Implementation of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region

Final progress report

This report provides a final update on progress made in implementing the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region, 2017–2021.

Despite significant achievements in strategic planning and in successful universal childhood hepatitis B vaccination programmes, major challenges remain in the WHO European Region throughout the entire cascade of care for viral hepatitis, particularly in how to accelerate the overall service coverage and secure sustainable financing for activities.

This final progress report is submitted to the WHO Regional Committee for Europe at its 72nd session, in accordance with resolution EUR/RC66/R10.
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BACKGROUND

1. Viral hepatitis is a significant public health challenge and constitutes a considerable disease burden in the WHO European Region. Activity to eliminate viral hepatitis from the Region has accelerated since 2016. Many Member States have developed national plans and strategies to eliminate viral hepatitis that have enabled progressively more people to access highly effective treatment for hepatitis C. Diagnosis remains an issue, resulting in many people being unaware of their infection and, hence, going untreated.

2. The Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region was adopted at the 66th session of the WHO Regional Committee for Europe (resolution EUR/RC66/R10). It was the first action plan on viral hepatitis in the Region. The Action Plan proposed milestones for 2018 and targets for 2020 for the Region to achieve elimination of viral hepatitis as a public health threat by 2030.

3. Member States reaffirmed their commitment to the Action Plan and to the regional and global goals for viral hepatitis elimination in the First Regional Consultation on Viral Hepatitis in the WHO European Region: Progress on the Way to Elimination (held in Tbilisi, Georgia, in February 2019), enabling Member States to present their perspectives and coordinate with partners and stakeholders for actions related to the Action Plan.

4. This document reports on the final progress made in implementing the Action Plan, summarizing the key achievements of and challenges for Member States and the support provided by the WHO Regional Office for Europe (WHO/Europe).

SITUATION ANALYSIS: EPIDEMIOLOGICAL TRENDS

5. Data from 2019 indicate that approximately 14 million people are infected with the hepatitis B virus (HBV) and 13 million are chronically infected with the hepatitis C virus (HCV) in the Region.\(^1\) Annual incidence is estimated at 19 000 new people infected with HBV and 300 000 with HCV, and approximately 43 000 people die from HBV and 64 000 die from HCV every year in the Region.\(^2\) Most of these deaths are due to cirrhosis and liver cancer caused by the chronic viral infection.

6. It is estimated that in 2019, only 19% of people living with HBV and 24% of people living with HCV were aware of their infection, which is below the regional target of 50% for 2020.

7. Since the adoption of the Action Plan, access to treatment for hepatitis C has improved slowly, with a 20% increase in the number of annual treatment initiations in the Region. Yet, regional treatment coverage remains low, with only 8% of people living with HCV treated by 2019. Access to testing and treatment is much lower for those most at risk of infection and for key populations.

8. By 2020, 50 of the 53 European Member States had successfully implemented universal childhood hepatitis B vaccination programmes.\(^3\)

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\(^1\) See https://apps.who.int/iris/handle/10665/341412.
\(^2\) See footnote 1.
\(^3\) See https://pubmed.ncbi.nlm.nih.gov/34324482.
REVIEW OF PROGRESS TOWARDS THE ACTION PLAN’S TARGETS

9. The Region partially achieved the targets set by the Action Plan.

Table 1. Regional progress towards the Action Plan’s targets*

<table>
<thead>
<tr>
<th>Target</th>
<th>Status by 2020</th>
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<tbody>
<tr>
<td>95% coverage with three doses of HBV vaccine in countries that implement universal childhood vaccination</td>
<td>Achieved by 73% of countries</td>
</tr>
<tr>
<td>90% coverage with interventions to prevent mother-to-child transmission of HBV (hepatitis B birth-dose vaccination or other approaches)</td>
<td>Achieved by 19 of the 21 countries with universal hepatitis B birth-dose vaccination that reported to WHO†</td>
</tr>
<tr>
<td>100% of blood donations screened using quality-assured methods</td>
<td>Insufficient data available§</td>
</tr>
<tr>
<td>50% of injections administered with safety-engineered injection devices</td>
<td>Insufficient data available§</td>
</tr>
<tr>
<td>At least 200 sterile injection equipment kits distributed per person per year to people who inject drugs, as part of a comprehensive package of harm reduction services</td>
<td>Achieved by 3 countries in 2019**</td>
</tr>
<tr>
<td>50% of people living with chronic HBV and HCV infections to be diagnosed and be aware of their condition</td>
<td>Data not yet available††</td>
</tr>
<tr>
<td>75% treatment coverage of people who are eligible for treatment and diagnosed with HBV and HCV infections</td>
<td>Data not yet available††</td>
</tr>
</tbody>
</table>

* Targets were set for countries, not overall for the Region. Data for 2020 will be available in 2023.
§ Maybe monitored in some countries, but not yet at regional level.
†† Consolidated and country-specific data are expected in 2023.

