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#### **E. PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF VIRAL HEPATITIS: MIDTERM REVIEW**

##### **Background**

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress in implementation of the Plan of Action for the Prevention and Control of Viral Hepatitis (Document CD54/13, Rev. 1 [2015]), which covers the period from 2016-2019 (1).
  2. The Plan is aligned with the vision, goals, and strategic directions of the WHO Global Health Sector Strategy for Viral Hepatitis 2016-2021 (2), endorsed by the World Health Assembly (WHA) in May 2016, which calls for the elimination of viral hepatitis as a public health threat by 2030 as indicated by a 90% reduction in incidence and a 65% reduction in prevalence. In addition, the Plan reflects inclusion of the global objective to combat viral hepatitis under Goal 3 of the Sustainable Development Goals (SDGs).
  3. The regional response should take into account several key features of viral hepatitis. In 2016, PAHO estimated that 2.8 million people in the Region were living with hepatitis B (HBV) and another 7.2 million with hepatitis C (HCV), while approximately 125,000 died from viral hepatitis in 2013 (3). Around 96% of the mortality from viral hepatitis is a result of chronic hepatitis B and C infection leading to cirrhosis and primary liver cancer, or hepatocellular carcinoma (HCC). In fact, approximately 78% of HCC worldwide is a result of chronic hepatitis B or C infection (2). Therefore, efforts to control hepatitis incidence and mortality should be focused on hepatitis B and C. New treatments are very effective: hepatitis B and C antivirals can reduce the risk of developing liver cancer by around 75%, giving the added public health benefit that action to eliminate hepatitis will reduce HCC incidence in the Region. New direct-acting antivirals (DAAs) for HCV can cure this infection in 95% of cases with these first-line drugs alone and in 99.9% of cases when second-line drugs are accessible.
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4. Globally and in the Region of the Americas, the hepatitis response has been hampered by a lack of international funding globally. Thus, the hepatitis response depends almost entirely on the availability of domestic resources.

### Analysis of Progress Achieved

5. The following tables summarize the Region's midterm progress toward achievement of the objectives of the Plan in 2016-2017. It also highlights the challenges that will need to be overcome over the next year in order to meet the goals set forth in the Plan.

6. It should be noted that the indicators in the Plan of Action are policy indicators and therefore do not quantify the strength or breadth of any individual country's response.

<i>Strategic Line of Action 1: Promoting an integrated comprehensive response</i>		
<b>Objective</b>	<b>Indicator, baseline, and target</b>	<b>Status</b>
<b>1.1</b> Promote integration of viral hepatitis prevention, surveillance, diagnosis, care, and control interventions and services within the health sector and implement them in a concerted and effective manner with relevant partners and stakeholders.	<b>1.1.1</b> Number of countries that have a structured and budgeted national strategy or plan related to prevention, treatment, and control of viral hepatitis  Baseline: 10 in 2015 (8) Target: 20	15 countries and territories (7)  This indicator is critical to supporting national action. By the end of 2017, 5 additional countries had developed national hepatitis strategies or plans that go beyond immunization.
<b>1.2</b> Promote the development and implementation of coordinated public health policies and interventions with the aim of eliminating hepatitis B and hepatitis C in PAHO Member States by 2030.	<b>1.2.1</b> Number of countries with goals of elimination of hepatitis B and hepatitis C as public health problems  Baseline: 0 in 2015 (8) Target: 6	0 countries (7)  While all countries and territories are committed to the Global Health Sector Strategy to eliminate viral hepatitis as a public health threat by 2030, so far no countries have implemented it as national policy.
	<b>1.2.2</b> Number of countries with goals of elimination of mother-to-child transmission of hepatitis B  Baseline: 1 in 2012 (9) Target: 5	12 countries and territories (7)  Going forward, these countries and territories will be working within the terms of the EMTCT-Plus initiative.

