# PAHO overview: Progress and barriers towards HBV and HCV elimination targets globally and in the Americas

#### Massimo Ghidinelli

#### 5th International HIV/Viral Hepatitis Co-Infection Meeting:

Viral hepatitis elimination in Latin America and globally: How close are we? July 2019, Mexico City









### **Outline**

- Global goals and target: 2015 WHO GHSS for Viral Hepatitis
- WHO plans, tools and guidelines
- Baseline situation and progress to date
- The response in Latin America and the Caribbean
- Investment cases role in the elimination agenda
- Hepatitis B elimination through maternal and child health platform
- Challenges and barriers

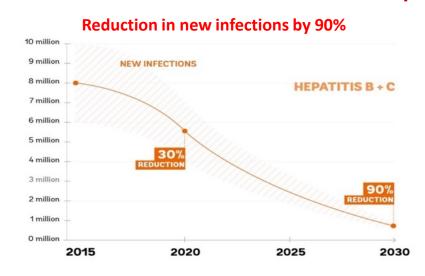


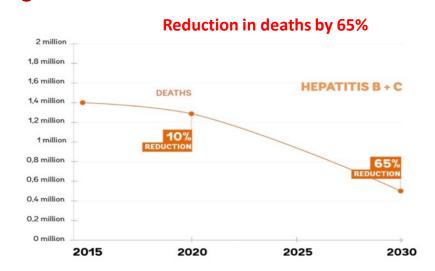


### WHO Global Health Sector Strategy:

### Eliminate viral hepatitis as a major public health threat by 2030

#### **Impact targets**





### **Programmatic targets**

	90%	80%	90%	100%	90%
	of people infected are	of people diagnosed	coverage of vaccination	of blood products are	of injections in health
	diagnosed	are treated	BD and B3 doses	safe	facilites are safe
			(PAHO: 95%)		

### WHO guidelines and tools to support national responses

#### 2015

- Elimination strategy and Regional Action Plans
- ✓ HBV Guidelines

#### 2016

- Revised HCV Guidelines
- National plan manual

#### 2017

- ✓ Baseline estimates: Global Hepatitis Report
- ✓ PAHO Region baseline estimates report
- ✓ HBV/HCV testing Guidelines
- ✓ Injection safety campaign

#### 2018

- ✓ Global hepatitis reporting system
- ✓ HCV treatment Guidelines: Treat All
- ✓ Cost effectiveness calculators (HBV/HCV)
- ✓ PAHO: National investment cases (Colombia, Chile Brazil)

#### 2019

- ✓ Consolidated strategic information guidelines (Feb 2019)
- ► HBV PMTCT recommendations on antiviral medicine use in pregnancy (2<sup>nd</sup> Sem)



### Baseline status of Hepatitis B, 2015

#### **Prevalence:**

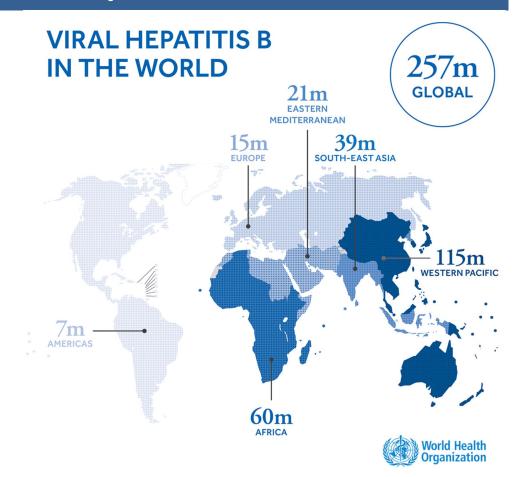
257 million people living with HBV 68% in Africa / Western Pacific

#### Incidence:

Chronic HBV infection in children under 5 reduced from 4.7% (pre-vaccination) to 1.3% - 2030 target: **0.1%** 

