

The World Hepatitis Alliance – tackling hepatitis together

Charles Gore

President, World Hepatitis Alliance



World Hepatitis Alliance – areas of work



National Policy Focus

Global Policy Focus

World Hepatitis Day - July 28

Supporting Members

WHO Resolution & Global Approach



Hepatitis does not discriminate by age, race, occupation or background.

Know it. Confront it. Get tested.

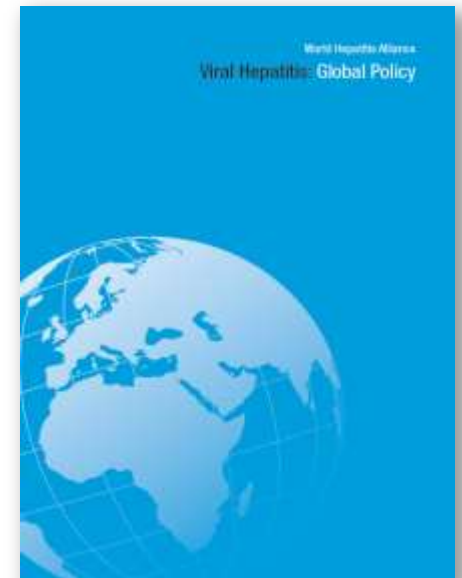
This is hepatitis...

World Hepatitis Day: July 28 2012
www.who.int/hepatitis



Policy Focus: A WHO Resolution

- Before 2009 viral hepatitis not seen as a global health issue nor addressed globally
- Alliance and its members advocated with governments for 18 months
- Alliance & WHO survey of hepatitis policy in the 193 Member States published May 2010 – available online at www.worldhepatitisalliance.org
- Results – 80% of countries consider viral hepatitis to be an urgent public health issue
- Report used to push for the adoption of a viral hepatitis resolution by the World Health Assembly



Policy Focus: Bulgaria

Bulgaria

Population (2016)	7,461,000	collected regularly (year)	1996
Country Classification (2016) Upper middle income		access available to	2011
Gross National Income per capita (2016) \$ 6,210		acute hepatitis B:	11.26
Total health expenditure % of GDP (2016) 6.9%		chronic hepatitis B:	106.23
Per-capita total health spend (2016) \$711		any (reporting) disease:	1987
Per-capita per health spend (2016) \$412		collected regularly (years, since)	2001
Life expectancy (life, 2016) 75 (74)		access available to:	2002
Healthy life expectancy (life, 2016) 67 (67)		acute hepatitis C:	2390
Weakness (2016)	11	chronic:	47000
		access available to:	2007
		any (reporting) disease:	1997
		collected regularly (years, since)	2001

The government of Bulgaria reports as follows:

Policy

The government of Bulgaria considers hepatitis B and/or hepatitis C to be an urgent public health issue.

National strategy: A specific strategy for the prevention and control of hepatitis B and/or hepatitis C is not in place.

Goals: Goals for the prevention and control of hepatitis B and/or hepatitis C are in place.

Hepatitis B sensitive policy: A national hepatitis B sensitive policy is in place. Groups covered by this policy include: infants; Healthcare workers; Military personnel.

Healthcare settings: A specific strategy to prevent infection with hepatitis B and/or hepatitis C in healthcare settings is in place. Areas covered by this strategy include: Safe injections; Blood screening; Vaccination of healthcare workers.

Policy development: Information was not available as to whether other countries' policies relating to hepatitis B and/or hepatitis C are currently reviewed for adoption or good practice.

Public awareness and education

Government-funded public awareness campaigns for hepatitis B and/or hepatitis C have not taken place in the past five years. Action to reduce stigma experienced by, and discrimination against, people who have hepatitis B and/or hepatitis C has, however, been taken by the government.

Surveillance

National routine disease surveillance for hepatitis B and/or hepatitis C is in place. Components of the national monitoring system include:

- Standard case definitions exist
- Clinical cases require laboratory confirmation prior to reporting
- Surveillance exists for acute hepatitis
- Surveillance data not used for chronic hepatitis
- Information was not available as whether chronic hepatitis infections are registered
- Low case counts are registered
- Cases of co-infection with HIV are registered

Prevalence estimates: Prevalence estimates for the country are available.

Disease reporting: Disease reports are published on a monthly basis.

