

# How to...

## Global Health Sector Strategies in the WHO European Region

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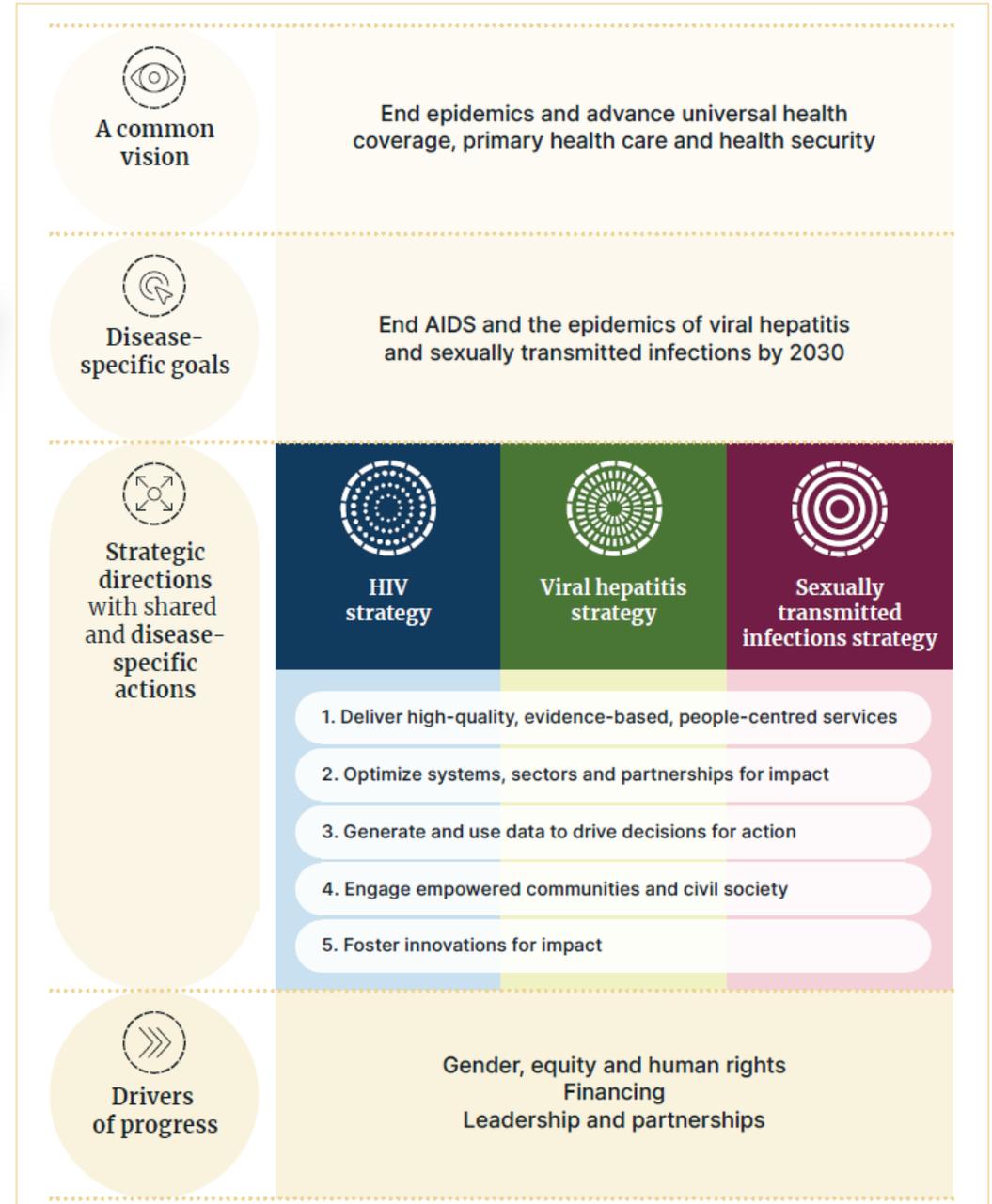
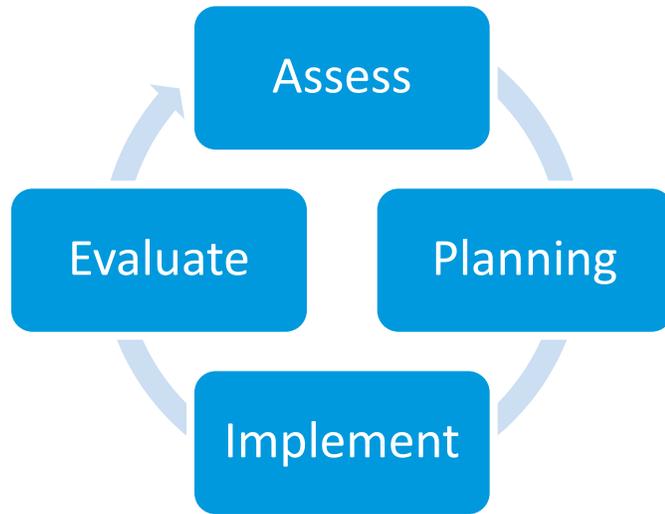
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# Outline

