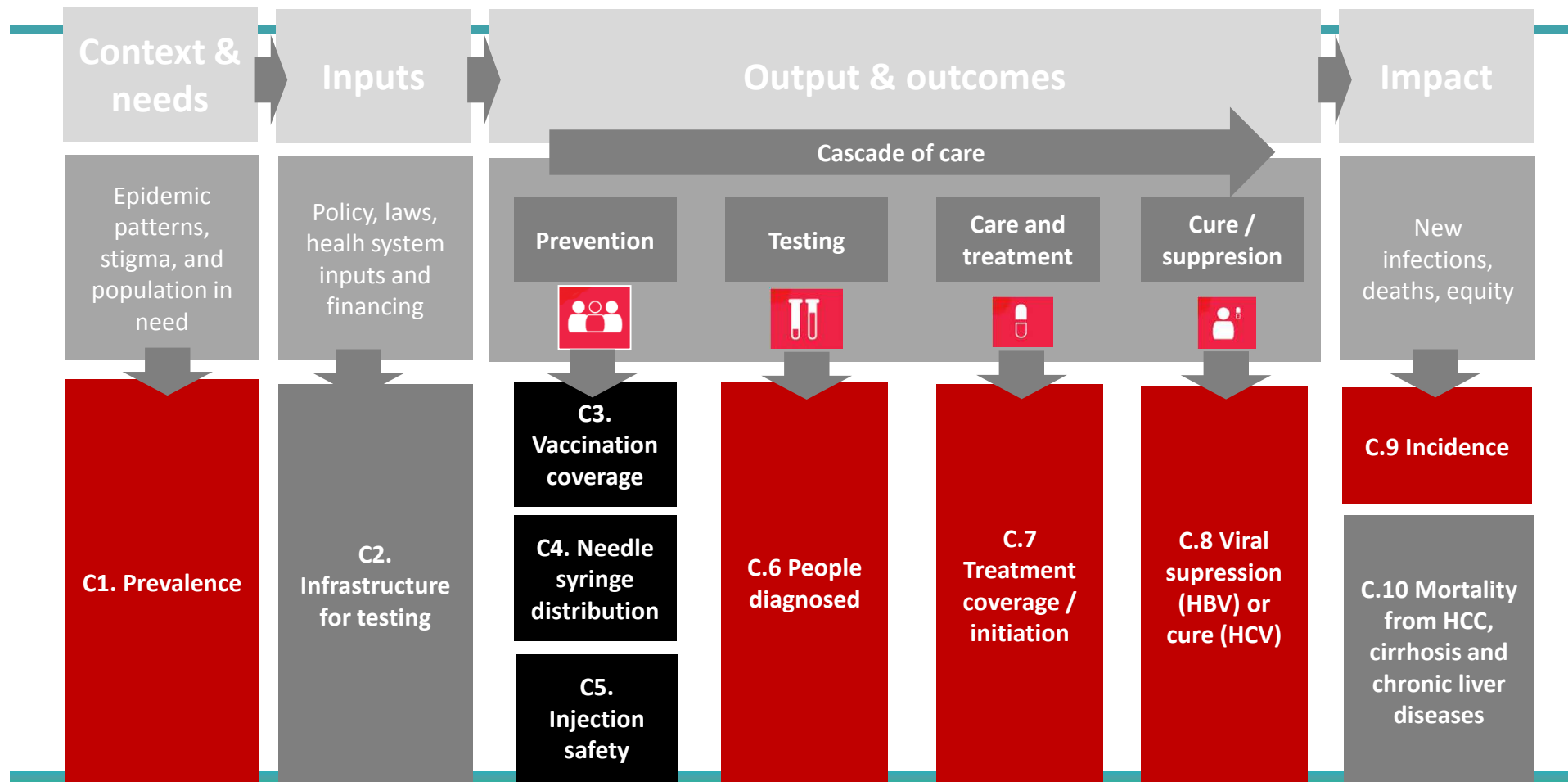
10 Core indicators along the result chain