### **Mortality:**

~880,000 deaths each year







### Baseline status of Hepatitis C, 2015

#### **Prevalence:**

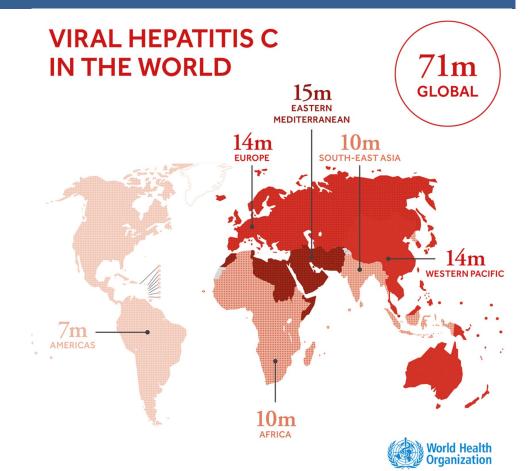
71 million viraemic infections, all regions

#### **Incidence:**

1.75 million new infections / year(Unsafe health care and injection drug use)

#### **Mortality:**

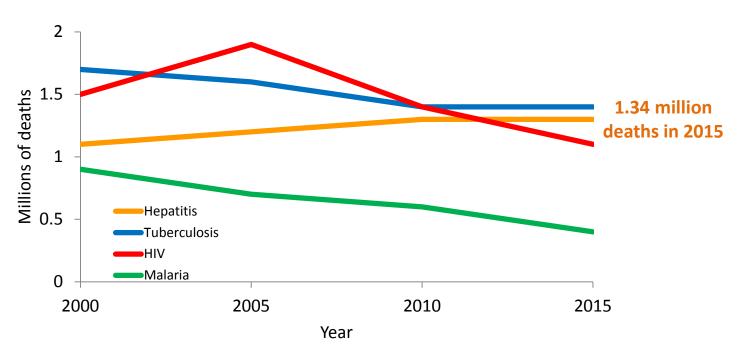
~400,000 deaths each year

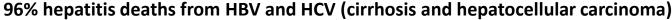






### Hepatitis mortality is increasing

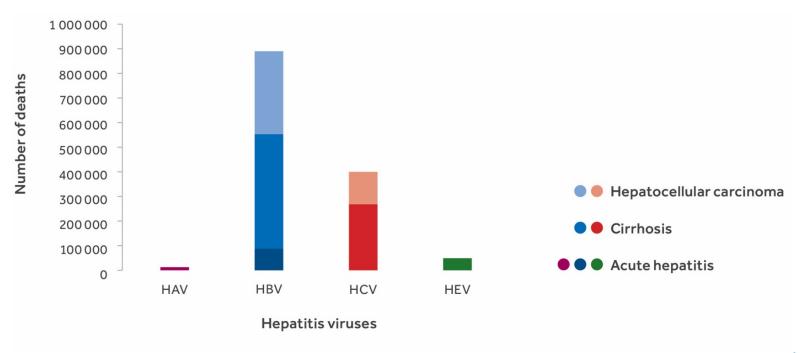








### Viral hepatitis deaths, by virus, 2015

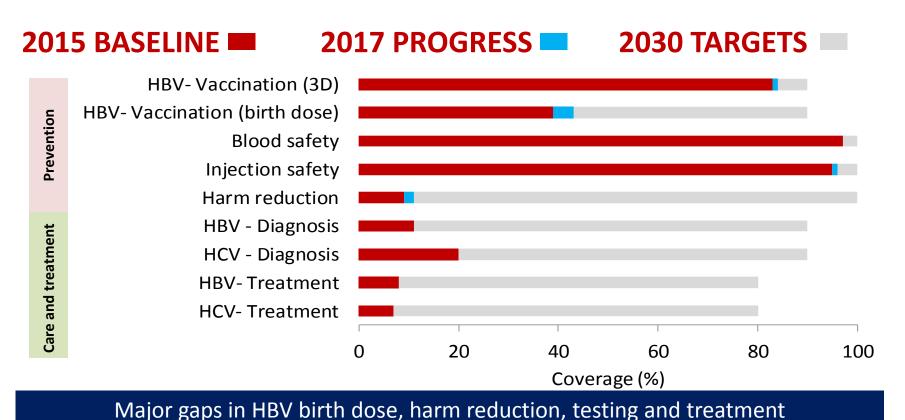






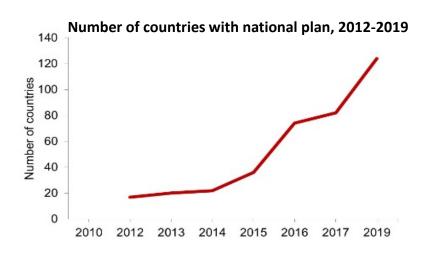
### **Global Elimination Strategy:**

Core interventions with sufficient coverage would lead to elimination