- **Global strategy 2022-2030**
- **Regional progress**
  - Burden of disease
  - Cascade of care
- **How to**
  - *Hepatitis control and validation of elimination*
  - Paradigm shifts in service delivery
  - UN teamwork and WHO Collaborating Centres
  - Support funding and implementation

# Global strategy 2022-2030

*New chapter with integrated approach*



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# Global strategy 2022-2030

## *People-centered services*

### Strategies

Integration

Decentralization

Task shifting

Community-based approaches

Differentiated service delivery

### Why

Access

Acceptability

Affordability

Equity

### Challenges

- Need for increasingly integrated service delivery across common comorbidities and coinfections
- Slow alignment to guidelines, changes needed
- Low service coverage and scale including due to:
  - Centralized models, fragmented services and complicated patient pathways
  - Persisting barriers in access
  - Insufficient national funding in the context of decreasing external funding
  - Restrictive political, social, and legal environments
  - Systemic issues with stigma and discrimination

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

# Viral hepatitis

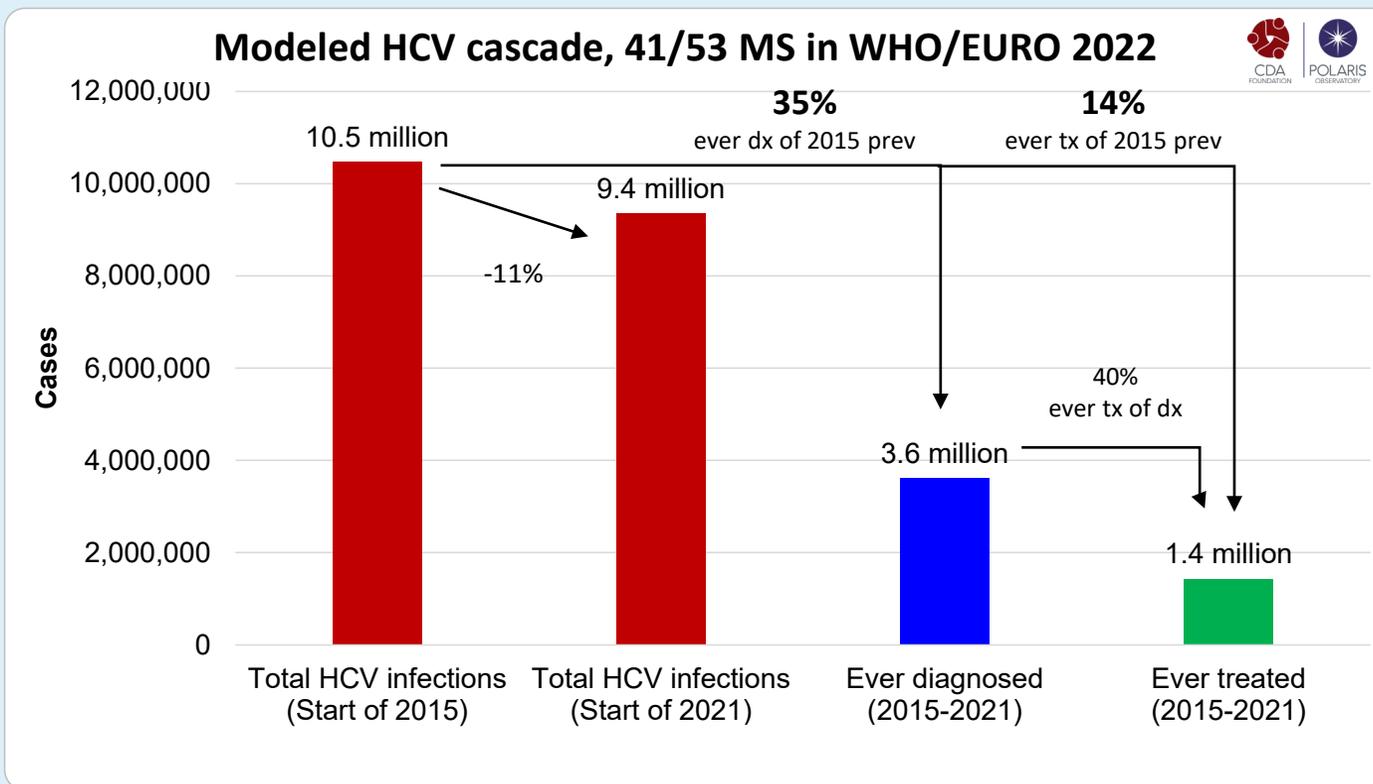
## Cascade of care

- **HBV:** 27% increase in the proportion of people diagnosed and doubled the annual number of treatments (2016–2019)
  - **8% increase in the proportion of people diagnosed of hepatitis B (2020–2022)**
- **HCV:** more than 20% increase in the annual number of treatments (2016–2019)
  - **10% annual increase in the number of treatments for hepatitis C (2020-2022)**

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

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

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



# Paradigm shifts

*Decentralization, integration and task-shifting; self-testing...*

