

What will it Take to Achieve the HCV Elimination Goals among People Who Inject Drugs?

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Outline

- **WHO** structure and functions
- **PWID a priority population**
- WHO **elimination targets** and **global coverage** of harm reduction
- **Challenges and opportunities** for reaching targets for PWID
- Take-home messages



WHO Structure

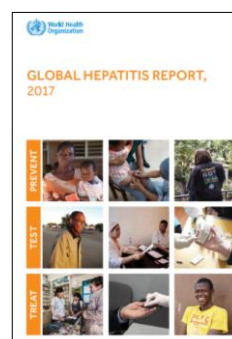
- Secretariat with global, regional and country offices
 - Normative guidance
 - Evidence-based
 - Advocacy
 - Technical support
- Governing Board UN
 - Member States
 - Executive Board (EB) and World Health Assembly (WHA)



WHO First Global Hepatitis Report, 2017

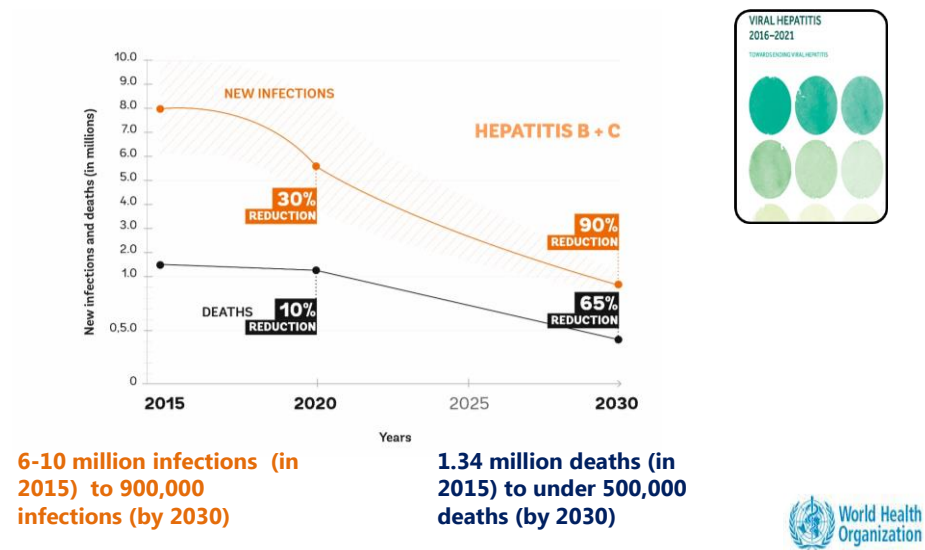
- In 2015, 328 million people living with hepatitis
- **71 million** with **chronic HCV** infection
 - 23% global HCV incidence
 - 33% global HCV related death
 - 8.5% global prevalence *
- **HIV/HCV co-infection** prevalent
 - 82.4% among PWID with HIV
 - 6.4% in MSM with HIV
 - 2.4 % in PLHIV without higher risk behaviours

Attributable to IDU



*Source: Grebely et al, 2017 Global, regional, and country-level estimates of hepatitis C infection among people who have recently injected drugs

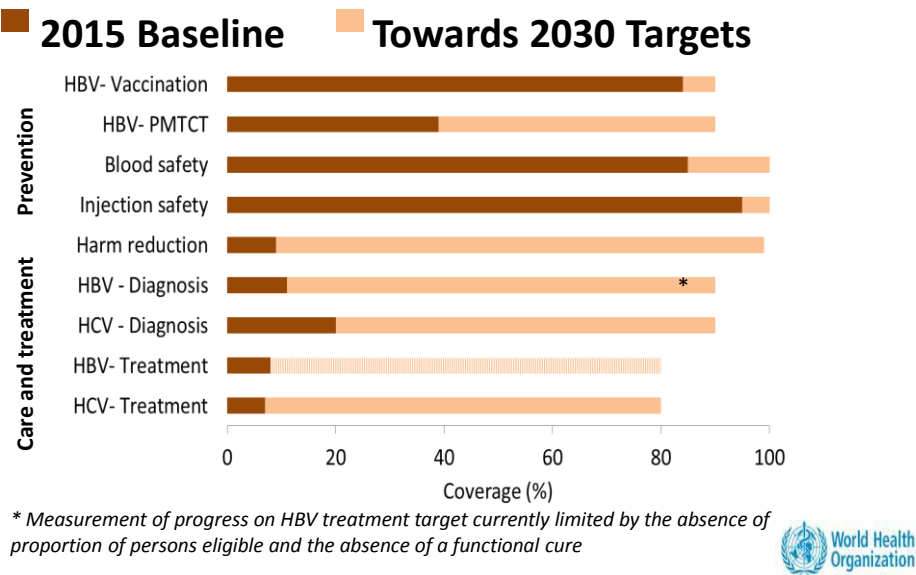
WHO’s aim is to eliminate viral hepatitis as a major public health threat by 2030



