

Draft global health sector strategies

Viral hepatitis, 2016–2021

Report by the Secretariat

1. In May 2010, the Sixty-third World Health Assembly adopted resolution WHA63.18 on viral hepatitis, which, *inter alia*, urged Member States to support or enable an integrated and cost-effective approach to the prevention, control and management of viral hepatitis. To facilitate implementation of the resolution, the Secretariat established the global viral hepatitis programme. In 2012, the Secretariat issued a framework for global action to prevent and control viral hepatitis infection,¹ which has since provided guidance for the hepatitis programme.
2. Recognizing the need for an intensified and expanded global hepatitis response, in May 2014, a follow-up resolution was adopted by the Sixty-seventh World Health Assembly.² The resolution requested the Director-General, *inter alia*, to provide the necessary technical support to enable Member States to develop robust national viral hepatitis prevention, diagnosis and treatment strategies with time-bound goals.
3. In September 2014, in response to resolution WHA67.6, the Secretariat initiated work on a global health sector strategy on viral hepatitis for the period 2016–2021. Two other global health sector strategies covering the same period were also drafted: on HIV³ and on sexually transmitted infections.⁴ The three draft strategies were developed together, using a common framework and a coordinated consultation process.
4. In September 2015, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development,⁵ which enshrines 17 Goals and the targets. Of particular relevance to the preparation of the draft strategy on viral hepatitis is target 3.3: “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.”

¹ Prevention and control of viral hepatitis infection: framework for global action is available at: <http://www.who.int/hiv/pub/hepatitis/Framework/en/> (accessed 5 November 2015).

² Resolution WHA67.6.

³ See document EB138/29.

⁴ See document EB138/31.

⁵ United Nations General Assembly resolution A/RES/70/1 – Transforming our world: the 2030 Agenda for Sustainable Development, see http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E (accessed 30 October 2015).

5. The draft strategy responds to resolution WHA67.6, which requests the Director-General, *inter alia*, to examine the feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C, with a view to potentially setting global targets; and is also in line with target 3.3 of the Sustainable Development Goals identified in the 2030 Agenda for Sustainable Development. A summary of the Secretariat's draft strategy on viral hepatitis is presented in the Annex of this report.¹ A goal of the draft strategy is to eliminate viral hepatitis as a public health threat by 2030, and to contribute to the achievement of universal health coverage.

6. The draft strategy provides a framework for concerted action by the Secretariat and Member States at the global, regional and country levels. It is based on existing good practices and available evidence on the effectiveness of hepatitis-related approaches and interventions in the health sector.

7. The broad consultative process² that led to the draft strategy involved all key partners, including Member States, organizations in the United Nations system and other multilateral agencies, donor and development agencies and initiatives, civil society, nongovernmental organizations, scientific and technical institutions and networks, and the private sector. Numerous stakeholder consultations were held, and more than 90 Member States participated in consultations that were held in all WHO regions from April to July 2015. To supplement those consultations and ensure the broadest participation, the Secretariat hosted a public online consultation for six weeks from April to June 2015. An official technical briefing on the three draft strategies (viral hepatitis, HIV and sexually transmitted infections) was held during the Sixty-eighth World Health Assembly.³

8. As referred to previously, the process of developing the draft strategy on viral hepatitis was managed together with two other health sector strategies for the same period.⁴ The universal health coverage framework provided a common structure for the three strategies, and a cross-cluster working group was established to facilitate the process. Substantial input was provided from across the three levels of the Organization by contributors working in areas that have significant involvement in hepatitis-related activities. The process was enhanced by input from a civil society reference group on viral hepatitis convened by WHO and the WHO Scientific and Technical Advisory Committee on Viral Hepatitis.⁵

¹ The complete draft strategy is available at: <http://www.who.int/hepatitis/news-events/strategy2016-2021/en/> (accessed 5 November 2015).

² Information on the consultation process and draft strategy documents is available at: <http://www.who.int/hiv/pub/hep-strategy-background/en/> (accessed 29 October 2015).

³ A report of the technical briefing is available at: http://www.who.int/hiv/strategy2016-2021/ghss_wha_2015_story/en/ (accessed 4 November 2015).

⁴ The two other global health sector draft strategies for the period 2016–2021 are on HIV and sexually transmitted infections. Summaries of the draft strategies are available in the annex to the respective documents, see document EB138/29 on HIV and document EB138/31 on sexually transmitted infections.

⁵ The WHO civil society reference group advises the WHO global hepatitis programme, and the WHO strategic and technical advisory group advises the Director-General.

ACTION BY THE EXECUTIVE BOARD

9. The Executive Board is invited to consider the draft global health sector strategy on viral hepatitis, 2016–2021, which is on the website,¹ and to make a recommendation on its possible endorsement by the Sixty-ninth World Health Assembly.

¹ The full draft strategy, which includes priority actions proposed for WHO and for countries, can be accessed on the WHO website, see <http://www.who.int/hepatitis/news-events/strategy2016-2021/en/> (accessed 5 November 2015).