Testing

Access: Testing for hepatitis B and/or hepatitis C is easily accessible to more than 50% of the population. It can be accessed anonymously or confidentially.

Cost: Testing is not available free of charge to all citizens. It is, however, provided free of charge to some groups (not specified).

Compulsory testing: Testing is not compulsory for any groups.

Treatment and care

Pathways: A clear patient pathway for the screening, diagnosis, referral and treatment of hepatitis B and/or hepatitis C is in place.

Funding: The treatment of hepatitis B and/or hepatitis C is funded in part-funded by the government.

Working with civil society

Government programmes for the prevention and control of hepatitis B and/or hepatitis C are developed and implemented in collaboration with patient groups, international organizations and/or other partners. Specific details of these were not available in this study.

WHO Assistance

The government of Bulgaria would welcome assistance from the WHO in the prevention and control of hepatitis B and/or hepatitis C in the following areas:

- Awareness raising
- Developing tools to assess the effectiveness of interventions
- Surveillance

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63rd World Health Assembly Resolution 18

- First ever viral hepatitis resolution adopted 21.05.2010
- World Hepatitis Day will be 28th July each year – only the 4th disease-specific official WHO day
- WHO will assess the global burden of disease
- WHO will develop a global strategy for the prevention and control of viral hepatitis that has ‘time-bound goals’
- Countries are urged to:
 - To improve surveillance (2.1, 2.4, 2.9)
 - To integrate viral hepatitis into other programmes (2.2, 2.4)
 - To involve NGOs/civil society (2.2)
 - To improve prevention/health promotion (2.3, 2.4)
 - To improve diagnosis (2.3, 2.4)
 - To improve access to treatment (2.3, 2.4)

Policy Focus: The importance of national strategies

- 3. Requests the Director-General:
 - (1) to establish in collaboration with Member States the necessary guidelines, strategies, time-bound goals and tools for the surveillance, prevention and control of viral hepatitis;
- Global strategy
- Regional strategies
- National strategies

Policy Focus: WHO Global Hepatitis Strategy

Hepatitis strategy at a glance: From WHO products to results in countries

WHO products (Attribution)		In country results (Contribution)		
Strategic axis	WHO products	Country basic operational framework		Outcome/ impact
		Plans	Results	
1. Partnership, mobilization and communication	Support for World Hepatitis Day	Hepatitis Day action	- High awareness - Absence of discrimination	- Reduced rates of new infections - Reduced fulminant hepatitis mortality
	Network of collaborating centres	Centres of excellence		
	Civil society collaborations	National patient group		
	Resource mobilization strategy	Funded national plan		
	External communication strategy	IEC strategy		
2. Data for policy and action	Disease burden estimates	Burden estimates	- Evidence based, cost-effective policy and plans	- Improved quality of life for patients with chronic hepatitis
	Impact assessment tools	National sero-survey (s)		
	Surveillance and outbreak investigation standards	Sentinel surveillance sites		
	Country profiles	Coordination cell at MoH		
	Research agenda	National research agenda		
3. Prevention of transmission	Guidance and tools for immunization for A, B and E	EPI schedule and SOPs	- Immunization coverage increased	- Reduced mortality from cirrhosis and HCC *
	Safe health care standards and tools	BBV ^T prevention plans	- Safe health care	
	Harm reduction tools for injection drug users	IDU care programme	- Safe sex	
	Safe food and water strategies	Food and water safety	- Harm reduction	
	Safe sexual practice guidance	Health promotion		
4. Screening, care and treatment	Screening and counseling resource package	National screening plans	- Infected patients identified, care provided and treated	
	Diagnostic standards	Lab SOPs and network		
	Care and treatment guidelines for B and C	National care policy / plans		
	Training package for health care providers	National curriculum		
	Equity in access to treatment and drugs	Essential medicines in list		