Eliminating hepatitis by 2030:
A package of interventions with high impact

		2030 targets
Elimination is defined by impact indicators	A. Incidence	-90%
	B. Mortality	-65%
Modelling suggests that taking 5 core interventions to sufficient coverage will achieve impact	1. Three dose hepatitis B vaccine	90%
	2. HBV PMTCT	90%
	3. Blood and injection safety	100 % screened donations
		100% safe injections
	4. Harm reduction	300 injection sets/PWID/year
	5. Testing and treatment	90% diagnosed
		80% eligible treated

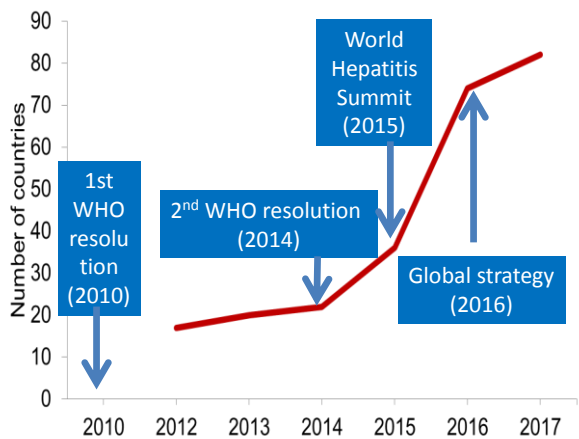
Where are we now?



Strategy and targets lead to national plans for an effective and coordinated response



Five fold increase in number of countries with a viral hepatitis plan 2012–2017



17 countries in 2012
82 countries in 2017
First World Hepatitis Summit and
Global Strategy WHA important milestones



WHO Guidance on harm reduction since 2003



NSP
OST & other evidence-based drug treatment
HIV testing and counselling
HIV treatment and care
Prevention and treatment of STIs
Condom programming
Targeted IEC
Viral Hep prevention, diagnosis & treatment
TB Prevention, diagnosis & treatment

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New!

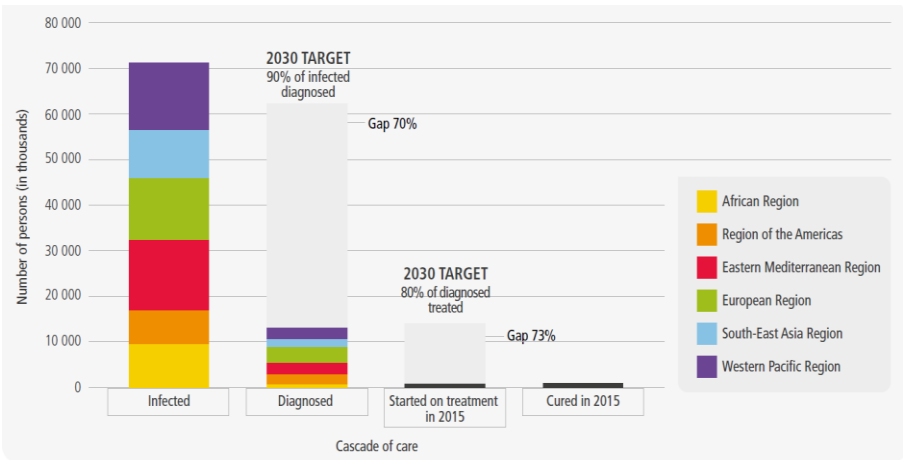
Condom programming
Harm reduction interventions + naloxone
Behavioural interventions
HIV testing and counselling
HIV treatment and care + PrEP
Prevention and management of viral Hep, TB and mental health conditions
Sexual and reproductive health interventions
Supportive legislation, policy and funding
Addressing stigma and discrimination
Community empowerment
Addressing violence