### **Progress of National viral hepatitis responses**

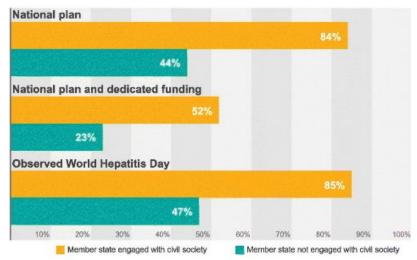
As of February 2019, **124 countries** had national hepatitis plans (published + draft)



#### National Response, 2017

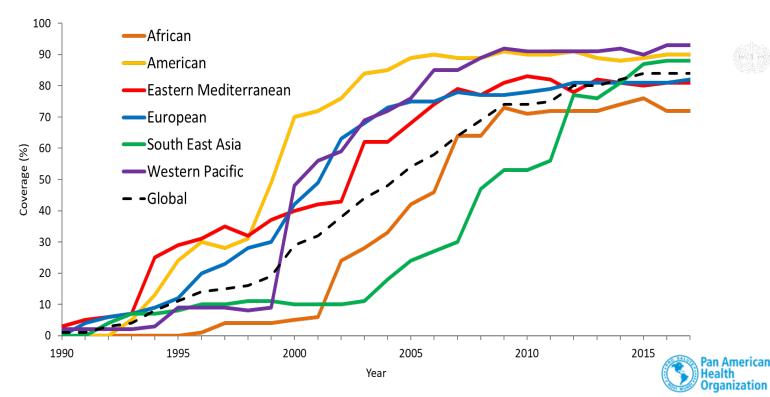
- 135 responding countries
- 84 reporting viral hepatitis national plan
- 62 reporting civil society engagement

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



### Coverage of third dose of hepatitis B vaccine, 2017

### 84% global coverage

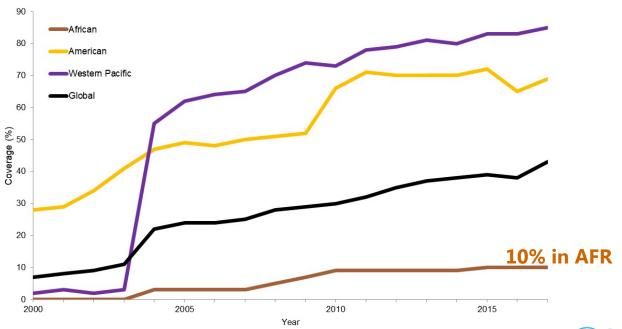






### Coverage of hepatitis B vaccine birth dose, 2017

### From 38% in 2015 to 43% coverage in 2017



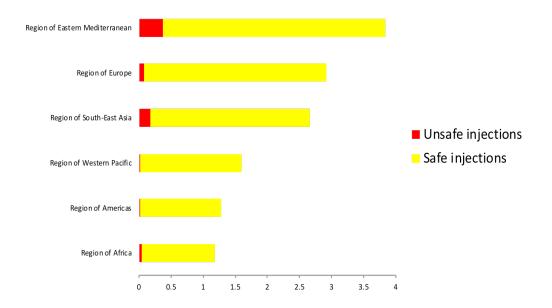






### **Injection safety**

New data from Demographic and Health Surveys: 3.9% Unsafe health care injections worldwide in 2010-2017









