

A photograph of a man with curly hair and a beard, wearing a blue and white plaid shirt, and a young girl with a straw hat and a white t-shirt, both looking down at something in their hands in a lush green forest. The man is on the left, and the girl is on the right.

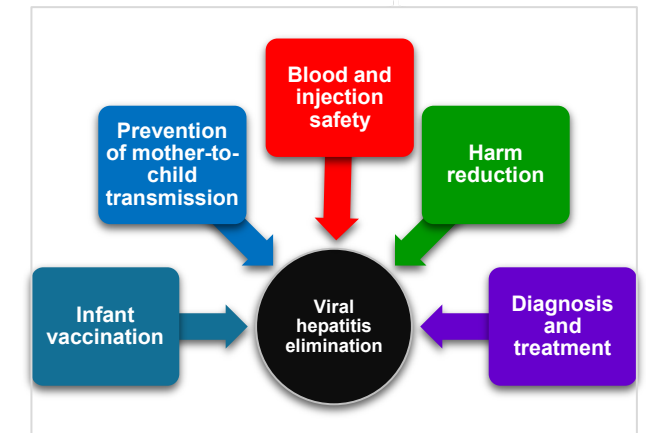
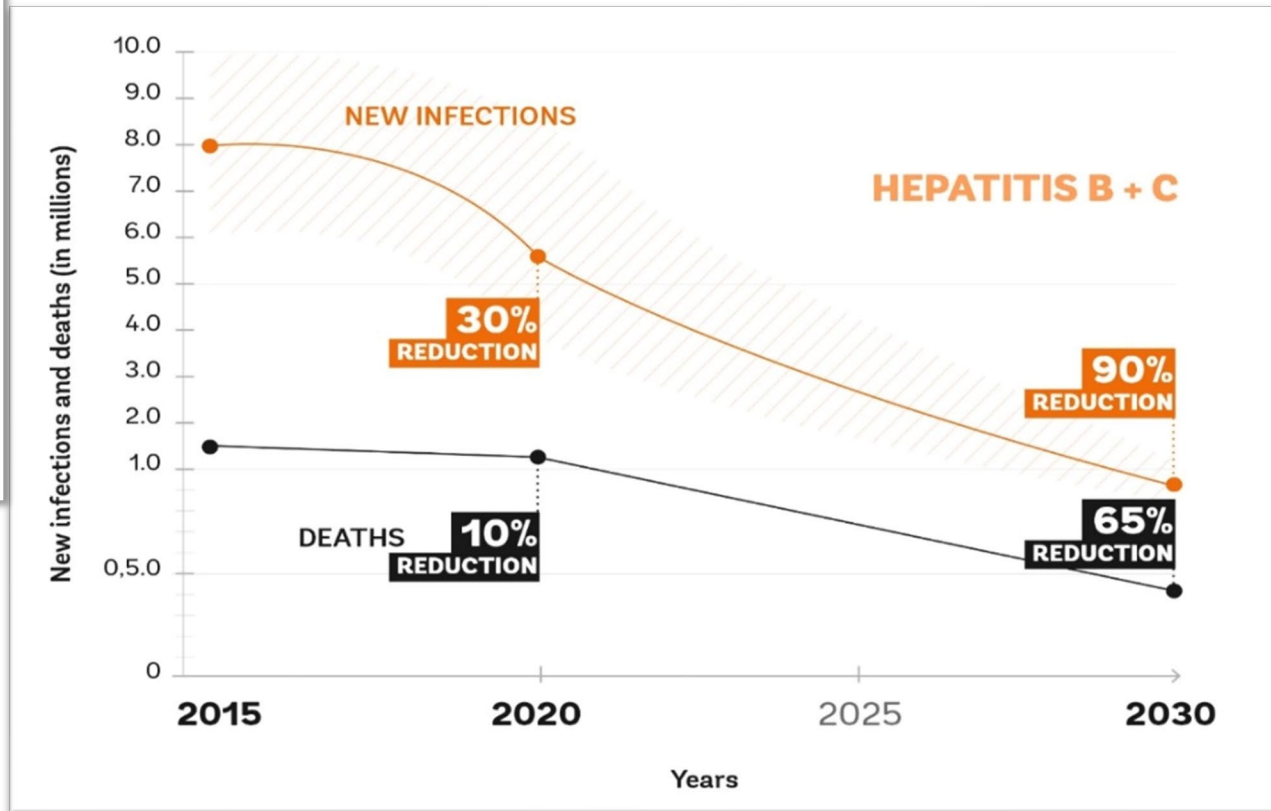
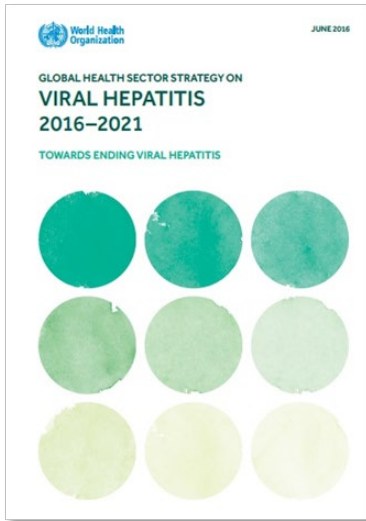
WHO Global Strategy and European action plan for elimination of viral hepatitis 2022-2030