ANNEX

**SUMMARY OF THE DRAFT GLOBAL HEALTH SECTOR STRATEGY ON
VIRAL HEPATITIS, 2016–2021¹**

1. This is the first global health sector strategy on viral hepatitis, a strategy that contributes to the achievement of the 2030 Agenda for Sustainable Development.² It covers the period 2016–2021, building on the *Prevention and Control of Viral Hepatitis Infection: Framework for Global Action*,³ and on two resolutions on viral hepatitis adopted by the World Health Assembly in 2010 and in 2014.⁴ The strategy addresses all five hepatitis viruses (hepatitis A, B, C, D and E). The particular focus on hepatitis B and C reflects the relative public health burden that those two hepatitis viruses represent.

TOWARDS ELIMINATING VIRAL HEPATITIS

2. In 2013, viral hepatitis was the seventh highest cause of mortality globally. It is responsible for an estimated 1.4 million deaths per year from acute infection and hepatitis-related liver cancer and cirrhosis – a toll comparable to that of HIV and tuberculosis. Of those deaths, approximately 47% are attributable to hepatitis B virus, 48% to hepatitis C virus and the remainder to hepatitis A virus and hepatitis E virus. Viral hepatitis is also a growing cause of mortality among people living with HIV. About 2.9 million people living with HIV are co-infected with hepatitis C virus and 2.6 million with hepatitis B virus. In recognition of its public health importance target 3.3 of the 2030 Agenda for Sustainable Development calls for specific action to combat viral hepatitis.

3. Ending hepatitis epidemics as a major public health threat is feasible with the tools and approaches currently available and in the pipeline. Opportunities exist for enhancing and expanding the response by investing in **five core intervention areas**: vaccination (for preventing viral hepatitis A, B and E infections); prevention of mother-to-child transmission of hepatitis B virus, including through timely hepatitis B virus birth-dose vaccination; injection, blood and surgical safety; harm reduction for people who inject drugs; and treatment for chronic viral hepatitis B and C infection.

4. Some significant barriers need to be addressed in order to realize the goal of eliminating viral hepatitis as a major public health threat by 2030, including: uneven global and national leadership and commitment; inadequate data for making decisions; limited coverage of effective prevention interventions, particularly for most vulnerable and affected populations; lack of simple and effective hepatitis testing strategies and tools, with less than 5% of people with chronic hepatitis infection were aware of their status; very limited access to effective treatment and care services, with less than 1% of those in need having accessed effective antiviral therapy in 2015; hepatitis medicines and diagnostics

¹ The full draft strategy, which includes priority actions proposed for WHO and for countries, can be accessed on the WHO website, see <http://www.who.int/hepatitis/news-events/strategy2016-2021/en/> (accessed 5 November 2015).

² In September 2015, the United Nations General Assembly adopted resolution A/RES/70/1 – Transforming our world: the 2030 Agenda for Sustainable Development, see http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E (accessed 30 October 2015).

³ *Prevention and Control of Viral Hepatitis Infection: Framework for Global Action*, see <http://www.who.int/hiv/pub/hepatitis/Framework/en/> (accessed 3 November 2015).

⁴ See resolution WHA63.18, adopted in 2010, and resolution WHA67.6, adopted in 2014.

are unaffordable for most; and various structural barriers increase vulnerability and prevent equitable access to services.

FRAMING THE STRATEGY

5. The strategy is designed to contribute to the attainment of the 2030 Agenda for Sustainable Development, and specifically, to health-related Goal 3 (target 3.3). It is aligned with other relevant health strategies and plans, including those for HIV, sexually transmitted infections, safe injections, blood safety, vaccines, tuberculosis and noncommunicable diseases, and responds to the World Health Assembly resolutions on viral hepatitis that were adopted in 2010 and 2014.¹ The strategy draws on three organizing frameworks: universal health coverage; the continuum of hepatitis services; and the public health approach (see Figure).

GLOBAL VISION, GOAL AND TARGETS

6. **Global vision:** A world where viral hepatitis transmission is halted and everyone living with hepatitis has access to safe, affordable and effective care and treatment.

7. **Goal:** Eliminate viral hepatitis as a major public health threat by 2030.

8. **Targets for 2020 and 2030:** Countries can eliminate viral hepatitis as a major public health threat if they act with enough resolve to achieve a set of ambitious targets for 2020 and 2030 (see Table). These targets apply to everyone at risk of viral hepatitis infection: children, adolescents and adults; rich and poor; women and men; and all vulnerable and key populations.

STRATEGIC DIRECTIONS

9. To achieve the 2030 Agenda for Sustainable Development, action is required in five areas, referred to as “strategic directions”. Under each of the strategic directions, specific actions need to be taken by countries, WHO and partners.

10. **Strategic direction 1: Information for focused action.** A robust strategic information system that analyses and translates up to date data on viral hepatitis into usable information plays a critical role in leveraging political commitment and developing national hepatitis strategies and plans. Timely and reliable data, with an adequate level of “granularity”, are essential to ensuring that interventions, services and investments are optimally targeted to the local epidemic.

