World Health Organization
REGIONAL OFFICE FOR Africa

Viral Hepatitis Elimination in Africa

Policy, Targets, Gaps and Synergies

Olufunmilayo Lesi

WHO Regional Office for Africa

Conference of the International Network on Hepatitis in substance users

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Outline

1. Introduction
2. Global health sector strategy for viral hepatitis
3. Progress and gaps in the hepatitis response
4. Synergies for moving forward
5. Conclusion

Introduction

Viral Hepatitis elimination has become a global priority

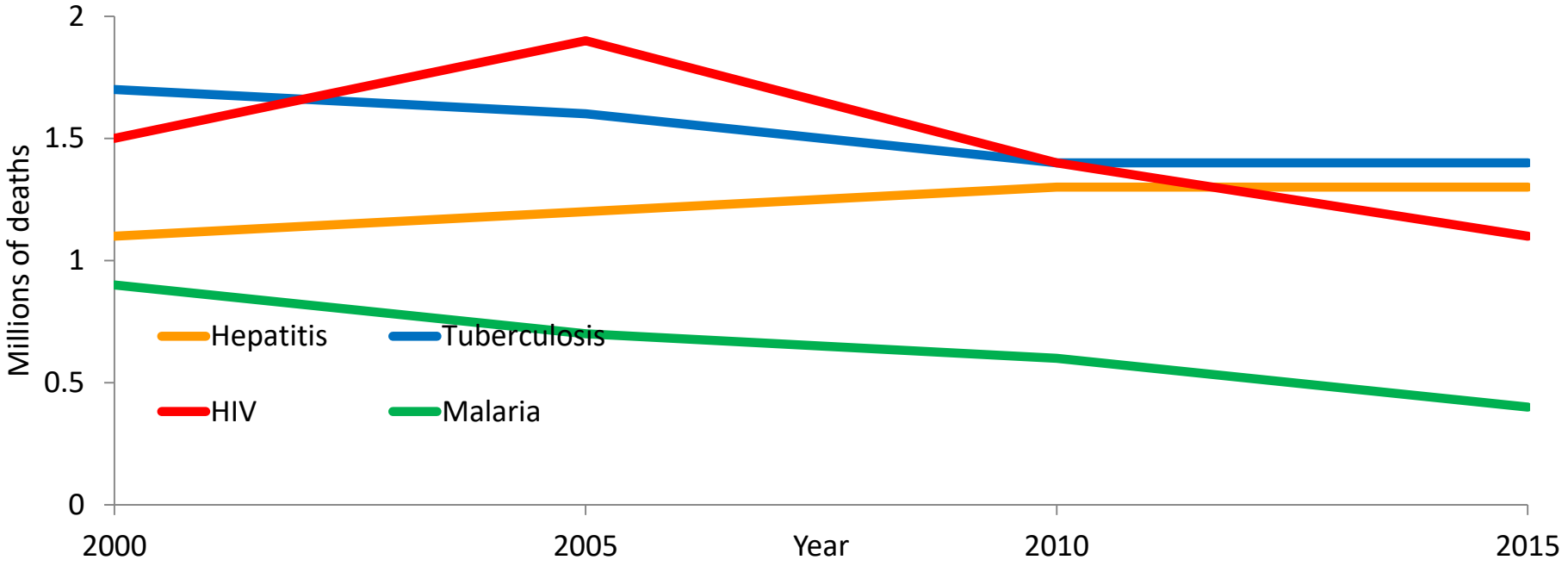
1. Significant global burden
2. Rising death rates from liver cancer and cirrhosis
3. Overlapping epidemic with HIV
4. Technological advances in diagnostic tools
5. Availability of effective treatment and cure

Global Hepatitis Report, *WHO* 2017

Hepatitis mortality is increasing, 1.4 million deaths estimated in 2016 (globally)

-a death toll we could no longer neglect

96% hepatitis deaths from HBV and HCV (cirrhosis and hepatocellular carcinoma)



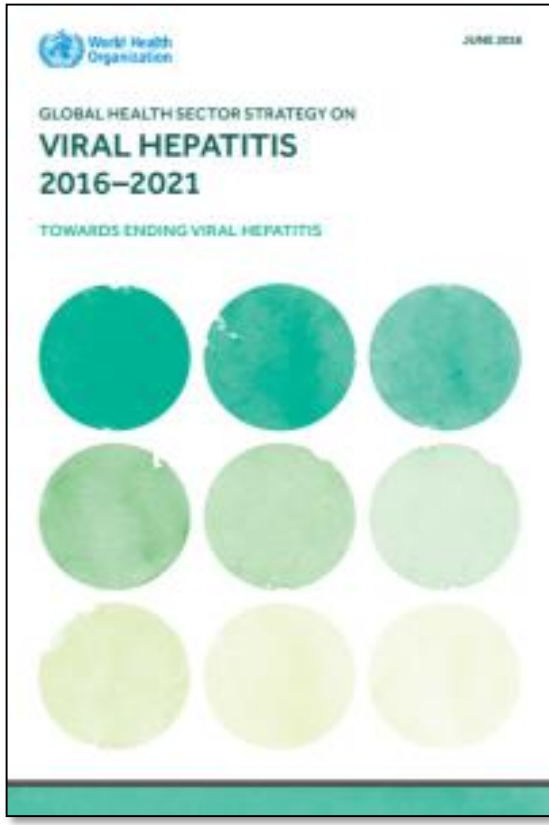
Global Hepatitis Report, *WHO* 2017

>250,000 liver cancer/cirrhosis deaths estimated in Africa..

