A national plan is needed for HCV elimination

• Why is a National HCV strategy needed?

• How can research inform a National HCV strategy?
WHO Global Health Sector Strategy on Hepatitis

- May 28th 2016 - Adoption of the first global health sector strategy on viral hepatitis by the World Health Assembly
- Goal: Eliminate viral hepatitis as a major public health threat by 2030

- Universal health coverage
- Continuum of services
- Public health approach

<table>
<thead>
<tr>
<th>TABLE 1 Summary of actions in resolution WHA67.6 (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member States are urged:</td>
</tr>
<tr>
<td>- To develop and implement coordinated, multi-sectoral national strategies for the prevention, diagnosis and treatment of viral hepatitis, including:</td>
</tr>
<tr>
<td>- robust surveillance systems to support evidence-based policy making;</td>
</tr>
<tr>
<td>- strengthened infection control measures in the areas of food, drinking water, personal hygiene and health-care provision;</td>
</tr>
<tr>
<td>- increased coverage and uptake of vaccination, harm reduction, screening and treatment programmes;</td>
</tr>
<tr>
<td>- increased access to antiviral treatment;</td>
</tr>
<tr>
<td>- administrative and legal measures to address viral hepatitis-related stigma and discrimination;</td>
</tr>
<tr>
<td>- To promote the involvement of civil society in the development of a national response to viral hepatitis.</td>
</tr>
</tbody>
</table>

Global Health Sector Strategy HCV targets

- **Incidence targets**
  - 30% reduction in new HCV infections by 2020
  - 80% reduction in new HCV infections by 2030

- **Mortality targets**
  - 10% reduction in mortality by 2020
  - 66% reduction in mortality by 2030

- **Harm reduction**
  - Increase in sterile needle and syringes provided per PWID/year from 20 in 2015 to:
    - 200 by 2020
    - 300 by 2030

- **Testing targets**
  - 90% of people aware of HCV infection by 2030

- **Treatment targets**
  - 80% of people treated by 2030

Only 9 countries on-track to achieve HCV targets

- Australia, Egypt, France, Georgia, Germany, Iceland, Japan, Netherlands, and Qatar

*Countries on Track to Achieve WHO Elimination Targets*, Polaris Observatory, CDA Foundation. http://cdafound.org/polaris/
Why do global health strategies stimulate action?

- Strong advocacy tool for mobilizing resources and action
- Promotes development of regional and national action plans
- Country engagement around common set of targets - promoting accountability
- Agreement on what actions are needed to reach targets

National planning for viral hepatitis

- 17 countries had a national plan in 2012
- 82 countries have a national plan in 2017
- The WHO resolutions, World Hepatitis Summit 2015 and the global strategy have been important milestones
What makes a national hepatitis strategy?

- Depending on country context, a national plan could be:
  - A stand-alone document focusing on all or some types of viral hepatitis, OR
  - A section within a broader disease plan (e.g. HIV, STIs, communicable diseases, etc.), OR
  - A section within the national health plan

- In any case it should have components of
  - strategic and operational priorities and
  - attached funding

National strategy for action

Three scenarios

<table>
<thead>
<tr>
<th>Implementation without a plan</th>
<th>Plan without implementation</th>
<th>Implemented plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many countries have components of a national response</td>
<td>Countries under pressure from civil society</td>
<td>Developed with wide consensus</td>
</tr>
<tr>
<td>Five core interventions include other programs/activities</td>
<td>Increased global advocacy</td>
<td>Comprehensive response focusing on five core interventions</td>
</tr>
<tr>
<td>Coordination and monitoring is essential</td>
<td>Increased technical guidance from WHO</td>
<td>Costed and funded</td>
</tr>
<tr>
<td>No plan leads to wasted resources</td>
<td>Challenge is implementation</td>
<td>Efficient use of resources</td>
</tr>
<tr>
<td></td>
<td>The best way to ensure is to share ownership</td>
<td>Clear roles and responsibilities of all stakeholders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Having frameworks of accountability and monitoring</td>
</tr>
</tbody>
</table>
### WHO manual for development of national plans

**Manual for the Development and Assessment of National Viral Hepatitis Plans**

A Provisional Document, September 2015

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### Example of a national plan structure