<b>Objective</b>	<b>Indicator, baseline, and target</b>	<b>Status</b>
<b>1.3</b> Implement information and communication activities and campaigns at the regional, subregional, national, and local levels to raise awareness of the existence, severity, and routes of transmission of viral hepatitis and measures to prevent and control the disease.	<b>1.3.1</b> Number of countries that commemorate World Hepatitis Day through awareness campaigns or major thematic events  Baseline: 10 in 2015 (8) Target: 20	12 countries and territories (7)  World Hepatitis Day is well established on the calendar of major public health celebrations in the Region.

*Strategic Line of Action 2: Fostering equitable access to preventive care*

<b>Objective</b>	<b>Indicator, baseline, and target</b>	<b>Status</b>
<b>2.1</b> Maintain and expand HBV immunization programs in order to increase coverage for all children and for members of key populations and vulnerable groups.	<b>2.1.1</b> Number of countries that maintain high HBV coverage (95% or above) as part of the routine childhood vaccination schedule (below 1 year of age)  Baseline: 15 in 2013 (10) Target: 25	17 countries and territories (10)  In 2017 Region-wide, hepatitis B vaccination coverage increased from 90% to 91% and 2 additional countries reached 95% or above.
	<b>2.1.2</b> Number of countries that have included immunization of newborns against HBV within the first 24 hours in their vaccination programs  Baseline: 18 in 2013 (10) Target: 25	21 countries and territories (7)  In addition to 21 countries and territories providing universal birth dose (BD), an additional 13 countries provide BD vaccine only to neonates of HBsAg-positive mothers.
<b>2.2</b> Encourage countries to conduct epidemiological, burden of disease, and health technology assessment, such as cost-effectiveness analyses to support evidence-based decisions regarding the introduction of hepatitis A vaccine (HAV).	<b>2.2.1</b> Number of countries that have conducted HAV epidemiological, burden of disease, and health technology assessments, such as cost-effectiveness analyses, to inform vaccine introduction  Baseline: 5 in 2013 (11 -15) Target: 10	9 countries (16)  Sporadic outbreaks of HAV transmission among men who have sex with men have been described in several countries across the Region.

Objective	Indicator, baseline, and target	Status
<b>2.3</b> Strengthen the capacity of the health sector to conduct the necessary actions to promote the strictest application of norms, protocols, and recommendations to prevent viral hepatitis infections in health care settings.	<b>2.3.1</b> Number of countries with measures for the prevention of hepatitis B among health workers  Baseline: 13 in 2015 (8) Target: 26	32 countries and territories (7)  These 32 countries and territories have specific strategies in place to prevent HBV transmission among health workers.
<b>2.4</b> Strengthen the capacity of the health sector to develop and implement policies and strategies to prevent viral hepatitis infections among people who use drugs and other key populations.	<b>2.4.1</b> Number of countries with viral hepatitis prevention and control strategies, such as HBV vaccine, targeting key populations  Baseline: 8 in 2015 (8) Target: 20	14 countries and territories (7)  The increase to 14 countries and territories is attributed to the expansion of HBV catch-up vaccine programs in key populations.

*Strategic Line of Action 3: Fostering equitable access to clinical care*

Objective	Indicator, baseline, and target	Status
<b>3.1</b> Adapt and implement norms and standards for screening, diagnosis, care, and treatment of viral hepatitis.	<b>3.1.1</b> Number of countries that have developed guidelines for prevention, care, and treatment of hepatitis B in line with the latest WHO recommendations  Baseline: 16 in 2012 (9) Target: 25	18 countries and territories (7)  The major shift in recommended treatment occurred in 2015, with therapy limited to oral antivirals with a high barrier to resistance. There are 18 countries and territories that have national guidelines consistent with these new regimens.
	<b>3.1.2</b> Number of countries that have developed guidelines for screening, diagnosis, care, and treatment of hepatitis C in line with the latest WHO recommendations  Baseline: 6 in 2015 (8) Target: 15	12 countries and territories (7)  New recommendations were published in April 2018. There are 12 countries and territories that have guidelines consistent with previous WHO guidance.