One person dies every 2.5 minutes of HBV

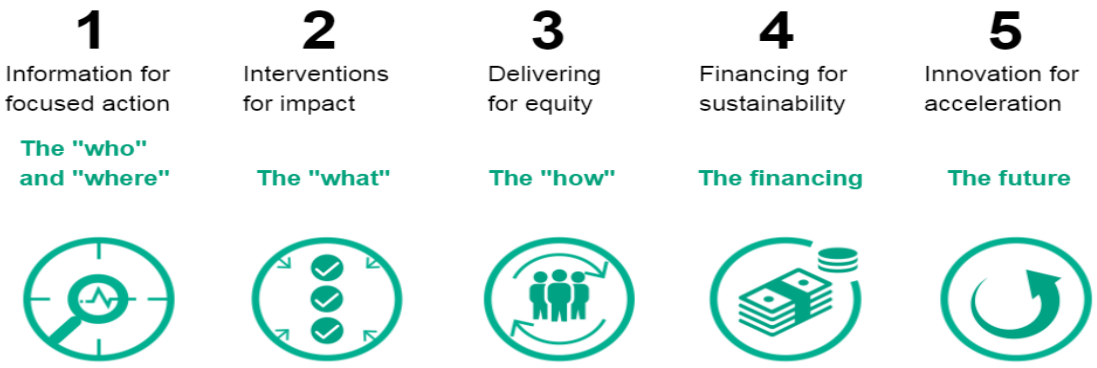
One person dies every 5.5 minute of HCV

The first Global Health Sector Strategy for Hepatitis (GHSS)and elimination Targets



In response to the growing threat, the World Health Assembly adopted the GHSS for elimination of Hepatitis by 2030

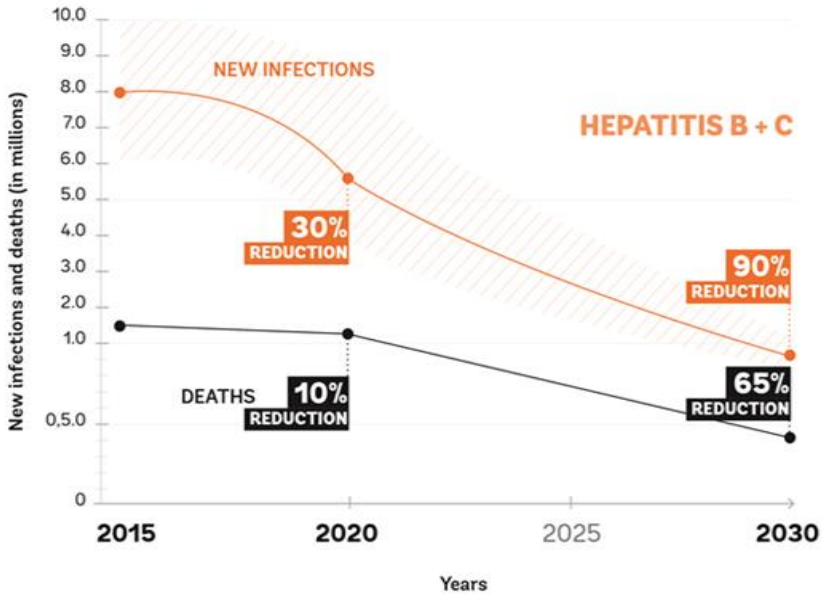
- Identifies 5 strategic directions and priorities for a coordinated global response
- Setting Targets towards "Elimination" – Responding to SDG Target 3.3.
- Common framework with HIV & STI disease strategies
  - Universal Health Coverage, Sustainable Financing, Public Health Approach



Elimination of Hepatitis by 2030
Adopted by World Health Assembly in 2016

Taking stock together

- 2016: World Health Assembly endorses elimination



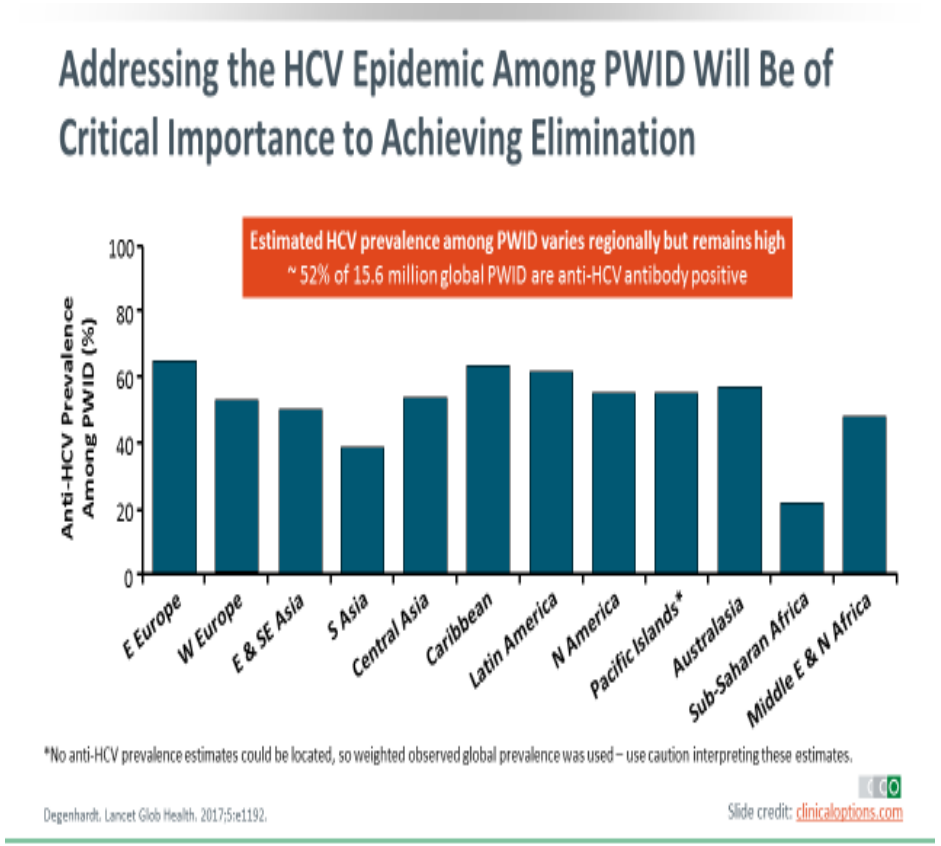
- Incidence reduced by 90%
- Mortality reduced by 65%

5 core interventions with sufficient coverage would lead to elimination (incidence - 90%, mortality -65%)