Key recommendations for PWID

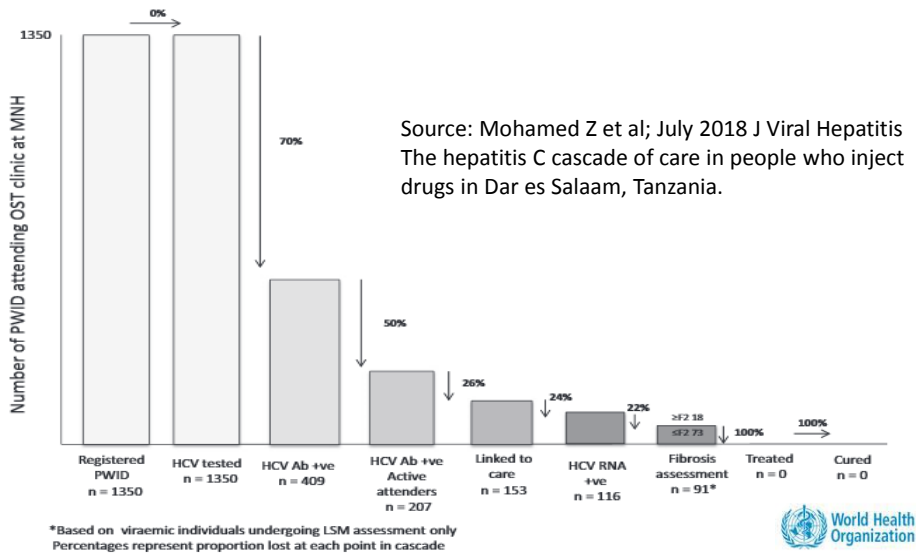
- Scale up and sustain harm reduction measures to prevent incident infections
- Increase testing, linkage to care and uptake of directly-acting antiviral therapy among people who use drugs
 - ‘**Treat all**’- Offer treatment to all HCV RNA+ >12 yrs, irrespective of disease stage
 - Use of **pangenotypic DAA regimens** for chronic HCV infection in people >18 yrs
- Structural interventions are part of a comprehensive public health approach



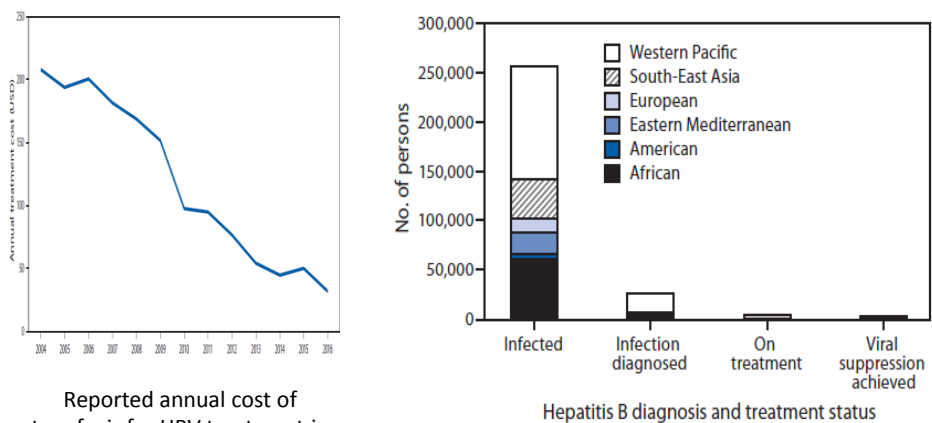
HCV Cascade by WHO region by 2020 and 2030 targets



HCV care cascade in PWID on OST in Dar es Salaam, Tanzania (2011-2016)



HBV care and treatment cascade by WHO region, 2016

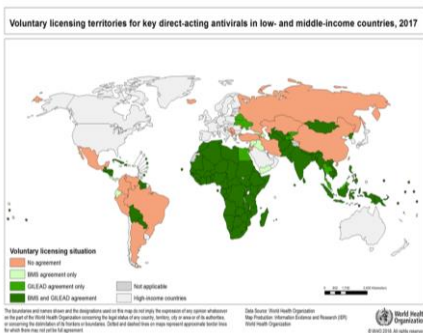


* The sequential steps or stages of hepatitis B care that persons living with hepatitis B virus infection go through, from diagnosis through viral suppression.

Source: WHO's Global Price Reporting Mechanism.