Elimination of viral hepatitis in The Balkan countries: Lessons learnt and way forward, 28 October 2022

Nicole Seguy, WHO Europe

Global agenda: elimination of viral hepatitis as a public health threat by 2030 – started in 2016



6-10 m infections (in 2015) to 900,000 infections (by 2030)
1.4 m deaths (in 2015) to 500,000 deaths (by 2030)

Burden of disease

Globally:

- **Hepatitis B: 296 million**
 - New infections: 1 500 000
 - Deaths: 820 000
- **Hepatitis C: 58 million**
 - New infections: 1 500 000
 - Deaths: 290 000



European Region

In the WHO European Region (2019):

Hepatitis B: 14 million

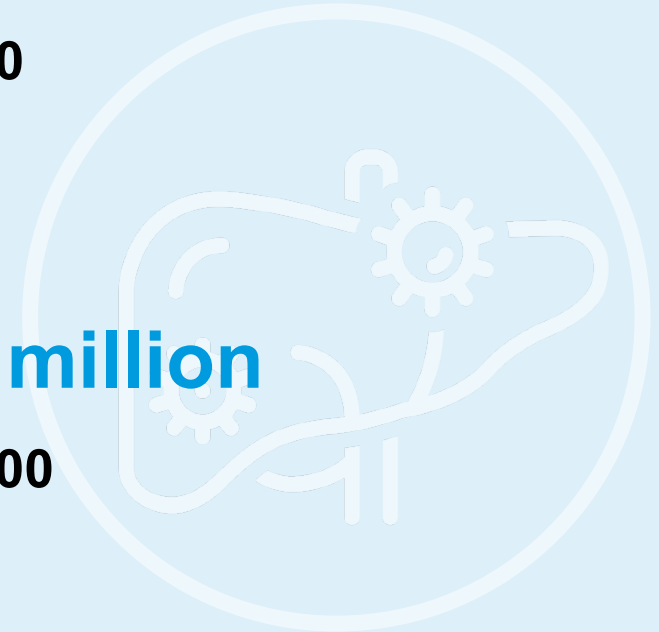
- New infections: **19 000**
- Deaths: **43 000**

Hepatitis C: 13 million

- New infections: **300 000**
- Deaths: **64 000**

GLOBOCAN

Liver cancer: 98 787 new cases and 89 130 deaths
one death every six minutes in the WHO European Region



National strategies and plans

The number of countries in WHO European Region with **national hepatitis plans** increased from

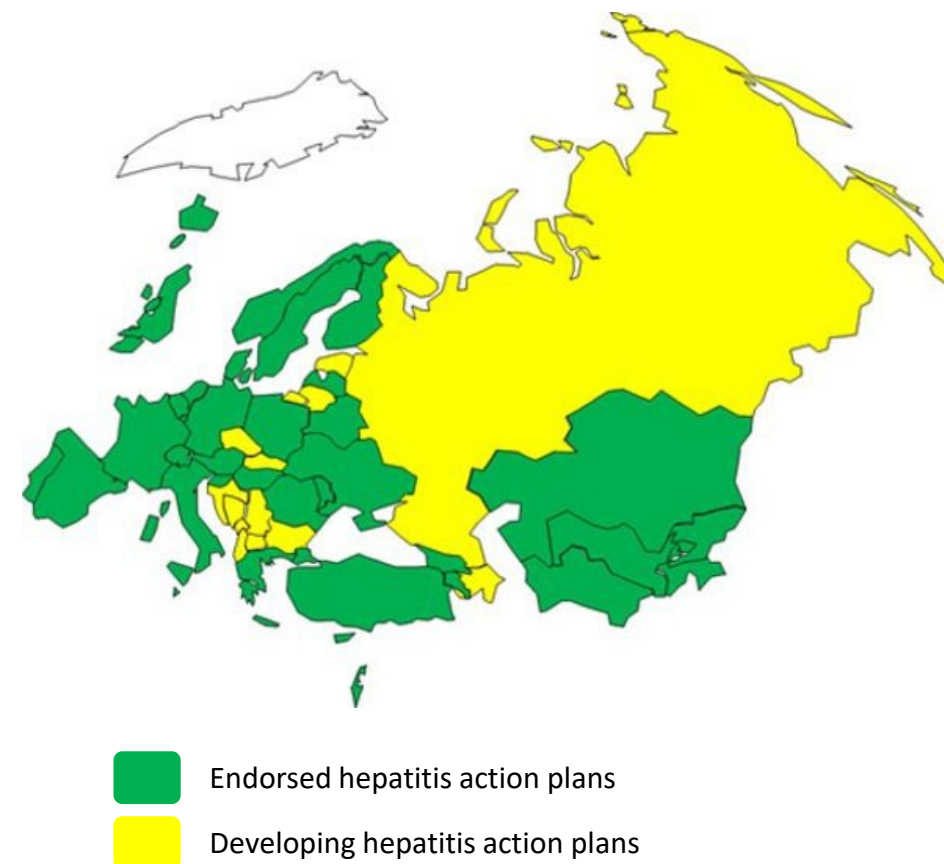
13 (in 2013)



