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









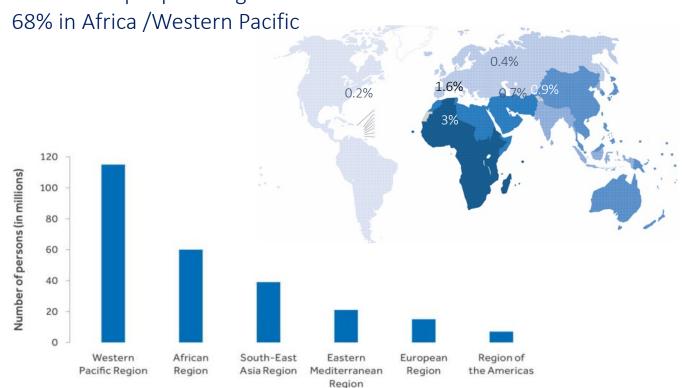


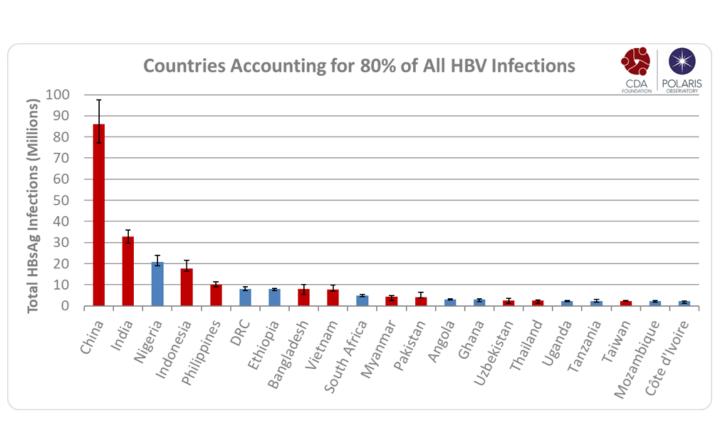


Hepatitis B in the World

Prevalence

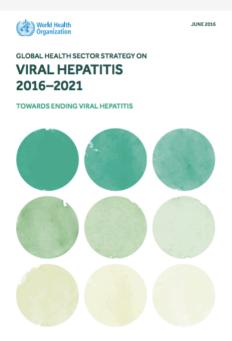
257 million people living with HBV



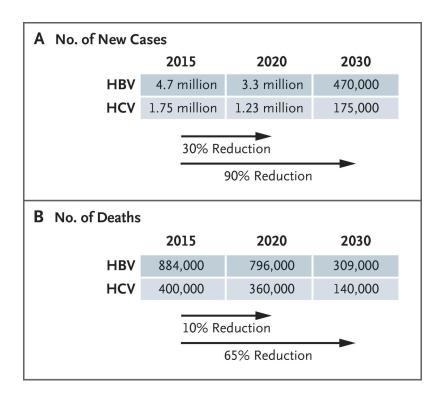


World Health Assembly Commits to Eliminate Viral Hepatitis Threat by 2030

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



DL Thomas. N Engl J Med 2019;380:2041-2050.

11 YEARS TO

2030

2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2031 2032 2033 2034 2035 2036 2037 2038 203





WorldII-lepatitis ELIMINATE HEPATITIS



Elimination by 2030

The race to elimination by 2030



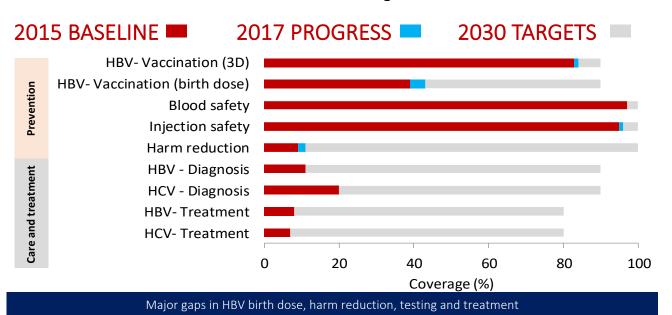
Commentary and Analysis

What is required to get us across the finish line:



Global Elimination Strategy:

Core interventions with sufficient coverage would lead to elimination

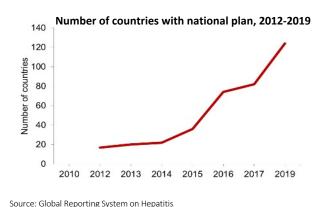






Progress of National viral hepatitis responses

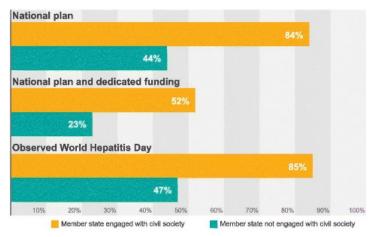
As of February 2019, **124 countries** had national hepatitis plans (published + draft)



National Response, 2017

- 135 responding countries
- 84 reporting viral hepatitis national plan
- 62 reporting civil society engagement

Civil Society Engagement and National Response, 2017



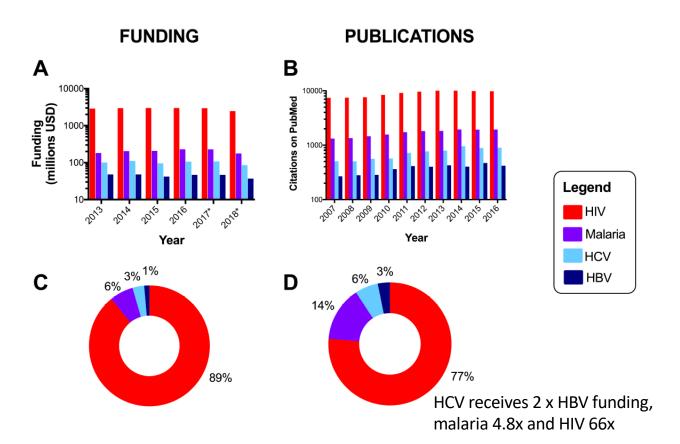
Smith et al., JHEP Reports. August 2019

Hepatitis is Underfunded

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

Those affected are often the silent minorities, not well represented politically

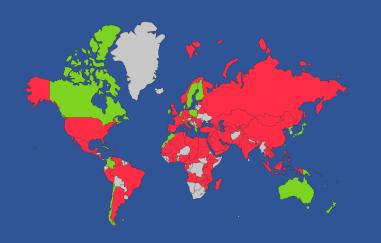
Resource gap in NIH research funding allocations & academic publications



Global Diagnosis Rates are Low

Global HBV Dx Rates

Global HCV Dx Rates





- 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

THE LANCET GASTROENTEROLOGY & HEPATOLOGY COMMISSION | VOLUME 4, ISSUE 2, P135-184, FEBRUARY 01, 2019

Accelerating the elimination of viral hepatitis: a *Lancet Gastroenterology* & *Hepatology* Commission

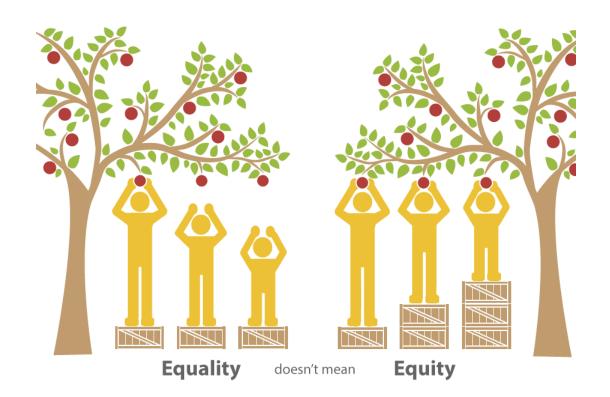
Panel 2: Priority steps for countries scaling up testing and diagnosis

Governments and implementing partners

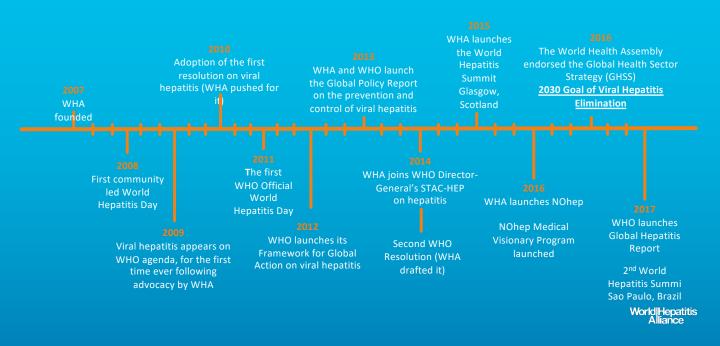
- Implement in-country hepatitis programmes consistent with WHO guidelines (leveraging existing infrastructure from other programmes, such as HIV)
- Scale-up patient-centric hepatitis programmes to meet the needs of all those affected, including high-risk groups, without incurring unaffordable out-of-pocket 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



http://www.worldhepatitisday.org/



World Hepatitis Alliance: Our first 10 years























258 organziation members

























86 countries































World|Hepatitis Alliance

Fighting for a world free from viral hepatitis





G Select Language ▼

searcn



Who We Are

What We Do

Our Members

What is Viral Hepatitis?

