

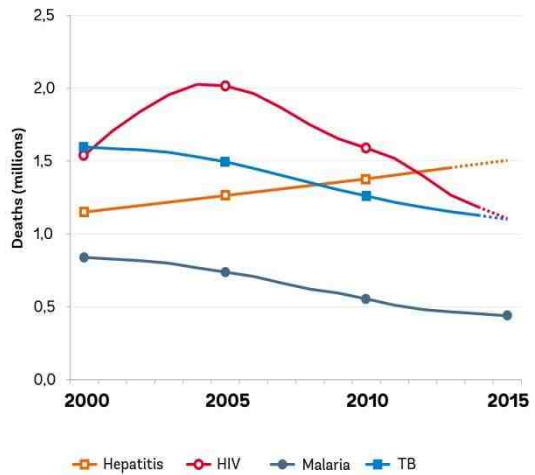
# **Core Interventions for HBV and HCV elimination; focusing on Africa**

**Dr. Alaa Hashish, MD, MPH, CIC  
Communicable Diseases Cluster  
WHO-Egypt**



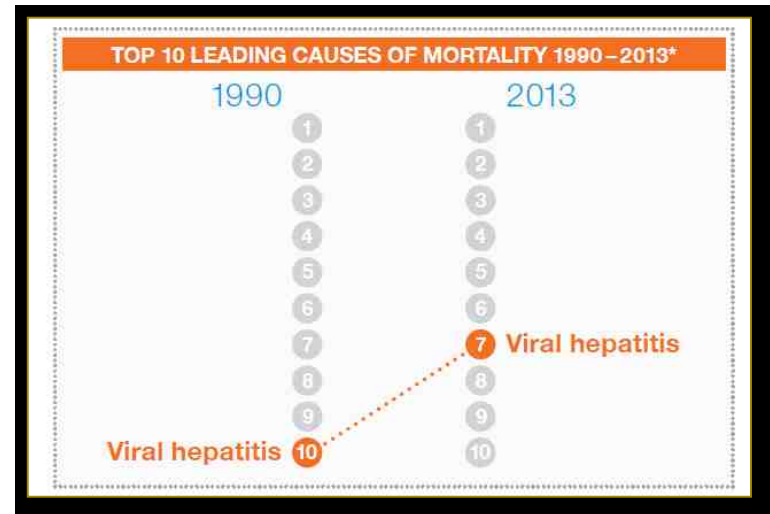
**World Health  
Organization**

# Epidemiologic imperative: high and increasing burden of disease



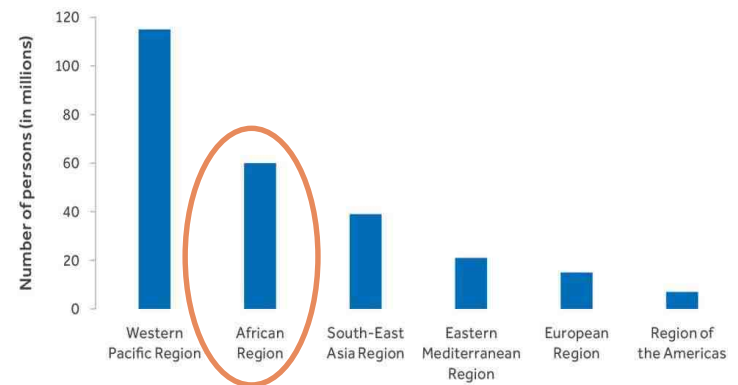
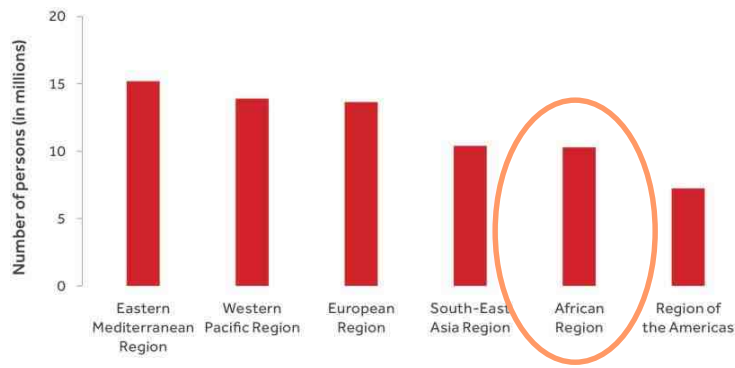
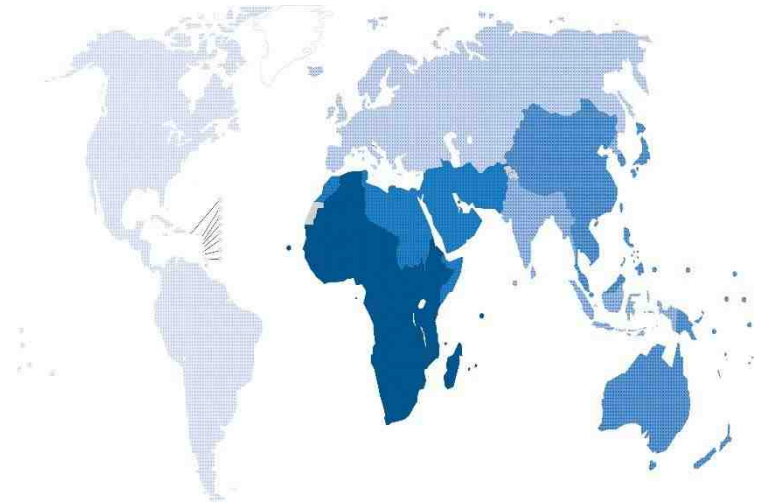
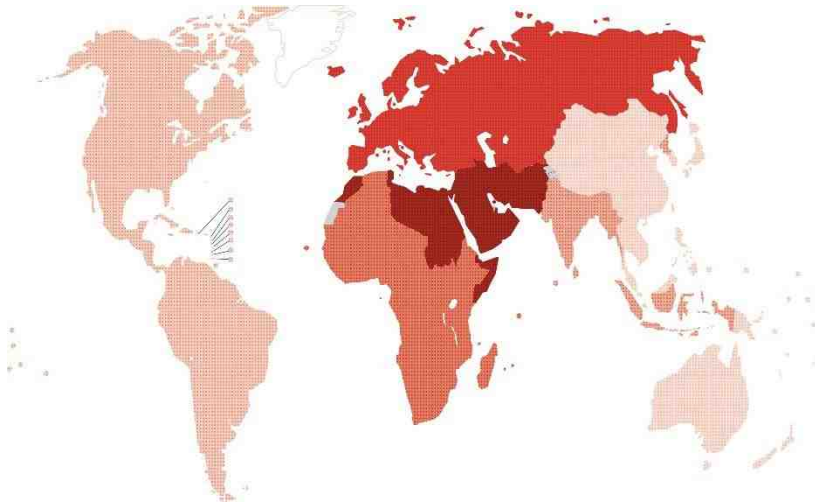
325 million persons with chronic HBV or HCV infection