OVERVIEW OF IMPLEMENTATION AND PROGRESS IN THE REGION

Strategic direction 1: Information for focused action

10. Many Member States in the Region have initiated strategic planning, and 33 Member States have national viral hepatitis plans, compared with 13 in 2013. WHO/Europe has been actively involved in the development, implementation, and monitoring and evaluation of these national strategies.

11. A growing number of Member States have developed national disease burden estimates and elimination scenarios, leading to substantial improvements in baseline estimations. Seven Member States have revised their national hepatitis surveillance systems. WHO/Europe has provided support to Member States in improving hepatitis-related mortality estimates, developing national registries of patients, and developing serosurvey methodology to assess the impact of hepatitis B immunization. WHO/Europe has also piloted the WHO hepatitis elimination validation tool in one country.
12. In 2021, four Member States, with the support of WHO/Europe, and in collaboration with the Robert Koch Institute and the US Centers for Disease Control and Prevention, improved the availability of prevalence estimates for HBV and HCV infection by conducting representative serosurveys that capitalized on SARS-CoV-2 serosurveys, optimizing the use of the health workforce and resources.

13. The European Technical Advisory Group of Experts on Immunization Working Group on Hepatitis B has developed criteria for validation of hepatitis B control through immunization, consistent with the targets of the Action Plan. In 2020, the first two countries were validated as having achieved the regional hepatitis B control targets.

14. WHO/Europe collaborated with the European Centre for Disease Prevention and Control to develop a system for monitoring the responses to hepatitis B and C epidemics in European Union (EU) and European Economic Area Member States, aligned with the WHO Global Hepatitis Reporting System, to ensure standardized data collection from EU, European Economic Area and non-EU Member States while avoiding duplication of reporting.

**Strategic direction 2: Interventions for impact**

15. Several Member States\(^4\) have adopted new guidelines and other technical documents, including the latest WHO recommendations on HBV and HCV testing and diagnostics, with translations and additional support provided by WHO/Europe.\(^5\)

16. Member States have made some progress in the diagnosis and treatment of viral hepatitis since the advent of the Action Plan. Service coverage estimates for 2019 indicate a 27% increase in the proportion of people diagnosed, a more than doubling of the annual number of people treated for hepatitis B, and a more than 20% increase in the annual number of people treated for hepatitis C with highly effective direct-acting antivirals.\(^6,7\) Most Member States have removed treatment access restrictions based on the stage of liver disease, in line with the WHO recommendation to treat all patients with chronic HCV infection.

17. Seven Member States improved blood safety after initial assessment of blood transfusion services. WHO/Europe has promoted closer collaboration between blood transfusion services and viral hepatitis services by encouraging multistakeholder national working groups to integrate blood safety into national viral hepatitis strategies.

18. In collaboration with partners, WHO/Europe supported countries in the implementation of models of integrated and community-based service delivery for viral hepatitis, including the decentralization of hepatitis testing and treatment services. Examples of this work include the first Regional Workshop: Elimination of viral hepatitis in central Asia and south Caucasus and the role of primary health care – leaving no one behind (October 2019, Almaty, Kazakhstan).

19. Five Member States, with the support of WHO/Europe, updated national guidelines on infection prevention and control as part of improving the viral hepatitis response.

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\(^4\) Data on number of Member States with updated guidelines will be available by May 2022 (included in the policy questions).

\(^5\) See https://apps.who.int/iris/handle/10665/310912.


\(^7\) See footnote 1.
Strategic direction 3: Delivering for equity

20. Eighteen Member States contributed to 34 case studies featured in a compendium of best practices in viral hepatitis programming, developed and launched in 2020.8

21. Fourteen Member States have benefited from expanded access agreements and improved access to generic versions of direct-acting antivirals for hepatitis C treatment.

22. WHO/Europe provided support to civil society and patients’ groups through inclusion of these groups in updates on WHO policy and guidance on viral hepatitis, joint activities in raising awareness, and promotion of collaboration at the regional and national levels.

23. WHO/Europe, in collaboration with partners, led the development of regional awareness campaigns and supported countries in their national campaigns for World Hepatitis Day and provided a toolkit, information packages, and hepatitis B and hepatitis C regional factsheet updates.