### Harm reduction, low baseline, little progress

### Some policy uptake, but...

Of 179 countries with injection drug use:

- 93 (52%) with needle and syringe distribution
- 87 (49%) with opioid substitution therapy

### low coverage of interventions

33

syringes/needle sets provided per PWIDs per year in 2017

GHSS Target: 300

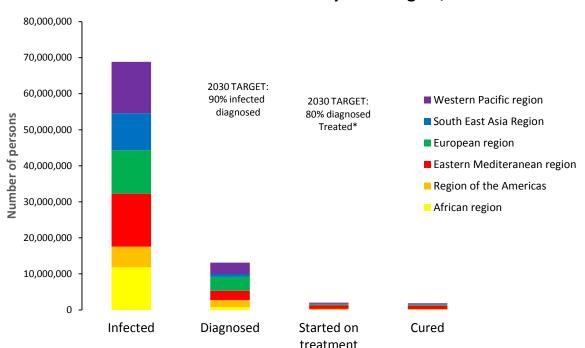
syringes/needle sets provided per PWIDs per year in 2030





### Cascade of Care for HCV infection and DAA expansion, 2017

#### Cascade of Care for HCV infection by WHO region, 2017



Number of people treated with DAA, globally:

**2014**: < 200 000

2015: 1.1 million

2016: 1.7 million

2017: 2.1 million

Total: ~5 million

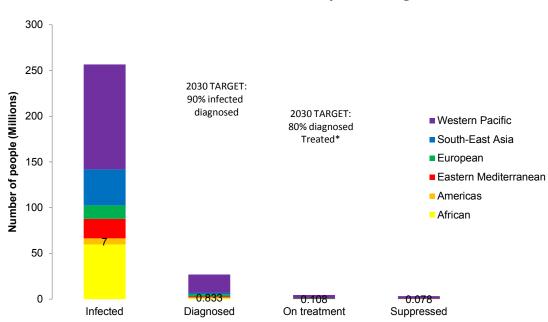
Most treatment given in about 10 champions countries





### Cascade of care for HBV infection, 2016

#### Cascade of Care for HBV infection by WHO region, 2016



### Number of people receiving antiviral treatment, globally:

**2015: 1.7 million** 

**2016**: 4.5 million

Measurement of **progress** on the HBV treatment target is currently **limited** by the absence of data on the proportion of people who are **eligible** 

 On going study to better estimate proportion of eligible





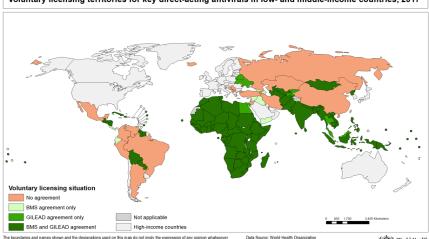
Source: WHO based on Center for Disease Analysis/Polaris

<sup>\*</sup> Measurement of progress on the HBV treatment target is currently limited by the absence of data on the proportion of people who are eligible

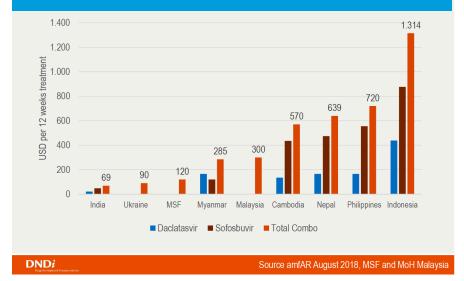
# Optimize the procurement of generic Direct Acting Antivirals (DAAs) to cure HCV infection

62% of people with HCV live in countries with access to generic DAAs for as low as US\$90 (in green)

Voluntary licensing territories for key direct-acting antivirals in low- and middle-income countries, 2017



World Health Organization • In reality, the price of a 3-month course of generic DAA varies greatly by location