Highest prevalence in Asia and Africa



# Africa Region:

Estimated number of people living with HCV (11 million) and HBV (60 million) \*



# ELIMINATE HEPATITIS

28 countries accounting for 70% of the burden **take action**



**89%** ESTABLISHING HIGH LEVEL NATIONAL COMMITTEES

**86%** SETTING NATIONAL ELIMINATION TARGETS

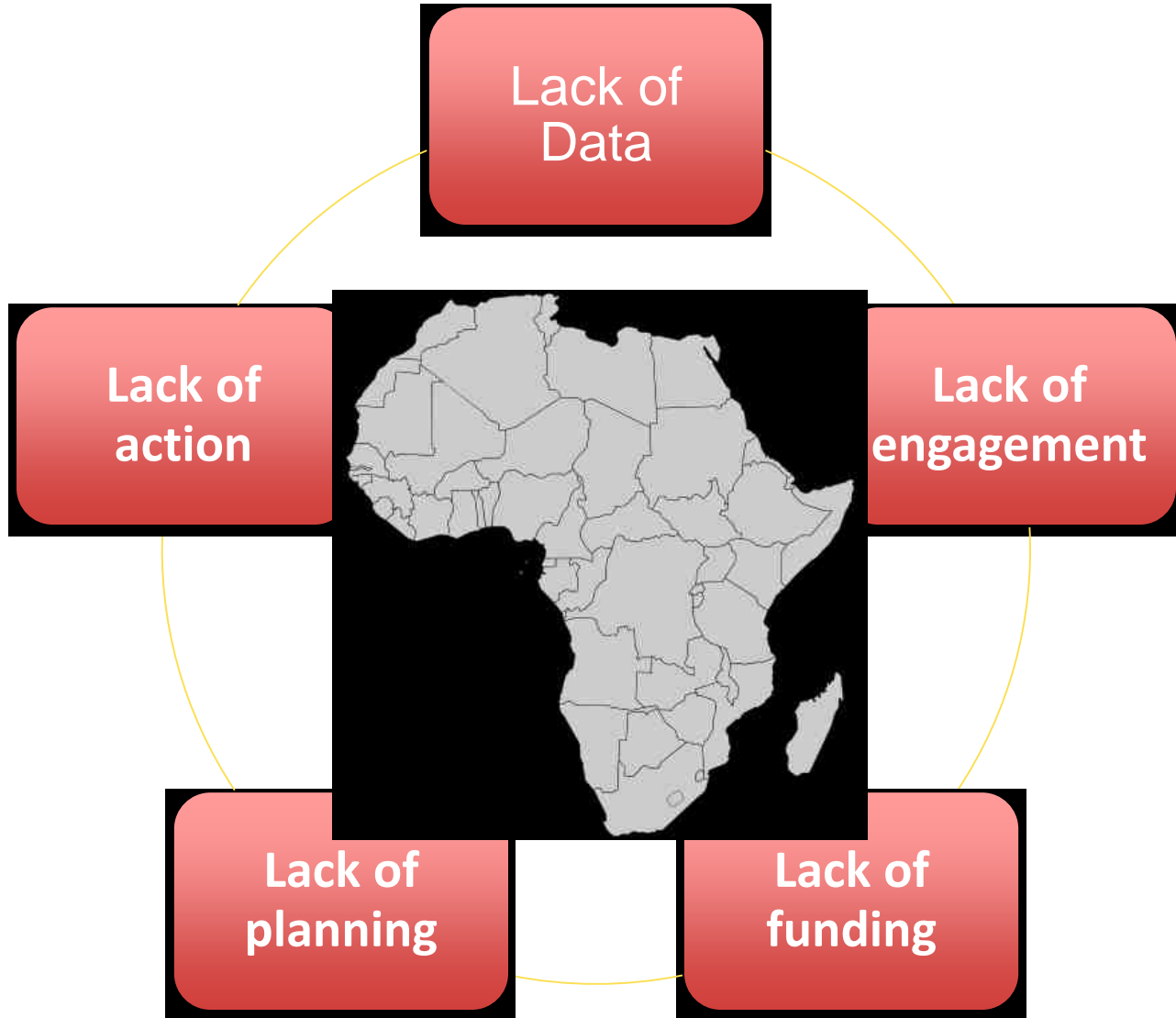
**75%** DEVELOPING NATIONAL HEPATITIS PLANS

**67%** OF NATIONAL PLANS HAVE DEDICATED FUNDING

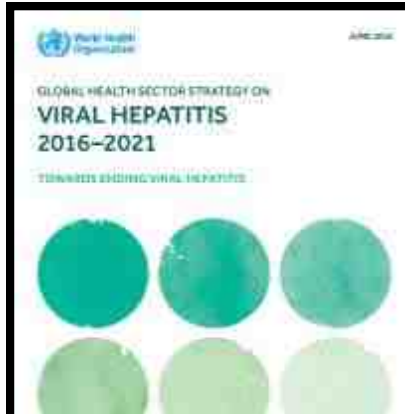
**43%** AIMING FOR ELIMINATION THROUGH UNIVERSAL ACCESS TO TREATMENT




# Key challenges



# GHSS 2016-2021



 **World Health Organization**  
REGIONAL OFFICE FOR **Africa**

AFR/RC66/12  
21 August 2016

REGIONAL COMMITTEE FOR AFRICA ORIGINAL: ENGLISH

Sixty-sixth session  
Addis Ababa, Federal Democratic Republic of Ethiopia, 19–23 August 2016

Agenda item 14

**PREVENTION, CARE AND TREATMENT OF VIRAL HEPATITIS IN THE AFRICAN REGION: FRAMEWORK FOR ACTION, 2016–2020**

Report of the Secretariat

EXECUTIVE SUMMARY

1. Viral hepatitis is a highly endemic disease and a public health problem. It is responsible for an estimated 1.4 million deaths per year globally, mostly from hepatitis-related liver



Combatting hepatitis as part of SDG (3.3.)