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Targets (by end 2020)</th>
<th>Activities</th>
<th>Responsible group(s)</th>
<th>Other stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Increase proportion of people diagnosed with chronic hepatitis</td>
<td>• Increase number of diagnostic tests performed for hepatitis B and C • Two-thirds of all healthcare workers for hepatitis B and C • Two-thirds of all healthcare workers for hepatitis B and C</td>
<td>• Other than funding to all WHO through NSPs • Other than funding to all health-care workers</td>
<td>Last by MoH hepatitis unit in collaboration with HIV and other relevant groups</td>
<td>Other national hospitals, professional societies, NGOs</td>
</tr>
<tr>
<td>4.2</td>
<td>Ensure adequate follow-up and management of diagnosed people</td>
<td>• 100% of people with chronic hepatitis given appropriate counselling • 50% of eligible people identified as treatment</td>
<td>• Other than funding to all WHO through NSPs • Other than funding to all health-care workers</td>
<td>Last by MoH hepatitis unit in collaboration with HIV and other relevant groups</td>
<td>Other national hospitals, professional societies, NGOs</td>
</tr>
</tbody>
</table>

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Why does Canada need a national HCV strategy?

- Outlines HCV priorities, actions & respective roles
- Help direct resources & measure progress
- Minimise intra-country disparities to access
- Provides a framework for Provinces to adapt to facilitate the development of Provincial plans with clear goals, targets and actions

Role of Research Framework

Figure 2, WHO, Manual for the Development and Assessment of National Viral Hepatitis Plans, Sept 2015
Role of Research Framework

- WHO recommends conducting a ‘situation analysis’:
  - Who is affected by viral hepatitis? (e.g. priority populations)
  - When are they affected? (e.g. age cohorts)
  - Where are they affected? (e.g. geographical regions)
  - How are they affected? (e.g. impact, outcomes)


WHO Monitoring & Evaluation for Viral Hepatitis B and C

Monitoring and evaluation for viral hepatitis B and C: recommended indicators and framework. 2016
Table 2, WHO, Manual for the Development and Assessment of National Viral Hepatitis Plans, Sept 2015

<table>
<thead>
<tr>
<th>Indicator number</th>
<th>Indicator name</th>
<th>Programmatic area</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.1</td>
<td>a. Prevalence of chronic HBV infection</td>
<td>Viral hepatitis</td>
</tr>
<tr>
<td></td>
<td>b. Prevalence of chronic HCV infection</td>
<td></td>
</tr>
<tr>
<td>C.2</td>
<td>Infrastructure for HBV and HCV testing</td>
<td>Immunization</td>
</tr>
<tr>
<td></td>
<td>a. Coverage of timely hepatitis B vaccine birth dose (within 24 hours) and other</td>
<td></td>
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<tr>
<td></td>
<td>interventions to prevent mother-to-child transmission of HBV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Coverage of third-dose hepatitis B vaccine among infants</td>
<td>Immunization</td>
</tr>
<tr>
<td>C.4</td>
<td>Needle-syringe distribution</td>
<td>HIV, harm reduction</td>
</tr>
<tr>
<td>C.5</td>
<td>Facility-level injection safety</td>
<td>Injection safety</td>
</tr>
<tr>
<td>C.6</td>
<td>People living with HCV and/or HBV diagnosed</td>
<td></td>
</tr>
<tr>
<td>C.7</td>
<td>a. Treatment coverage for hepatitis B patients</td>
<td>Viral hepatitis</td>
</tr>
<tr>
<td></td>
<td>b. Treatment initiation for hepatitis C patients</td>
<td></td>
</tr>
<tr>
<td>C.8</td>
<td>a. Viral suppression for chronic hepatitis B patients treated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Cure for chronic hepatitis C patients treated</td>
<td></td>
</tr>
<tr>
<td>C.9</td>
<td>a. Cumulated incidence of HBV infection in children 5 years of age</td>
<td>Noncommunicable diseases, cancer</td>
</tr>
<tr>
<td></td>
<td>b. Incidence of HCV infection</td>
<td></td>
</tr>
<tr>
<td>C.10</td>
<td>Deaths from hepatocellular carcinoma (HCC), cirrhosis and liver diseases</td>
<td></td>
</tr>
</tbody>
</table>

Table 2, WHO, Manual for the Development and Assessment of National Viral Hepatitis Plans, Sept 2015

Aim of Research Framework

- To outline the main research priorities in HCV prevention, testing, and treatment in Canada in the context of the 2030 targets set by the WHO viral elimination strategy

- To inform the Framework for Action towards the elimination of HIV, HCV and STIs in Canada being developed

- Research Framework:
  - To collect the available evidence in HCV prevention, testing and treatment
    - e.g. How many people in Canada have chronic HCV infection?
  - To develop the appropriate targets, indicators, timelines, M&E
    - e.g. 50% reduction in HCV prevalence by X year
Next steps

Public Health Epidemiology Program -
What is required to achieve elimination of
Hepatitis C Infection in Canada by 2030?

Saturday, Feb. 10th
Ballroom A
1:00pm - 5:00pm

Acknowledgements

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