Global Efforts to Eliminate Hepatitis B

Su Wang, MD MPH FACP
Medical Director, Center for Asian Health
Saint Barnabas Medical Center
President-Elect, World Hepatitis Alliance
su.wang@rwjbh.org
@swang8

July 25, 2019
Hep B United Summit
Hepatitis B in the World

Prevalence

257 million people living with HBV
68% in Africa / Western Pacific
Countries Accounting for 80% of All HBV Infections

Total HBsAg Infections (Millions)

- China
- India
- Nigeria
- Indonesia
- Philippines
- DRC
- Ethiopia
- Bangladesh
- Vietnam
- South Africa
- Myanmar
- Pakistan
- Angola
- Ghana
- Uzbekistan
- Thailand
- Uganda
- Tanzania
- Taiwan
- Mozambique
- Côte d'Ivoire
June 16, 2016

World Health Assembly Commits to Eliminate Viral Hepatitis Threat by 2030

The World Health Assembly adopted the World Health Organization (WHO) viral hepatitis strategy to reduce mortality rates, increase screening and treatment for hepatitis B and C.
WHO Goals for the Elimination of Hepatitis

A  No. of New Cases

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2020</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>4.7 million</td>
<td>3.3 million</td>
<td>470,000</td>
</tr>
<tr>
<td>HCV</td>
<td>1.75 million</td>
<td>1.23 million</td>
<td>175,000</td>
</tr>
</tbody>
</table>

- 30% Reduction
- 90% Reduction

B  No. of Deaths

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2020</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>884,000</td>
<td>796,000</td>
<td>309,000</td>
</tr>
<tr>
<td>HCV</td>
<td>400,000</td>
<td>360,000</td>
<td>140,000</td>
</tr>
</tbody>
</table>

- 10% Reduction
- 65% Reduction

11 YEARS TO 2030
ELIMINATE HEPATITIS

The race to elimination by 2030

Commentary and Analysis

What is required to get us across the finish line:

- Improving data
- Closing gaps in prevention
- Public health approach
- Accelerating innovation
- Scaling-up testing and treatment

FINISH
Elimination by 2030
Global Elimination Strategy:

Core interventions with sufficient coverage would lead to elimination

2015 BASELINE  2017 PROGRESS  2030 TARGETS

- HBV- Vaccination (3D)
- HBV- Vaccination (birth dose)
- Blood safety
- Injection safety
- Harm reduction
- HBV - Diagnosis
- HCV - Diagnosis
- HBV- Treatment
- HCV- Treatment

Coverage (%)

Major gaps in HBV birth dose, harm reduction, testing and treatment
As of February 2019, **124 countries** had national hepatitis plans (published + draft)

**National Response, 2017**
- 135 responding countries
- 84 reporting viral hepatitis national plan
- 62 reporting civil society engagement

**Civil Society Engagement and National Response, 2017**

*Number of countries with national plan, 2012-2019*

*Source: Global Reporting System on Hepatitis*

*Slide courtesy of PAHO/WHO*
Hepatitis is Underfunded

<table>
<thead>
<tr>
<th>Virus</th>
<th>Disease Burden in US</th>
<th>CDC NCHHSTP Budget ‘18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$1,127,000,000</td>
</tr>
<tr>
<td>HBV</td>
<td>0.8-2.2 million, 2.7-3.5 million</td>
<td>Division of Viral Hepatitis- $39 Million</td>
</tr>
<tr>
<td>HCV</td>
<td></td>
<td>3% (for all viral hepatitis, domestic/international)</td>
</tr>
<tr>
<td>HIV</td>
<td>1.1 million</td>
<td>HIV/AIDS- $788 Million</td>
</tr>
<tr>
<td></td>
<td></td>
<td>69% (domestic, not including international HIV work)</td>
</tr>
</tbody>
</table>

- Those affected are often the silent minorities, not well represented politically
Resource gap in NIH research funding allocations & academic publications

HCV receives 2 x HBV funding, malaria 4.8x and HIV 66x
Global Diagnosis Rates are Low

Countries on target to reach WHO's interim target of 30% by 2020

Countries not on target to reach WHO's interim target of 30% by 2020

Data not available
Panel 2: Priority steps for countries scaling up testing and diagnosis

