World Hepatitis Day

28 July 2022

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<th>Theme</th>
<th>Bringing hepatitis care closer to you</th>
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<td><strong>SOCO</strong></td>
<td>Political commitment for sustained and simplified hepatitis testing, prevention and treatment services integrated into primary health care services</td>
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<td><strong>Key messages</strong></td>
<td>On World Hepatitis Day 2022, WHO calls for simplified service delivery of viral hepatitis services, bringing care closer to communities.</td>
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To achieve hepatitis elimination by 2030, **we need to reduce new infections of hepatitis B and C by 40% and reduce deaths from liver cancer by 50% by 2025.** To eliminate hepatitis and achieve the WHO’s new ambitious interim targets by 2025, **60% of people living with hepatitis B and/or C should be diagnosed and 50% eligible for treatment should be cured (HCV) or receiving therapy (HBV).** For this to happen we need to urgently simplify hepatitis care and make it more accessible to more people in need.

**Establish high quality hepatitis services**
Ensuring people have access to hepatitis services that respond to their needs and that are equitable, effective, efficient, timely and of an acceptable quality.

**Put patients at the heart of hepatitis care**
Decentralizing hepatitis care to peripheral health facilities, community-based venues and locations beyond hospital sites, brings care nearer to patients’ homes.

**Promote task-sharing**
Delivering decentralized care and treatment for Hepatitis, using non-specialist doctors and nurses who are trained in these areas.

**Integrate and link hepatitis care with existing public health services**
Hepatitis treatment and care can be expanded using primary care as well as HIV, harm reduction services (OSTs and needle exchange programs), as well as prison health services.

**Ensure resilient and equitable health systems**
Achieving hepatitis elimination depends on strong health systems that are adequately funded and equipped to deliver quality health care to all.
Calls to action

General public:

- We need to find Hepatitis cases to give the proper care. Knowledge is power. Get tested.
- Getting tested for and treating hepatitis B while pregnant can prevent transmission to babies
- Vaccinate every new-born against hepatitis B within 24 hours of birth.
- Educate yourself and play a part to stop the transmission of hepatitis in the community
- Speak to your health care worker and ensure timely testing and treatment to prevent cirrhosis and liver

Global leaders:

- Decentralize care to lower-level facilities, primary health and other relevant services including HIV, harm reduction and prison services
- Embed hepatitis care with primary health care to promote person-centred care
- Adequate funding for hepatitis care and mobilization of domestic funds
- Universal health coverage for all people living with chronic hepatitis B and C

National leaders, and especially those in highly affected countries:

- A world without viral hepatitis by 2030 starts with your country. Scale up and decentralize testing and treatment services to primary health care
- Enhance integrated service delivery and task sharing delivered by trained non-specialist clinicians
- Integrate hepatitis reporting and monitoring into existing surveillance and health information systems
- Sustain hepatitis services as part of UHC
- Engaging communities in hepatitis services, leverage private sector and beyond health sector