- *Need for innovative approaches and service delivery models and to move treatment and care out of specialty clinics (gastroenterology, hepatology, ID)*
- **Decentralization:**
  - Peripheral health or community-based facilities, and ideally at the same site
    - PHC, harm reduction sites, prisons and HIV/ART clinics
    - Community-based organizations and outreach services
- **Integration:**
  - Existing care services at peripheral health facilities.
  - PHC, harm reduction sites, prisons and HIV/ART services.
- **Task-shifting:**
  - trained non-specialist MD/nurses



World Health  
Organization

European Region

## HCVST

**Effectiveness:** 27 RCTs, ↑77% uptake

**V&P:** Europe (4), PWUD, hepatology/infectious disease outpatient clinic attendees and young people, Africa (1), General Population

Benefits and advantages outweigh potential harms and disadvantages.

**Feasibility:** highly acceptable, >94% recommend HCVST (China 74%)

**Cost is higher**

**Ongoing experience in Georgia, Malaysia and Pakistan (FIND, WHO), Brazil (MoH, WHO)**

### Implementation considerations

- Policy and regulatory frameworks
- Human and financial resources
- Referral pathways

# UN teamwork

*Sharing ideas and resources for longer, healthier lives for all*

- **WHO/Europe**
  - **World Health Emergencies**
  - **Antimicrobial Resistance**
  - **Behavioural and Cultural Insights**
    - Established in 2020, to drive evidence and methods from psychology, sociology, economics, anthropology, political science and cultural studies
    - Linkage to care, health promotion, drivers and barriers, stigma and discrimination
  - **Alcohol, Illicit Drugs and Prison Health**
    - Prisons/Ministry of Justice, microelimination initiatives, setup of NSP
  - **Nutrition, Physical Activity and Obesity**
- **International Organization for Migration**
  - Humanitarian and migratory crises

