



World Health  
Organization

# Policies to enhance access to hepatitis C prevention and treatment for people who use drugs and prisoners

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**September 2019**

# Outline

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Background

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Global Policies

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Global Progress

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Way forward

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# Why is HCV in PWID and people in prisons relevant?

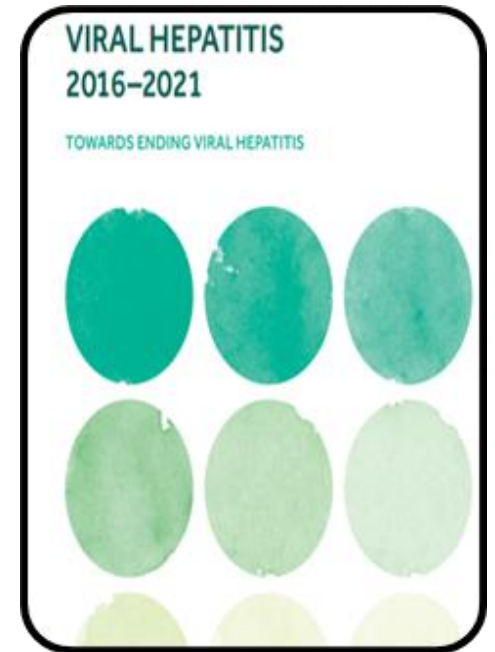
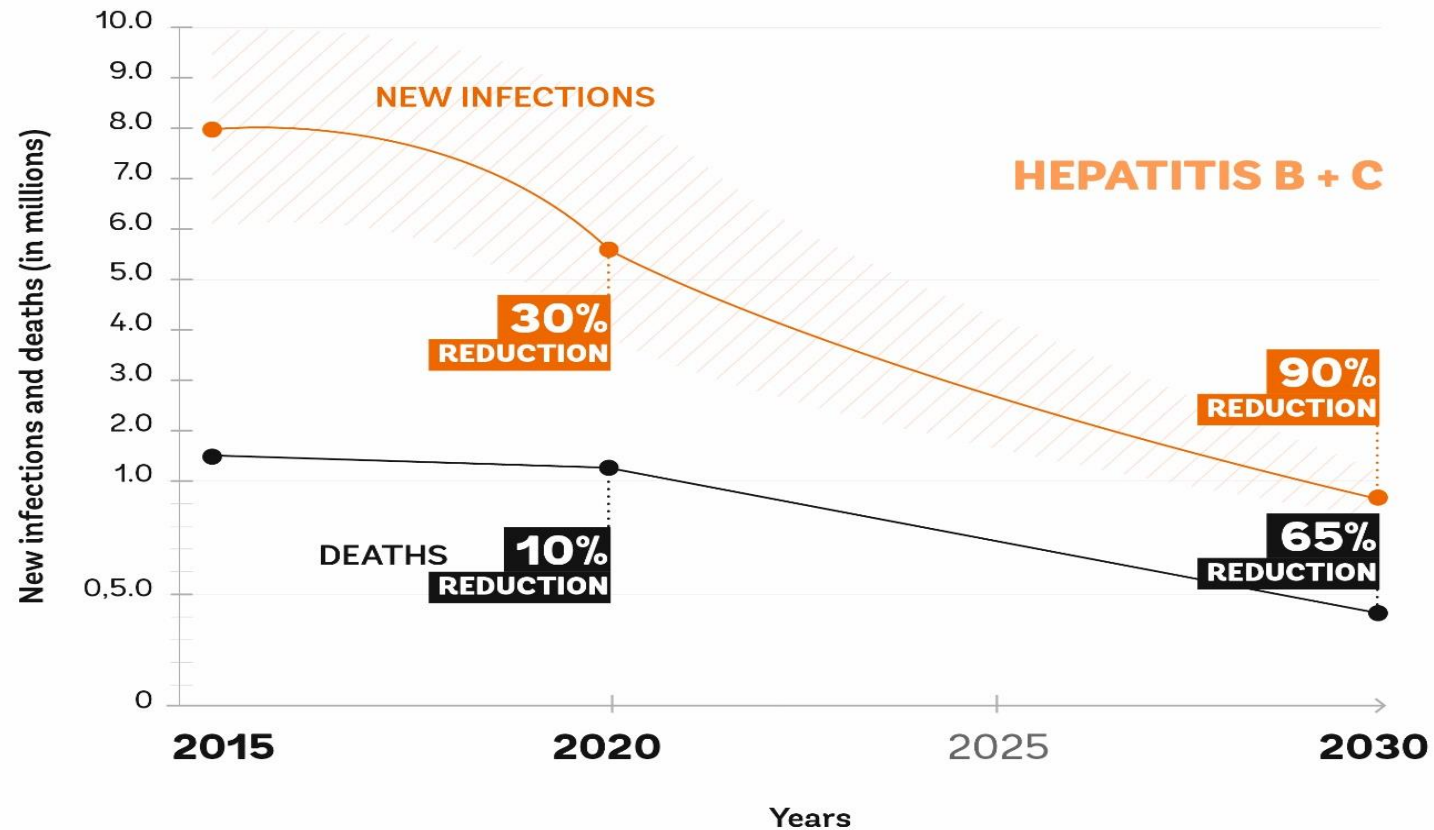


