

Training workshop on screening, diagnosis and treatment of hepatitis B and C

Session 1B

Global and SEAR situation overview

Viral hepatitis –regional overview

South-East Asia Region

TOGETHER
FOR ELIMINATION



 World Health
Organization

Current situation of viral hepatitis in the Southeast-Asia (SEA) Region

HBV

Globally: 257 M
SEAR: ~40 M
(16%)

HCV

Globally: 71 M
SEAR: ~11 M
(15%)

Global mortality
1.34 million –

Chronic B
and C

Hepatitis B

HBsAg prevalence
2.0% (1.5–4%)
Estimated carriers
39 million (29–77 million)

Source: Global Hepatitis Report
2017

Hepatitis C

HCV prevalence
0.5% (0.4–0.9%)
Estimated carriers
10 million (8.0–18 million)

Source: Global Hepatitis Report
2017

Hepatitis A

Occurs in outbreaks
5416 reported deaths in 2015
in SEAR

Hepatitis E

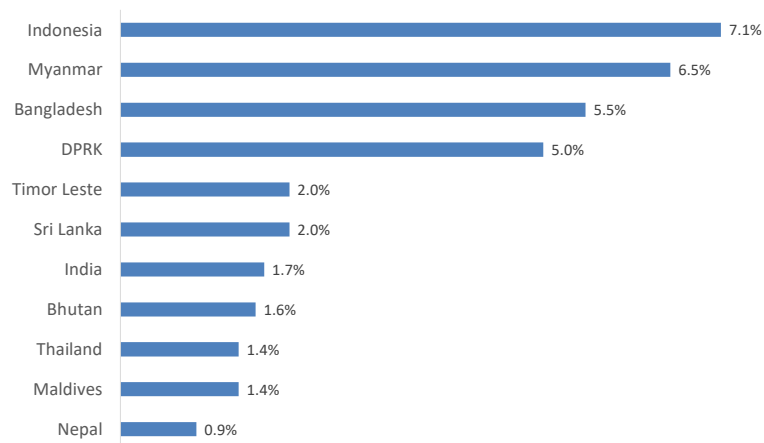
Occurs in outbreaks
31 704 reported deaths in
SEAR

DEATHS IN SEAR

410 000 deaths due to
viral hepatitis each
year

81% are attributed to
chronic complications
of hepatitis B and C

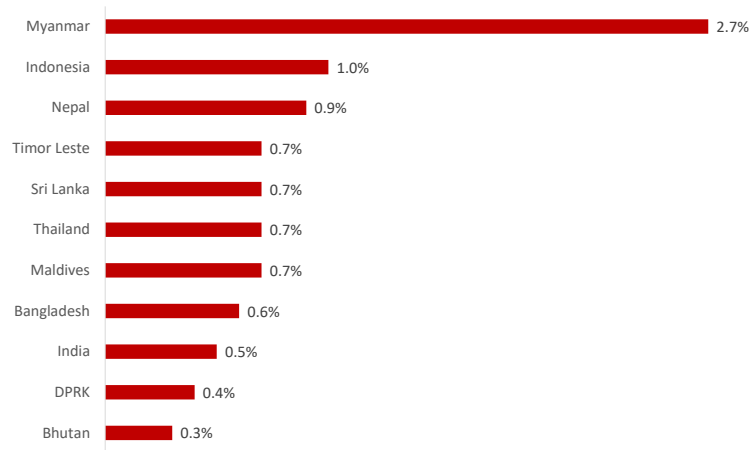
Prevalence of HBsAg in SEAR countries



Sources: Country estimates, Country survey 2019, WHO global and country estimates of immunization coverage and chronic HBV infection
DPRK: Democratic People's Republic of Korea

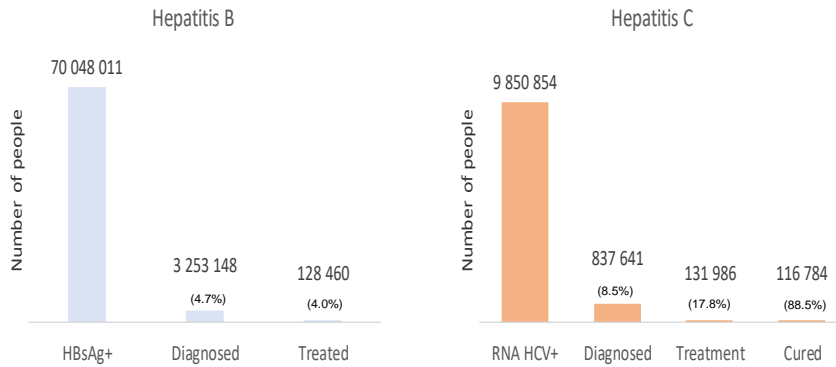
Hep B is heterogeneous in the Region and varies from low to moderate to high endemicity.