Governments and implementing partners

- Implement in-country hepatitis programmes consistent with WHO guidelines (leveraging existing infrastructure from other programmes, such as HIV)
- Scale-up patient-centric hepatitis programmes to meet the needs of all those affected, including high-risk groups, without incurring unaffordable out-of-pocket expenses that prevent linkage or access to treatment
- Gain access to a competent regulatory body to assess the quality of diagnostics
- Gain access to transparent and disaggregated pricing on the full and total costs of diagnostics. Facilitate price decreases through increased volumes, competition, bundled pricing, and pooled procurement
Join us and demand that the barriers to testing are overcome

http://www.worldhepatitisday.org/
Equality doesn’t mean Equity.
World Hepatitis Alliance: Our first 10 years

- 2007: WHA founded
- 2008: First community led World Hepatitis Day
- 2009: Viral hepatitis appears on WHO agenda, for the first time ever following advocacy by WHA
- 2009: WHA's first resolution on viral hepatitis (WHA pushed for it)
- 2010: Adoption of the first resolution on viral hepatitis (WHA pushed for it)
- 2011: The first WHO Official World Hepatitis Day
- 2012: WHO launches its Framework for Global Action on viral hepatitis
- 2013: WHA and WHO launch the Global Policy Report on the prevention and control of viral hepatitis
- 2014: WHA joins WHO Director-General’s STAC-HEP on hepatitis
- 2015: WHA launches the World Hepatitis Summit, Glasgow, Scotland
- 2016: WHA launches NOhep Medical Visionary Program launched
- 2016: WHO launches Global Hepatitis Report
- 2017: 2nd World Hepatitis Summit, Sao Paulo, Brazil

The World Health Assembly endorsed the Global Health Sector Strategy (GHSS)

**2030 Goal of Viral Hepatitis Elimination**
World Hepatitis Alliance

258 organization members

86 countries
World Hepatitis Day 2019

CAMPAIGN MATERIALS

We have created a variety of resources to bring the campaign to life. These are designed to support and
WORLD HEPATITIS DAY

Sunday, 28 July 2019

World Hepatitis Day Events

Add your event
NOhep
A global movement to eliminate viral hepatitis by 2030
Find The Missing Millions.

Overcoming the barriers to diagnosis: The Role of Civil Society and the Affected Community in the viral hepatitis response.

The Importance of Involving Civil Society and the Affected Community in the Response

People living with viral hepatitis and the affected community should be at the heart of every effort to eliminate viral hepatitis. Aside from fulfilling the need for trusted entities that consistently disseminate reliable information, civil society organisations bring fundamentally important perspectives and experiences which greatly enhance the effectiveness of strategies and programmes.
Overcoming the Barriers to Diagnosis of Viral Hepatitis:
The Role of Civil Society and the Affected Community in Finding the Missing Millions
White Paper
In 2014 WHO Member States at the World Health Assembly adopted resolution 67.6 which urges member states:

(16) to review, as appropriate, policies, procedures and practices associated with stigmatisation and discrimination, including the denial of employment, training and education, as well as travel restrictions, against people living with and affected by viral hepatitis, or impairing their full enjoyment of the highest attainable standard of health;

Barriers to Diagnosis:
Stigma, Discrimination & Low Awareness

FOR IMMEDIATE RELEASE
Tuesday, March 5, 2013

Justice Department Settles with the University of Medicine and Dentistry of New Jersey Over Discrimination Against People with Hepatitis B
<table>
<thead>
<tr>
<th>Form of stigma/discrimination</th>
<th>Percentage of respondents who gave this answer</th>
</tr>
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<tbody>
<tr>
<td>Experienced self-stigma/internalised stigma</td>
<td>72%</td>
</tr>
<tr>
<td>Social exclusion</td>
<td>53%</td>
</tr>
<tr>
<td>Unjust barriers to service provision in health care</td>
<td>52%</td>
</tr>
<tr>
<td>Lack of respect</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of job or income</td>
<td>42%</td>
</tr>
<tr>
<td>Exclusion/ostracism at work</td>
<td>40%</td>
</tr>
<tr>
<td>Denial of employment opportunities outside of health care</td>
<td>40%</td>
</tr>
<tr>
<td>Denial of employment specifically in health care</td>
<td>39%</td>
</tr>
<tr>
<td>Denial of health care</td>
<td>38%</td>
</tr>
<tr>
<td>Abandonment by spouse and/or family</td>
<td>37%</td>
</tr>
<tr>
<td>Inferior quality of care than given to people who do not have viral hepatitis</td>
<td>32%</td>
</tr>
<tr>
<td>Experienced verbal assaults or felt threatened by others</td>
<td>30%</td>
</tr>
<tr>
<td>Unable to get married</td>
<td>21%</td>
</tr>
<tr>
<td>Mandatory testing</td>
<td>20%</td>
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<tr>
<td>Experienced discrimination from teachers</td>
<td>15%</td>
</tr>
<tr>
<td>Lost customers</td>
<td>14%</td>
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<tr>
<td>Denial of childcare</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
<tr>
<td>Property loss</td>
<td>4%</td>
</tr>
<tr>
<td>No stigma or discrimination reported</td>
<td>5%</td>
</tr>
</tbody>
</table>