**PAHO Strategic Fund:** 

Man Production: Information Evidence and Research (IER)

on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities,

or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border line:

for which there may not yet be full agreement

Sof+Velp (originator – "Access"): **USD 900** Sof+Dac (generic – no patents): **USD 129** 



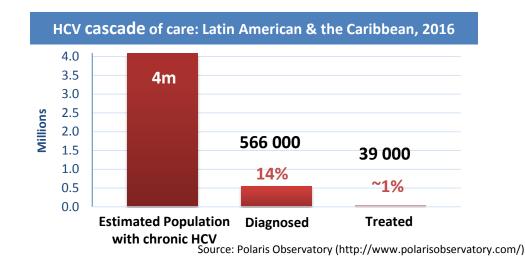
## Chronic Hepatitis C in the Americas, 2016 Total infected ≤ 50,000 1,000,000 2,000,000 3,000,000 Prevalence chronic HCV 0.00 1.00 rganization

### 7.2 million people living with HCV in the Americas

88,000 deaths yearly are estimated to be due to HCV in the Americas (2015)

#### In Latin America and the Caribbean:

4 million people living with HCV 65,000 new chronic HCV infections each year



### 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% Americas (2015)

Total number of infected

400.000 600,000

800,000

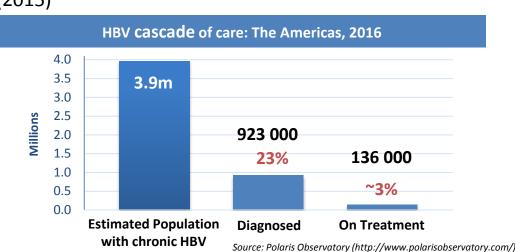
HBsAg+ Prevalence (%)

6.00

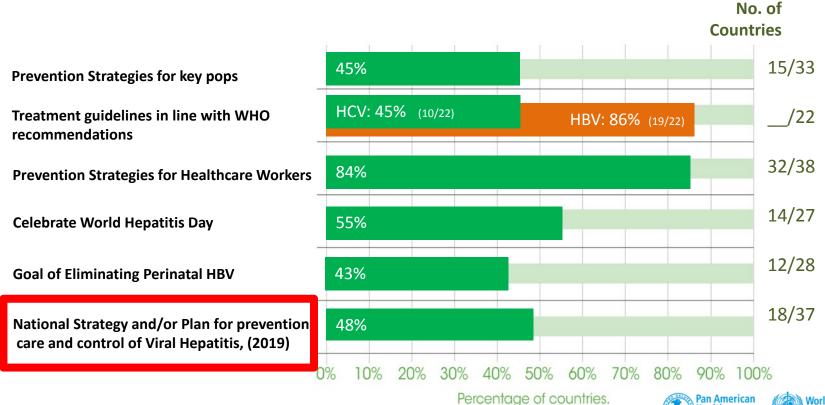
0 1.000.000

0.00

**31,000 deaths** yearly are estimated to be due to HBV in the



# National Policies and Strategies for prevention and control of viral hepatitis 2017

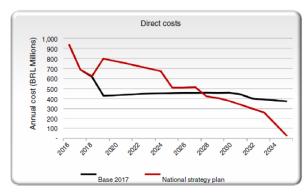


### Public health and economic impact of hepatitis elimination

### The investment case for hepatitis C in Brazil and the Elimination Plan, 2017

**Hepatitis C Burden (2016):** Total estimated chronically infected: 632,000 in 2016 **Two scenarios: Baseline x WHO Elimination Targets:** 

- Treatment and diagnosis scale up increase direct costs, reducing below the base scenario by 2028
- Indirect costs will reduce as a result of earlier and expanded diagnosis and treatment.
- After **2028**, the **elimination scenario will cost less than the base scenario** and after 2030 will require less than 0.2% of the total public health budget (estimate in US\$53 billion in 2017)



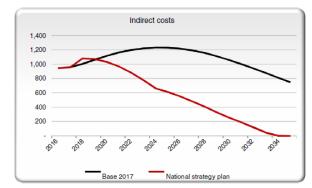


Fig. 3 – Direct costs in the NSP scenario and the base case scenarios.