- Globally, 11.3 Million current PWID <sup>1,2</sup> (*World Drug Report, 2019*)
- 39.4% viremic HCV infections among PWID <sup>1,2</sup> (*Grebeley et al., Addiction, 2019*)
- HCV affects 2–15% of people living with HIV worldwide. The global estimate of burden of HIV-HCV co-infection is 2.75 million of whom 1.3 million are PWID (WHO)
- 23% - 39% of new HCV infections globally (*Degenhardt L et al. Lancet Global Health. 2017; Trickey et al. Lancet Gastro Hep, 2019*)
- 1 in 3 HCV deaths are attributable to injecting drug use (*Degenhardt L et al. Lancet Global Health. 2017*)
- One in four detainees are HCV positive (Larney et al. Hepatology. 2013)





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

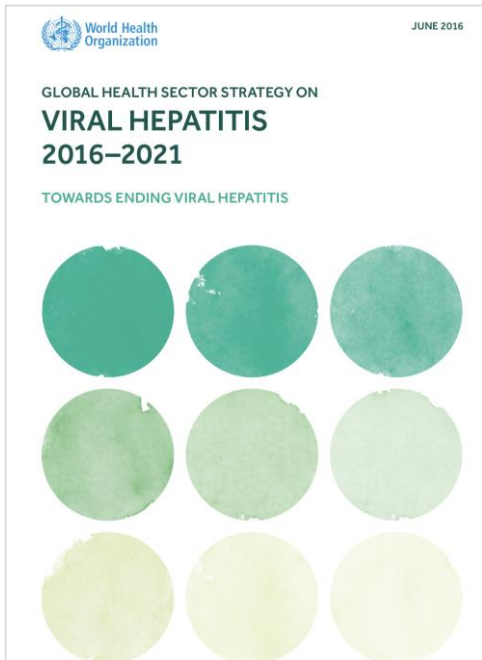


**6-10 million infections (in 2015)  
to 900,000 infections (by 2030)**

**1.34 million deaths (in 2015) to  
under 500,000 deaths (by 2030)**

# The Global Health Sector Strategy (GHSS) for Hepatitis

➤ Five core areas of interventions needed to eliminate hepatitis as a public health threat <sup>1</sup>



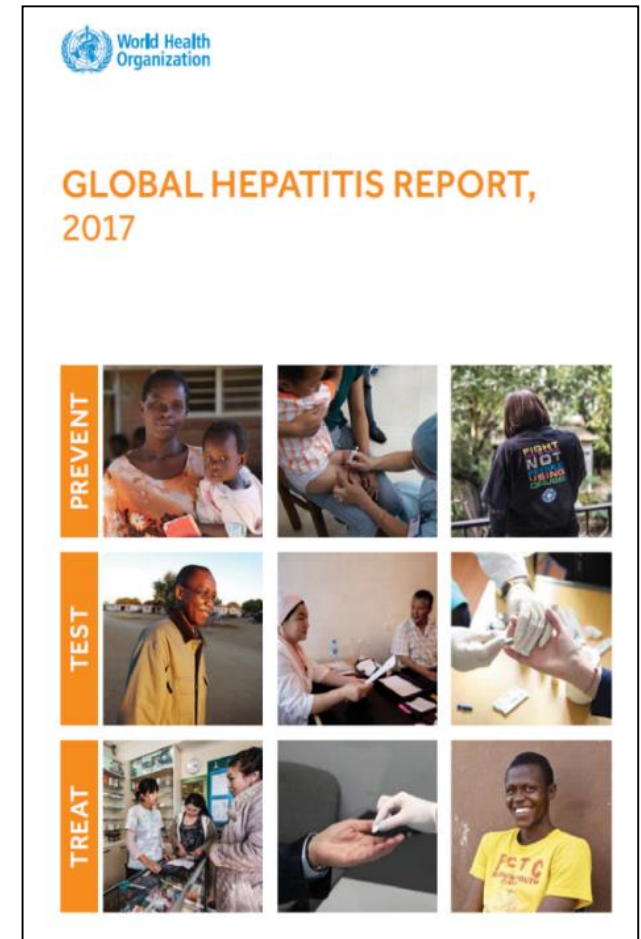
1. Vaccines
2. Prevention of mother to child transmission of hepatitis B virus
3. Injection, blood and surgical safety.
4. **Harm reduction for people who inject drugs**
5. **Treatment**