(151 respondents) Respondents were able to select all the responses that applied allowing for multiple responses from one individual.
Stigma and discrimination is a barrier to elimination

Stigma and discrimination comes in many forms and the consequences of it can be devastating on people living with viral hepatitis. To effectively combat stigma and discrimination the underlying causes of it must be addressed.

Civil society have a role to play through:

- Conducting awareness campaigns to educate the public about viral hepatitis
- Using the media to increase awareness and change social attitudes towards those living with viral hepatitis
- Empowering those with viral hepatitis to speak out
- Advocating for their government to acknowledge the serious impact that stigma and discrimination can have on both the individual and wider community and implement effective policies to overcome this
- Advocating to ensure that civil society are central to the creation of these policies
- Advocating for governments to commit to increasing awareness of viral hepatitis
FORGOTTEN NO MORE

A long-overlooked scourge of millions, hepatitis B is in the crosshairs at last

By Jenn Cohen

The silent epidemic killing more people than HIV, malaria or TB

Viral hepatitis is on the rise. Tackling hepatitis B in Africa is key to fighting back.

NEWS FEATURE  05 DECEMBER 2018
What is Civil Society’s role in the government response?

Civil society should advocate to be involved in the government’s response

Patients are the central piece in their government’s response to viral hepatitis and as such should be part of its planning and implementation.

Civil society have a role to play through:

- Holding governments to account to the resolution passed at the World Health Assembly (2014 resolution, clause 1.3)
- Advocating for greater and more meaningful involvement in the government’s response
- Advocating for viral hepatitis plans to be financed and implemented

Holding governments accountable: World Hepatitis Alliance civil society survey global findings report.
Be Alert and Ready to Act!

Raquel Peck @ RaqPeck · Jul 12

NOhep community: the political declaration on UHC was supposed to be free of any mention of specific diseases, yet, its latest version has references to HIV, TB & Malaria. No #viralhepatitis, even though it will kill more than these 3 diseases combined by 2040 if there’s no action.

Su Wang @ swang8

This is ridiculous!! We know global deaths from #ViralHepatitis have exceeded #HIV, #Malaria and #TB. Yet #HBV #HCV were totally omitted from this #UHC Universal Health Coverage declaration!! It's time to speak up #Hepatitis community! #NOhep #DiseaseDiscrimination #SilentNoMore
“Recognize that action to achieve universal health coverage by 2030 is inadequate and that the level of progress and investment to date is insufficient to meet target 3.8 of the Sustainable Development Goals, and that the world has yet to fulfil its promise of implementing, at all levels, measures to address the health needs of all, noting that:

...despite major health gains over the past decades, including increased life expectancy, the reduction of maternal and under-5 mortality rates, and successful campaigns against major diseases, challenges remain with regard to emerging and re-emerging diseases, non-communicable diseases, mental disorders and other mental health conditions as well as neurological disorders, communicable diseases including HIV/AIDS, Tuberculosis and malaria, antimicrobial resistance, noting that non-communicable diseases account for over 70% of all deaths in the age group 30-69...”
Join #NOhep to eliminate viral hepatitis!

*We have the tools; We need a movement*
Patients & Community Driving Change

No decision about me, without me
Nick Walsh MD PhD
Regional Advisor, Viral Hepatitis
Department of Communicable Diseases and Environmental Determinants of Health
Pan American Health Organization/ WHO Regional Office for the Americas
WHO/PAHO’s work and focus

WHO is the directing and coordinating authority on international health within the UN system.