Objective	Indicator, baseline, and target	Status
	<p><b>3.1.3</b> Number of countries that have started offering publicly funded HBV diagnosis and treatment Baseline: 11 in 2015 (8) Target: 20</p>	<p>22 countries and territories (7) These 22 countries and territories offer treatment (although in many countries access is limited).</p>
	<p><b>3.1.4</b> Number of countries that have started offering publicly funded HCV diagnosis and treatment Baseline: 6 in 2015 (8) Target: 10</p>	<p>15 countries and territories (7) These 15 countries and territories offer some form of publicly funded hepatitis treatment. Numbers of patients remain limited in most countries, where access to treatment has often been decided on the basis of judiciary rulings.</p>
	<p><b>3.1.5</b> Number of countries that include in their national essential medicine lists and/or formularies one or more drugs recommended in WHO 2015 guidelines for HBV treatment Baseline: 10 in 2015 (8) Target: 20</p>	<p>22 countries and territories (7) The most recent edition of WHO guidelines for HBV treatment was published in 2015.</p>
	<p><b>3.1.6</b> Number of countries that include in their national essential medicine lists and/or formularies one or more drugs recommended in WHO 2014 guidelines for HCV treatment Baseline: 8 in 2015 (8) Target: 15</p>	<p>10 countries (7) These 10 countries are using one of the direct-acting antivirals (DAAs) referenced in the HCV treatment guidelines<sup>1</sup></p>

<sup>1</sup> Recommended direct-action antiviral therapy has shifted greatly over the past three years. WHO now recommends pangenotypic regimens, three forms of which are currently offered. Both the dynamic nature of therapy and high prices have impaired access and uptake of treatment.

Objective	Indicator, baseline, and target	Status
<b>3.2</b> Adapt and implement norms and standards for treatment of viral hepatitis (B and C) in HIV coinfecting patients.	<b>3.2.1</b> Number of countries that have updated their antiretroviral treatment criteria, including the recommendation of initiating antiretroviral therapy (ART) regardless of CD4 count in HIV patients with severe HBV-related chronic liver disease  Baseline: 24 in 2014 (17) Target: 30	30 countries and territories (18)  This number includes 22 countries and territories that recommend HIV treatment for all infected individuals and 8 in which HIV treatment is indicated for patients with HIV and severe HBV-related liver disease.

**Strategic Line of Action 4: Strengthening strategic information**

Objective	Indicator, baseline, and target	Status
<b>4.1</b> Increase and strengthen countries' capacity to develop and implement strategies for the surveillance, prevention, control, and/or elimination of viral hepatitis.	<b>4.1.1</b> Number of countries that report cases of acute and chronic hepatitis B  Baseline: 8 in 2015 (8) Target: 16	22 countries (7)  Subregional meetings to support hepatitis strategic information and surveillance were held in South and Central America during 2016.
	<b>4.1.2</b> Number of countries that report cases of hepatitis C infection.  Baseline: 13 in 2015 (8) Target: 26	18 countries (7)  See comment for 4.1.1 above.  These 18 countries report at least some cases of acute or chronic hepatitis C.
	<b>4.1.3</b> Number of countries conducting surveys on prevalence of viral hepatitis B or C in the general population and/or key populations  Baseline: 11 in 2015 (8) Target: 18	14 countries  These 14 countries report conducting at least one prevalence survey on HBV or HCV.
<b>4.2</b> Increase countries' capacity to analyze, publish, and disseminate national data on viral hepatitis and impact of responses disaggregated by age, gender, and cultural diversity.	<b>4.2.1</b> Number of countries that have published a national report on viral hepatitis  Baseline: 8 in 2015 (8) Target: 15	13 countries (7)  These 13 countries have published national viral hepatitis baseline reports through the PAHO country-level hepatitis data mining initiative.