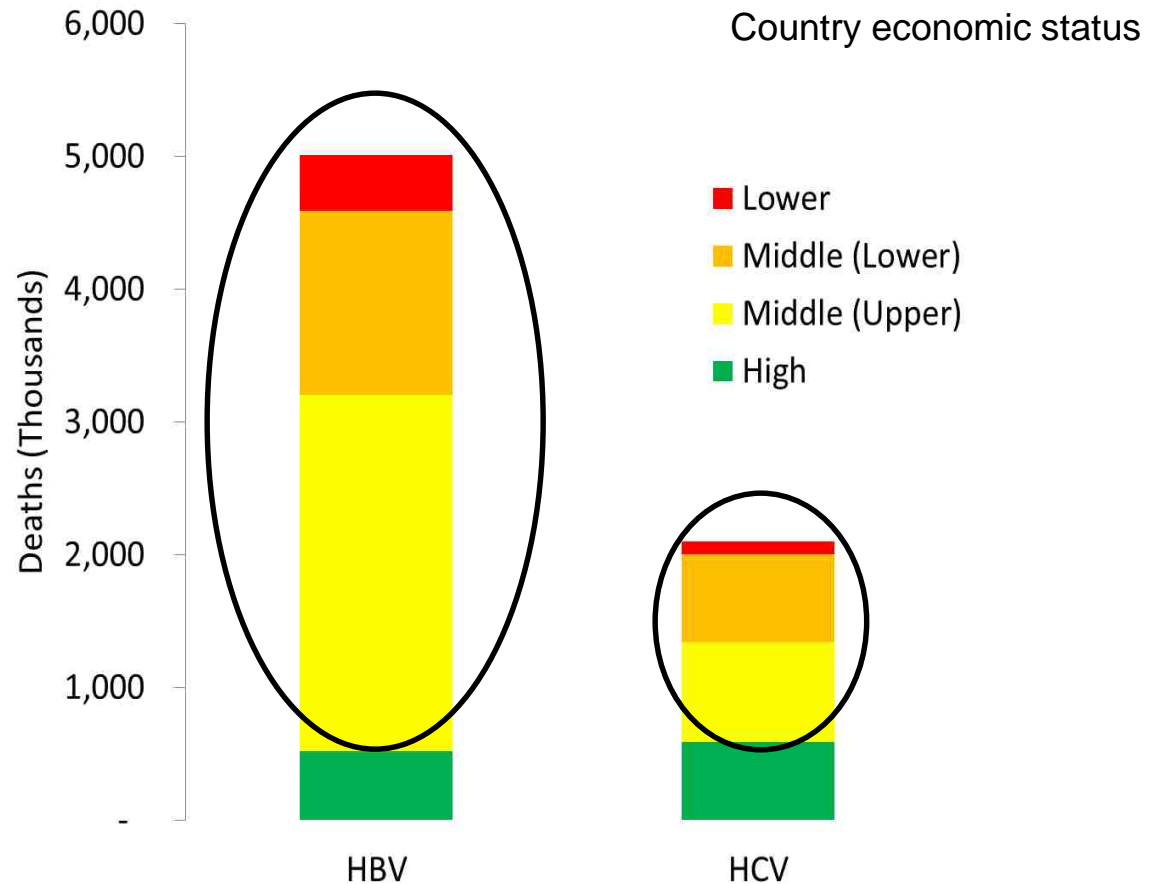


**Goal: Eliminate viral hepatitis as a major public health threat by 2030.**

**Elimination:**

- Cut new cases by 90%
- Cut numbers of people dying from hepatitis by 65%

# Implementing the global strategy will prevent 7.1 million Hepatitis deaths by 2030

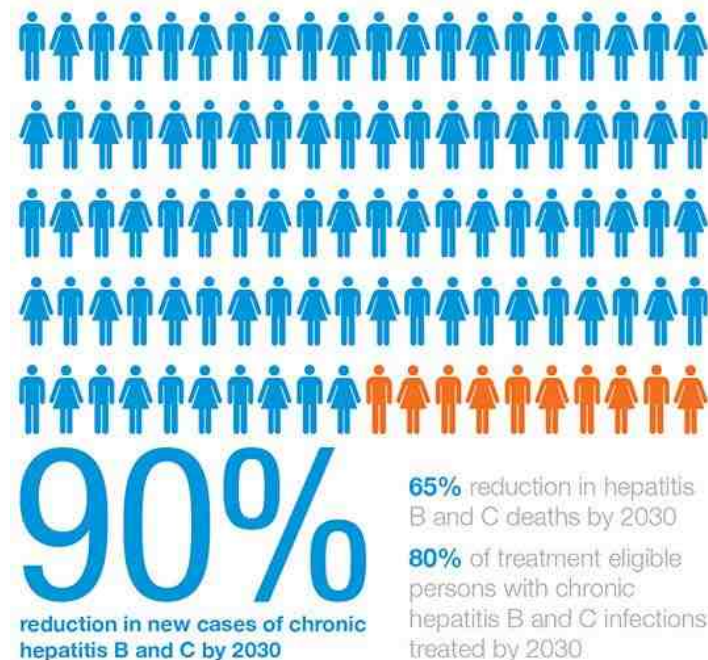
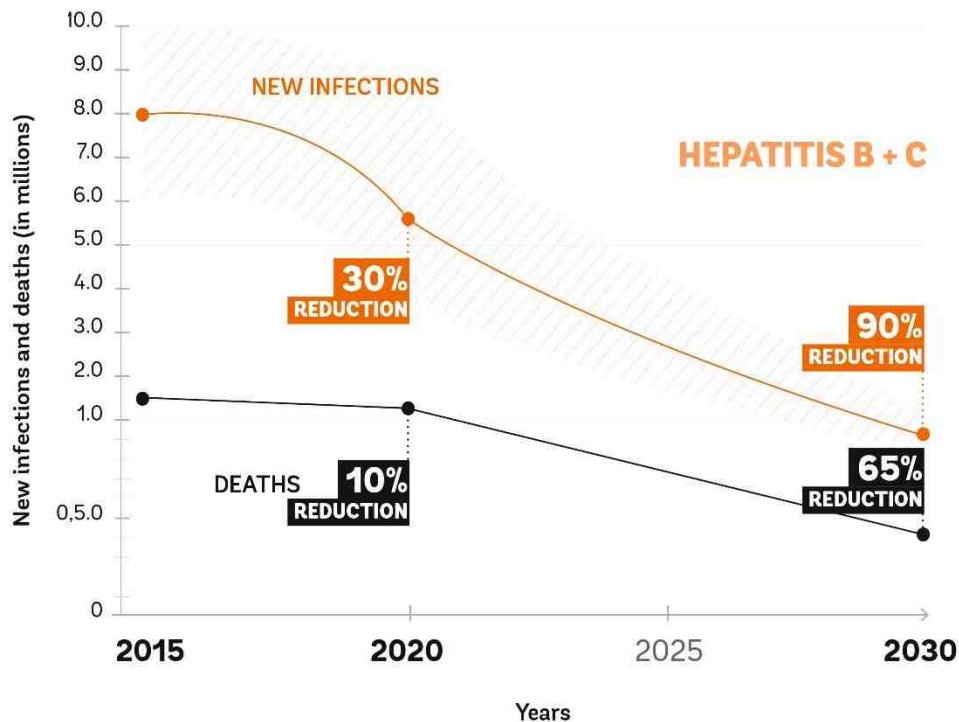


# HEPATITIS STRATEGY, 2016: ELIMINATION BY 2030

	Interventions	2030 targets
<b>1. Service coverage</b>	1. Three dose hepatitis B vaccine	<b>90%</b>
	2. HBV PMTCT	<b>90%</b>
	3. Blood and injection safety	<b>100 % screened donations</b>
		<b>90% reuse-prevention devices</b>
	4. Harm reduction	<b>300 injection sets/PWID/yr</b>
