# WORLD HEPATITIS ALLIANCE: THE AMERICAS REGION

Su Wang, MD MPH
Board Member, World Hepatitis Alliance
Americas Region

Medical Director, Center for Asian Health
Saint Barnabas Medical Center

# World Hepatitis Alliance Board



Charles Gore
The Hepatitis C Trust
President



Danjuma K Adda
Chagro Care Trust
Executive Board Member
African Region



Su Wang MD MPH
Saint Barnabas Medical
Center
Executive Board Member
Americas Region



Amina Ghanem
Egyptian National
Competitiveness Council (ENCC)
Executive Board Member
Eastern Mediterranean Region



Helen Tyrrell
Hepatitis Australia
Non-Executive
Board Member



George Kalamitsis
Hellenic Liver Patient
Association "Prometheus"
Executive Board Member
European Region



Dee Lee
Inno Community Development
Organisation
Executive Board Member
Western Pacific Region



Satyajit Ghosh
Hepatitis Foundation of
Tripura
Executive Board Member
South-East Asia Region



Gottfried Hirnschall, MD
Director of HIV/AIDS and Hepatitis
World Health Organization
Observer of the World Hepatitis Alliance

# WHO Regions

- African region
- Americas region
- Eastern Mediterranean region
- European Region
- South-East Asia Region
- Western Pacific region

African region Americas region Eastern Mediterranean region

European Region South-East Asia Region

Western Pacific region



#### Western Pacific region

#### Situation:

- Hepatitis B is highly prevalent in the Western Pacific with approximately 50% of all hepatitis B related deaths occurring in this region.
- Most countries in the region have chronic hepatitis B infection rates of more than 6% among adults.
- In this region most chronic hepatitis B infections have been acquired during birth or early childhood.
- There are more than 60 million people living with hepatitis C in the Western Pacific.
- The region accounts for almost 60% of all global liver cancer cases.

#### Response:

 With the implementation of widespread hepatitis B vaccination, the region has reduced chronic hepatitis B infection prevalence among 5 year olds to less than 2%.

African region

Americas region Eastern Mediterranean region

European Region South-East Asia Region

Western Pacific region



#### South-East Asia Region

#### Situation:

- In South-East Asia, there are 100 million people living with hepatitis B.
- 30 million people in the region are living with hepatitis C.
- There are an estimated 6.5 million symptomatic cases of hepatitis E and 400,000 cases of hepatitis A in the region each year.

#### Response:

 The hepatitis B vaccine is included in childhood immunisation programmes throughout the region. More than 24 million doses of the hepatitis B vaccine are administered in the region annually

"We must adopt coordinated national strategies based on the local epidemiological context. The battle against hepatitis cannot be won by ministries of health alone. [...] Most importantly, the public must be armed with information to prevent viral hepatitis."

Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia African region Americas region Eastern Mediterranean region

European Region South-East Asia Region

Western Pacific region



#### European Region

#### Situation:

- 15 million people are living with hepatitis
   C in the European region where the main
   routes of transmission include sharing
   contaminated needles and equipment in
   drug use, body piercing, tattooing and
   acupuncture.
- In this region, there are 13 million people living with chronic hepatitis B.
- Over 120,000 die every year from hepatitis B or C in Europe.
- Two thirds of people with hepatitis B or C in the region live in eastern Europe and central Asia.

#### Response:

- All donated blood is now screened for hepatitis B and C.
- Two of the most effective preventative methods are raising awareness of the risks and adopting harm reduction policies.

"Hepatitis B and C each affects up to 2% of the population in the WHO European Region [...] We

African region

Americas region Eastern Mediterranean region

European Region South-East Asia Region





#### Eastern Mediterranean region

#### Situation:

- In this region around 4.3 million people are infected with hepatitis B virus every year. Approximately 10-20% of hepatitis B infections are acquired at birth.
- There are 17 million people living with chronic hepatitis C infection in the region and 800,000 new hepatitis C infections every year.
- Most of the hepatitis B and C infections in this region are acquired in the healthcare setting, such as through routine dentistry, blood transfusions and operations.
- More than 75% of cirrhosis and liver cancer in the region is attributed to chronic hepatitis B or C.