30 (in 2018)



36 (in 2022)



All 5 MS in Central Asia developed viral hepatitis NSPs

Cascade of care

Testing and treatment

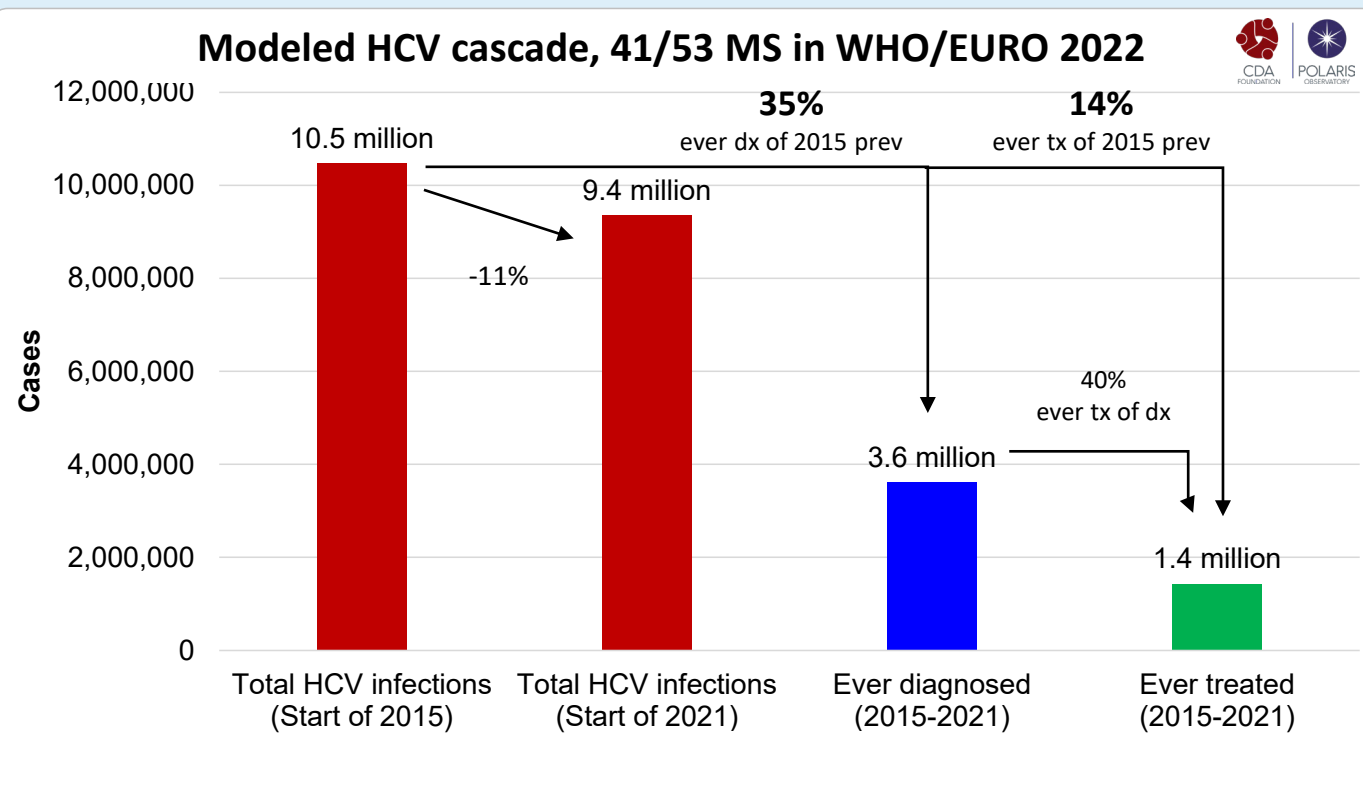
- **HBV:** 27% increase in the proportion of people diagnosed and doubled the annual number of treatments (from 98 000 in 2016 to 210 000 in 2019)
- **HCV:** more than 20% increase in the annual number of treatments (from 208 000 to 250 000)
- 14 countries inserted in expanded access agreements and improved access to generic versions of DAAs