Fig. 4 – Indirect costs in the NSP scenario and the base case scenarios.

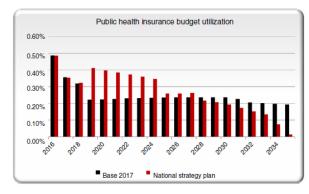


Fig. 6 – Comparing public health budget utilization in the NSP scenario with the base case scenario.

### 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

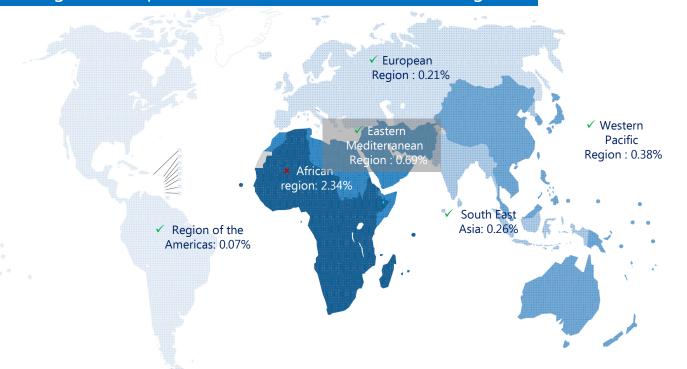
Hepatitis B immunoglobulin for exposed infants

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

Hepatitis B birth dose and follow-up doses

### 0.8% of children under 5 in 2017 worldwide had chronic HBV infection

### All regions except for Africa reached the 2020 1% target



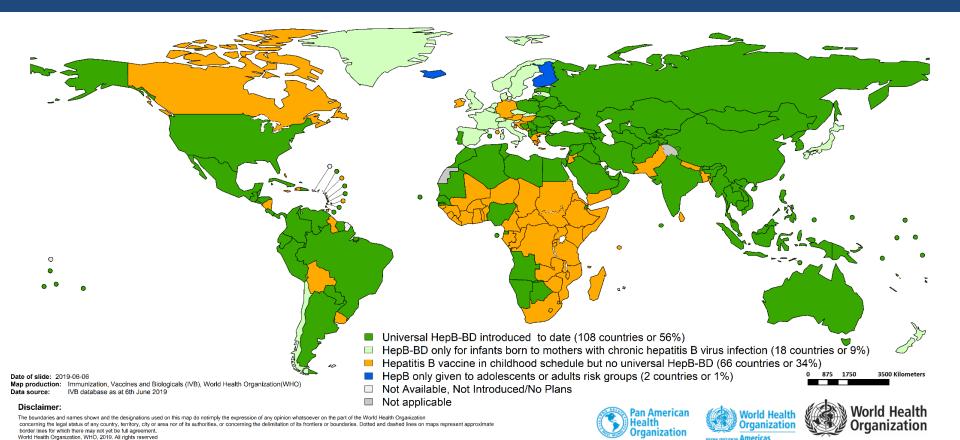
Prevalence of HBsAg in children under 5, by WHO region:







# Hepatitis B Birth dose (HepB-BD) vaccination strategies in the national immunization programme



### Challenges and barriers

- The need for additional national civil society advocacy
- Expand timely birth doses of the hepatitis B vaccine, and adoption of additional interventions for EMTCT
- Harm-reduction services and access to treatment for people who inject drugs are particularly lacking
- Injection safety: Recent HIV outbreaks as reminders of fragilities and vulnerabilities of many systems
- Need to massively expand access to diagnosis, and treatment simplify algorithms
- Include hepatitis data in country health information systems: better understanding of the national burden and regular monitoring/review of national targets and progress
- **Drugs prices** have declined over the past few years, but there are still barriers, particularly among mid-income countries
- Chronic lack of funding for hepatitis programs, and the need for domestic investment
- Innovation: functional cure for hepatitis B; POC tests affordability and quality; HCV vaccine

### Thank you