	Interventions	Indicator	2015	2020	2030
	3 dose infant HBV vaccine	Coverage	84%	90%	90%
	HBV PMTCT (birth dose<24h)	Coverage	39%	50%	90%
	Blood / injection safety	Screened donations	97%	100%	100 %
		Safe injections	95%	100%	100%
	Harm reduction	Sets/PWID/year	27	200	300
	HBV and HCV testing and treatment	% diagnosed	9/20%	30%	90%
		% treated	8/7%	N/A	80%

Injecting Drug Users- an important sub-group for Hepatitis Elimination

1. Vulnerable high burden group
   - 52% of 15.6 million PWID are anti-HCV positive
2. Effect on GHSS impact indicators
   - Nearly 23% of new HCV infection (1% of HBV)
   - 31% of HCV deaths (0.8% HBV) previously attributable to life time history of IDU *
3. Overlapping epidemics-HIV and HCV prevalence 17.8% and 52.3% respectively among the people who inject drugs
4. Mathematical modelling suggest that high PWID service coverage essential for elimination-



*Changing epidemiology in countries with high PWID population, now bimodal in USA with PWID driving the HCV epidemic, recent infections and treatment naïve

(1) Degenhardt, L. et al (2017), Global state of harm reduction, 2019, Heffernan et al, Lancet, 2019

PWID- High impact interventions in WHO/UN policies

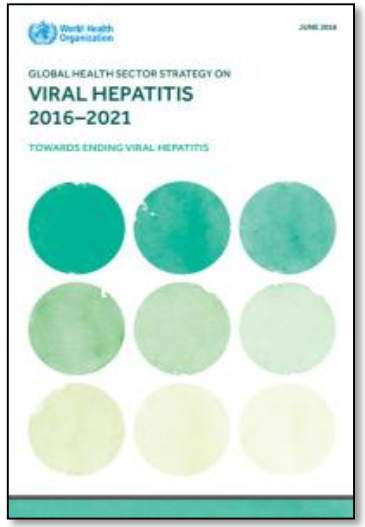
Global Hepatitis strategy

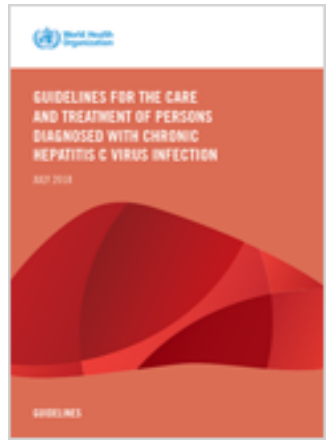
Interventions	Indicator	2020	2030
Harm reduction	Sets/PWID/year	200	300
Testing	% diagnosed	30%	90%
Treatment	% treated	N/A	80%

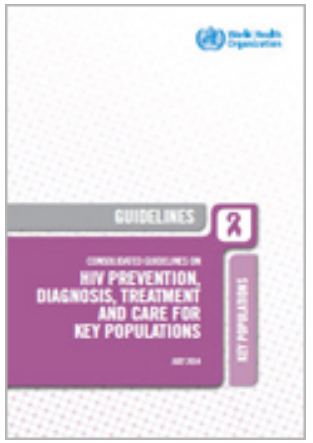
WHO/UNODC and UNAIDS-other interventions relevant to hepatitis control

- Scale up and sustain harm reduction measures to prevent new infections (OST and NSP)
- Increase testing, linkage to care and treatment among PWIDs and combine high treatment rates with prevention interventions
- Risk reduction communication
- Synergize HIV prevention and care and other drug use related public health issues (e.g., overdose or TB) towards a comprehensive approach