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

1. Global health sector strategy on viral hepatitis 2016-2021. WHO. 2016

# Equity and public health

- The highest burden from viral hepatitis is found in low- and middle-income countries
  - Eliminating hepatitis only possible if these countries follow a public health approach that strengthens health systems and reduces inequities.
- **Hepatitis services should be prioritized for those populations with higher incidence, prevalence and/or increased vulnerability, and adapted to specific needs**
- **Progress in reducing inequities can be measured by disaggregating incidence, prevalence and service coverage data at country level**





# WHO delivered most of the global goods needed

2012

- ✓ Prevention of VH in PWID

2015

- ✓ Elimination strategy
- ✓ HBV treatment Guidelines

2016

- ✓ Revised treatment HCV Guidelines
- ✓ National plan manual

2017

- ✓ Baseline estimates: Global Hepatitis Report
- ✓ HBV/HCV testing Guidelines
- ✓ Injection safety campaign

2018

- ✓ Global hepatitis reporting system
- ✓ HCV treatment Guidelines: Treat All
- ✓ Cost effectiveness calculators (HBV/HCV)

2019

- ✓ Consolidated strategic information guidelines (Feb 2019)
- ✓ Policy brief on Access to HCV in PWID and people in prisons
- HBV PMTCT recommendations on antiviral medicine use in pregnancy



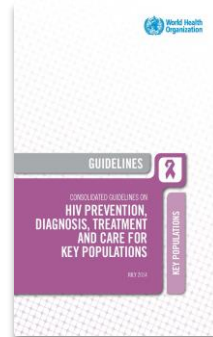


# WHO Guidance on harm reduction since 2003



2009

- Needle and syringe programmes
- OST & other evidence-based drug treatment
- HIV** testing and counselling
- HIV treatment and care
- Prevention and treatment of **STIs**
- Condom programming
- Targeted IEC
- Viral Hepatitis** prevention, diagnosis & treatment
- Tuberculosis** prevention, diagnosis & treatment



**New!**

2014

## Health interventions

HIV prevention (Condom programming, PrEP, PEP, VMMC)

## Harm reduction interventions (NSP, OST + naloxone)

Behavioural interventions

**HIV** testing and counselling

HIV treatment and care + PMTCT

Prevention and management of **viral Hepatitis, TB and mental health** conditions

**Sexual and reproductive health** (STI screening and management, reproductive options, protective abortion laws and services, cervical cancer screening, conception and pregnancy care)

## Enabling interventions to address structural barriers

Supportive legislation and policies including decriminalisation of use and possession for personal use

Addressing stigma and discrimination

Community empowerment

Addressing violence



# SUSTAINABLE DEVELOPMENT GOALS



## Ensure healthy lives and promote well-being for all at all ages

3.3 Ending the AIDS epidemic and combating hepatitis

3.4 Prevention and treatment of noncommunicable diseases and promotion of mental health

3.5 Strengthen the prevention and treatment of substance abuse

**3.8 Universal health coverage**

3.b Access to essential medicines.



# What is universal health coverage?



Universal Health Coverage (UHC) aims to ensure everyone receives the quality services they need, and is protected from health threats, without suffering financial hardship. It's a way of reducing poverty and increasing health security, so that **no-one is left behind**.

