Global progress on viral hepatitis:
WHO Country Profiles

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Purpose of the WHO Country Profiles

- In 2016, WHO initiated a project to establish Country Profiles on Viral Hepatitis
- The aim was to determine the status of WHO members states in relation to the GHSS on Viral Hepatitis
- This first set of Country Profiles (relating to 2016/17) focused on plans and processes in place to deliver on the GHSS (e.g. national governance structure; national policies and guidance)

GLOBAL STRATEGY ON VIRAL HEPATITIS

SD1 : Priority Actions for Countries

NATIONAL PLANS
- Establish a national governance structure
- Develop a national plan, with a budget
- Set national targets
- Regularly review the national response
- Raise national awareness (e.g. World Hepatitis Day)

INFORMATION FOR ACTION
- Integrate viral hepatitis strategic information activities
- Assess the national hepatitis burden
- Monitor access to and uptake/quality of hepatitis services
WHO Country Profiles: data collection

- Online system launched in Dec 2016, following stakeholder consultation and pilot work
- Available in 6 official UN languages: Arabic, Chinese, English, French, Russian and Spanish
- 194 Ministries of Health contacted, via WHO Regional and Country offices
- Data collected Dec 2016 to Nov 2017
- Supported and coordinated by Glasgow Caledonian University / Health Protection Scotland
Current status of the Country Profiles

Responses from 132 countries (by Sept 2017)* relating to 87% of the 325 million infected with viral hepatitis

- European Region (83% of 53 countries)
- Eastern Med. Region (76% of 21 countries)
- Region of the Americas (54% of 35 countries responded)
- African region (58% of 47 countries)
- South-East Asia Region (73% of 11 countries)
- Western Pacific Region (67% of 27 countries*)

* One further country (Australia) responded in Oct 2017
Rise in countries with National Hepatitis Plans

82 countries developed Plans

WHO resolution (2010)

Global strategy (2016)

World Hepatitis Summit 2015

% Countries with (published/drafted) Plans and Dedicated funding in 2016/17, by WHO Region

- **Global**: National Plan, 62% (Dedicated funds, 35%)
- **Eastern Mediterranean**: National Plan, 67% (Dedicated funds, 44%)
- **European**: National Plan, 52% (Dedicated funds, 42%)
- **Western Pacific**: National Plan, 52% (Dedicated funds, 34%)
- **Americas**: National Plan, 52% (Dedicated funds, 36%)
- **African**: National Plan, 50% (Funds, 22%)
- **South East Asia**: National Plan, 38% (Dedicated funds, 38%)
Engagement with Civil Society

% Countries with a Strategic Advisory Group (STAG) and engaged with Civil Society, by WHO Region

Civil Society involvement associated with the development of national plans and dedicated funding

- **Global**: STAG, 52% Civil Society, 46%
- **Eastern Mediterranean**: STAG, 75% Civil Society, 44%
- **Western Pacific**: STAG, 61% Civil Society, 50%
- **Americas**: STAG, 53% Civil Society, 37%
- **South East Asia**: STAG, 50% Civil Society, 38%
- **European**: STAG, 48% Civil Society, 48%
- **African**: STAG, 37% Civil Society, 48%

Developed National Plan
- 83% of Countries

Developed National Plan with Dedicated Funding
- 51% of Countries

Countries ENGAGED with Civil Society (N=59)
- 45% of Countries

Countries NOT engaged with Civil Society (N=73)
- 23% of Countries
% Countries with numerical targets on:
(i) prevention/treatment activities and
(ii) morbidity/mortality attributable to HBV and/or HCV

(i) Increase prevention & treatment activities
- Targets set, 47%
- Targets planned, 37%

(ii) Reduce morbidity/mortality
- Targets set, 27%
- Targets planned, 49%

% Countries with Official Working Estimate on the following Indicators

- Prevalence
- Incidence
- Diagnosed
- Treatment coverage
- Suppression (HBV) or cure (HCV)
- Mortality

Bar chart showing:
- Prevalence: 51% HCV, 56% HBV
- Incidence: 30% HCV, 33% HBV
- Diagnosed: 22% HCV, 17% HBV
- Treatment coverage: 21% HCV, 13% HBV
- Suppression (HBV) or cure (HCV): 18% HCV, 8% HBV
- Mortality: 25% HCV, 24% HBV

% of Countries
Guidance on Testing

% Countries with Official Guidance on:

- **Which diagnostic test to use for HBV and/or HCV**: 71% (ranging 44-94% by WHO region)
- **Testing pregnant women for HBV**: 70% (ranging 48-86% by WHO region)
- **Referral to treatment of people diagnosed with HBV and/or HCV**: 69% (ranging 41-82% by WHO region)
- **Testing People Who Inject Drugs (PWID) for HCV**: 45% (ranging 11-71% by WHO region)
Access to Treatment

% Countries providing optimal therapies as first-line of treatment

- For all patients
- For select patients according to prioritization
- Not first-line

Tenofovir or Entecavir as first line treatment for HBV
59% 21% 20%

Interferon-free DAAs as first line treatment for HCV
37% 30% 33%
Key messages

- Progress by countries across WHO regions in responding to viral hepatitis, with near 5-fold rise in countries developing national plans over last 5 years

- Financing remains an issue, with only 35% of countries having developed plans with some dedicated funding for viral hepatitis

- Countries engaged with Civil Society are more advanced in developing national plans and securing funding

- Majority of countries have policies on testing but these are not all comprehensive

- Access to optimal therapies remains an issue for diagnosed patients in many countries

- While many countries are setting targets, the data to measure progress in reaching these targets are lacking – countries need to invest more in strategic information systems to monitor progress towards elimination
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