Prevalence of HCV in SEAR countries



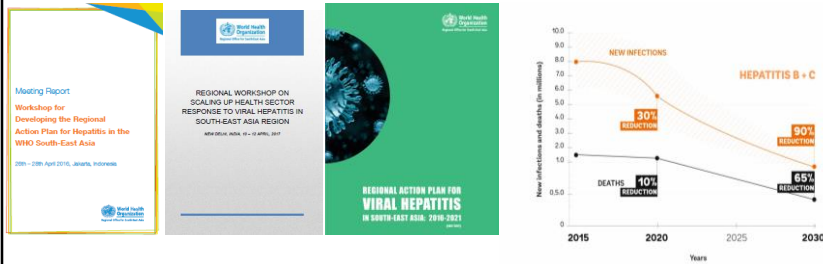
Sources: Country estimates, Country survey 2019, Modelling studies, The Polaris Observatory

Cascade of Care – SEAR countries



Source: The Polaris Observatory

WHO SOUTH-EAST ASIA RESPONSE TO HEPATITIS



Goal

To eliminate viral hepatitis as a major public health threat in the Region by the year 2030

Regional (SEAR) Plan of Action



Baseline estimates and key targets in the Regional Action Plan

| Interventions | Indicator | SEAR baseline estimates | SEAR regional targets (2020) | Global targets (2020) |
|--------------------------------|---|-------------------------|------------------------------|-----------------------|
| Hepatitis B vaccination | HEPB3 coverage | 93% | 95% | 90% |
| HBV PMTCT | HEP vaccine birth-dose coverage | 53% | 90% | 50% |
| Blood safety | Donations screened with quality assurance | 85% | 100% | 95% |
| Injection safety* | Proportion of unsafe injections | 5.2% | 50% | 100% |
| Harm reduction | Syringes & needles distributed/PWID/year | 92 | 200 | 200 |
| Testing services | % HBV-infected diagnosed | 4.7% | 50% | 30% |
| | % HCV-infected diagnosed | 8.5% | 50% | 30% |
| Treatment | % diagnosed with HBV on treatment | 4.0% | 75% | 5 million |
| | % diagnosed with HCV started on treatment | 17.8% | 75% | 3 million |

*The target set for injection safety in the action plan is * 50% of all injections in Member States are administered with safety-engineered devices

Source: Global Hepatitis Report, 2017

Progress towards implementing national plans for elimination of viral hepatitis

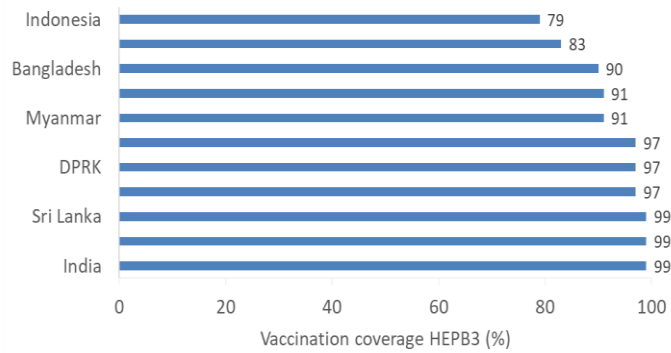
| | Bangladesh | Bhutan | DPRK | India | Indonesia | Maldives | Myanmar | Nepal | Sri Lanka | Thailand | Timor Leste |
|-------------------------------------|------------|---------|---------|-----------|-----------|----------|-----------|---------|-----------|-----------|-------------|
| National prevalence estimates† | × | ↻ | × | × | ✓ | × | ✓ | ✓ | × | × | × |
| National action plans for hepatitis | Drafted | Drafted | Drafted | Developed | Drafted | Drafted | Developed | Drafted | Drafted | Developed | Developed |
| National guidelines for testing* | × | × | ✓ | ✓ | ✓ | × | ✓ | ✓ | × | ✓ | ✓ |
| National guidelines for treatment* | × | × | × | ✓ | ✓ | × | ✓ | Drafted | × | | ✓ |

† national representative population-based estimates (e.g. seroprevalence survey)