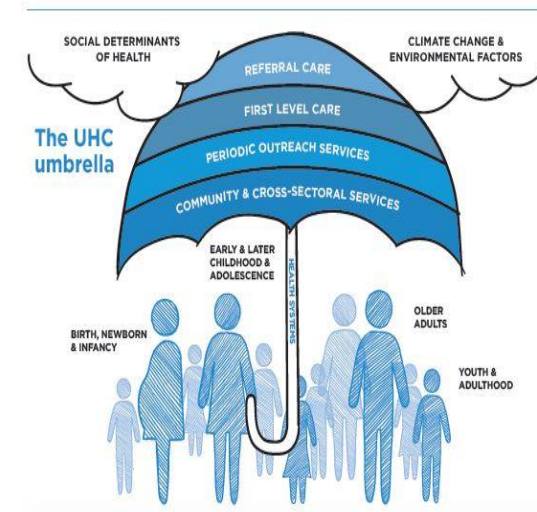
Three related objectives:

- **Equity** in access to health services - everyone who needs services should get them, not only those who can pay for them;
- The **quality** of health services should be good enough to improve the health of those receiving services; and
- People should be protected against **financial-risk**, ensuring that the cost of using services does not put people at risk of financial harm.

# What does this mean for key populations and PWID?

The commitment is to “leave no one behind” but **there can be specific reasons that key population members can’t access health care**

- Stigma and discrimination
- Criminalisation
- Lack of appropriately skilled workforce
- Lack of availability of certain health products



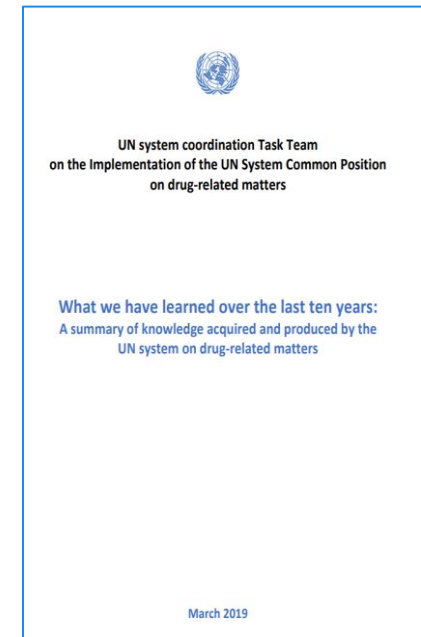
**Important to ensure that these issues are not overlooked and are addressed with UHC commitments, statements, frameworks etc.**

<https://www.who.int/hiv/pub/meetingreports/uhc-cso-meeting/en/>

# UN System Common Position on drug-related matters



- Promote a rebalancing of drug policies and interventions **towards public health** approaches
- **Increased investment in harm reduction** interventions to reduce new HIV and HCV infections and improve broader health outcomes in the community and in **prisons**
- Call for **UHC** for people who use drugs and position drug dependence and other drug-related issues as health conditions that should be in the overall UHC framework and into national health packages
- **Promote decriminalization** of drug use and possession for personal use and change laws and policies and practices that threaten the health and human rights of people
- **Reduce stigma and discrimination** and achieving UHC of evidence based prevention, treatment and rehabilitation
- Active **involvement of CSOs**





# Global progress



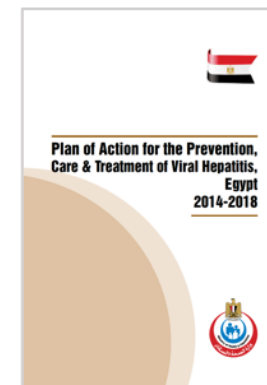
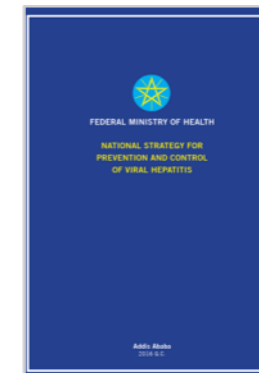
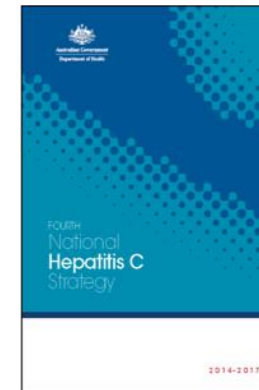
## Several countries have begun or completed the process of developing national hepatitis plans

For the policy review, we sought to

- Capture how governments are translating the Global Health Strategy for PWID and people in prisons; and
- Understand the barriers and enablers to HCV testing and treatment in these populations.