#### Response:

 Hepatitis B vaccine is incorporated in over 80% of immunisation programmes.

"In order to address this public health challenge effectively, we need to ensure that governments put in place a comprehensive approach in which there is a concerted effort between the public sector, civil society, academic and the private sector."

African region

Americas region Eastern Mediterranean region

European Region South-East Asia Region

Western Pacific region



#### African region

#### Situation:

- The African region is significantly affected by hepatitis B. West Africa has the highest prevalence rate of hepatitis B in the world at 8%. The majority of this is the result of perinatal transmission.
- Around 18 million people in the African region are chronically infected with hepatitis C.
- Although not well documented, hepatitis
   D is endemic in Central and West Africa in particular.
- Hepatitis A and hepatitis E outbreaks are common due to poor sanitation and lack of access to clean water, with recent outbreaks of infection reported in Uganda, Sudan and Chad.

#### Response:

 The hepatitis B vaccine has been included in childhood vaccination schedules in 46 countries in the region with average coverage rates of 70%.

African region

Americas region

Eastern Mediterranean region

European Region South-East Asia Region

Western Pacific region



#### Americas region

#### Situation:

- There are huge discrepancies between prevalence rates across the region. For example, in the Amazon basin around 8% of the population have chronic hepatitis B (similar to rates in Western Africa), while in some parts of South America, the rate is less than 2%.
- Approximately 13 million people are affected by hepatitis C in the Americas region.

"Viral hepatitis continues to be a silent epidemic. Most people who have hepatitis B or C do not know they have the infection, because the symptoms tend to take a number of years to appear."

Rafael Mazin, PAHO/WHO Senior Advisor on HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections unit

#### Response:

· Some countries have started efforts to

# World Hepatitis Summit



- Representing 91 countries
- 40 governments
- 76 pieces of news coverage with reach of 5 million people

# The Americas Region



# Who we are: 68 organizations 43 USA, 13 Canada, 12 Latin America













(2)