*aligned with WHO guidelines

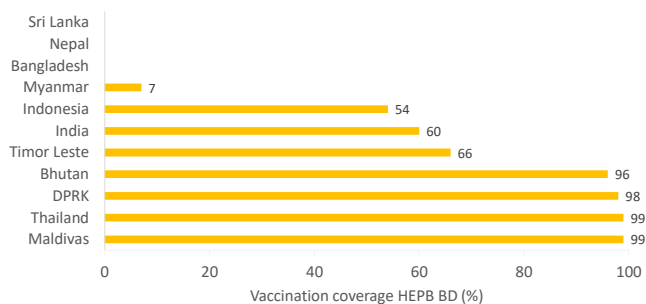
Source: Country survey 2019

HEPB3 vaccination coverage 2018



Source: SEARO, 2018

HEPB BD vaccination coverage 2018



Data source: 2018 WHO/UNICEF JRF country official estimates

Blood and injection safety

| | Bangladesh | Bhutan | DPRK | India | Indonesia | Maldives | Myanmar | Nepal | Sri Lanka | Thailand | Timor-Leste |
|--|------------|--------|------|-------|-----------|----------|---------|-------|-----------|----------|-------------|
| Screening of donated blood for HBV/HCV | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Safe Injection and IPC policy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hepatitis B screening for all pregnant women | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ | ✗ | ✓ | ✗ | ✓ | ✗ |
| Harm reduction services for PWID | ✓ | ✗ | ✗ | ✓ | ✓ | ✗ | ✓ | ✓ | ✗ | ✓ | ✓ |

Source: Country survey 2019

Harm reduction services for PWID

| | Bangladesh | Bhutan | DPRK | India | Indonesia | Maldives | Myanmar | Nepal | Sri Lanka | Thailand | Timor-Leste |
|--|------------|--------|------|---------|-----------|----------|---------|--------|-----------|----------|-------------|
| Estimated PWID population size | 34 000 | - | - | 177 000 | 33 500 | - | 93 000 | 30 900 | 2 700 | 42 000 | - |
| Needles/syringes distributed/PWID/year | 205 | - | - | 366 ? | 3 | - | 351 | 85 | 0 | 10 | - |
| Percentage of PWID receiving OST | 3.1% | - | - | 19.5% | 10.5% | - | 17.2% | 2.8% | - | 5.3% | - |

Source: UNAIDS – Key population atlas

WHO's injection safety project

- WHO support in three countries (India, Egypt and Uganda)
- Technical support (national level and in Punjab state of India)
- Objectives:
 - Country support to the process
 - document the process from early adopter states
 - Disseminate information for programmatic use
- Focus on injection safety (yet, an opportunity to improve
 - infection prevention and control (IPC) practices
 - patient safety and quality of health care, and
 - Health-care waste management

Number of testing facilities

| Country | HEPATITIS B TESTING | | HEPATITIS C TESTING | |
|-------------|---------------------|---------------|---------------------|---------------|
| | Serology (HBsAg) | NAT (HBV DNA) | Serology (anti-HCV) | NAT (HCV RNA) |
| Bangladesh | 500 | 15 | 500 | 15 |
| Bhutan | 37 | - | 26 | - |
| DPR Korea | 136 | - | 136 | - |
| India | - | - | - | - |
| Indonesia | - | - | - | - |
| Maldives | >20 | 1 | >20 | 1 |
| Myanmar | 11 910 | 3 | 11 910 | 8 |
| Nepal | 100 | 1 | 100 | 1 |
| Sri Lanka | 2 | 2 | 2 | 2 |
| Thailand | 1 100 | 100 | 1100 | 100 |
| Timor-Leste | 6 | 1 | - | - |