2020 targets of 50% diagnosed and 75% treated not achieved

In the **WHO European Region**, 2019 (WHO, 2021):

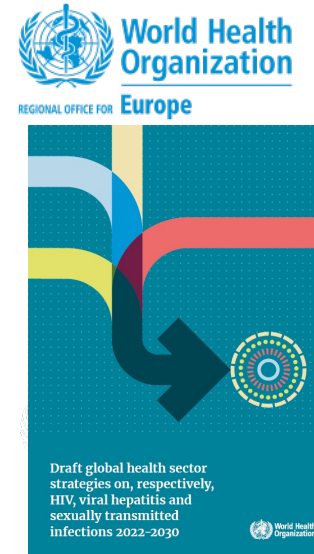
B **Diagnosed: 19%** **Treated: 2%**

C **Diagnosed: 24%** **Treated: 8%**



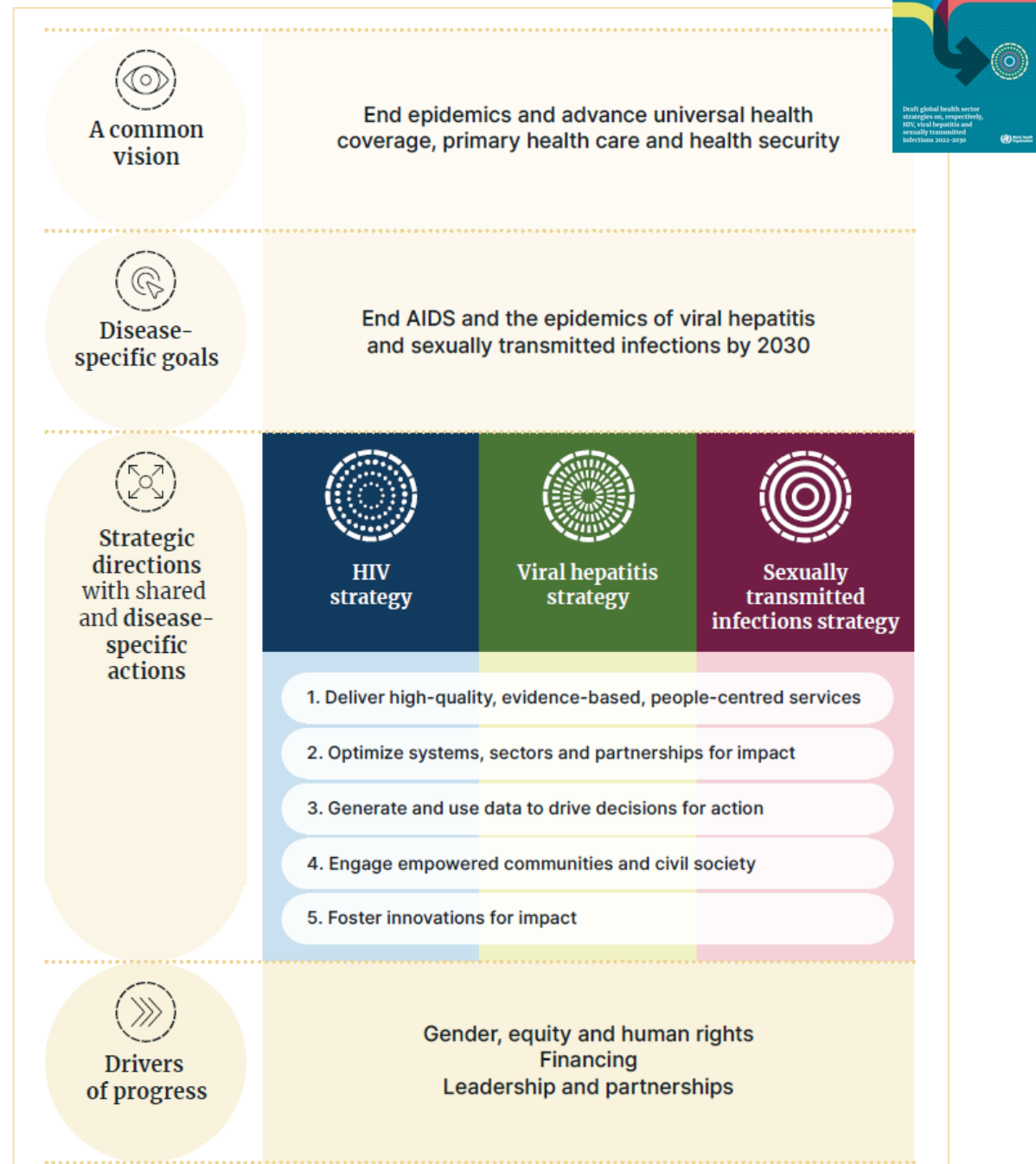
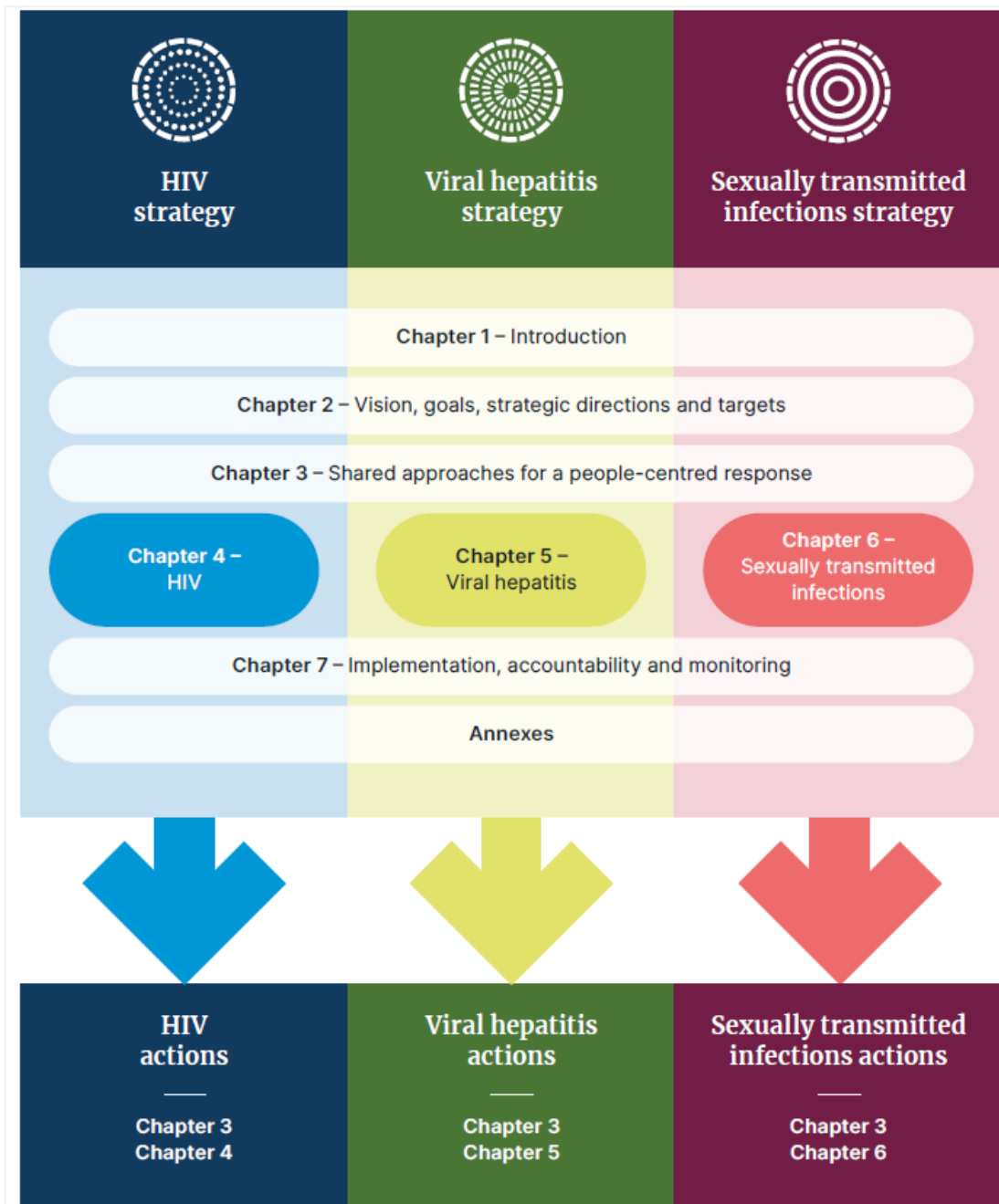
Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2022-2030

(endorsed at WHA75, May 2022)



Closing the gap to 2030

Structure and Strategic Framework



Hepatitis B and C Impact & Coverage Targets to reach 2030

Chapter 5: Viral hepatitis



Table 5.1. Impact and coverage indicators, targets and milestones for viral hepatitis by 2030