Resources

World Hepatitis Day

World Hepatitis Day 2019



Home » World Hepatitis Day

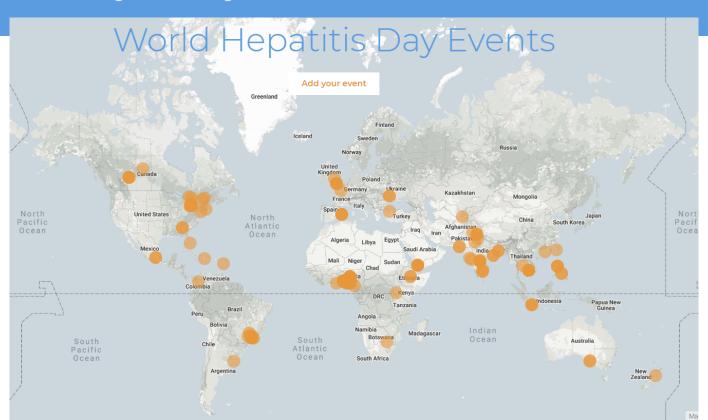


We have created a variety of resources to bring the campaign to life. These are designed to support and

WORLD HEPATITIS DAY



Sunday, 28 July 2019



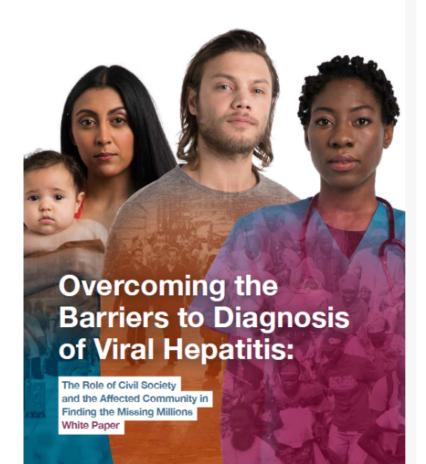


Find The Missing Millions.

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.



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

Form of stigma/discrimination (Percentage of respondents who gave this answer)

72 %	Experienced self-stigma/internalised stigma	
53%	Social exclusion	
52%	Unjust barriers to service provision in health care	
50%	Lack of respect	
42%	Loss of job or income	
40%	Exclusion/ostracism at work	
40%	Denial of employment opportunities outside of health care	
39%	Denial of employment specifically in health care	
38%	Denial of health care	
37%	Abandonment by spouse and/or family	
32%	Inferior quality of care than given to people who do not have viral hepatitis	
30%	Experienced verbal assaults or felt threatened by others	
21%	Unable to get married	
20%	Mandatory testing	
15%	Experienced discrimination from teachers	
14%	Lost customers	
10%	Denial of childcare	
9%	Other	
4%	Property loss	
5%	No stigma or discrimination reported	

(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

Science



FORGOTTEN NO MORE

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

aboratory in a lonely nook of the Rocky fountains of Idaho plays an outsize role. The lab, two nondescript buildngs that abut a forest off a dirt road. uses 600 woodchucks, also known s groundhogs. These large rodents are

fectious disease that afflicts as many as B virus (HBV), making them a favorite reone in four people worldwide, a small search model for studying the disease. The owner, James Whipple, both traps pregnant females in the wild and breeds woodchucks in the colony. These days, he says, "It's a job keeping up with the demand."

In woodchucks, as in people, the virus is a shape-shifter. It can lie low, tucking it- with the virus to study its life cycle and assess

of its presence. It can establish a chronic infection, churning out new viruses but doing little harm. Or it can rage, triggering related cirrhosis or cancer, which kills nearly 900,000 people around the world each year. Whipple's woodchucks, which his lab infects

nature International journal of science

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 ·



NO NOVEMBER 2019 - VOL 262 DESITE 6419

sciencemes over SCIENCE

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

Be Alert and Ready to Act!