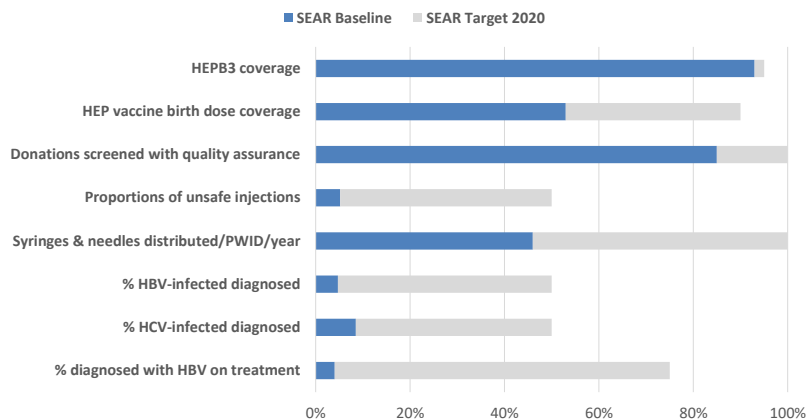
Source: Country survey 2019

Treatment available and cost

| Country | Hepatitis B treatment | | Hepatitis C treatment | |
|-------------|-----------------------|--------------------------------|-------------------------|----------------------------------|
| | Treatment available | Annual cost per patient (US\$) | Treatment DAA available | 12 weeks cost per patient (US\$) |
| Bangladesh | ✓ | 360 | ✓ | 1000 |
| Bhutan | - | - | - | - |
| DPR Korea | - | - | - | - |
| India | ✓ | 45 | ✓ | 40 |
| Indonesia | ✓ | - | - | 450 |
| Maldives | ✓ | - | ✗ | - |
| Myanmar | ✓ | 184 | ✓ | 93 |
| Nepal | ✓ | 400 | ✓ | 600 |
| Sri Lanka | ✗ | - | ✗ | 500 |
| Thailand | ✓ | - | ✓ | - |
| Timor-Leste | ✗ | - | ✗ | - |

Source: Country survey 2019

Baseline estimates and key targets in SEAR



*the target set for injection safety in the action plan is " 50% of all injections in Member States are administered with safety-engineered devices

Source : Global Hepatitis Report,2017

FIVE KEY STRATEGIES

INCREASE

Birth dose vaccine coverage for preventing hepatitis B

ENSURE

Universal use of reuse prevention / sharp injury prevention syringes

ASSURE

Safe blood for elimination of hepatitis B/C transmission

IMPROVE

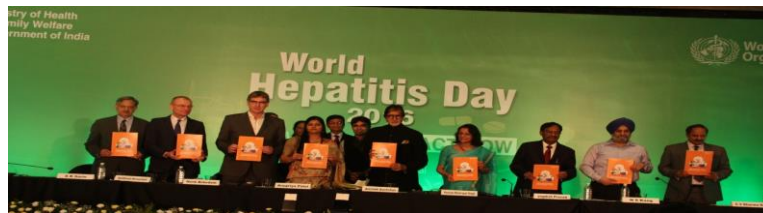
Sanitation, water and food safety for elimination of hepatitis E-related mortality

SCALE UP

Testing and treatment for hepatitis B & C

Awareness--RAISING THE PROFILE

Only 1 out of
10 persons
infected with
hepatitis are
aware of
their status



Key challenges

- National and representative burden of disease still not known in many countries
- Know your epidemic – asymptomatic nature of illness – early identification remains an issue;
 - Only 10% of infected people know their status
- National plans for viral hepatitis are still in draft stage in most of countries
- Governance issues – need for multisectoral response – immunization, blood and injection safety, etc.
- Addressing hepatitis among KPs – harm reduction among PWID a challenge
- Unsafe injections continue to be an issue
- Stigma widespread and continues
- Lack of wide availability of RDT, limited lab capacity; whom to prioritize for testing
- Lack of access to cheaper drugs in some countries
- Lifelong therapy for HBV, lack of dedicated catalytic funds unlike HIV

WHO SEARO-Sustain-Accelerate-Innovate is the Mantra

| | |
|--|--|
| Sustain the momentum and willingness in countries to have national action plans | <ul style="list-style-type: none"> • Focus on data generation and use of cost–effectiveness tools for advocacy • Continue to provide technical support to countries to develop and implement national action plans • Advocacy for national funding using hep B calculator, investment case |
| Accelerate implementation of activities for elimination of hepatitis | <ul style="list-style-type: none"> • Accelerate the implementation of national action plans for hepatitis <ul style="list-style-type: none"> ◦ Accelerate adoption of rapid tests for hepatitis testing ◦ Accelerate birth dose immunization for Hep B ◦ Accelerate use of reuse-prevention syringes ◦ Build capacity of health force at primary and secondary levels ◦ Do not lose focus on A and E – safe water and hygiene • Periodically review the progress on hepatitis action plan implementation |
| Innovate Sustainability of interventions | <ul style="list-style-type: none"> • Newer tools for finding the missing millions infected with hepatitis • Integrated service delivery models for efficient use of resources |

RESPONSIVE LEADERSHIP



"Identifying interventions that have a high impact is a key step towards eliminating this devastating disease. Many countries have succeeded in scaling-up the hepatitis B vaccination. Now we need to push harder to increase access to diagnosis and treatment."

Dr. Tedros Adhanom Ghebreyesus
Director General, WHO



"We need strong political commitment and speedy and innovative implementation of the South-East Asia Regional Action Plan for hepatitis in an integrated manner. We are also committed to support Member States in developing their national action plans for prevention and control of hepatitis."

Dr. Poonam Khetrapal Singh
Regional Director, WHO South-East Asia