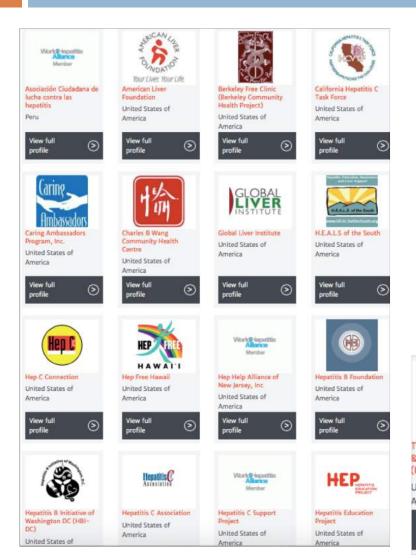
View full

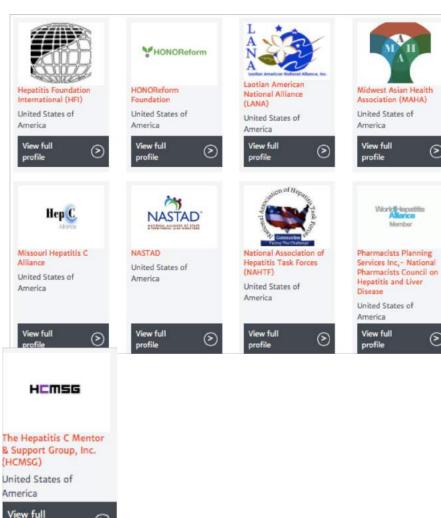




# The Americas Region: Who We Are

profile





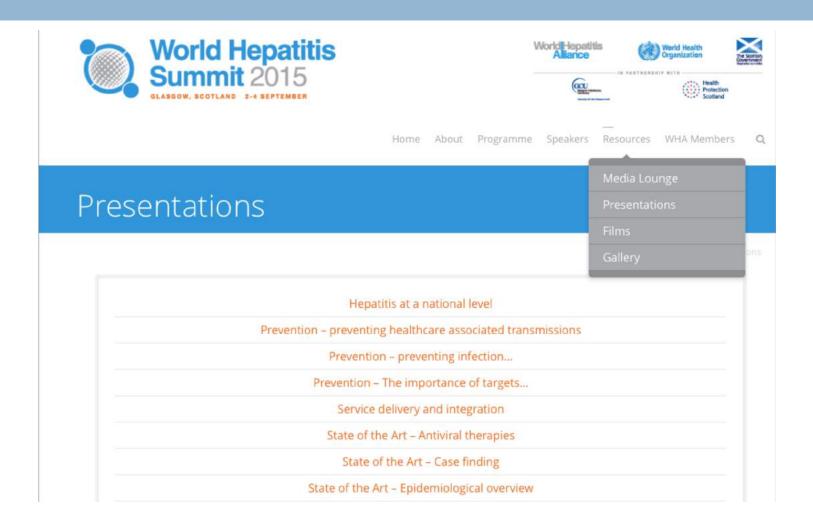
2

8

### WHA: Resources

- Websites
  - World Hepatitis Alliance
    - Reports
    - Technical Guides
    - Infographics in different languages
  - World Hepatitis Summit
    - All presentations
    - Videos- What it's Like for us: Living with Viral Hepatitis
    - Photos
    - Media Lounge- Press release
    - Youtube Channel: World Hepatitis Summit
  - World Hepatitis Day
    - Posters, infographics, logos, toolkits

# Summit Resources: All presentations



## Check out WHA Website For Resources



#### Resources

Here you can find updates on the work of the World Hepatitis Alliance as well as patient resources.







World Hepatitis Summit 2015 Press Release



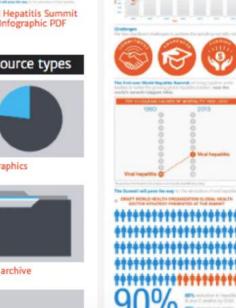
World Hepatitis Summit 2015 Infographic PDF

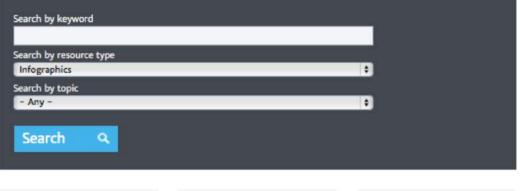
#### Resource types



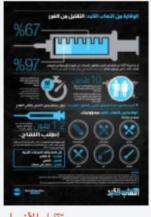
Infographics





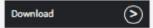






#### تقليل الأضرار

Published June 2015 Topics Harm reduction, World Hepatitis Day Type Infographics





#### أمان الدم والحقن

Published June 2015 Topics Blood safety, Injection safety, World Hepatitis Day Type Infographics

Download





# Next Steps

## WHO Regional Committee meetings

- □ Europe: Vilnius, Lithuania, 14-17
  September
- Americas: Washington D.C., USA, 28
   September 2 October
- Eastern Mediterranean: Kuwait City,
   Kuwait, 5-8 October
- Western Pacific: Guam, United States of America, 12-16 October
- South-East Asia region 7-11
   September in Timor, Dili, Timor-Leste
  - Viral hepatitis did not make it onto the agenda.
- WHO Regional Committee for the African region will take place in N'Djamena, Chad, from 23 to 27 November 2015.



### WHO: PAHO





- □ PAHO, founded in 1902, is the world's oldest international public health agency
- PAHO serves as the Regional Office for the Americas of the World Health Organization
- Together with WHO, PAHO is a member of the United Nations system
- Viral hepatitis was a key topic at the 67th Session of the WHO Regional
   Committee for the Americas.
- At the Regional Committee meeting the <u>54th Directing Council of the Pan</u> <u>American Health Organization (PAHO)</u> agreed to a comprehensive regional action plan to prevent and control viral hepatitis in the region.

### PAHO





- The <u>Plan for Action for the Prevention and Control of Viral Hepatitis</u> 2016-2019
  - WHA actively contributed to the regional consultation in April 2015
  - Asks governments to develop and implement national plans which include
    - Integration of prevention, surveillance, treatment and control into health systems
    - Expand coverage of hepatitis B vaccination
    - Governments run awareness campaigns including acknowledging World Hepatitis Day.
- The adoption of a regional strategy for the Americas region signifies an important step forward in the prevention and control of hepatitis and follows a heightened level of interest and commitment, which pioneering events such as the World Hepatitis Summit is undoubtedly encouraging.