Monitoring price reductions for DAAs



WHO Access Report, 2018

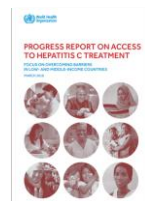
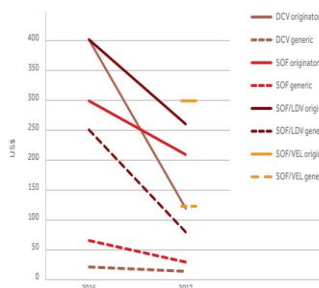


Fig. 3.3.3. Trends in the lowest reported prices for direct-acting antivirals per 28-day supply, 2016–2017



Note: Prices as reported by DAA producers and countries in the WHO 2016 and 2017 surveys



- High price remains a barrier in most upper middle income countries, e.g. Brazil, China, Columbia, Mexico, Kazakhstan, and Turkey.
- 62% of persons with chronic HCV infection live in countries which could access generic medicines at less than USD 200/cure.

<1% of PWID live in countries with sufficient harm reduction coverage

179 countries with evidence of IDU:

- 93 NSP
33 needles/PWID/yr
- 87 OST
16 % PWID in OST

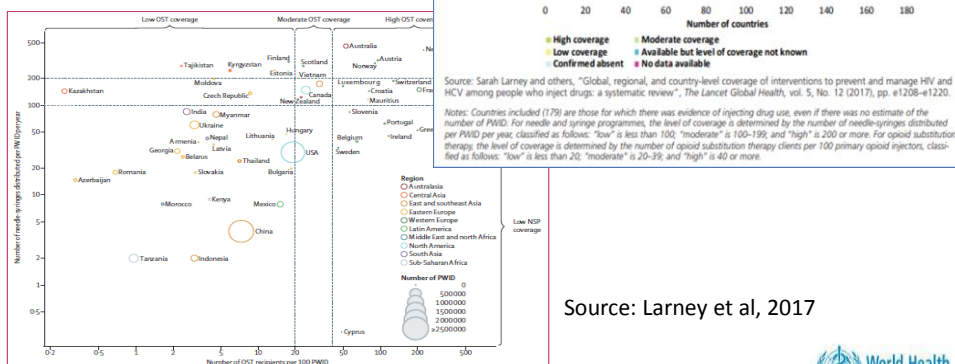
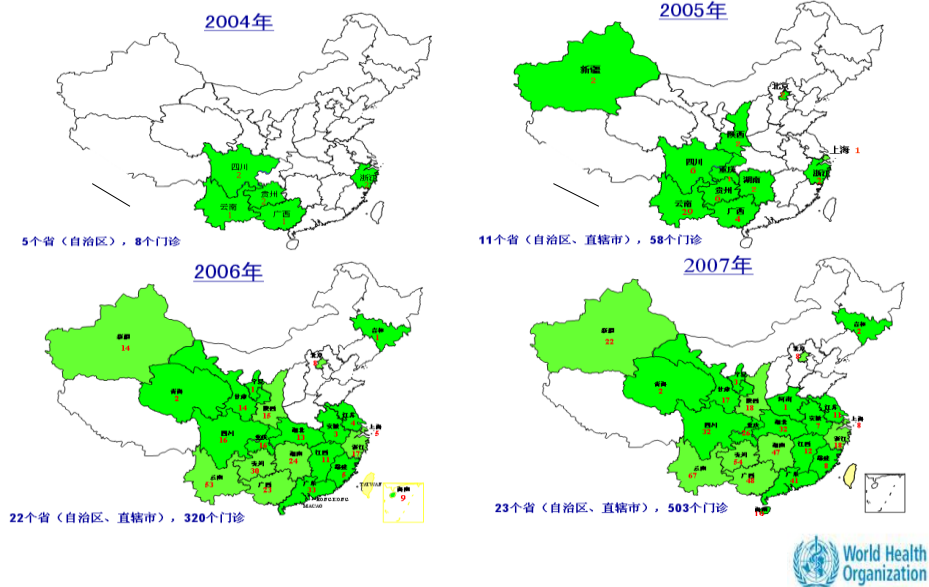


Figure 4: Combination coverage of needle and syringe programmes and opioid substitution therapy for people who inject drugs
Includes only countries with a non-zero estimate of both NSP and OST coverage. Circle area indicates national estimate of population size of PWID. PWID= people who inject drugs. NSP= needle and syringe programmes. OST= opioid substitution therapy.

Source: Larney et al, 2017



It is all about commitment: MMT in China between 2004-2007



Not to forget Prisons!