Overcoming legal and societal barriers significantly affect coverage



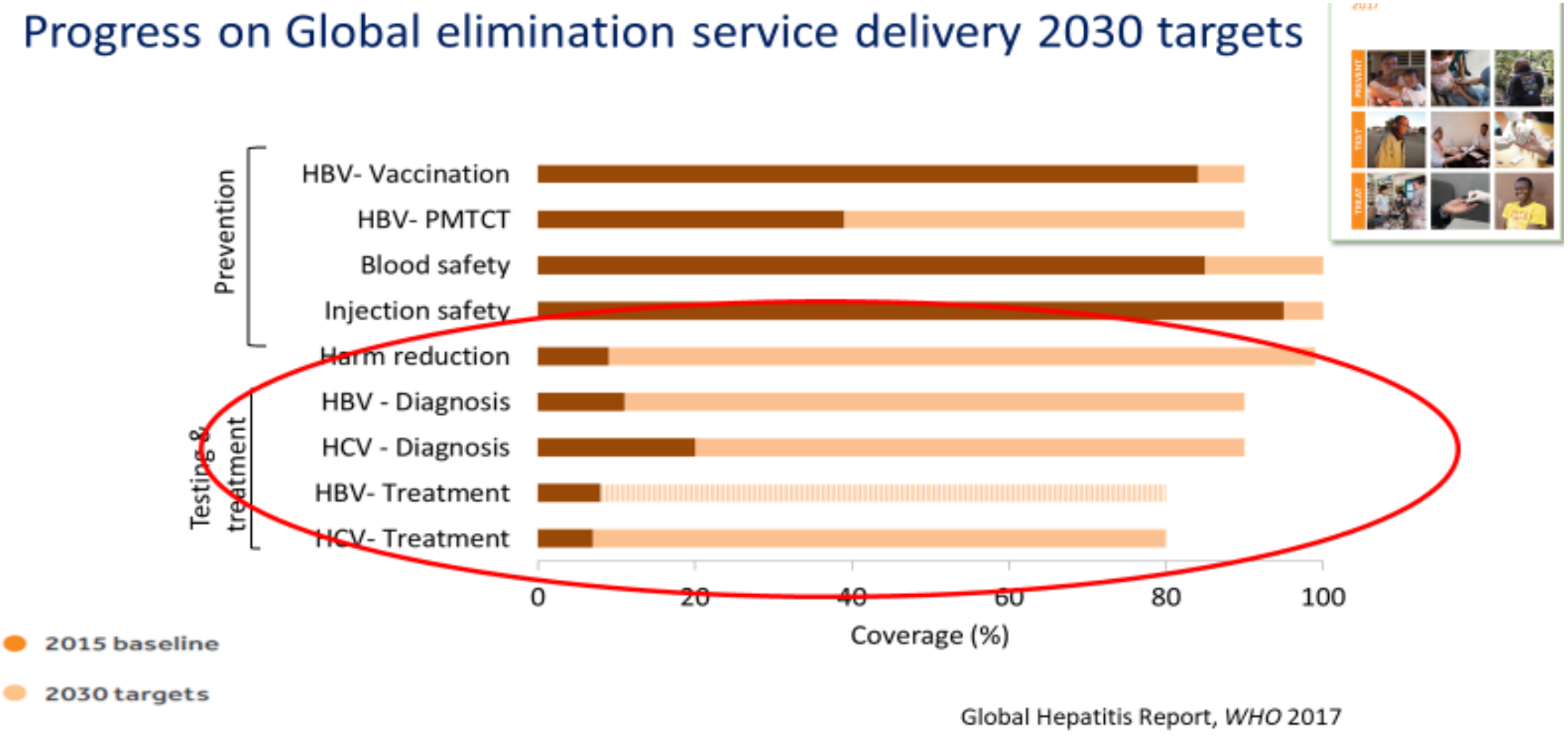




Progress and Gaps in the hepatitis response

Progress and Gaps in the global response

Service coverage of the 5 core indicators



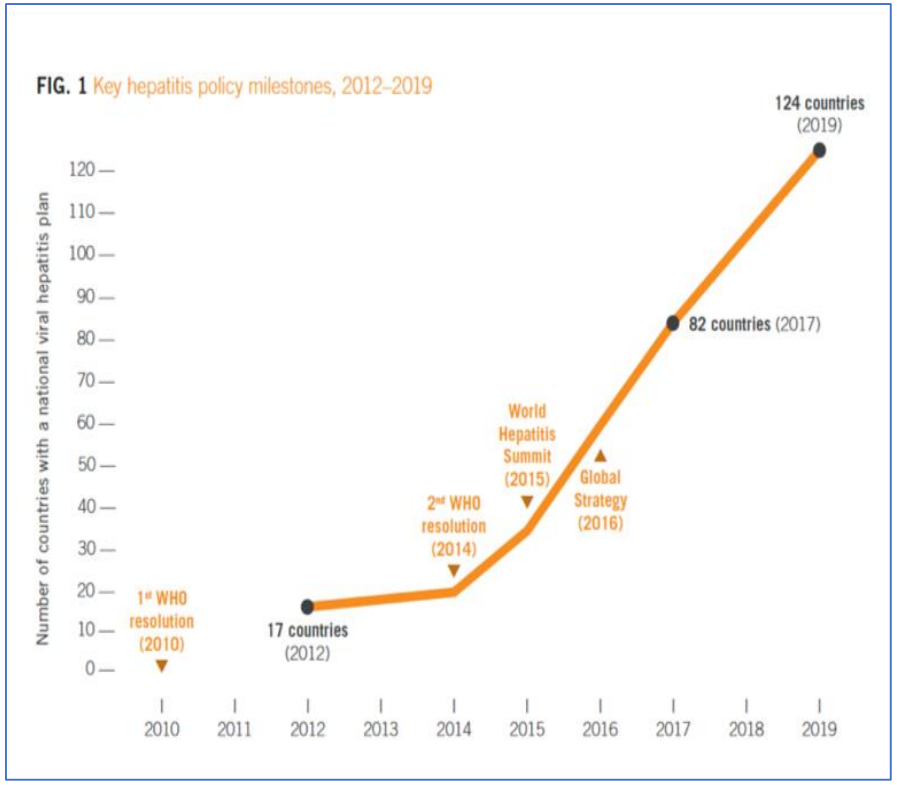
Global Hepatitis Report, *WHO* 2017

National strategic Plans- planning the response

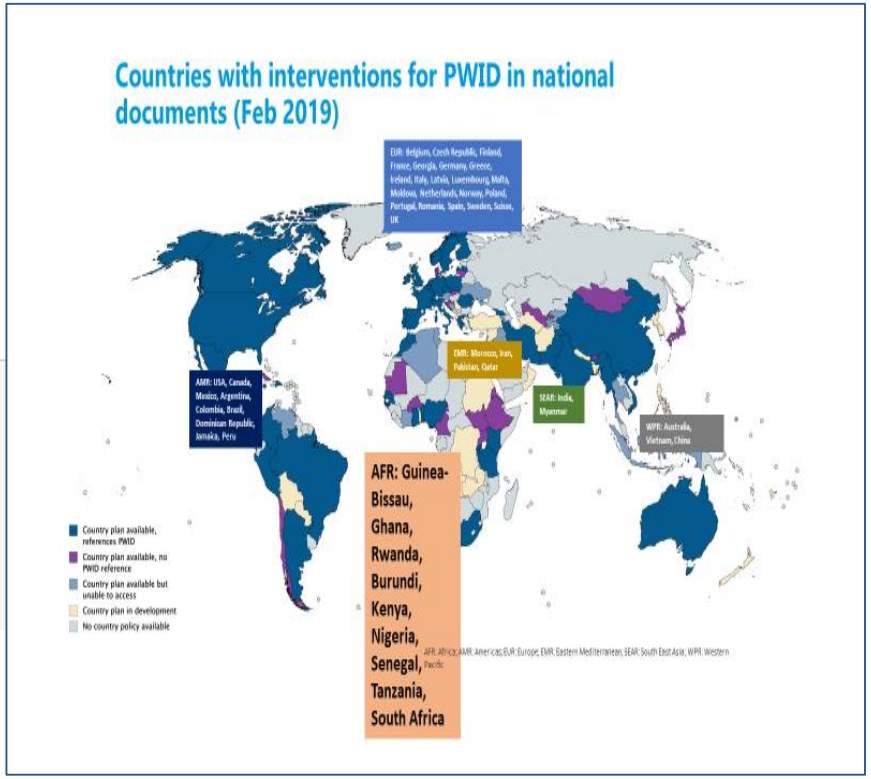
.. *towards an effective and coordinated response*

Report of a WHO review of National hepatitis policies and strategic plans

The number of countries with plans for hepatitis is increasing.