	Indicator	Baseline – 2020*	Targets – 2025	Targets – 2030
Impact	Hepatitis B surface antigen (HBsAg) prevalence among children younger than 5 years old ^b	0.94%	0.5%	0.1%
	Number of new hepatitis B infections per year	1.5 million new cases 20 per 100 000	850 000 new cases 11 per 100 000	170 000 new cases 2 per 100 000
	Number of new hepatitis C infections per year	1.575 million new cases 20 per 100 000	1 million new cases 13 per 100 000	350 000 new cases 5 per 100 000
	Number of new hepatitis C infections per year among people who inject drugs per year	8 per 100	3 per 100	2 per 100
	Number of people dying from hepatitis B per year	820 000 deaths 10 per 100 000	530 000 deaths 7 per 100 000	310 000 deaths 4 per 100 000
	Number of people dying from hepatitis C per year	290 000 deaths 5 per 100 000	240 000 deaths 3 per 100 000	140 000 deaths 2 per 100 000
Coverage	Hepatitis B – percentage of people living with hepatitis B diagnosed / and treated	30%/30%	60%/50%	90%/80%
	Hepatitis C – percentage of people living with hepatitis C diagnosed / and cured	30%/30%	60%/50%	90%/80%

* Latest data for end 2020. Some targets use data from 2019 because of COVID-19 related service disruptions in the data reported for 2020. COVID-19 is not currently expected to affect the targets for 2025. All data will be disaggregated by age, sex and when relevant the focus populations specific to the disease.

^b Please note that the targets in this table are global targets and should be adapted to set targets for countries in relation to the national context. For example, in some countries a target for hepatitis B surface antigen prevalence among children younger than five years may be less than 0.1% or 0.2%, although the overall global target should be 0.1%.

Coverage	Percentage of newborns who have benefitted from a timely birth dose of hepatitis vaccine and from other interventions to prevent the vertical (mother-to-child) transmission of hepatitis B virus ^c	50%	70%	90%
	Hepatitis B vaccine coverage among children (third dose)	90%	90%	90%
	Number of needles and syringes distributed per person who injects drugs ^d	200	200	300
	Blood safety – proportion of blood units screened for bloodborne diseases	95%	100%	100%
	Safe injections – proportion of safe health-care injections	95%	100%	100%
Milestones	Planning – number of countries with costed hepatitis elimination plans	TBD	30	50
	Surveillance – number of countries reporting burden and cascade annually	130	150	170
	Hepatitis C virus drug access – percentage average reduction in prices (to equivalent generic prices by 2025)	20%	50%	60%
	Hepatitis B virus drug access – percentage average reduction in average prices (alignment with HIV drug prices by 2025)	20%	50%	60%
	Elimination of vertical (mother-to-child) transmission – number of countries validated for the elimination of vertical transmission of either HIV, hepatitis B, or syphilis	15	50	100
	Elimination – number of countries validated for elimination of hepatitis C and/or hepatitis B	0	5	20
	Integration – proportion of people living with HIV tested for/and cured from hepatitis C	To be determined	60%/50%	90%/80%

^c In addition, the proportion of infants younger than 12 months of age who received the third dose of hepatitis B vaccine should also be measured as well as other indicators for preventing vertical transmission such as maternal testing and prophylaxis.

^d As part of a comprehensive harm reduction strategy and in line with national priorities.

Key shifts required to reach the targets – Viral Hepatitis



Key shifts required to end the epidemic of viral hepatitis by 2030:

- **Greater public awareness** of the importance of viral hepatitis B and C prevention, testing and treatment
- **Increased financial resources allocated**
- Scale-up of universal access to hepatitis B birth dose vaccine and improved services for prevention of vertical transmission
- Continuous investment in primary prevention
- **Greatly increased access to hepatitis B and C virus testing** and treatment
- **Simplified and decentralized service** as well as integrated service delivery
- Strengthened community and civil society
- Development of curative drug regimens for hepatitis B virus

Regional action plans for ending AIDS and the epidemics of viral hepatitis and STIs 2022–2030 (endorsed at RC72, July 2022)

Eight-year plan (2022-2030)