### Method (Jan-April 2019)

1. Desk review of national clinical guidelines and strategic plans;
2. Review of regional and global landscape reports; and
3. Interviews for focal persons within the WHO, Ministries of Health and NGOs of select countries.



Country National plans, from right to left: Australia, Ethiopia, Colombia, Egypt, Mexico, Nigeria

# Key findings: Policy review

The number country with plans for hepatitis is increasing. (Fig 1.)

However, there are significant variations in country responses to the needs of these populations from a national planning perspective (Fig. 2.)

- 81 plans were accessed. 51 (63%) plans included interventions for PWID.
- 37 (72%) 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.

Fig. 1. Key hepatitis policy milestones

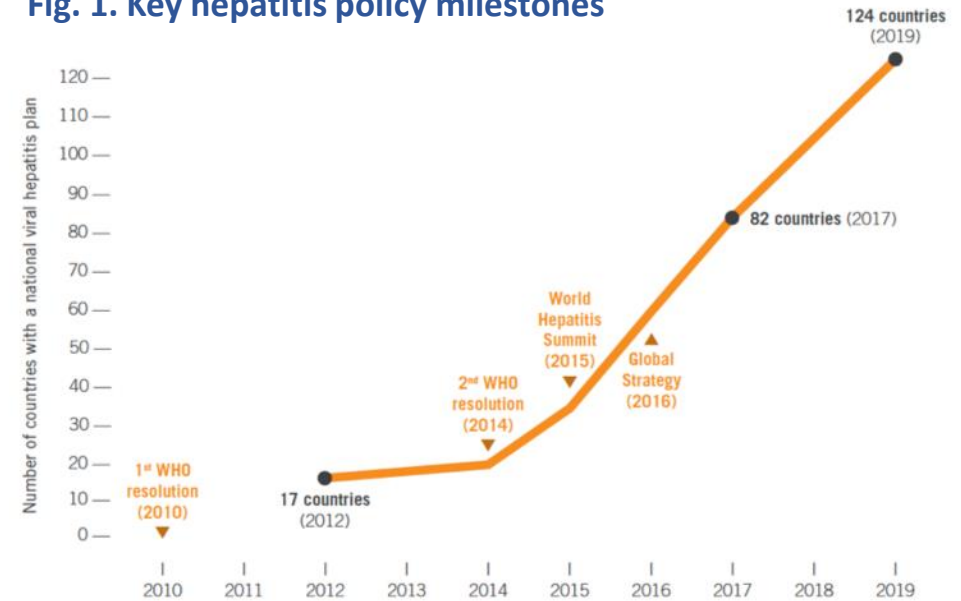
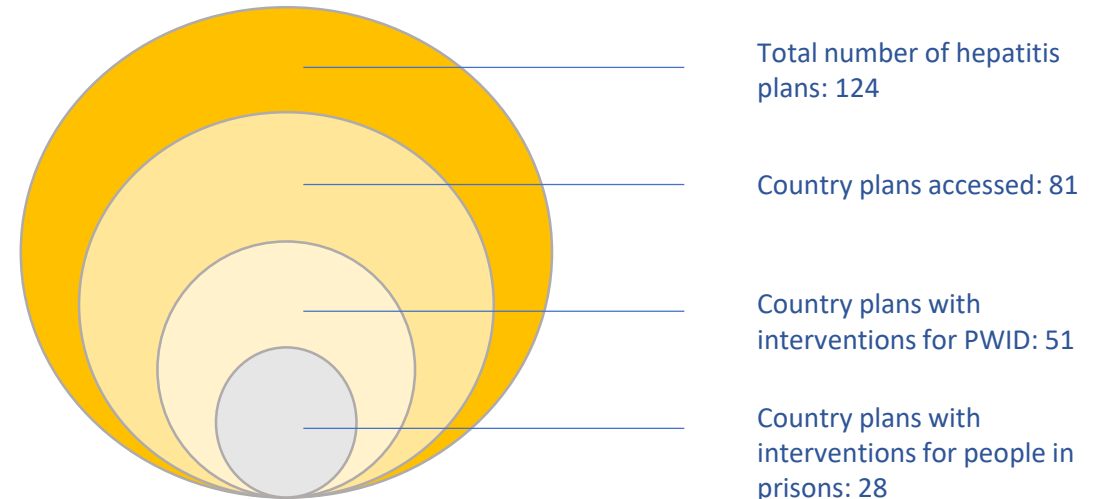


