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

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The Hepatitis C Trust  
President

Su Wang  MD MPH  
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George Kalamitsis  
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Executive Board Member  
South-East Asia Region

Danjuma K Adda  
Chagro Care Trust  
Executive Board Member  
African Region

Amina Ghanem  
Egyptian National Competitiveness Council (ENCC)  
Executive Board Member  
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Dee Lee  
Inno Community Development Organisation  
Executive Board Member  
Western Pacific Region

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

Helen Tyrrell  
Hepatitis Australia  
Non-Executive Board Member
WHO Regions

- 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%.
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
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 don't know how many people are infected or have active disease."
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

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%.
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 detect and treat viral hepatitis.
World Hepatitis Summit

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

Over 600 patients, policy makers, civil society and public health specialists in attendance
The Americas Region
Who we are: 68 organizations
43 USA, 13 Canada, 12 Latin America
The Americas Region: Who We Are
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
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.
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 54th Directing Council of the Pan American Health Organization (PAHO) agreed to a comprehensive regional action plan to prevent and control viral hepatitis in the region.
The Plan for Action for the Prevention and Control of Viral Hepatitis 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
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Alternates – Alternos

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

Mr. Peter Marmacos
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Office of Global Affairs
Department of Health and Human Services
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Ms. Ann Blackwood
Senior Health Advisor
Office of Economic and Development Affairs
Bureau of International Organization Affairs
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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 McKeen
Senior Advisor to the Assistant Secretary for Global Affairs
Office of Global Affairs
Department of Health and Human Services
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Ms. Cristina Rabadán-Diehl
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International Health Analyst
Office of Global Affairs
Department of Health and Human Services
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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
- Mrs. Vina HuLamm

American Public Health Association/Asociación Americana de Salud Pública
- Dr. Georges Benjamin
- Ing. Pilar Tello Espinoza

Inter-American Association of Sanitary and Environmental Engineering/Asociación Interamericana de Ingeniería Sanitaria y Ambiental
- Ing. Luiz Augusto de Lima Pontes

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.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicator</th>
<th>Baseline</th>
<th>Target (2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>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</td>
<td>10 in 2015&lt;sup&gt;a&lt;/sup&gt;</td>
<td>20</td>
</tr>
<tr>
<td>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</td>
<td>1.2.1 Number of countries with goals of elimination of hepatitis B and hepatitis C as public health problems</td>
<td>0 in 2015&lt;sup&gt;a&lt;/sup&gt;</td>
<td>6</td>
</tr>
<tr>
<td>1.2.2 Number of countries with goals of elimination of mother-to-child transmission of hepatitis B</td>
<td>1 in 2012&lt;sup&gt;b&lt;/sup&gt;</td>
<td>5</td>
<td></td>
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<tr>
<td>Objective</td>
<td>Indicator</td>
<td>Baseline</td>
<td>Target (2019)</td>
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<tr>
<td>3.1</td>
<td>Adapt and implement norms and standards for screening, diagnosis, care, and treatment of viral hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1.1</td>
<td>Number of countries that have developed guidelines for prevention, care, and treatment of hepatitis B in line with latest WHO recommendations</td>
<td>16 in 2012(^b)</td>
<td>25</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Number of countries that have developed guidelines for screening, diagnosis, care, and treatment of hepatitis C in line with latest WHO recommendations</td>
<td>6 in 2015(^a)</td>
<td>15</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Number of countries that have started offering publicly funded HBV diagnosis and treatment</td>
<td>11 in 2015(^a)</td>
<td>20</td>
</tr>
<tr>
<td>3.1.4</td>
<td>Number of countries that have started offering publicly funded HCV diagnosis and treatment</td>
<td>6 in 2015(^a)</td>
<td>10</td>
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<tr>
<td>3.1.5</td>
<td>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</td>
<td>10 in 2015(^a)</td>
<td>15</td>
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<tr>
<td>Objective</td>
<td>Indicator</td>
<td>Baseline</td>
<td>Target (2019)</td>
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<tr>
<td>4.1 Increase and strengthen countries’ capacity to develop and implement strategies for the surveillance, prevention, control, and/or elimination of viral hepatitis</td>
<td>4.1.1 Number of countries that report cases of acute and chronic hepatitis B</td>
<td>8 in 2015&lt;sup&gt;a&lt;/sup&gt;</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>4.1.2 Number of countries that report cases of hepatitis C infection</td>
<td>13 in 2015&lt;sup&gt;a&lt;/sup&gt;</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>4.1.3 Number of countries conducting surveys on prevalence of viral hepatitis B or C in general population and/or key populations</td>
<td>11 in 2015&lt;sup&gt;a&lt;/sup&gt;</td>
<td>18</td>
</tr>
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<td>4.2 Increase countries’ capacity to analyze, publish, and disseminate national data on viral hepatitis and impact of responses disaggregated by age, gender, and cultural diversity</td>
<td>4.2.1 Number of countries that have published a national report on viral hepatitis</td>
<td>8 in 2015&lt;sup&gt;a&lt;/sup&gt;</td>
<td>15</td>
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<tr>
<td>Objective</td>
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<td>5.1 Implement innovative technologies for laboratory diagnosis</td>
<td>5.1.1 Number of countries that implement standardized and effective technologies for HBV patient monitoring,</td>
<td>10 in 2015(^a)</td>
<td>20</td>
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<td>and monitoring of treatment responses</td>
<td>5.1.2 Number of countries that implement standardized and effective technologies for HCV confirmation, including</td>
<td>8 in 2015(^a)</td>
<td>15</td>
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<td></td>
<td>serology, genotyping, and patient monitoring</td>
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</table>
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
Dra. Carissa F. Etienne
Pan-American Health Organization

Dear Dr. Etienne,

We want to express our support for the approval of the working document CDS4/13 “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 CDS4/13 “Plan de acción para la prevención y el control de las hepatitis virales” en el Quincuagésimo cuarto Consejo Directivo de la 67.ª 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.
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- Can apply online
- Will be reviewed by board