Integrates HIV, viral hepatitis and STIs into a single document

Focus on health system delivery and design, as well as disease-specific actions

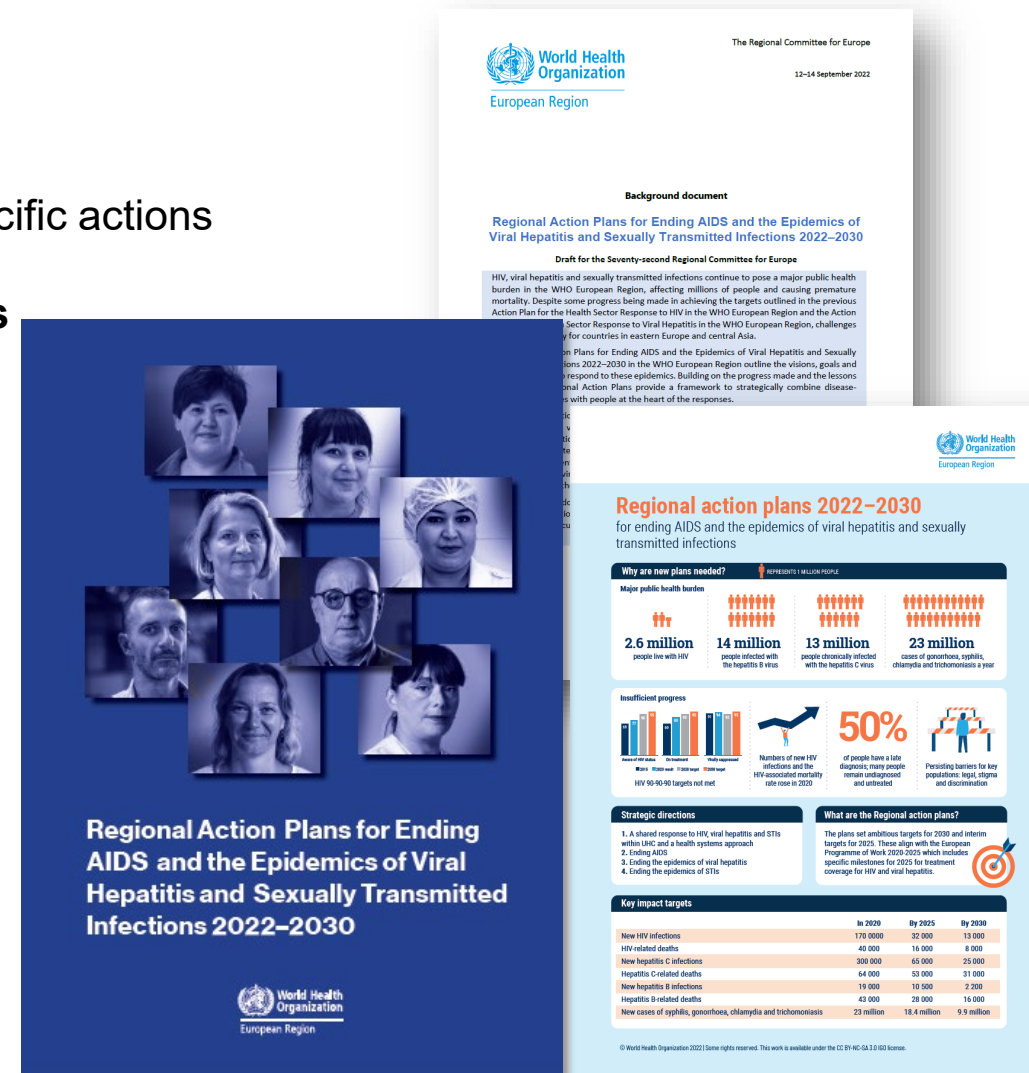
Contain **country actions** and **WHO Regional Office/ partners actions**

Key and most-at-risk population-focused

Key regional platform for driving SDG Target 3.3

Aligned with:

- GHSS for HIV, viral hepatitis and STIs 2022-2030
- European Programme of Work 2020-2025
- Other relevant WHO frameworks and programs (cancer, immunization etc..)



Strategic Directions and priorities for action

Strategic Direction 1:

Creating a shared vision of the HIV, viral hepatitis and STI response within UHC and a health system approach

Strategic Direction 2: HIV

targets, populations and priority actions

Strategic Direction 3: Viral Hepatitis

targets, populations and priority actions

Strategic Direction 4: STI

targets, populations and interventions

Strengthen surveillance, burden of diseases estimates and cascade monitoring

Allocate increased domestic financial resources to hepatitis B and C through inclusion of VH prevention, testing and treatment as part of UHC



Scale up testing to diagnose, using a range of evidence-based strategies, the large numbers of people living with hepatitis B and C who are unaware of their diagnosis, including key populations and those most at risk

Implement a **test-and-treat strategy** and significantly scale up treatment for hepatitis B, C and D to everyone who is eligible. Ensure that the most **effective treatment regimens are accessible and affordable to all populations. Decentralize** care for VH to primary and community settings, wherever possible, and develop these models of care in collaboration with civil society

Create an **enabling environment for key populations** and those most at risk by addressing legal and political forms of discrimination that perpetuate stigma

Prevent the transmission of VH, with a particular focus on key populations, through integration of prevention services for HIV, VH and STIs, and intensify efforts to **scale up comprehensive combination services for people who inject drugs** in all settings, including **prisons**

Ensure universal access to **hepatitis B birth-dose vaccines** and improve services for testing pregnant women to prevent vertical (mother-to-child) transmission of hepatitis B