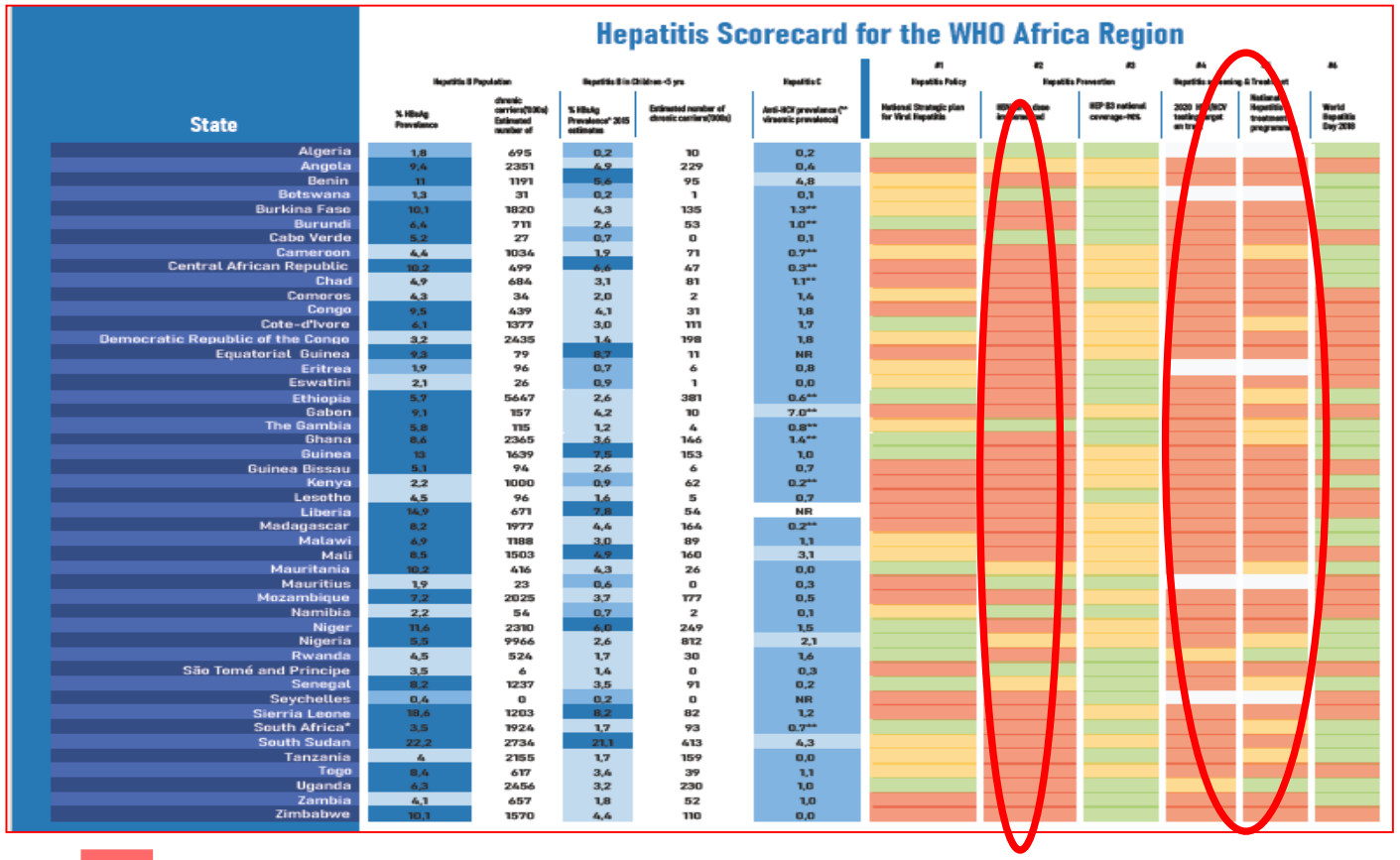


- 81 plans were accessed. 51 (63%) plans included interventions for PWID.
- 37 (46%) of these country plans outlined necessary interventions for PWID in accordance with the GHSS.
- Only 28 national plans (35%) referenced interventions for prisoners, highlighting a gap in planning for this population.



Progress and gaps in the sub-Saharan African region

Scorecard documents burden of infection and performance ahead of 2020 deadline



Major gaps and limited responses in most countries despite high prevalence of HBV and HCV

- National plan developed in 28/47 countries
- Public health programs for hepatitis in only 3 countries
- Hepatitis B birthdose in 11 countries