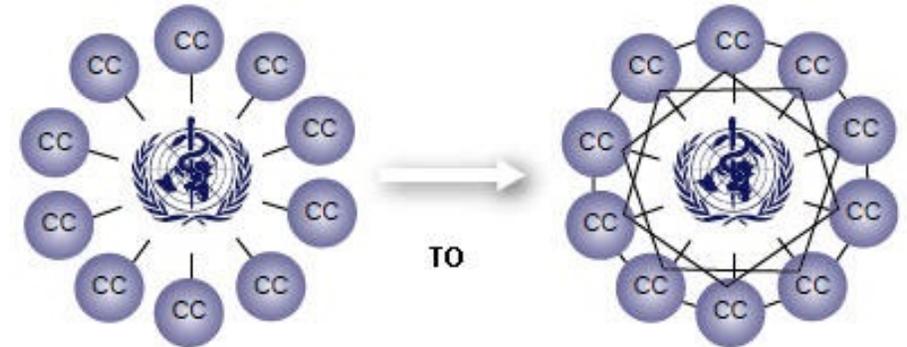


European Region



# WHO Collaborating Centres

- *“an institution designated by the Director-General of WHO to form part of an international collaborative network set up by WHO in support of its programme at the country, intercountry, regional, interregional and global levels.”*
- FENSA clearance, WHO HQ discussion and minimum 2-year history of collaboration
- WHO CC participate in the **strengthening of country resources**
  - information, services, research, training...
  - support national health development.
- 1947: World Influenza Centre (London, UK)
- 2022: Over **800 institutions** in over **80 countries**
- **From bilateral relations to multilateral networks**



# WHO Collaborating Centre for Viral Hepatitis and HIV

3<sup>rd</sup> March 2021

- **Robert Koch Institute**

- Dr Viviane Bremer and Dr Sandra Dudareva

**TOR1:** To assist WHO in supporting Member States in developing methodology, planning, conducting and analyzing epidemiological surveys on hepatitis B and C and HIV in different population groups

**TOR2:** To support WHO in assessing viral hepatitis B and C and HIV/AIDS monitoring, control and elimination in the countries of WHO European Region

- **Centre for International Health Protection (ZIG)**
- **Unit 15 Gastroenteritis and Hepatitis Pathogens and Enteroviruses**
- **Unit 18 for Bacterial STI and HIV**
- **Unit 33 Immunization**
- **Unit 34 HIV/AIDS, STI and Blood-borne Infections**



European Region

# WHO Collaborating Centre on Viral Hepatitis Elimination (GEO-3)

*72<sup>nd</sup> session of the WHO Regional Committee for Europe*

- **National Center for Disease Control and Public Health**
  - Dr Tamar Gabunia and Dr Maia Tsereteli

**TOR1:** To assist WHO in supporting Member States for developing, revising and monitoring *national hepatitis elimination action plans*.

**TOR2:** To assist WHO in supporting Member States for improving *national viral hepatitis testing strategies and strengthening diagnostic laboratory capacity*

- **Division of HIV/AIDS, Hepatitis, STI & TB**
- **The Lugar Centre**
- **GFTAM Program Implementation Unit**
- **International and Public Relations Division**



# WHO Collaborating Centre on Viral Hepatitis Elimination (GEO-3)

*WHO Demonstration Platform on Hepatitis C Elimination in Georgia, 17 January 2023*

- **Launch of WHO CC on Viral Hepatitis Elimination (16/01)**

*Ministry of Internally Displaced Persons from the Occupied Territories,  
Labour, Health and Social Affairs of Georgia*

*Ministry of Foreign Affairs of Georgia*

*Healthcare and Social Issues Committee of the Parliament of Georgia*

*Delegates from Kyrgyzstan, Uzbekistan, Tajikistan*

- **Infectious Diseases, AIDS and Clinical Immunology Research Centre**

- **Primary Health Care**

- **Good practices, capacity building**

- **Decentralization, integration, task-shifting**



# Support funding for viral hepatitis

## *Advocacy for action and financing*

- **Global Fund to Fight AIDS, TB and Malaria**
  - Continuous technical support to Member States/CCMs
  - Ensure modules and actions comprise response to viral hepatitis
- **ANRS | *Maladies infectieuses émergentes***
  - 15 March and **15 September** (HIV, TB, viral hepatitis, STI ± COVID-19)
- **U.S. Department of Health and Human Services National Institutes of Health**
  - **93.279:** *“collaborative research by multi-disciplinary teams to address critical issues of ... in people who use or misuse substances or have a substance use disorder, or other research areas relevant to substance use, misuse, or use disorders”*
  - **93.393:** *“to enhance mechanistic and epidemiologic investigations addressing the roles of co-infection and cancer to shed light on presently unestablished pathways in carcinogenesis that may inform prevention and treatment strategies for infection-related cancers...”*
- **European Commission**
  - **Comparative effectiveness research for healthcare interventions in areas of high public health need**
  - **Access to health care services for people in vulnerable situations**



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# Thank you