- **National level engagement**
  - Global strategy and targets, monitoring progress
- **Advocate**
  - World Hepatitis Summit, Regional conferences
- **Normative guidance**
  - Normative and policy work
- **Technical support**
  - Policy uptake in countries, implementation
- **Access to diagnostics and medicines**
  - Price reporting, pre-qualification, patent landscape
- **Hepatitis in UHC**
  - Hepatitis response within broader health agenda (Universal Health Coverage)
National planning for viral hepatitis

- Number of countries with a viral hepatitis plan, 2012-2017

- 17 countries had a national plan in 2012
- 82 countries have a national plan at end 2017
- The World Health Assembly resolutions, World Hepatitis Summit 2015 and the global strategy have been important milestones

Chronic hepatitis B in the Americas, 2016

- **3.9 (2.7-6.4)** million people chronically infected
  - 0.4% prevalence (0.3-0.6%) among general population

- **10,000** new chronic infections in 2016
  - 56% perinatal transmission
  - Prevalence among 5 years old: **0.04%-0.1%**

- **31,000 deaths** yearly are estimated to be due to HBV in the Americas (2015)

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**HBV cascade of care: The Americas, 2016**

<table>
<thead>
<tr>
<th>Estimated Population with chronic HBV</th>
<th>Diagnosed</th>
<th>On Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3.9m</td>
<td>~3%</td>
</tr>
<tr>
<td>Diagnosed</td>
<td>923,000</td>
<td></td>
</tr>
<tr>
<td>On Treatment</td>
<td>136,000</td>
<td></td>
</tr>
</tbody>
</table>

Source: Polaris Observatory (http://www.polarisobservatory.com/)
National Policies and Strategies for prevention and control of viral hepatitis 2017

Prevention Strategies for key pops: 45% (15/33)

Treatment guidelines in line with WHO recommendations: HCV: 45% (10/22), HBV: 86% (19/22)

Prevention Strategies for Healthcare Workers: 84% (32/38)

Celebrate World Hepatitis Day: 55% (14/27)

Goal of Eliminating Perinatal HBV: 43% (12/28)

National Strategy and/or Plan for prevention, care and control of Viral Hepatitis, (2019): 48% (18/37)

Source: Hepatitis B and C in the Spotlight, PAHO 2016, 2017
Hepatitis B elimination through maternal and child health platform

- Leveraging on the EMTCT of **HIV and syphilis**
  - Strong **political** commitment
  - **Public health** approach
  - EMTCT strengthening **MCH**

- **Regional Frameworks:** PAHO (2017) and WPRO (2018)

- **EMTCT** as a “milestone” for the elimination of HBV as a public health problem by 2030, as proposed to WHA in 2016

- Building on established hepatitis B **vaccination programme**

- Additional interventions: **antenatal screening**, addressing long term health of HBV-positive mother, potential use of **maternal antiviral** and **hepatitis B immunoglobulin** for exposed infants
Steps to mobilizing action in Mongolia

- Large public health threat
  - Highly endemic HBV HCV and HDV
  - National insurance scheme (covers 98% of population)

- Active community pressure

- Bipartisan political engagement (critical)

- WHO/CDC/MoH partnership
  - National programmatic assessment (2014)
  - Investment case (2015/16)
  - Calculation of national cascade (2017)
  - Viral hepatitis Laboratory review (2017)
  - Strategic Information review (2017)

Support is ongoing – Mongolia is now a global leader in hepatitis
Viral hepatitis B and C affect 325 million people worldwide causing 1.4 million deaths a year. It is the second major killer infectious disease after tuberculosis, and 9 times more people are infected with hepatitis than HIV. **Hepatitis is preventable, treatable, and in the case of hepatitis C, curable.** However, over 80% of people living with hepatitis are lacking prevention, testing and treatment services.

During World Hepatitis Day 2019 campaign, WHO is urging all countries and partners to promote the theme “**Invest in eliminating hepatitis**”. WHO will release new estimates for additional investments needed to achieve globally agreed hepatitis elimination goals by 2030, in the context of the universal health coverage. The host country for World Hepatitis Day 2019 is Pakistan. The global events will be held in Islamabad, Pakistan on 27-28 July 2019.
For policymakers

Invest in eliminating hepatitis

WHO aims to address the following objectives for World Hepatitis Day 2019:

To urge national and regional policymakers increase political and financial commitments for hepatitis response.

To highlight WHO’s new costing estimates for hepatitis elimination within the context of health-related Sustainable Development Goals (SDGs) and UHC by 2030.

To encourage people come forward to access hepatitis prevention, testing and treatment services.
Eliminating Hep B for our Next Generation