<i>Strategic Line of Action 5: Strengthening laboratory capacity to support diagnosis, surveillance and safe blood supply</i>		
<b>Objective</b>	<b>Indicator, baseline, and target</b>	<b>Status</b>
<b>5.1</b> Implement innovative technologies for laboratory diagnosis and monitoring of treatment responses.	<b>5.1.1</b> Number of countries that implement standardized and effective technologies for HBV patient monitoring Baseline: 10 in 2015 (8) Target: 20	19 countries and territories (7) These 19 countries conduct HBV monitoring in line with WHO- recommended laboratory tests.
	<b>5.1.2</b> Number of countries that implement standardized and effective technologies for HCV confirmation, including serology, genotyping, and patient monitoring Baseline: 8 in 2015 (8) Target: 15	19 countries and territories (7) These 19 countries and territories conduct HCV monitoring in line with WHO recommended laboratory tests.
<b>5.2</b> Implement norms to improve the safety of blood supplies and blood components.	<b>5.2.1</b> Number of countries that screen 100% of blood transfusion units for HBV and HCV Baseline: 39 in 2014 (19) Target: 41	41 countries and territories Coverage of blood donation screening continues to be very high at the regional level. Differences in reporting processes in some countries and territories explains the lack of increase since 2015 in the number of countries that screen 100% of transfusion units.

7. In addition to progress toward implementation of the Plan of Action, PAHO has embarked on an initiative that emphasizes the integrated prevention of mother-to-child transmission of HIV, hepatitis B, syphilis, and Chagas disease within the common platform of mother and child health. This integrated framework, Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B, and Chagas Disease (EMTCT-Plus) (4), is planned to be implemented in at least two Member States during 2018. The goals of the EMTCT-Plus initiative are aligned with, and therefore complement, those of the regional Plan of Action for the Prevention and Control of Viral Hepatitis and the Global Health Sector Strategy on Viral Hepatitis 2016-2021.

### **Action Necessary to Improve the Situation**

8. In light of the progress described above, the actions needed to improve the situation include:

- a) An absolute increase in domestic funding allocation to hepatitis B and C is required in most countries and territories, given the current lack of international funds to support national hepatitis' responses.
- b) In order to strengthen countries' capacities to develop and utilize strategic information and cost-effectiveness analyses in decision-making, provide Member States with support in national planning and in studying hepatitis B and C "investment cases"—i.e., modeling the burden of disease based on empiric epidemiological data and projecting the potential impact and costs associated with population-level interventions aimed at meeting agreed global elimination targets.
- c) Work with Member States to ensure that the provision of hepatitis services is free from stigma and discrimination and delivered using an approach that respects human rights, equity, ethnicity, and gender.
- d) Strengthen the capacity of Member States to generate and report strategic information on viral hepatitis disaggregated by gender, age, key population status, and ethnicity, to assist in the continued development of an evidence-base for strategic planning in viral hepatitis prevention, care, and control.
- e) Continue expanding programs for the prevention of mother-to-child transmission (PMTCT) of HBV while also adopting the new EMTCT-Plus platform that includes HIV, syphilis, and Chagas disease alongside these existing efforts.
- f) Promote the urgent expansion of access to hepatitis B and C diagnosis, care, and treatment consistent with WHO recommended practice within national health systems and health insurance systems, including for key populations and indigenous peoples.
- g) Engage further with affected communities and groups representing affected communities to accelerate uptake of testing and treatment and demand for other hepatitis-related services.
- h) Continue to support Member States in accessing affordable and quality hepatitis diagnostics and medicines for HBV and HCV and in incorporating recommended HBV and HCV antiviral therapies into national hepatitis treatment guidelines.
- i) PAHO has recognized the dynamic nature of direct-acting antiviral therapy for HCV since the Directing Council approved the 2016 Plan of Action, and accordingly the Bureau will support Member States in including affordable new pangenotypic DAAs in national lists of essential medicines and health insurance programs, as well as in procuring these agents through the Strategic Fund.

#### **Action by the Directing Council**

9. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.



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