Impact Targets: Regional Action Plan 2022-2030

Impact	Indicator ^a	Baseline 2020 ^b	Interim 2025 targets	2030 targets
	HBsAg prevalence in vaccinated cohorts ^c		0.5%	0.1%
	Number of new hepatitis B infections per year (incidence) ^d	19 000 (20 per 100 000)	10 500 (11 per 100 000)	2 200 (2 per 100 000)
	Number of new hepatitis C infections per year (incidence) ^e	300 000 (62 per 100 000)	65 000 (13 per 100 000)	25 000 (5 per 100 000)
	Number of new hepatitis C infections among people who inject drugs per year ^f	8 per 100	3 per 100	2 per 100
	Number of deaths due to hepatitis B per year (number per 100 000)	43 000 (10 per 100 000)	28 000 (7 per 100 000)	16 000 (4 per 100 000)
	Number of deaths due to hepatitis C per year (number per 100 000)	64 000 (5 per 100 000)	53 000 (3 per 100 000)	31 000 (2 per 100 000)

^aFor countries with high and intermediate endemicity, serosurveys will be conducted in vaccinated cohorts. For countries with low endemicity, seroprevalence in pregnant women can be used as a proxy.

^dIncidence of new, chronic HBV infections.

^eViremic prevalence of successive surveys may be used together with key prevention, testing and treatment intervention coverage to estimate absolute incidence using mathematical modelling.

Coverage Targets: Regional action Plan 2022-2030

Coverage	Indicator ^a	Baseline 2020 ^b	Interim 2025 targets	2030 targets
	Hepatitis B – percentage of people living with hepatitis B diagnosed/ treated	19%/2% (2019)	60%/50%	90%/80%
	Hepatitis C – percentage of people living with hepatitis C diagnosed/and cured	24%/8% (2019)	60%/50%	90%/80%
	Vaccination coverage (3rd dose) of childhood hepatitis B vaccination	91% (2019)	95%	95%
	Percentage of pregnant women screened for HBsAg	Not available	90%	95%
	Percentage of newborns who received timely (within 24 hours of birth) hepatitis B birth-dose vaccination	>90% (2019)	90%	95%
	Percentage of blood units screened for bloodborne diseases	95%	100%	100%
	Percentage of injections in health care settings undertaken with safe injecting equipment ^c	No data	95%	100%
	Minimum sterile injection equipment kits distributed per person per year for people who inject drugs, as part of a comprehensive package of harm-reduction services ^{d2}	200	200	300
	Percentage of opioid-dependent people who inject drugs who receive OST	No data	40%	40%

What are the next steps on the road to 2030?

- Review the **lessons learned** from elimination pilot countries and develop a 'Path to Elimination' to walk with countries towards 2030
- Begin to implement the actions and targets of the **Regional Action Plan** and develop /update comprehensive **National Plans**
- Build on opportunities that emerged from the COVID-19 response (HCV self-testing, Differentiated Service Delivery)
- Disseminate and **implement the updated WHO guidelines** and tools to support expansion of 'test & treat' and elimination approaches
- Use assistance from WHO, partners and WHO collaborating centers (RKI, Germany; NCDC, Georgia, USCDC Atlanta)

New tools- WHO hepatitis guidelines

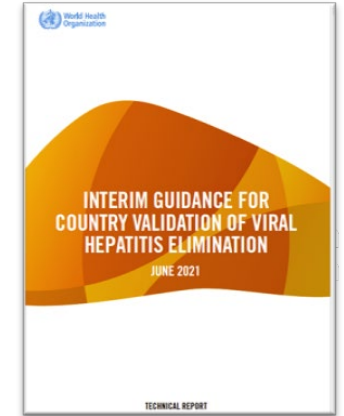
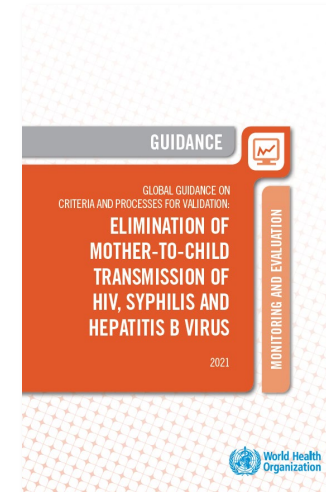
Triple EMTCT HIV, syphilis and hepatitis B (2021)

HCV self-testing recommendations (2021)

Interim Guidance for country validation of viral hepatitis elimination (2021)

New HCV recommendations / policy briefs (June 2022)

- Simplified Service Delivery (Decentralization, integration and task-sharing)
- HCV diagnostics (Point-of-care viral load, reflex viral load testing)
- Treatment of adolescents and children (reconciling paediatric and adult DAA regimens)



Thank you

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