	5. Treatment	<b>90% diagnosed</b>
<b>80% eligible treated</b>		
<b>2. Impact</b>	A. Incidence reduction	<b>90%</b>
	B. Mortality reduction	<b>65%</b>



# Impact targets for Hepatitis B and C



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

**1.4 million deaths (in 2015) to under 500,000 deaths (by 2030)**

# Implementing the Global Health Sector Strategy on Viral Hepatitis

**1**  
Information for  
focused action

The "who"  
and "where"



**2**  
Interventions  
for impact

The "what"



**3**  
Delivering  
for equity

The "how"



**4**  
Financing for  
sustainability

The financing

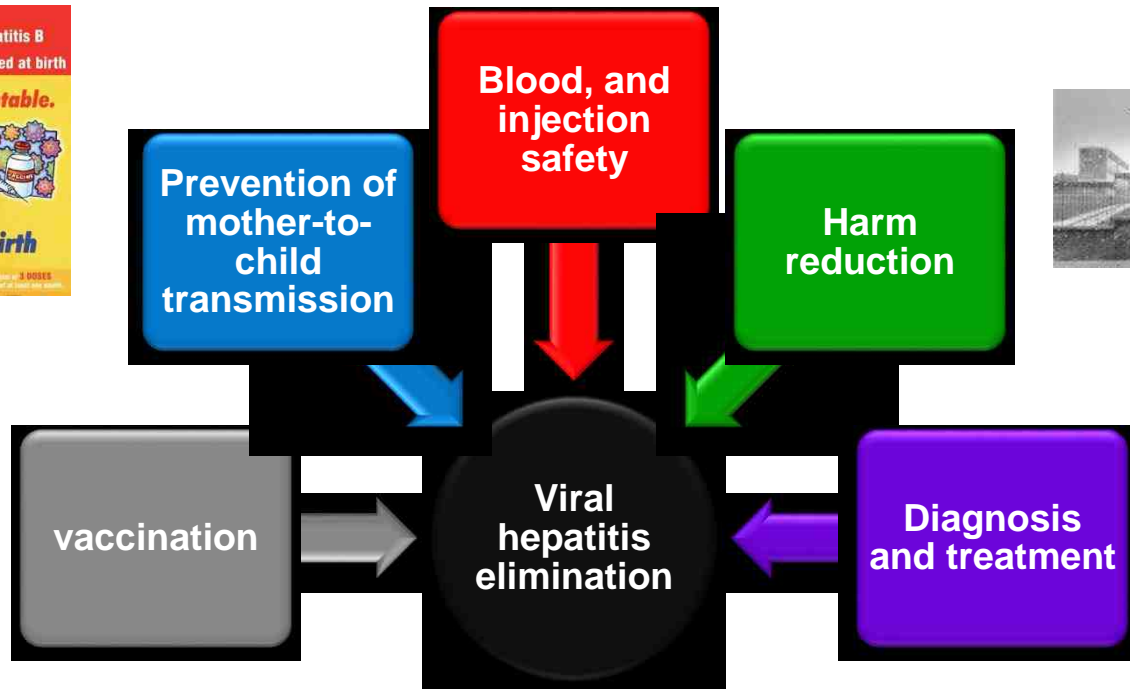
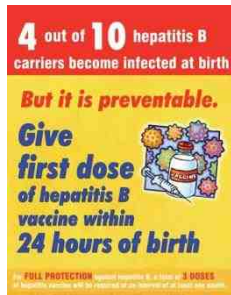
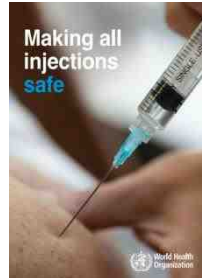