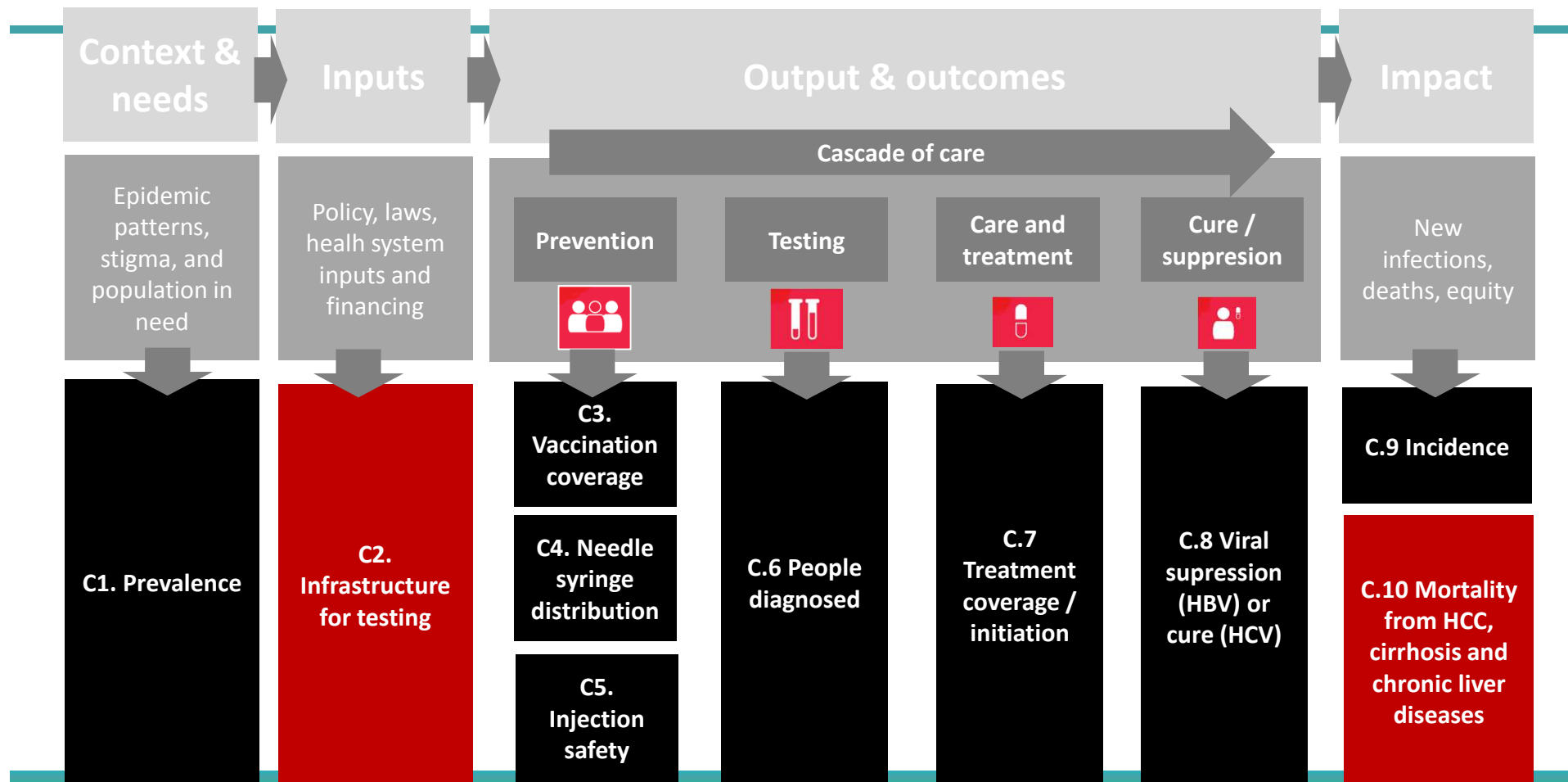
3 indicators already collected



5 indicators paralleling the HIV approach



2 indicators specific to viral hepatitis



Indicator	Indicator name	Proposed method of measurement
C1	Prevalence of chronic HBV/HCV infection	Surveys, but also programmatic data, special studies and modelling
C2	Infrastructure for HBV and HCV testing	Programmatic data
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 b. Treatment initiation for hepatitis C patients	Programmatic data in conjunction with modelling estimates
C8	a. Viral suppression for chronic hepatitis B patients treated b. Cure for chronic hepatitis C patients treated	Programmatic data, cohort studies, patient records
C9	a. Cumulated incidence of HBV infection in children 5 years of age b. Incidence of HCV infection	Surveys (HBV) and modelled with inputs from repeated surveys (HCV)
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