HBV-BD

Testing and treatment

Not on track to reach target

On track to reach target

Target attained

Blue highlights areas of high prevalence

Overcoming gaps in the hepatitis response

Critical challenges

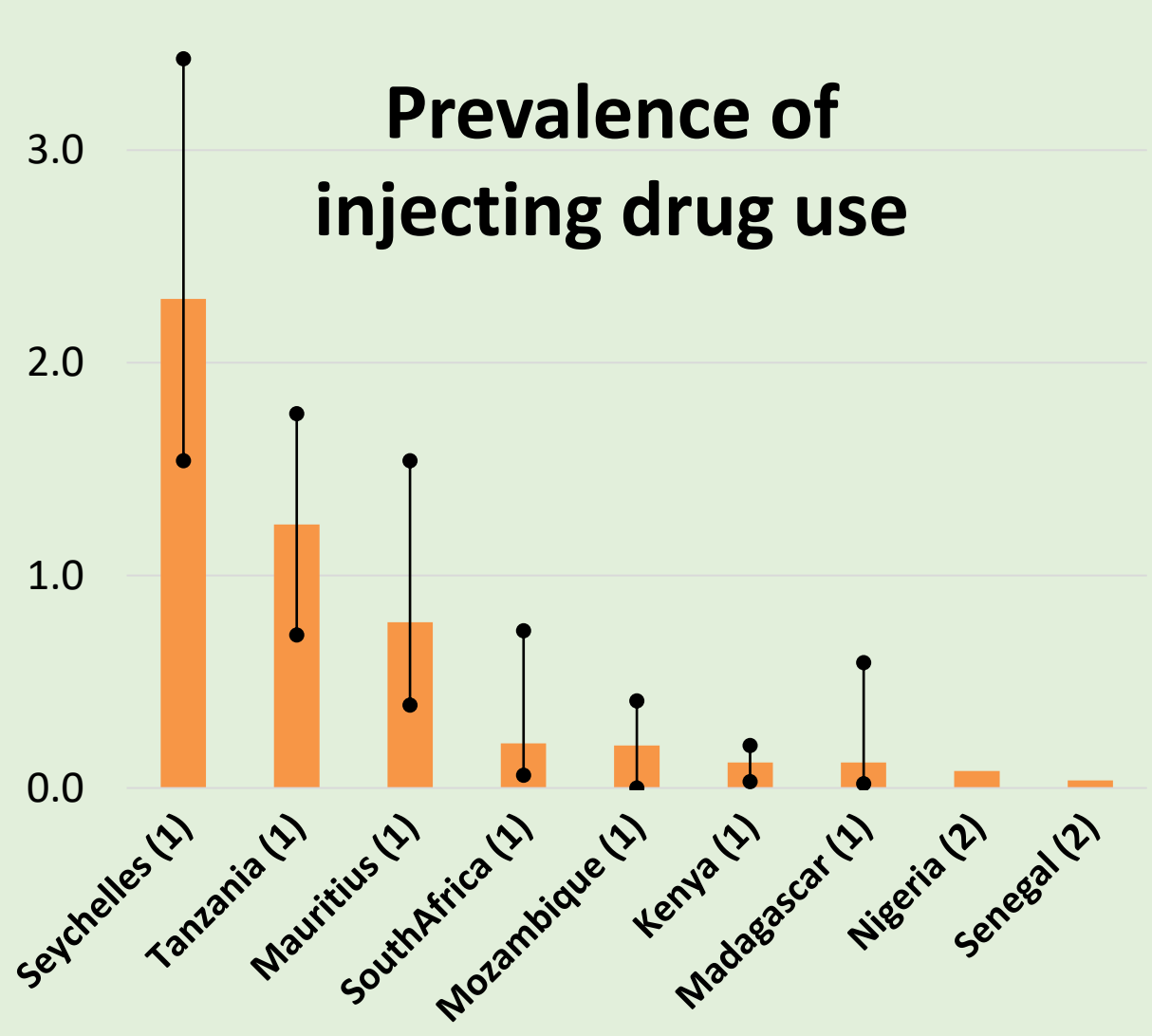
1. Political and community awareness,
2. inadequate data for advocacy,
3. Lack of services for hepatitis testing
4. Lack of access to low cost treatment and diagnostics
5. Negligible funding and lack of health insurance
6. Inadequate preparedness of the African health workforce
7. Legal framework and enabling environment
8. Stigma and discrimination

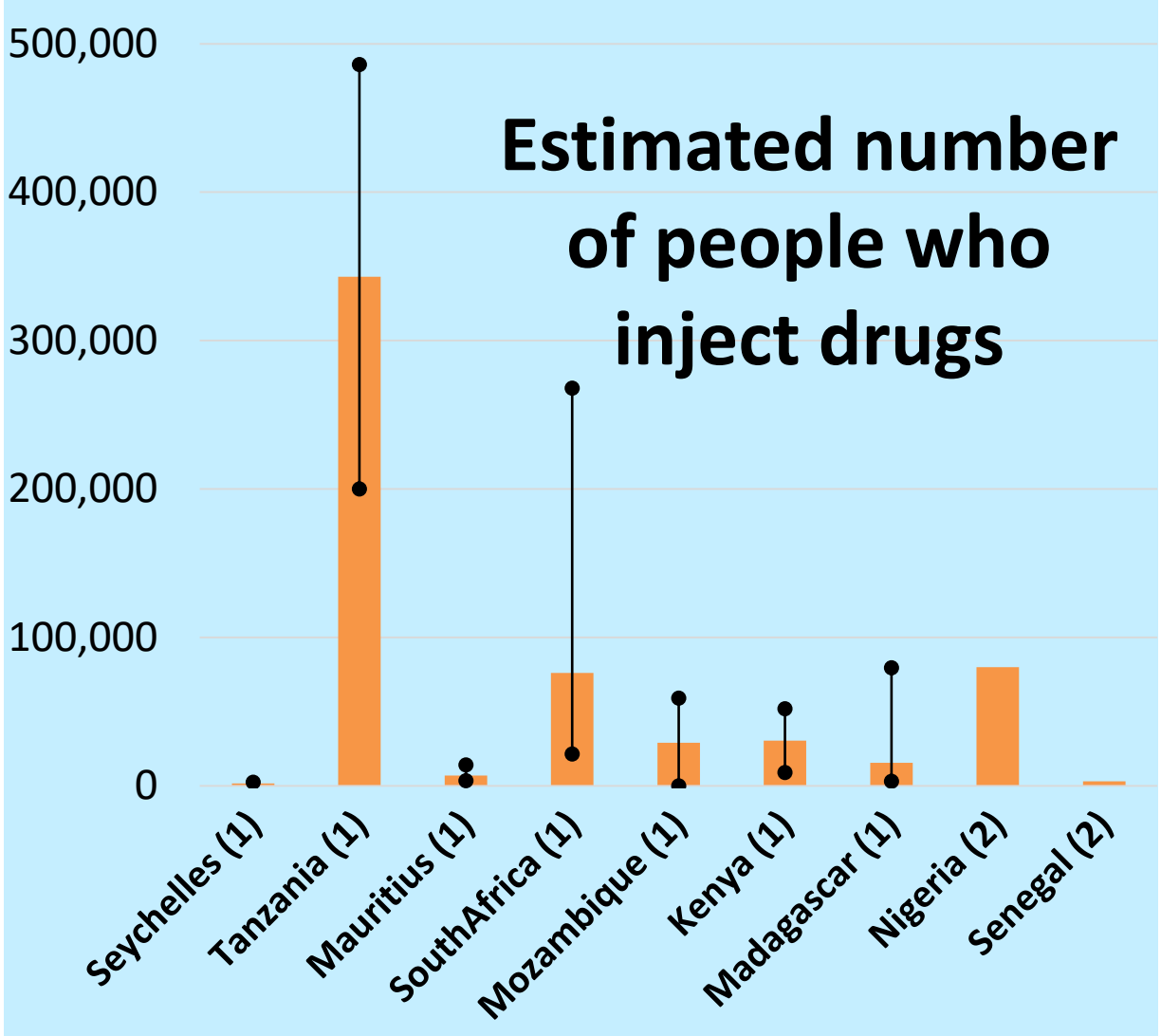
Accelerating the elimination of viral hepatitis -Lancet Commission-