**5**  
Innovation for  
acceleration

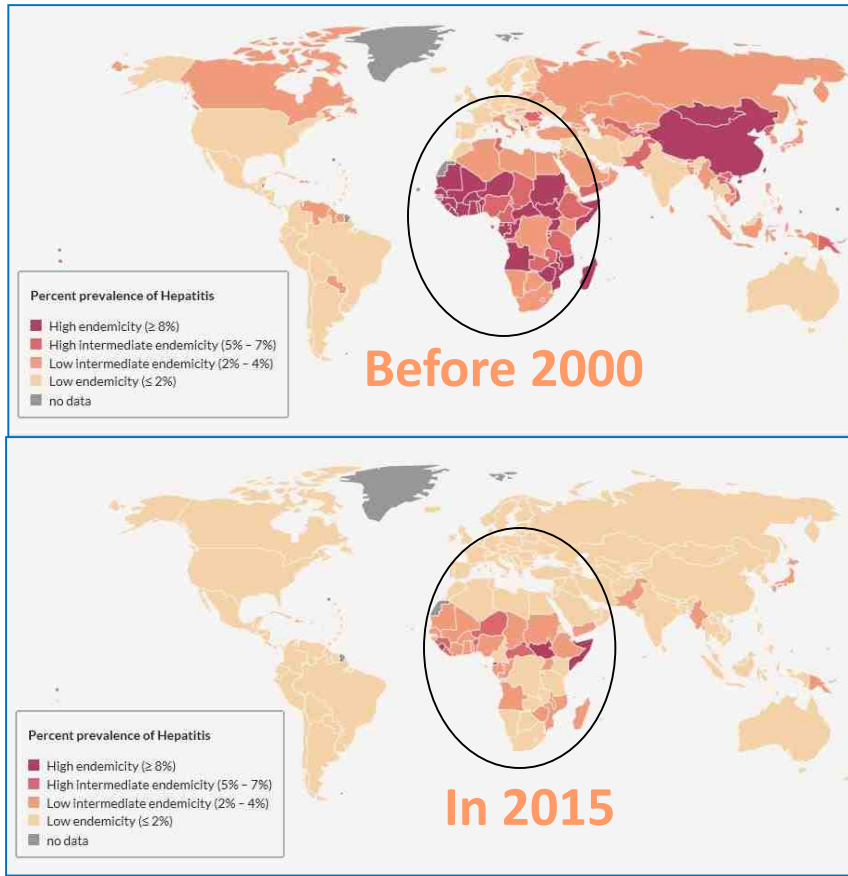
The future



# Action for viral hepatitis



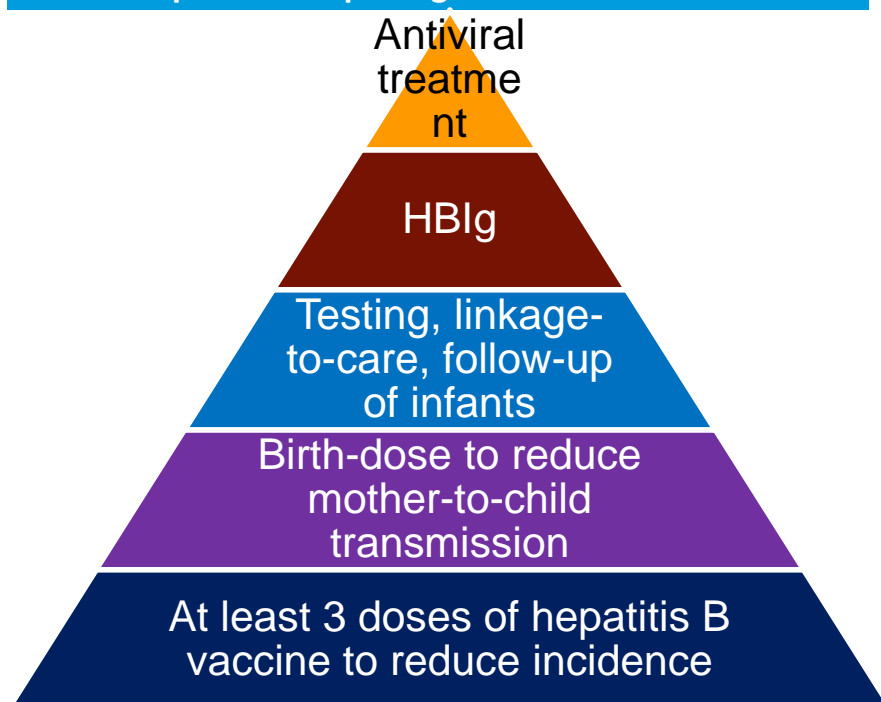
# Reduction of new hepatitis B infections in children < 5 years – a major public Health success



- The prevalence of HBV infection was reduced from 4.7% in the pre-vaccine era to 1.3% in 2015

# Preventing mother-to-child transmission of HBV

- A comprehensive package



- Opportunities and Challenges

- Most countries screening pregnant women
- Triple elimination an opportunity: HIV, hepatitis B and syphilis
- Poor linkage-to-care
- Poor uptake of Hepatitis B birth-dose; particular challenge in Africa

Indicator: Hep-BD coverage

Targets: 50% (2020), 90% (2030)

Baseline (2015): 39%

# Blood and injection safety

## • Priority actions for countries

1. Establish systems of surveillance, haemovigilance and monitoring.
2. Strengthen routine infection prevention and control practices.
3. Reduce unnecessary injections.
4. Provide health workers with free immunization and post-exposure prophylaxis as necessary.