Policy Focus: National Strategies/Lessons

4 Key Ingredients

- Leadership
- Funding
- Evidence-based interventions
- Monitoring

Policy focus - National Strategies/ 12 Asks

1. Promotion of World Hepatitis Day as the focus for ongoing campaigns which are committed to increasing disease awareness, reducing stigma and promoting prevention
2. Appointment of an individual to lead government strategy nationally
3. Development of an integrated approach for screening, diagnosis, referral and treatment, using the policies, strategies and tools recommended by the World Health Organization
4. Commitment to increase the number of persons diagnosed with chronic hepatitis B and C infections
5. Commitment to reduce hepatitis-related mortality, incorporating time-bound goals
6. Commitment to increase surveillance and publish national statistics
7. Commitment to work with patient groups in policy design and implementation
8. Commitment to examine cases of best practice internationally in designing and implementing programmes
9. Provision of affordable and confidential testing
10. Inclusion of hepatitis B vaccine in national immunization programme, including birth dose provision
11. Commitment to safe healthcare, including the promotion and enabling of safe injection practices and the strengthening of the safety of blood and blood products
12. Strengthening of efforts to protect, diagnose and treat migrant and vulnerable populations

Policy Focus: *Viral Hepatitis: Global Prevention & Control* report

- Resolution challenge: there's no provision for ongoing monitoring of progress in tackling hepatitis
- Solution: WHO & Alliance survey based on the elements of the Global Strategy – currently being piloted, soon to be sent to all Governments
- Based on 4 axes & 20 elements of WHO global strategy
- Report to be launched early 2013

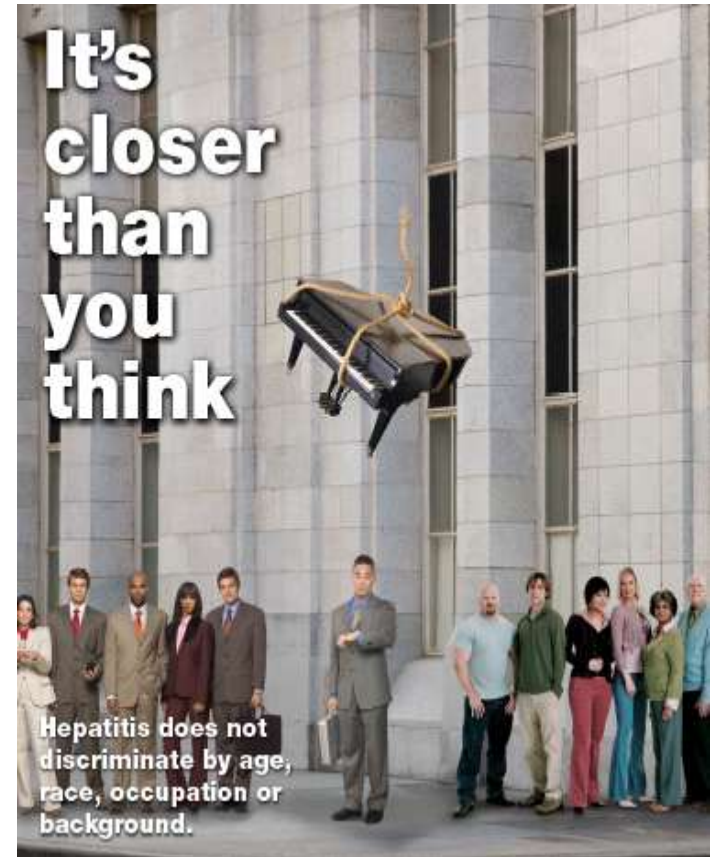
Policy Focus: WHO/Alliance/CDC

Global Viral Hepatitis Summit

- Be the central scientific conference for public health interventions in viral hepatitis prevention and control
- Provide an opportunity for WHO to influence public health research into the most needed fields through selection of topics/presentations/posters and interaction with global funders of research
- **Provide an opportunity for Member States to learn the latest data on what interventions work best and are most cost-effective**
- **Provide an opportunity for Member States to share experience and learnings with each other and with the staff of the Global Hepatitis Program, especially in the development of national hepatitis strategies**
- Provide an opportunity for global funders such as PEPFAR, the Gates Foundation and the Global Fund to gain better understanding of viral hepatitis particularly where it touches their existing programmes on e.g. HIV/AIDS
- Bring together members of the World Hepatitis Alliance (currently 141 from 61 countries) as well as associated community groups (up to 300) to consolidate the community voice in hepatitis
- Provide an opportunity to upskill Alliance members, especially in the areas of advocacy, media and PR, fundraising and governance

World Hepatitis Day 2012

- It's closer than you think concept
- 65+ countries participating
- Facebook app (live now)
- Guinness World Record Attempt
- Twitter campaign
- Campaign Video
- SMS campaign in Africa
- WHO and ROs activities



Thank you!

Video presentation