Raquel Peck @RaqPeck · Jul 12

#NOhep community 1: 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







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



Raquel Peck @RaqPeck

#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...

Show this thread

9:55 AM - 12 Jul 2019

























"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..."

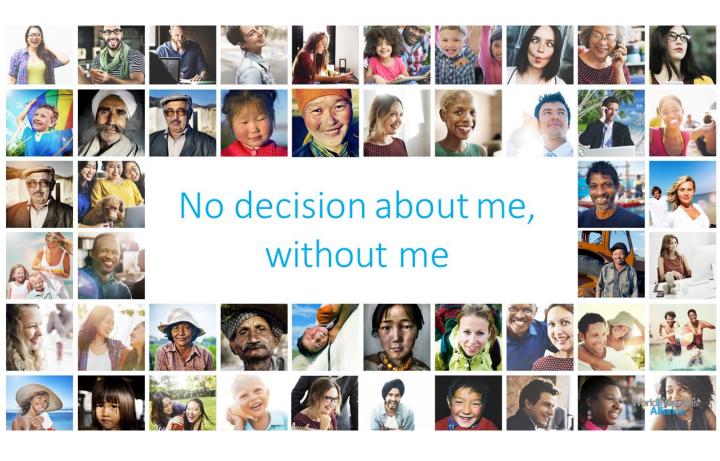
Join #NOhep to eliminate viral hepatitis! We have the tools; We need a movement







Patients & Community Driving Change







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)

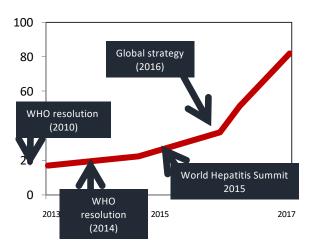




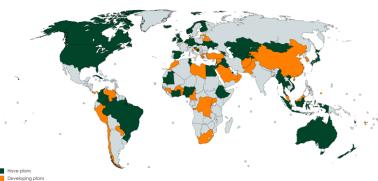


National planning for viral hepatitis

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

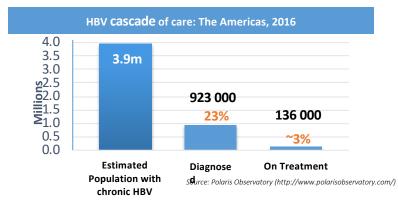


Source: WHO, unpublished data 2017.

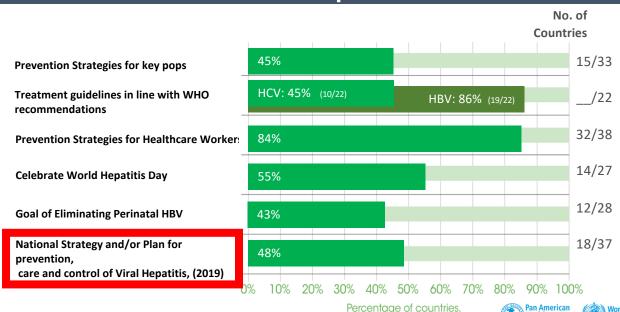


Chronic hepatitis B in the Americas, 2016

- 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)



National Policies and Strategies for prevention and control of viral hepatitis 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



Antiviral

Hepatitis B immunoglobulin for exposed infants

Screening of pregnant women, linkages to care and follow up of exposed infants

Hepatitis B birth dose and follow-up doses



Peru

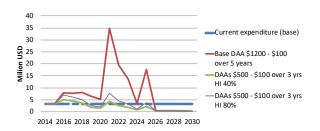
Bolivia

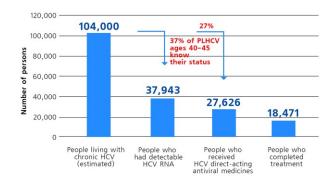


Steps to mobilizing action in Mongolia

- 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





World Hepatitis Day 2019

Invest in eliminating hepatitis



325

52

million people are living with viral hepatitis B and C



2,850,000

people became newly infected in 2017



80

% of people living with hepatitis lack prevention, testing and treatment



6

US\$ billion investment needed annually to achieve global elimination targets by 2030

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.





325 MILLION PEOPLE WORLDWIDE ARE LIVING WITH HEPATITIS

But 80% have no access to testing and treatment



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