## • Opportunities and Challenges

- Benefits expand beyond viral hepatitis
- From 2000 to 2010\*:
  - A reduction of 83% and 91% of HCV and HBV infections transmitted through unsafe injections.
  - Unsafe injections from 39.5% to 5.5%.
  - Unnecessary injections highest priority.
  - Still to go for 100% voluntary, non-remunerated blood donations.

Indicator: Screening blood with QA	Targets: 95% (2020), 100% (2030)	Baseline (2015): 97%
Indicator: Safe injections	Targets: 0% (2020), 0% (2030)	Baseline (2015): 5%

# ELIMINATE ~~HEPATITIS~~

- **Elimination without prevention is not achievable**
- **Unsafe injections have been repeatedly reported from 7 out of 11 countries that carry 50% global burden of hepatitis**
- **Eliminating unnecessary injections has to be one of the highest priority towards preventing injection associated infections**



<http://www.who.int/infection-prevention/tools/injections/en/>

- Home page
- About us
- Campaigns
- Implementation tools and resources
- Evidence, guidelines and publications
- Work in countries
- News and events

## Injection safety tools and resources

### Tools for communications for awareness raising

#### For health care workers (including injection prescribers and injection providers)

- ↓ Best injection practices guidelines  
pdf, 341kb
- ↓ Injection providers' guide for safe injections  
pdf, 985kb
- ↓ Infographics  
pdf, 1.68Mb

#### For patients and communities

- ↓ Guide for safe medical treatment  
pdf, 484kb
- ↓ Poster promoting oral medicines  
pdf, 181kb
- ↓ Poster highlighting the risks of children playing with used syringes  
pdf, 196kb
- ↓ Postcard for patient waiting areas; can also be distributed in community based events  
pdf, 277kb
- ↓ Social graphics  
pdf, 1.76Mb

#### Advocacy material for key stakeholders

- ↓ Advocacy leaflet for Ministry of Health  
pdf, 864kb
- ↓ Advocacy leaflet for Professional Associations  
pdf, 857kb
- ↓ Advocacy leaflet for Patient Associations  
pdf, 818kb
- ↓ Advocacy leaflet for Health-care providers  
pdf, 732kb
- ↓ Advocacy leaflet for Industry Members  
pdf, 666kb



Educational video for patients and the public



Make injections safe, we all have a part to play [▶](#)

## Infection prevention and control

### Injection safety

Injections are among the most common health care procedures. Every year at least 16 billion injections are administered worldwide with approximately 90% given in curative care. But in some countries, up to 70% of the injections given are unnecessary and are furthermore administered in an unsafe way, by reusing syringes and needles. This causes the transmission of bloodborne viruses. The WHO injection safety campaign called Get the point – Make smart injection choices, aims to make injection practices safer for patients, health workers and the community.

[Read more about injection safety](#)





# Harm reduction

- **Priority actions for countries**

- 1. Implement a comprehensive package.**

**Specifically for viral hepatitis:**

- Sterile needle and syringe programmes
- Opioid substitution therapy
- Risk reduction communication
- Hepatitis B vaccination
- Treatment of chronic hepatitis infection

- 2. Address legal and institutional barriers**

- 3. Link hepatitis and harm reduction services**

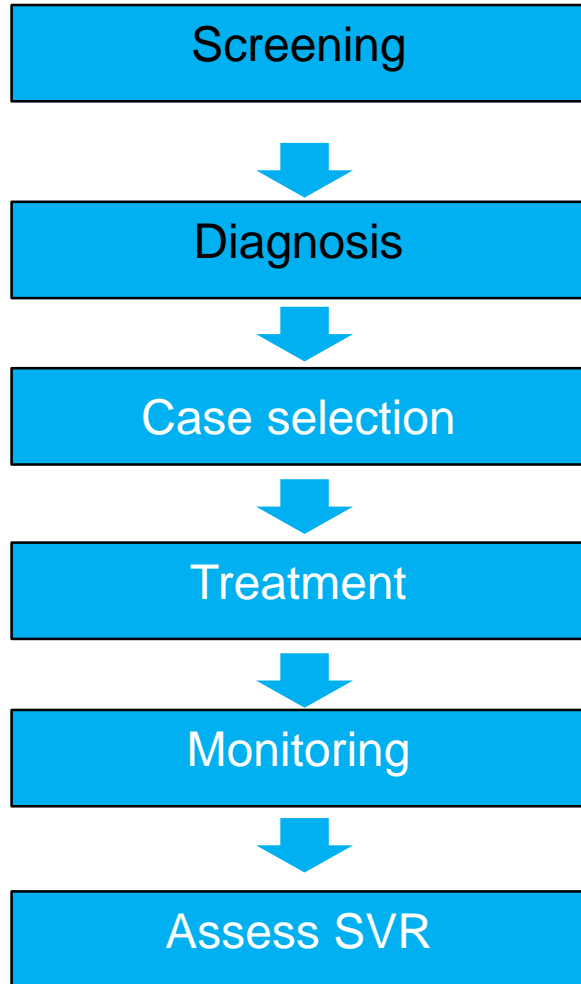


Indicator: Syringe-needles/PWID/year

Targets: 200 (2020), 300 (2030)

Baseline (2015): 27

# Barriers to testing and linkage to care



	Patient	Healthworker
<b>Lack of awareness, knowledge, understanding</b>	✓	✓
<b>Stigma and discrimination</b>	✓	✓
<b>Lack of testing infrastructure</b>	✓	✓
<b>Rapid diagnostic tests (varying quality, lack of quality approved choice)</b>	✓	✓
<b>Nucleic acid tests (Expensive, complex, limited availability)</b>	✓	✓
<b>Financial (Expensive tests/treatments)</b>	✓	✓

# The WHO “5 C’s” and “E”quity in access

- **Consent** – verbal consent sufficient
- **Confidentiality** – but not secrecy – sharing result often highly beneficial
- **Counselling** – Appropriate pre-test information + post-test counselling
- **Correct** – provide high-quality testing services
- **Connection** – Linkage to prevention, treatment and care services.