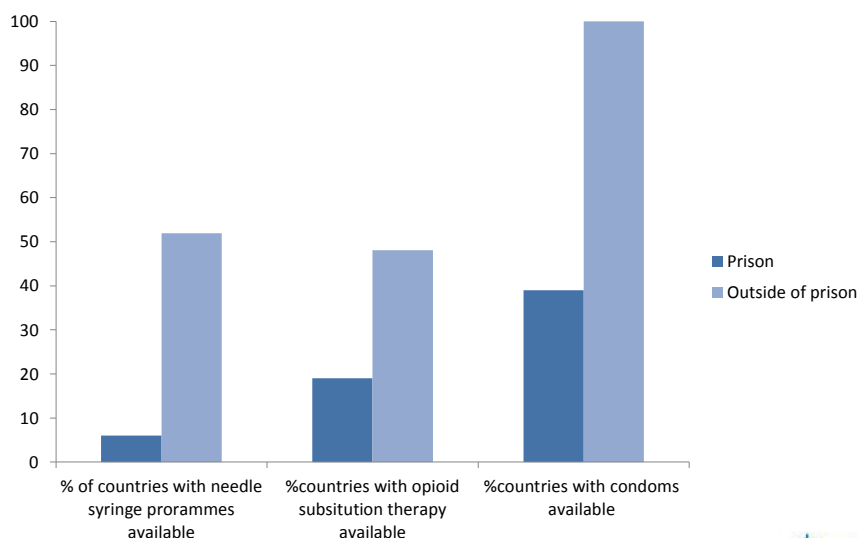
Prevention of transmission of HIV, hepatitis B virus, hepatitis C virus, and tuberculosis in prisoners

Adeeba Kamarulzaman, Stewart E Reid, Amee Schwitters, Lucas Wiessing, Nabila El-Bassel, Kate Dolan, Babak Moazen, Andrea L Wirtz, Annette Verster, Frederick L Altice

- 30 million people in prison/year
- **Drug use**
 - PWID over-represented
 - Some people start using/engage in more risky injecting practice
- HBV and HCV (and HIV and TB) prevalence higher than in general population
- Inequity in access to prevention and treatment
 - Limited availability harm reduction
 - Continuity of care between community and prison



Lack of availability of prevention in prisons



*Country reported GAM data 2017; Larney et al Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review Lancet Glob Health 2017; 5: e1208–20



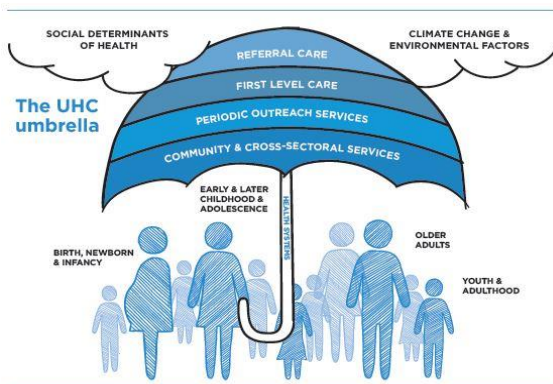
Next steps for WHO

- Support countries to implement policies
- Continue advocacy: harm reduction critical to HCV elimination
 - Use viral hepatitis programmes to rally support
 - WHO Hepatitis Harm Reduction Working Group
 - Implement for impact
 - Comprehensive interventions
 - Policies that address stigma and discrimination
 - Differentiated Service Delivery
 - HCV treatment in PWID as prevention
- Include data on PWID in Global reporting
 - Building data systems at country level
 - Using incremental approach
 - Prevention indicators already monitored - GAM
 - New system only for the cascade of care and treatment
 - Report back
 - Global hepatitis, HIV and STI report in December 2018



Universal Health Coverage: Ensuring hepatitis prevention, testing and treatment are included in broader health agenda

WHO call to action launched at the UNGA 2017



Source: WHO (2017). Together on the Road to Universal Health Coverage: A Call to Action.



Summary

- Ambitious strategy endorsed for elimination
 - Defined package with simpler treatment guidelines
- To achieve targets major access gaps will need to be addressed
 - Promote scaling up of interventions for PWIDs and prisoners
- Focus on country impact and addressing data, normative and policy needs
 - Promoting removal of structural barriers, criminalisation, stigma and discrimination
 - Legal access to harm reduction, testing and treatment for PWID
 - Overall focus on improving drug users health and potentially develop new evidence and guidance
- Universal Health Coverage provides an opportunity



Thank you !

‘Only prerequisite is commitment’

(Robert Newman, 1938 - 2018)

‘Knowing is not enough, we must apply;

Willing is not enough, we must do’

(Goethe, 1749-1832)

- <http://www.who.int/hepatitis/publications/hepatitis-c-guidelines-2018/en/>
- <http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>