Fig. 2. Number of countries with hepatitis plans



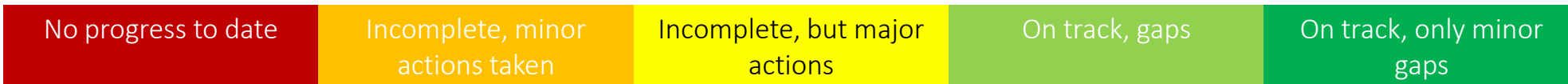
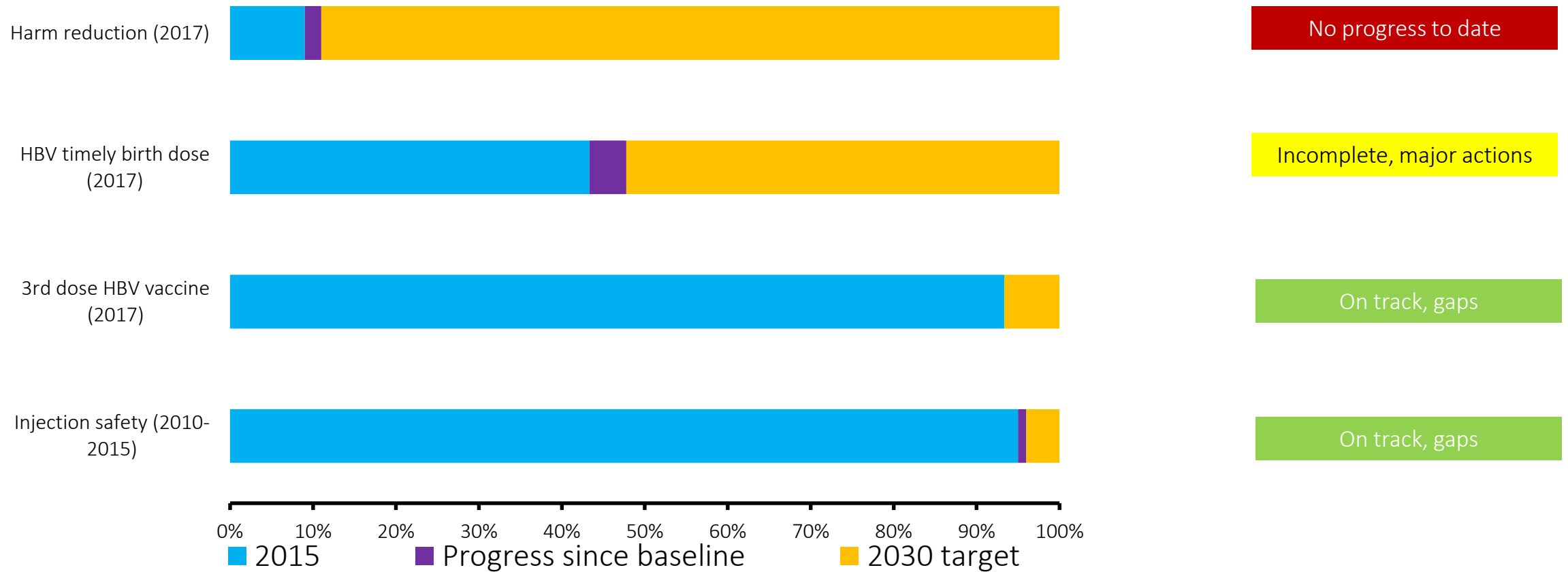


# Where are we now?



- Coverage of interventions as proportion of 2030 target at baseline

Source: WHO / UNICEF, Demographic and Health Surveys, and Lancet publication



# Harm reduction coverage too low to have an impact on public health

- Structural barriers
  - lack of political will
  - Insufficient global and national funding
  - Criminalisation
  - Stigma, discrimination, violence
- HIV focus reached saturation?