#### MEMBER STATES/ESTADOS MIEMBROS (cont.)

#### UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA

Chief Delegate - Jefe de Delegación

The Honorable Sylvia Mathews Burwell Secretary of Health and Human Services Department of Health and Human Services Washington, D.C.

#### Delegates - Delegados

Mr. Jimmy Kolker
Assistant Secretary
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mr. Mitchell Wolfe
Deputy Assistant Secretary
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

#### Alternates - Alternos

Dr. Nerissa Cook
Deputy Assistant Secretary of State
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mr. Peter Mamacos Director, Multilateral Affairs Office of Global Affairs Department of Health and Human Services Washington, D.C.

Ms. Ann Blackwood Senior Health Advisor Office of Economic and Development Affairs Bureau of International Organization Affairs Department of State Washington, D.C.

### UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)

Alternates - Alternos (cont.)

Ms. Melissa Kopolow McCall Health Advisor Bureau of International Organization Affairs Department of State Washington, D.C.

Ms. Maeve McKean
Senior Advisor to the Assistant Secretary for
Global Affairs
Office of Global Affairs
Department of Health and Human
Services
Washington, D.C.

Ms. Cristina Rabadan-Diehl Director Office of the Americas Office of Global Affairs Department of Health and Human Services Washington

Ms. Jennifer Slotnick
Health Team Leader
Bureau for Latin America and the Caribbean
US Agency for International Development
Washington, D.C.

Mr. Charles Darr, Lieutenant
United States Public Health Service
International Health Analyst
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mr. Jose Fernandez Global Health Security Agenda Team Lead Office of Global Affairs Department of Health and Human Services Washington, D.C.

### WHA is in official relations with WHO

## REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO / REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES EN RELACIONES OFICIALES CON LA OPS

American Speech-Language-Hearing Association/Asociación Americana del Habla, Lenguaje y Audición

Mrs. Lily Waterston

American Public Health Association/ Asociación Americana de Salud Pública

Dr. Georges Benjamin Mrs. Vina HuLamm

Inter-American Association of Sanitary and Environmental Engineering/ Asociación Interamericana de Ingeniería Sanitaria y Ambiental

Ing. Luiz Augusto de Lima Pontes Ing. Pilar Tello Espinoza

Inter-American Heart Foundation/ Fundación Interamericana del Corazón

Dr. Beatriz Champagne

Latin American Association of Pharmaceutical Industries/ Asociación Latinoamericana de Industrias Farmacéuticas

Dr. Alfredo Antia Dr. Rubén Abete

Latin American Federation of Hospitals/ Federación Latinoamericana de Hospitales

Dr. Norberto Larroca

Latin American Federation of the Pharmaceutical Industry/ Federación Latinoamericana de la Industria Farmacéutica

Dr. Alberto Paganelli Dr. Luis Villalba Dr. Rodney López Sra. Nacia Pupo Mrs. Kira Alvarez

U.S. Pharmacopeia

Mr. Damian Cairatti





#### 54th DIRECTING COUNCIL

#### 67th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 28 September-2 October 2015

Agenda Item 4.10

CD54/13, Rev. 1 2 October 2015 Original: English

### PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF VIRAL HEPATITIS

#### Introduction

- 1. The Pan American Health Organization (PAHO) Strategic Plan 2014-2019 (1) outlines nine impact goals for the period. The first one explicitly states the necessary steps to be taken to improve health and well-being in the Region and sets the stage for all plans and initiatives that should be in place and implemented during the proposed period, with gender, equity, human rights, and ethnicity included as cross-cutting themes. This entails attaining Strategic Plan impact goals 6 and 8, which respectively aim to reduce mortality due to communicable diseases and eliminate those diseases that constitute a priority in the Region, among them viral hepatitis (VH).
- 2. Given that contracting VH early in life increases the odds of the disease evolving to a chronic form, special emphasis should be placed on actions designed to protect newborns from infection. These actions are a response to Strategic Plan impact goal 2, which emphasizes the crucial importance of ensuring a healthy start for newborns and infants.
- 3. Viral hepatitis occupies a prominent place among communicable diseases because of the large number of infected individuals who face the complications and negative outcomes of the disease, in addition to the heavy financial and social burden associated with VH morbidity and significant rates of mortality across the globe, including in the Region of the Americas.