*Providing hepatitis testing where there is no access to care, or poor linkage to care, including prevention and treatment has limited benefit.*

- **Equity in access** – Accessible to populations most affected and delivered in environment that minimizes stigma

# Hepatitis B vaccination

- At least 3 doses of the hepatitis B vaccine (including the birth-dose)

## Country actions

- **Implement a comprehensive immunization programme based on WHO guidance.**
- **Strengthen birth-dose programmes.**
- **Consider catch-up vaccination in groups with low coverage.**
- **Offer vaccination to people at increased risk.**

## Opportunities and Challenges

- **Tremendous achievement and still not uniform across the globe.**
- **Hard-to-reach populations**
- **Hepatitis B birth-dose a major challenge**

Indicator: HepB3 coverage

Targets: 90% (2020), 90% (2030)

Baseline (2015): 84%

# Enabling factors

## • Policy and guidance

- Adapt WHO recommendations to national testing and treatment guidelines
- Include medicines in the national essential list
- Estimate the need

## • Registration, procurement and supply management

- Register medicines in country
- Ensure quality standards are met (e.g., pre-qualification)
- Use price reduction strategies for procurement:
  - Launch a tender
  - Pooled procurement
  - Sole source price negotiations

## • Service delivery models

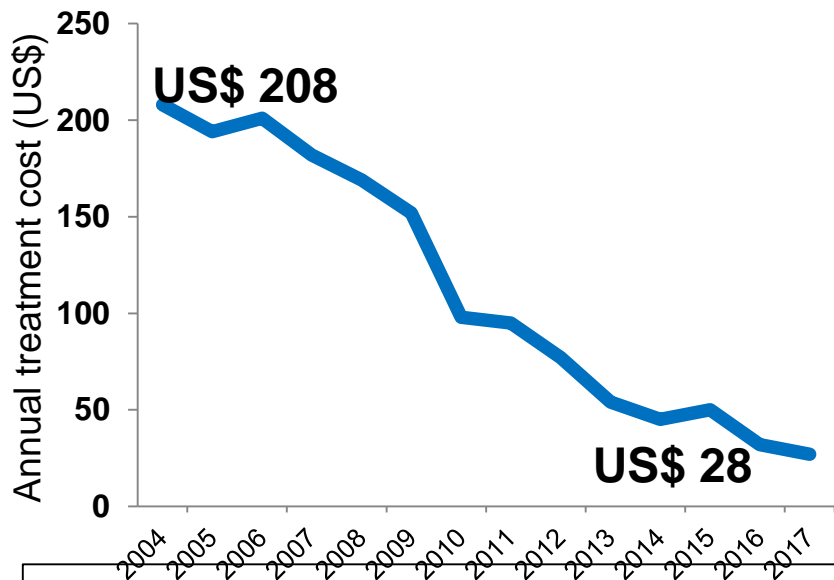
- Adapt service delivery:
  - simplify, decentralize, integrate, differentiate
- Link to care
- Engage communities

## • Prices, economics and financing

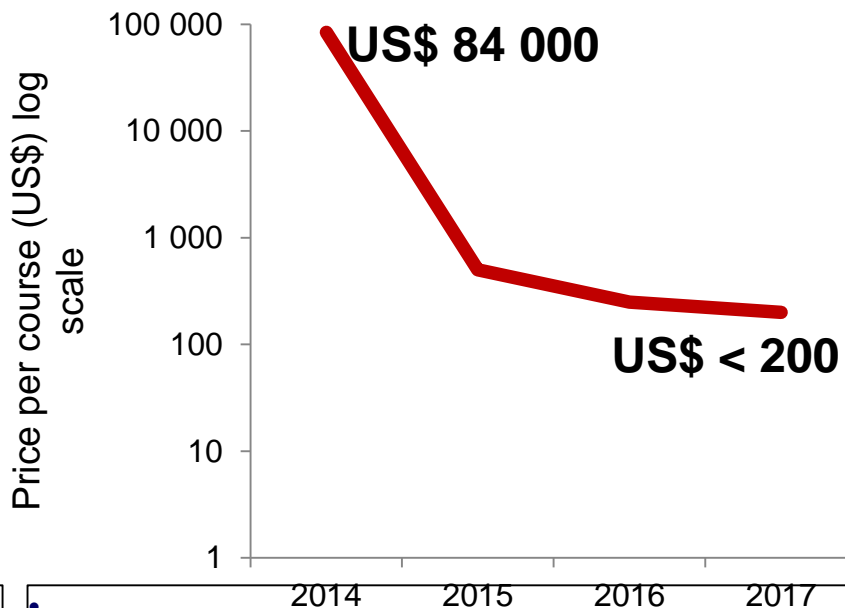
- Cost the scenario
- Use economic analyses to reduce prices
- Implement policies to overcome intellectual property barriers
- Develop financing plan (sustainability)

# The price of anti-viral medicines is decreasing

- Annual treatment with tenofovir for HBV decreased from US\$ 208 to US\$ 28 between 2004 and 2017