# Where are we now?

## HCV Cascade by WHO region by 2020-2030 targets

2014: < 200 000

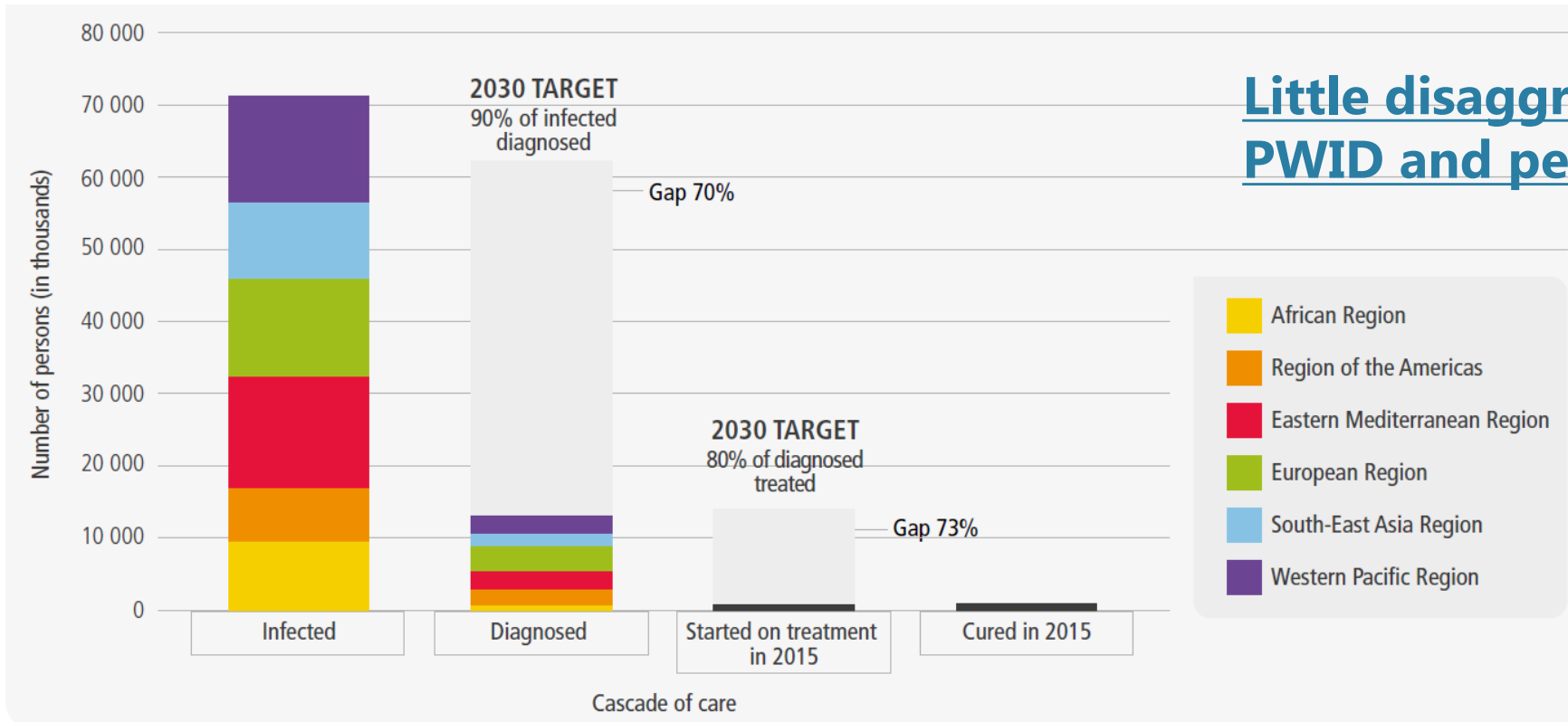
2015: 1.1 million

2016: 1.7 million

2017: 2.1 million

**Dec 2017: ~5 million treated with DAA**

Most in ~10 'champion' countries



Little disaggregated data reported for PWID and people in prisons

# Ways forward





## There are important opportunities

1. UHC can serve as a platform for expanding care
2. Hepatitis elimination would account for a 1.5% increase to the WHO ambitious UHC scenario costs, avert an additional 4.6% premature deaths (Tordrup et al. Lancet GH, 2019)
3. Testing and treatment for viral hepatitis B and C shows to be cost-effective or cost-saving in most countries
4. Especially with regards to drug user health there are potentially great synergies with HIV response
5. Countries can take advantage of a range of appropriate delivery and access points through integration, decentralization and task-shifting.

## Challenges

1. Harm Reduction scale up
2. Combination and comprehensive interventions for HCV in key populations
3. Achieving low costs of commodities is crucial
4. Critical enablers: drug policy that is public health driven

## Conclusion

1. Priority populations are key to elimination
2. Policy and guidance exist
3. Major gaps in elimination response : HR coverage and testing and treatment
4. UHC is an opportunity

Thank you !



<https://www.who.int/hiv/>

<https://www.who.int/hepatitis>