Objective	Indicator	Baseline	Target (2019)
1.1 Promote integration of viral hepatitis prevention, surveillance, diagnosis, care, and control interventions and services within the health sector and implement them in a concerted and effective manner with relevant partners and stakeholders	1.1.1 Number of countries that have a structured and budgeted national strategy or plan related to prevention, treatment, and control of viral hepatitis	10 in 2015 <sup>a</sup>	20
1.2 Promote the development and implementation of coordinated public health policies and interventions with the aim of eliminating hepatitis B and hepatitis C in PAHO Member States by 2030	1.2.1 Number of countries with goals of elimination of hepatitis B and hepatitis C as public health problems	0 in 2015 <sup>a</sup>	6
	1.2.2 Number of countries with goals of elimination of mother-to-child transmission of hepatitis B	1 in 2012 <sup>b</sup>	5

Objective	Indicator	Baseline	Target (2019)
3.1 Adapt and implement norms and standards for screening, diagnosis, care, and treatment of viral hepatitis	3.1.1 Number of countries that have developed guidelines for prevention, care, and treatment of hepatitis B in line with latest WHO recommendations	16 in 2012 <sup>b</sup>	25
	3.1.2 Number of countries that have developed guidelines for screening, diagnosis, care, and treatment of hepatitis C in line with latest WHO recommendations	6 in 2015 <sup>a</sup>	15
	3.1.3 Number of countries that have started offering publicly funded HBV diagnosis and treatment	11 in 2015 <sup>a</sup>	20
	3.1.4 Number of countries that have started offering publicly funded HCV diagnosis and treatment	6 in 2015 <sup>a</sup>	10
	3.1.5 Number of countries that include in their national essential medicine lists and/or formularies one or more drugs recommended in WHO 2015 guidelines for HBV treatment	10 in 2015 <sup>a</sup>	15

Objective	Indicator	Baseline	Target (2019)
4.1 Increase and strengthen countries' capacity to develop and implement strategies for the surveillance, prevention, control, and/or elimination of viral hepatitis	<b>4.1.1</b> Number of countries that report cases of acute and chronic hepatitis B	8 in 2015 <sup>a</sup>	16
	4.1.2 Number of countries that report cases of hepatitis C infection	13 in 2015 <sup>a</sup>	26

Objective	Indicator	Baseline	Target (2019)
	4.1.3 Number of countries conducting surveys on prevalence of viral hepatitis B or C in general population and/or key populations	11 in 2015 <sup>a</sup>	18
4.2 Increase countries' capacity to analyze, publish, and disseminate national data on viral hepatitis and impact of responses disaggregated b age, gender, and cultural diversity	4.2.1 Number of countries that have published a national report on viral hepatitis	8 in 2015 <sup>a</sup>	15

Objective	Indicator	Baseline	Target (2019)
5.1 Implement innovative technologies for laboratory diagnosis and monitoring of treatment responses	5.1.1 Number of countries that implement standardized and effective technologies for HBV patient monitoring,	10 in 2015 <sup>a</sup>	20
	5.1.2 Number of countries that implement standardized and effective technologies for HCV confirmation, including serology, genotyping, and patient monitoring	8 in 2015 <sup>a</sup>	15

### Letter to PAHO from WHA Members

- Make WHA and its members' presence known to the Regional Director of PAHO and PAHO member states
- Express our support
  - For the Resolution to adopt the Regional Action Plan
  - For its implementation
- Offer our assistance as viral hepatitis advocates in carrying out the Resolution and working with our governments

# World Hepatitis Aliance

Swiss Address: c/o 86bis, route de Frontenex Case Postale 6364 1211 Genève 6 +41 (0) 22 518 06 16

UK & Mailing Address: 1, Baden Place, London SE1 1YW, UK +44 (0) 207 378 0159

www.worldhepatitisalliance.org

Dra. Carissa F. Etienne Pan-American Health Organization

Dear Dr. Etienne.

