World Hepatitis Day: 28 July 2021

<table>
<thead>
<tr>
<th><strong>Theme</strong></th>
<th>“Hepatitis can’t wait”</th>
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<td>Canto: TBD</td>
<td>Website: <a href="https://www.paho.org/en/campaigns/world-hepatitis-day-2021">https://www.paho.org/en/campaigns/world-hepatitis-day-2021</a></td>
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**SOCO**

Stakeholders have increased awareness about the urgency of WHO 2030 targets with policymakers demonstrating political commitment for sustained and simplified hepatitis testing, prevention and treatment services more integrated into the primary health care services in the context of COVID-19 pandemic.

**Key messages**

WHO will collaborate with World Hepatitis alliance under a joint theme “Hepatitis can’t wait” conveying the urgency of efforts needed to eliminate hepatitis as a public health threat by 2030.

Messages for the public:

- People living with hepatitis unaware can’t wait for testing.
- People living with hepatitis can’t wait for life saving treatments.
- Expectant mothers can’t wait for hepatitis screening and treatment.
- New-born babies can’t wait for birth dose vaccination.
- People affected by hepatitis can’t wait to end stigma and discrimination.
- Community organizations coping with hepatitis can’t wait for greater investment.
- Decision-makers can’t wait any longer to make hepatitis elimination a reality through political will and funding.
- Elimination of mother-to-child-transmission of HIV, hepatitis B, syphilis and Chagas can’t wait.

Messages for top global leaders:

- Commitment to support increased integration of hepatitis elimination, including integration withing existing programs. This includes increased commitment to quadruple elimination of mother-to-child-transmission of HIV, hepatitis B, syphilis and Chagas.
- Commitment to increased funding for elimination of hepatitis as a public health threat. Funding will kick-start hepatitis elimination within universal health care delivery streams.
For National leaders, and especially those in highly affected countries:

- Commitment to elimination of hepatitis by defining clear national targets and increasing funding for elimination of viral hepatitis as a public health threat
- Commitment to take action toward elimination of viral hepatitis before 2030
- Commitment to engage more strongly in scale-up of essential hepatitis services and access to treatment
- Commitment to ensure that the most vulnerable and affected populations are part of the national response to viral hepatitis
- Commitment to ensure involvement of communities and people living with viral hepatitis in national responses

**NEW Hep data from WHO 2021 global report for HIV, Hepatitis, STI**

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<th>Global</th>
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| • Reduction in the incidence of hepatitis B infection is one of the few Sustainable Development Goals (SDG) health targets that is on track.  
• New data show that 9.4 million people are receiving treatment for chronic hepatitis C infection, an almost 10-fold increase since 2015. This treatment scale-up has been sufficient to reverse the trend of increasing mortality from hepatitis C for the first time. In Egypt, universal access to treatment has resulted in declining mortality and incidence.  
• Hepatitis B and C cause 1.1 million deaths and 3.0 million new infections per year.  
• Only 10% of people who have chronic infection with hepatitis B virus are diagnosed, and only 22% of them receive treatment.  
• For hepatitis C infection, only 21% of people are diagnosed and 62% of them receive treatment.  
• Price reductions have made hepatitis C treatment an affordable high-impact intervention, but coverage needs to increase nearly sixfold in the next decade to reach 2030 targets for elimination. |

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<th>Americas Region</th>
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| • New data shows that in the Region of the Americas, there are 10,000 new hepatitis B infections each year, and 23,000 deaths.  
• New WHO estimates of hepatitis C show that each year, there are 67,000 new infections in the Americas and 84,000 deaths.  
• Only about 18% of people living with Hepatitis B in the Americas have been diagnosed, and only 3% of them are receiving treatment.  
• Only 22% of people chronically infected with Hepatitis C in the Americas have been diagnosed, and just 18% of them have received treatment. |

| Social media tile messages | #HepCantWait |
• About 100,000 people die from hepatitis B and C, every year in the Americas. **With increased funding of hepatitis services, we can change this**
• Almost 80% of people living with viral hepatitis B and C in the Americas are unaware they have it. **Don’t wait, get tested**
• Hepatitis can be easily passed from mother to baby at birth. **All pregnant mothers, specially at-risk populations, must test routinely for HIV; Hepatitis B, Chagas and syphilis. Mother-to-Child transmission of Hepatitis can be eliminated**
• **Vaccination and blood safety have enabled the elimination of early childhood transmission of Hepatitis B in the Americas. Elimination of Mother-to-Child transmission of Hepatitis B is possible, and the Americas is leading the way**
• Child immunizations, hepatitis prevention and care services are essential during COVID-19
• Protected and engaged health workers can deliver safe hepatitis treatment and care services during COVID-19
• In the Americas, High prices of Hepatitis C treatment and limited access to generics continue to pose barriers to accelerate national response to reach the 2030 targets for elimination.

**Approach**

**At the global level:** WHO will issue high level advocacy messaging, including DG statements, corporate social media and website promotion, and will hold a global webinar as done last year. The event will bring global partners and stakeholders together to renew our commitments with WHO launching the race to validation country efforts to eliminate hepatitis with the **interim framework for country validation of hepatitis elimination.**

The strong focus will also be on a country (possibly Brazil) which will be one of the first series of countries to pilot the new elimination criteria to evaluate the feasibility of different approaches for evaluation attainment of elimination.

PAHO is actively participating in the organization of the event and will disseminate the webinar, specifically showcasing Brazil as a pilot country.

**Audiences**

- Government leaders of affected priority countries across several regions
- Regional leaders
- Implementors and community representatives in affected countries

**Products**

- Campaign website: Hepatitis can’t wait
- 5 social media tiles in 3 languages (SP, EN, POR) [www.worldhepatitisday.org](http://www.worldhepatitisday.org)
- [Hepatitis - PAHO/WHO | Pan American Health Organization](https://www.paho.org/en)
- 2 Video for social media (short version) and web (longer version): contribution and stories from countries: Brazil and Mexico
- Regional press release
Technical products:
New WHO-guidance: “Interim guidance for country validation of viral hepatitis elimination”
- WHO 2021 global report for HIV, Hepatitis, STI (just in English version but it includes data from the Americas).

Timelines
WHD 28 July 2021 (materials will be used throughout the year)

Channels
- High level political engagement in priority countries
- Media (news)
- Online (WHO websites)
- Social media

Further background information

In the five years since the adoption of the Global Health Sector Strategy on viral hepatitis in 2016, the viral hepatitis responses have differed drastically across regions and countries.

The race toward 2030 to eliminate viral hepatitis is on: If we lose focus now, the progress will plateau and there is a risk of resurgence.

The WHO interim guidance for country validation of hepatitis elimination emphasizes that all countries should work towards the common goal of elimination of viral hepatitis by 2030, regardless of the burden of disease or intensity of transmission.

Successful elimination requires scaling up of the 5 key interventions (including vaccinations against hepatitis B, harm reduction, injection and blood safety, testing and diagnosis, treatment and care) and is only possible where there is sustained national and subnational public health system or services.

In today’s context of the world overwhelmed by COVID-19 pandemic, we need to quickly learn lessons and adapt our response. There are opportunities to share COVID-19 diagnostics for hepatitis diagnosis and promote primary care service delivery for people affected by hepatitis. More simplified and integrated service delivery within existing health services and programmes should be reinforced – including increased commitment to quadruple elimination of mother-to-child-transmission of HIV, hepatitis B and syphilis.