Feb 2019

- **Public Health Approach to viral hepatitis elimination will harness the huge potential benefit of diagnostic advancement and curative care**
- **Funding for national hepatitis elimination is a National priority action**

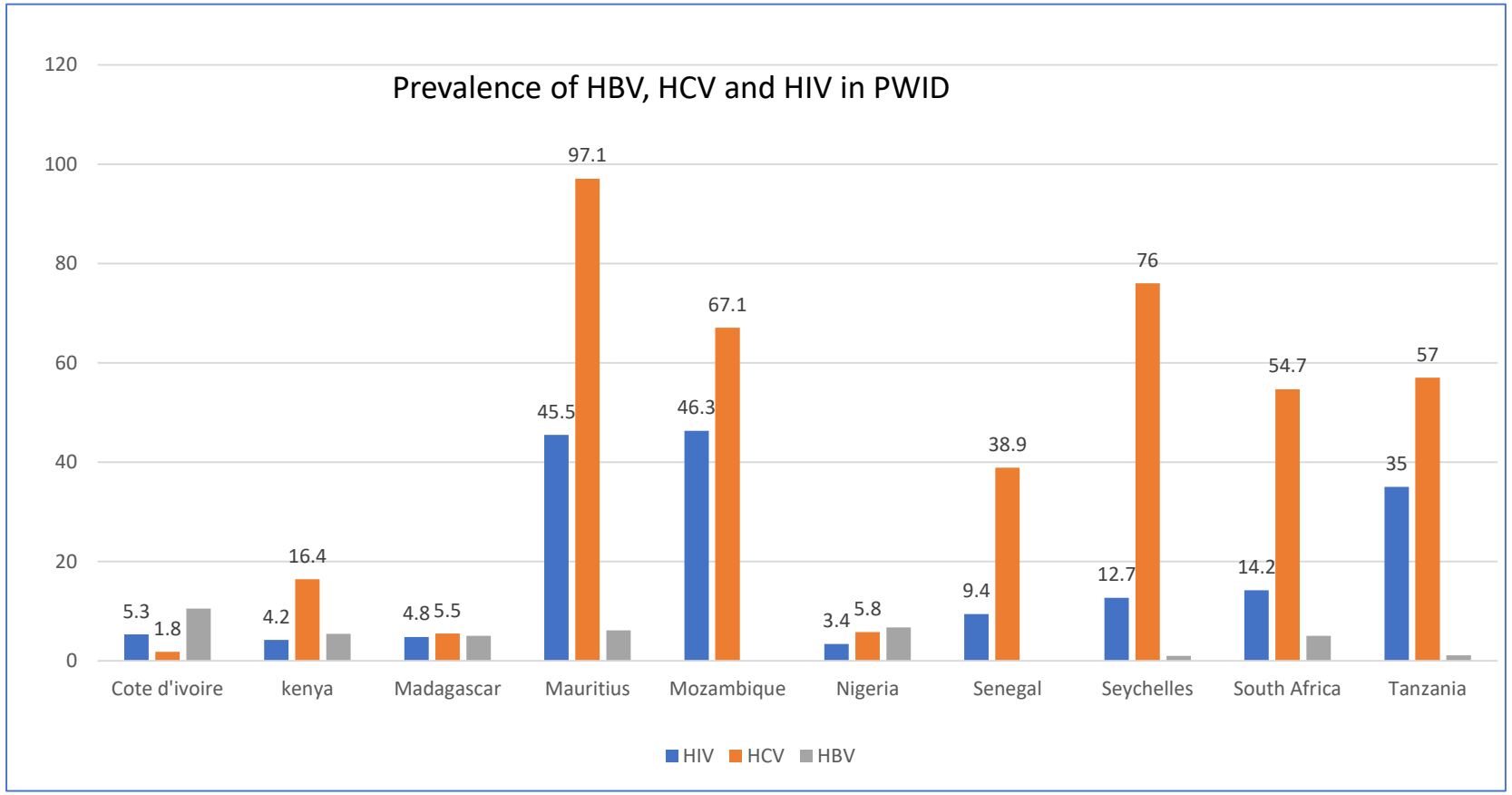
Injecting drug use in sub-Saharan Africa



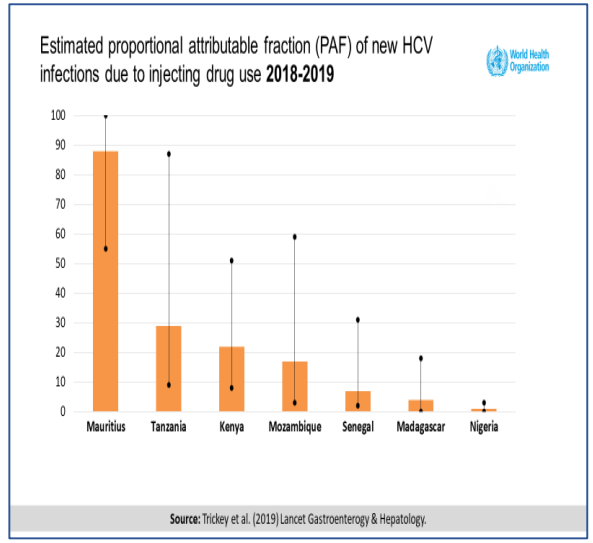


Sources: (1) Degenhardt, L. et al (2017). The Lancet Global Health
(2) UNODC (2019) *World drug report 2019*

Regional estimates of people who inject drugs who are HIV positive, anti-HCV positive, and HBsAg positive



There is a need to address these three viral infections and high rates of other infections including Tuberculosis



Sources: (1) Degenhardt, L. et al (2017), Trickey et al. (2019) Lancet Gastroenterogy & Hepatology.