24. The Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis has undertaken focused work to identify ways of strengthening a multisectoral collaborative approach to respond to tuberculosis, HIV, viral hepatitis and sexually transmitted infections and to promote the inclusion of civil society organizations in service delivery.

Strategic direction 4: Financing for sustainability

25. Since 2016, over 30 Member States have developed and/or updated their national hepatitis action plans, and many have included financing for the treatment of chronic hepatitis B and C. However, in several countries in central and eastern Europe and central Asia, comprehensive hepatitis response is not supported by sufficient and sustainable financing. Four Member States developed economic analyses and investment cases with support from WHO/Europe and partners.

26. Through collaboration between its Division of Health Emergencies and Communicable Diseases and Division of Health Systems and Public Health, WHO/Europe has supported Member States in improving access to viral hepatitis medicines and diagnostics by providing technical advice on the selection of viral hepatitis products and advising on appropriate strategies for price reduction via regional consultations.

Strategic direction 5: Innovation for acceleration

27. WHO/Europe promoted the adoption of innovative practices through a range of workshops. An example was the Regional Workshop on Advancing Implementation Science on HIV and Viral Hepatitis in Eastern Europe and Central Asia (10–11 February 2020, Berlin, Germany), in collaboration with the Robert Koch Institute. Member States in attendance were supported in the use of implementation science and programme data to redesign their national strategies on HIV and viral hepatitis.

28. The new WHO Collaborating Centre for Viral Hepatitis and HIV was designated in 2021 and is hosted by the Robert Koch Institute, Germany. Another WHO Collaborating Centre will be designated in 2022 and hosted by the National Centre for Disease Control and Public Health, Georgia. These centres are already supporting implementation of the WHO/Europe workplan on viral hepatitis

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**SUPPORTING MEMBER STATES TO MAINTAIN VIRAL HEPATITIS SERVICE DELIVERY THROUGHOUT THE COVID-19 PANDEMIC**

29. Since 2020, WHO/Europe has rapidly reoriented towards supporting Member States to continue essential hepatitis services throughout the COVID-19 pandemic. In April 2020, the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis developed a call to action in response to COVID-19, urging Member States and partners to increase their efforts to ensure a human rights and equity-based approach to the provision of essential services and social support for the diseases.

30. A joint WHO and European Centre for Disease Prevention and Control meeting, Addressing TB, HIV and Viral Hepatitis during the COVID-19 Pandemic – National TB, HIV and Viral Hepatitis Programme Managers and Partners Meeting (virtual, September 2020), was held to discuss countries’ and partners’ experiences in ensuring continuity of TB, HIV and viral hepatitis services during the COVID-19 pandemic; to exchange experiences and opportunities for monitoring TB, HIV and viral hepatitis during the pandemic; and to share the latest updates to technical guidelines.

31. WHO/Europe conducted a desk review to consolidate findings from various assessments of the impact of the COVID-19 pandemic on health services in 2020–2021. The review found that despite the implementation of several mitigation strategies, the pandemic was associated with significant reductions in hepatitis testing volumes and a 50% reduction in HCV treatment in 2020 compared with 2019.

32. Six Member States have been scoped to participate in the COVIMPACT Hepatitis project 2021–2023, an assessment of the effect of the COVID-19 pandemic on hepatitis B and C elimination efforts. The project is coordinated by the Robert Koch Institute in close collaboration with WHO/Europe.

**CONCLUSION AND NEXT STEPS**

33. Despite significant achievements in strategic planning and throughout the entire cascade of care for viral hepatitis, major challenges in working towards viral hepatitis elimination remain in the Region, particularly in how to accelerate overall service coverage and secure sustainable financing of activities. These challenges must be addressed in the next action plan.

34. WHO/Europe is currently in the process of developing the new 2022–2030 Action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections in the WHO European Region. The development of the new action plans will be guided by a range of stakeholders (Member States, civil society organizations and partners) based on the lessons learned and the evidence presented in this report.

35. WHO/Europe will continue to support Member States across the Region, including in scaling up evidence-based, integrated and people-centred viral hepatitis prevention, testing and treatment services based on a public health approach and the principles of universal health coverage. WHO/Europe will also continue to provide guidance and technical support to Member States to improve access to essential diagnostics and medicines for viral hepatitis, through reducing prices, strengthening procurement and optimizing service delivery models. Given that reliable strategic information is the cornerstone of any coordinated effort to tackle viral hepatitis, WHO/Europe will continue to support the improvement of national viral hepatitis surveillance and strategic information gathering.