NEW Hep data from WHO 2021 global report for

- The reduction of hepatitis B infections in children is one of the few Sustainable Development Goals health targets that is on track. Implementing hepatitis B birth dose urgently needed to close the remaining regional gaps in transmission
| HIV, Hepatitis, STI                                                                 | New data show that 9.4 million people are receiving treatment for chronic hepatitis C virus infection, an almost 10-fold increase since 2015. This scale of progress has been shown to halt the trend of increasing deaths from hepatitis C.  
Hepatitis B and C cause 1.1 million deaths and 3.0 million new infections annually.  
Most people are unaware of their hepatitis infection, until later when they develop serious liver disease or cancer. Only 10% of people who have chronic infection with hepatitis B virus are diagnosed, and 22% of which receive treatment.  
For hepatitis C infection, 21% of people are diagnosed and 62% of those diagnosed receive curative treatment.  
Price reductions have made hepatitis C treatment an affordable high-impact intervention, but coverage needs to be scaled-up nearly six-fold to reach the 2030 targets for elimination.  
To eliminate hepatitis and achieve the WHO’s new ambitious interim targets by 2025, promoting a simplified service delivery for viral hepatitis within primary care can ensure that 60% of people living with hepatitis B and/or C are diagnosed and 50% eligible be cured (HCV) or receiving life-saving therapy for HBV.  
In the Americas:  
New data shows that, 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 have been diagnosed, and only 3% of them are receiving treatment.  
Only 22% of people chronically infected with Hepatitis C have been diagnosed, and just 18% of them have received treatment. |
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| **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 measure progress and validate country efforts to eliminate hepatitis with the interim framework for country validation of hepatitis elimination.  
**Contributions and stories** from countries from different WHO regions: will be showcased at the global webinar. |
Panel presentations—how can we all get involved - Participation of colleagues working in immunization and mother and child health and PHC/UHC in the Geneva Secretariat and in the involved regions and countries, partnerships—global and regional leaders and important funding institutions, interconnection between viral hepatitis and COVID-19 strongly.

**Audiences**
- Public communities in both donor and affected countries
- Government leaders of affected priority countries across several regions
- Global and regional leaders
- Implementors and community representatives in affected countries

**Products**
- Campaign website
- Social media tiles in 3 languages
- Education videos in 3 languages
- Success Stories: Chile
- Press release

Technical products:
- New Global health sector strategy 2022-2030 (May WHA approval)
- New WHO-guidance: New recommendations on HCV simplified service delivery and HCV diagnostics and Updated recommendations on treatment of adolescents and children with chronic HCV infection,
- Elimination pilots to measure progress and feasibility for validation
- Other WHO materials -KPs

**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. New data estimate that 9.4 million people have received treatment to cure viral hepatitis C. This scale of progress has been shown to halt the trend of increasing HCV mortality. Mortality declined from 1.3 deaths in 2016 down to 1.1 deaths in 2019.

Although hepatitis B infection prevention in infants has been remarkable, overall diagnosis and treatment in most populations remain limited as almost 90% of people living with viral hepatitis are unaware, they have it.
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 new Global health sector strategy 2022-2030** (May WHA approval) emphasizes the importance of person-centered care and alignment of systems and services to reach elimination. Also 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. This is only possible where there is sustained national and subnational public health system or services.

Successful elimination requires scaling up of the 5 key interventions

1. Childhood vaccinations against hepatitis B,
2. Preventing mother to child transmission of HBV
3. Injection and blood safety,
4. Harm reduction,
5. Testing and diagnosis, treatment, and care

In today’s context of the world overwhelmed by COVID-19 pandemic, and new global threats of acute hepatitis and other diseases 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 triple elimination of mother-to-child-transmission of HIV, hepatitis B and syphilis.

**The new WHO recommendations** on simplified service delivery and diagnostics and treatment of adolescents and children with chronic Hepatitis infection- achieving Hepatitis elimination will require a radical simplification in care pathways to overcome barriers in access to laboratory testing and antiviral treatment.

**Simplified service delivery:**
- Expansion of HCV testing and treatment services to simpler and primary level care,
- Promote care from tertiary to secondary and primary levels of care
- Integrate and link hepatitis care with existing services, such as in primary care, harm reduction, prisons, and HIV services.
- Promotion of task-sharing with delivery of Hepatitis testing, care, and treatment by trained non-specialist doctors and nurses

The elimination pilot report shows that the global framework and criteria for elimination are useful to tract country progress towards validation

1. Elimination of hepatitis B MTCT
2. Measurement of declining HCV transmission in both general and key populations
3. Assessment and progress in reduction of mortality for hepatitis associated liver cirrhosis and liver cancer
4. Identification of specific country gaps to assist in the development of tailored solutions to bridge and close gaps towards elimination
5. Attainment of path to elimination for high burden countries
6. Promoting the validation of hepatitis elimination in every country