Harm Reduction Services for PWID

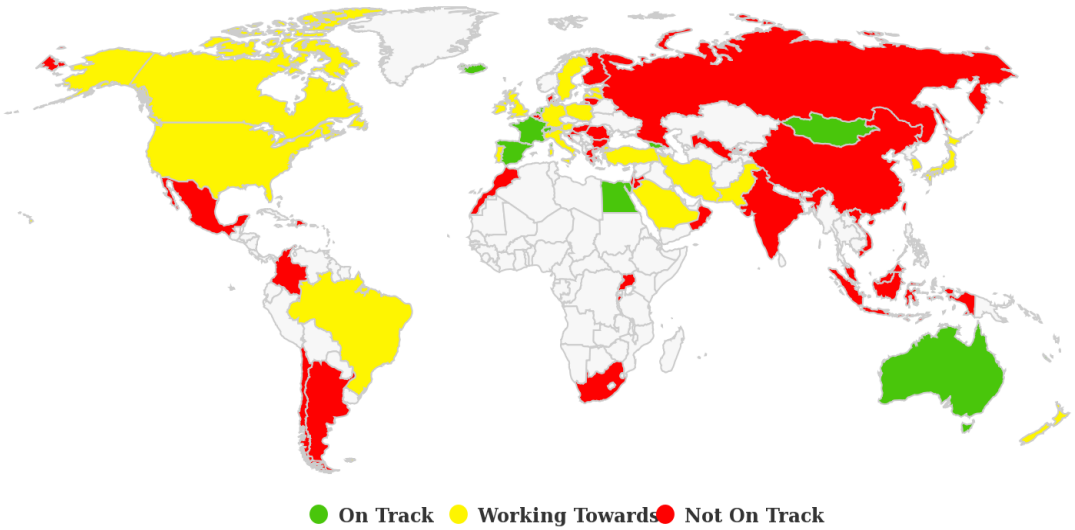
	Estimated PWID population size	Needles-syringes distributed per PWID per year	Percentage of PWID receiving OST
Kenya	**30,500** (9,000 – 52,000)	**137**	**26%**
Madagascar	**15,500** (3,000 – 79,500)	**8**	**-**
Mauritius	**7,000** (3,500 – 14,000)	**89**	**54%**
Mozambique	**29,000** (0 – 59,000)	**-**	**-**
Nigeria	**80,000** (-)	**-**	**-**
Senegal	**3,000** (-)	**3**	**24%**
Seychelles	**1,500** (1,000 – 2,500)	**6**	**73%**
South Africa	**76,000** (21,500 – 268,000)	**-**	**-**
Tanzania	**343,000** (200,000 – 486,000)	**15**	**21%**

Source: UNAIDS (2019) *Key Population Atlas*

Identifying synergies to optimize the hepatitis response

Learning from ‘Champion’ Countries on HCV elimination

Over 5 million million people treated with DAAs



CDA 2018: Polaris Observatory (http://centerforda.com/polaris/)

Brazil’s Fight against Hepatitis C — Universalism, Local Production, and Patents

Elize M. da Fonseca, Ph.D., Kenneth Shadlen, Ph.D., and Francisco I. Bastos, M.D., Ph.D.

The emergence of new direct-acting antiviral drugs (DAAs) has revolutionized the treatment of hepatitis C virus (HCV); these more effective and better tolerated drugs allow for cure rates exceeding 90%. The price of these new therapies, however, is prohibitive in many countries, so creative strategies are needed for ensuring access. Brazil, a pioneer in the fight against HIV/AIDS

In 2017, in keeping with the World Health Organization (WHO) goal of eliminating HCV by 2030, the Brazilian Ministry of Health (MoH) ensured that 50,000 patients were treated. The decision to follow the country’s approach to HIV/AIDS involved offering treatment to everyone in need, the MoH adopted an incremental strategy for HCV.[1] The program started with patients with severe liver fibrosis and coinfections and expanded over time to encompass the entire patient population. Brazil has also launched a range of initiatives focused on diagnosis and prevention, as recommended by the WHO

Controlling hepatitis C in Rwanda: a framework for a national response

Aimable Mbituyumuremyi,[a] Jennifer Ilo Van Nuil,[b] Jeanne Umuhire,[c] Jules Mugabo,[d] Mutagoma Mwumvaneza,[a] Jean Damascene Makuza,[a] Justine Umutesi,[a] Sabin Nsanzimana[a] & Neil Gupta[e]

Abstract With the introduction of direct-acting antiviral drugs, treatment of hepatitis C is both highly effective and tolerable. Access to

National treatment programme of hepatitis C in Egypt: Hepatitis C virus model of care

W. El-Akel, M. H. El-Sayed, M. El Kassas, M. El-Serafy, M. Khairy, K. Elsaeed, K. Kabil, M. Hassany, A. Shawky, A. Yosry, M. K. Shaker, Y. ElShazly, I. Waked, G. Esmat, W. Doss

5 important lessons from Champion Countries

1. Decentralized care
2. Task shifting to non-specialist health care workers to support decentralization
3. Integrated delivery of hepatitis care with harm reduction
4. Community engagement
5. Partnerships and strategic collaborations
   - International, Regional, South-south eg Egypt-African collaboration, African union etc)

WHD campaign at Muhanga , 2017

Differentiated care model

Broadly, three groups of HCV infected persons with specific needs can be identified

What	who	where
Persons clinically well and stable	Majority of persons diagnosed,	**Facility based care including primary care, Community based care, mobile/outreach**
Requiring more intensive clinical support	Advanced liver disease/ serious co-morbidities, previous treatment failure.	**Facility based care- Hospital**
Requiring more intensive psychosocial/mental health support	mental health issues, active injecting drug users, alcohol misuse, adolescents requiring additional support and counselling.	**Facility based care or Community based care Harm reduction care**

based on evolving HIV care and treatment principles

1. 2016-2020 Viral Hepatitis National Strategic Plan,, July 2016.

Conclusions

- We remain far from the WHO elimination targets for viral hepatitis elimination
- To address gaps, policies and innovative service delivery strategies must be established
- Differentiated care within a public health response holds the promise of bridging service gaps -leaving no one behind
- Community mobilization and partnerships are important key success factors

Acknowledgements

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Regional Office for Africa-Frank Lule

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