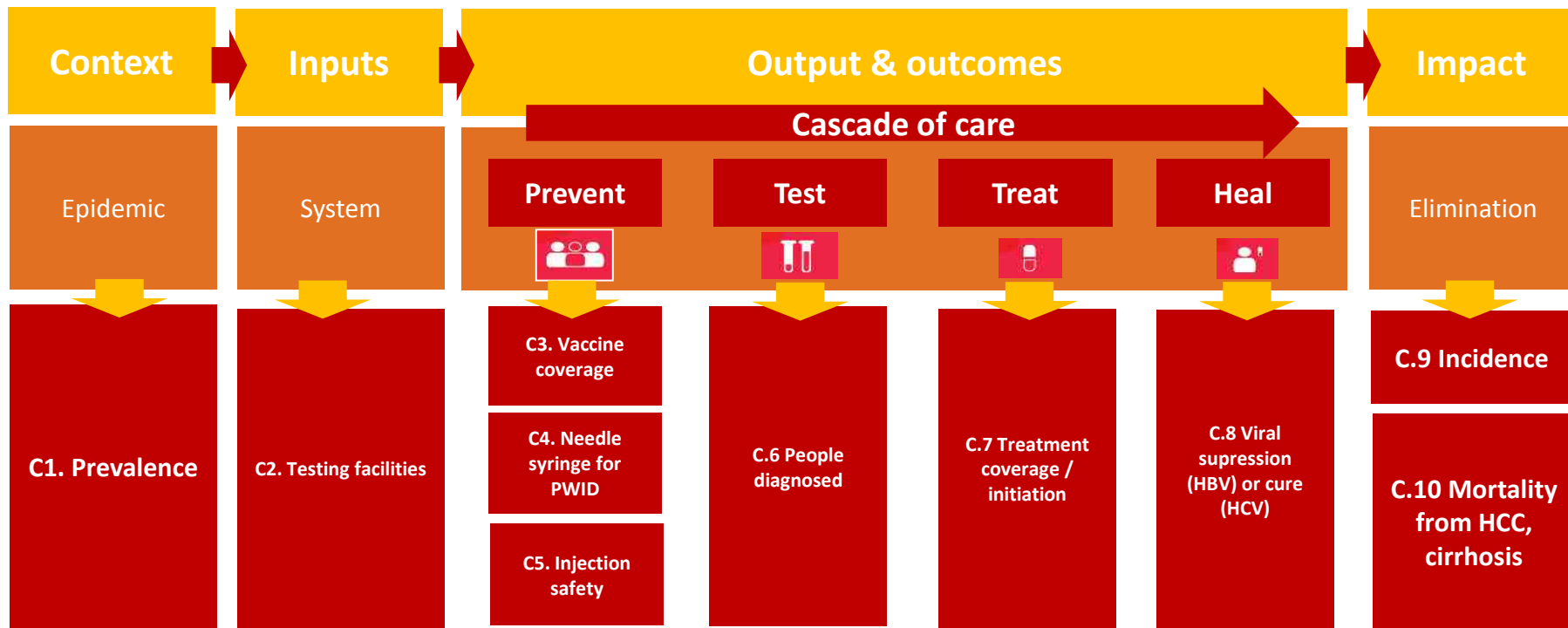
- The price of a course of sofosbuvir for an HCV cure decreased from US\$ 84 000 to US\$ <200 between 2014 and 2017



- Persons on lifelong HBV treatment
- 2015: 1.7 million
- 2016: 2.8 million
- TOTAL: 4.5 million

- Persons starting curative HCV treatment
- 2014: < 200 000
- 2015: 1.1 million
- 2016: 1.7 million
- TOTAL: ~ 3 million

# Monitor the progress towards elimination



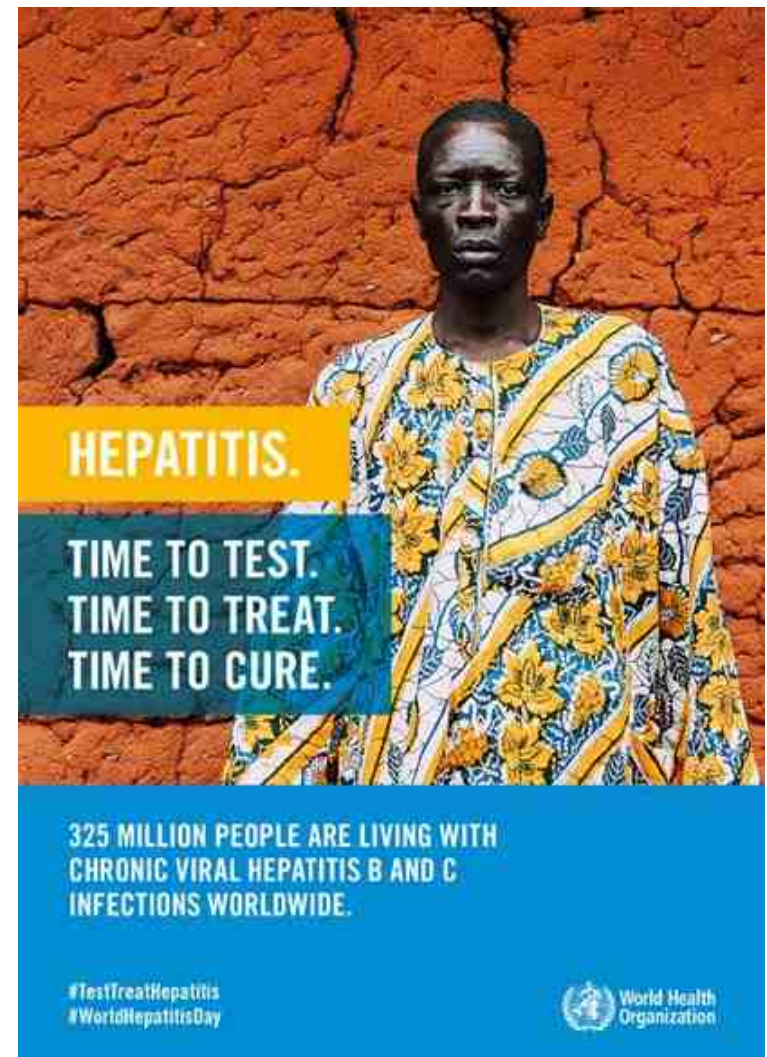
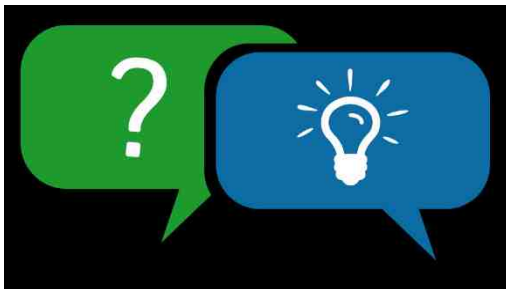
*"you can't manage what you can't measure.", Peter Drucker*

# Elimination by 2030, what it will take .....

- **Energy, commitment, and resources**
- **Concrete and tailored action in countries**
- **A combined approach – prevention, testing, and treatment**
- **Radical reduction in costs**
- **Partnerships (governments, civil society, private sector, academia,..)**



# THANK YOU



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