11. **Strategic direction 2: Interventions for impact.** Each country needs to define a set of essential viral hepatitis interventions, services, medicines and other commodities relevant to the country context, to be included in the national health benefit package. The package of interventions should cover the full continuum of hepatitis services, including: vaccination, particularly for hepatitis B virus; injection, blood and surgical safety and universal precautions; prevention of mother-to-child transmission of hepatitis B virus; harm reduction services for people who inject drugs; promotion of safer sex; ensuring access to safe food and water; diagnosis and staging of viral hepatitis infection; treatment of chronic hepatitis B virus and hepatitis C virus infection; and chronic care of people with complications of viral hepatitis infection, including liver cirrhosis and hepatocellular carcinoma.

¹ Resolution WHA63.18 (2010) and resolution WHA67.6 (2014).

Figure. Framework for the draft global health sector strategy on viral hepatitis, 2016–2021



Table. Targets for the draft global strategy — at a glance

TARGET AREA	BASELINE 2015	2020 TARGETS	2030 TARGETS
Impact targets			
Incidence: New cases of chronic viral hepatitis B and C infections	6–10 million	30% reduction (equivalent to 1% prevalence of HBsAg ¹ among children)	90% reduction (equivalent to 0.1% prevalence of HBsAg among children)
Mortality: Viral hepatitis B and C deaths	1.4 million	10% reduction	65% reduction
Service coverage targets			
Hepatitis B virus vaccination: childhood vaccine coverage (third dose coverage)	82% ²	90%	90%
Prevention of mother-to-child transmission of hepatitis B virus: coverage of birth-dose vaccination or other approach to prevent mother-to-child transmission	38%	50%	90%
Blood safety	39 countries do not routinely test all blood donations for transfusion-transmissible infections 89% of donations screened in a quality-assured manner ³	All countries have haemovigilance systems in place to identify and quantify viral hepatitis transfusion transmission rates	Reduce rates of transmission by 99% compared with 2020.
Safe injections: percentage of injections administered with safety-engineered devices in and out of health facilities	5%	50%	90%
Harm reduction: number of sterile needles and syringes provided per person who injects drugs per year	20	200	300
Viral hepatitis B and C diagnosis	<5% of chronic hepatitis infections diagnosed	50%	90%
Viral hepatitis B and C treatment	<1% receiving treatment	5 million people receiving hepatitis B virus treatment 3 million people received hepatitis C virus treatment	80% of eligible persons with chronic hepatitis B virus infection treated 80% of eligible persons with chronic hepatitis C virus infection treated

¹ The abbreviation “HBsAg” refers to hepatitis B virus surface antigen.

² WHO/UNICEF coverage estimates 2013 revision, July 2014, see: http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragebcg.html (accessed 1 November 2015).

³ Global Database on Blood Safety, Summary Report 2011, see: http://www.who.int/bloodsafety/global_database/GDBS_Summary_Report_2011.pdf?ua=1 (accessed 1 November 2015).

12. **Strategic direction 3: Delivering for equity.** An efficient health system should be able to deliver essential hepatitis services to different populations and settings, reinforce strategic linkages between different health services, ensure quality of the services and actively engage communities. Robust national health procurement and supply management systems are required to ensure that they meet the need of viral hepatitis services, including selection of quality-assured hepatitis vaccines, diagnostics, medicines and other commodities that are purchased at a reasonable price and efficiently delivered to the point of care. The hepatitis response requires an enabling environment of policies, laws and regulations that support the implementation of evidence-based policies and programmes, and promote and protect human and health rights, reduce stigma and ensure health equity.

13. **Strategic direction 4: Financing for sustainability.** A sustainable response will require funding the essential hepatitis package through the national health financing system, mobilizing new and predictable funding, minimizing the financial burden for individuals and households through prepayment and pooling of health funds, achieving programme savings and avoiding wastage, and using available funds efficiently and equitably.

14. **Strategic direction 5: Innovation for acceleration.** Research and innovation provide opportunities to change the trajectory of the global hepatitis response, improve efficiency and quality of services and maximize impact. Innovations are required along the entire continuum of prevention, diagnosis, treatment and care services.

STRATEGY IMPLEMENTATION

15. Effective implementation of the strategy depends on concerted action from all stakeholders. The strategy proposes a particular focus on working with: multilateral and bilateral donor and development agencies, funds and foundations; civil society; and technical agencies.

16. Implementation of the strategy will be monitored at three levels, using existing mechanisms: monitoring and evaluating of progress towards global goals and targets, with the publication of global progress reports; monitoring and evaluating the response at country level, using standardized indicators to assess progress towards the achievement of national targets; and WHO's framework for results-based management.

17. Full implementation of the strategy would be expected to deliver a 30% reduction in new chronic hepatitis cases and a 10% reduction in the number of hepatitis-related deaths by 2020, and a 90% reduction in new cases and a 65% reduction in hepatitis-related deaths by 2030. The total cost of implementing this strategy for the period 2016–2021 is US\$ 11 900 million with the peak annual cost being US\$ 4100 million in 2021. The principal drivers of cost are hepatitis B virus treatment, hepatitis C virus treatment and hepatitis testing.

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