We want to express our support for the approval of the working document CD54/13 "Plan of Action for the Prevention and Control of Viral Hepatitis" as part of the 54th Directing Council 67th Session of the Regional Committee of WHO for the Americas which took place from September 28th to October 2nd in Washington D.C.

The approval by the member countries of this resolution and its adoption represents a definitive step of our continent towards the establishment of an integral strategy for the prevention and control for viral hepatitis The civil society around the region stands by this decision and offers their full support for the design, implementation and follow up of this important stepping stone of our regions public health.

The World Hepatitis Alliance is a global organization in official relations with WHO. Created in 2007, it represents organizations of people living with viral hepatitis, their advocates and organizations working to alleviate the burden caused by viral hepatitis.

We are united with a single vision: a world without hepatitis. Together we strive for a comprehensive public health response for the growing problem of viral hepatitis and its consequences.

Dra. Carissa F. Etienne Organización Panamericana de la Salud

Estimada Dra. Etienne, el objeto de la presente es hacer patente nuestro apoyo y reconocimiento por la aprobación de la resolución basada en el documento CD54/13 "Plan de acción para la prevención y el control de las hepatitis virales" en el Quincuagésimo cuarto Consejo Directivo de la 67.º sesión del Comité Regional de la OMS para las Américas celebrado en Washington D.C, del 28 de septiembre al 2 de octubre pasados.

La aprobación por parte de los países miembro hacia esta resolución y su adopción representa un paso definitivo de nuestro continente para avanzar en la construcción de una estrategia integral para la Prevención y control de las hepatitis virales, la sociedad civil acompaña esta decisión y ofrece a través de la presente, su apoyo para el diseño , implementación y seguimiento de esta importante hito de la salud pública regional.

La World Hepatitis Alliance es una organización con relaciones formales con la Organización Mundial de la Salud. Creada en el año 2007, representa a las asociaciones de personas viviendo con hepatitis virales y aquellas organizaciones enfocadas a disminuir la carga causada por las hepatitis virales.

Registered in Switzerland CH-660-2785007-1













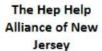
























### JOIN US:

### Apply for Membership!

- Voting Members
- Non-Voting Members

Can apply online

Will be reviewed by board

Seeking a world without viral hepatitis



Our Members

Our members

organisations.

#### Ioin WHA

### Membership of The World Hepatitis Alliance is free and brings many other

benefits Being a part of WHA will ensure that your organisation is part of a movement with international reach. Being a member will increase your influence and raise your profile, making it easier for you to have a positive impact. Membership also carries very practical benefits: we provide toolkits and advice for policy work, advocacy and fundraising as well as upskilling your organisation. In short, membership will extend to you the knowledge and influence of an international network of

#### What your organisation will require to become a voting member?

In order to become a member, your organisation will need to meet certain criteria. It is crucial that our mission remains free of political or corporate influence, so you must be a not-for-profit, nongovernmental organisation with no affiliation to political or religious groups. You will need to have an appropriate legal status and written constitution. The only exception to this is cases where no suitable legal status exists in your country. Viral hepatitis must be your primary concern and you need to be able to demonstrate patient-orientated practice. You will also need a viral hepatitis patient on your governing board. This is to make sure that your organisation truly understands the impact of the disease.

#### What does your organisation need to become a non-voting member?

If your organisation does not meet the criteria to become a voting member, you made still be eligible to become a non-voting member. You will have the same benefits as a voting member but you will not be able to vote at annual meetings or nominate and elect Regional Board members. You do not need to have viral hepatitis as your primary concern. However, you must be able to demonstrate that you have goals with align with those of the World Hepatitis Alliance. Your organisation also needs to take part in activities which concern viral hepatitis, especially World Hepatitis Day.

You can read the full member criteria here.

#### Make sure you understand our by-laws

If there is anything you feel you do not fully understand about WHA, please read our by-laws or contact us. For membership queries, please email membership@worldhepatitisalliance.org.

#### Become a member of WHA today

Organisation name *		
Country *		

- None -