What are the research gaps to monitor and evaluate the elimination of hepatitis C in Canada by 2030?

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Background

• In 2016, Canada is a signatory to WHO’s first global health sector strategy on viral hepatitis: *eliminate viral hepatitis as a public health threat by 2030*

• However, 2017 modelling estimates have indicated that Canada is not projected to be ‘on track’ to meeting WHO targets by 2030

• The Public Health Agency of Canada is in the process of developing, “A Framework for Action Towards the Elimination of HIV, Hepatitis C and Sexually Transmitted Infections in Canada.”
Aims

• To outline areas of contribution to the National Strategy

• To provide a brief overview of some HCV research gaps & proposed indicators in the context of the WHO 2030 targets

• To promote discussion on the targets, goals, and actions that would be required to achieve the WHO HCV elimination targets

WHO Sources (2015 & 2016)
WHO Steps for a National Plan

FIGURE 3. Steps for developing, implementing and evaluating a national plan

Preparation
List the management structure and governance arrangements.
Develop a workplan.
Conduct a situation analysis, including stakeholder analysis, epidemiology, socioeconomic context, current service provision, policy and legal context, and financial context.

Plan development
Define objectives (goals, objectives, targets, activities), assign lead and partner agencies.
Cost and allocate a budget for the national plan.
Develop a monitoring and evaluation plan.

Implementation
Sign off, launch and disseminate the national plan.
Have technical working groups develop operational plans to ensure delivery of the required activities.

Monitoring and evaluation
Monitor regularly the activity data and performance indicators.
Assess progress periodically and conduct performance reviews.
Evaluate achievements, review needs and priorities, and refresh the national plan.

WHO Monitoring & Evaluation for Viral Hepatitis B and C

TABLE 2. Summary of indicators for monitoring and evaluation of viral hepatitis B and C

<table>
<thead>
<tr>
<th>Indicato</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>a Coverage of timely hepatitis B vaccine birth dose (within 24 hours) and other interventions to prevent mother-to-child transmission of HBV</td>
<td>Immunization</td>
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<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>
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<tr>
<td>C.5</td>
<td>Facility-level injection safety</td>
<td>Injection safety</td>
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<tr>
<td>C.6</td>
<td>a People living with HCV and/or HBV diagnosed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Treatment coverage for hepatitis B patients</td>
<td></td>
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<td></td>
<td>c Treatment initiation for hepatitis C patients</td>
<td></td>
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<tr>
<td>C.8</td>
<td>a Viral suppression for chronic hepatitis B patients treated</td>
<td>Viral hepatitis</td>
</tr>
<tr>
<td></td>
<td>b Cure for chronic hepatitis C patients treated</td>
<td></td>
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<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>a Deaths from hepatocellular carcinoma (HCC), cirrhosis and liver diseases attributable to HBV and HCV infection</td>
<td></td>
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</tbody>
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Table 2, WHO, Manual for the Development and Assessment of National Viral Hepatitis Plans, Sept 2015
HCV Prevention in Canada

- Updated estimates on number of persons with chronic HCV infection
- Need innovative methods to better estimate the level of injection drug use, HCV infection among PWID, and risk behaviours
- Continued vaccine efforts
- Increased understanding of social and/or cultural context (e.g. prisons)

90% reduction

HCV Prevention in Canada

- Updated estimates on the use of OST and NSP services
- Evaluate the cost-effectiveness of scale-up of OST and NSPs
- Develop interventions for persons who are not opioid dependent
- Develop strategies to assist recent initiates to injection, e.g. peer education

300 per person per yr.
HCV Testing in Canada

- Updated estimates on numbers of persons tested
- Work with health ministries & healthcare delivery to get improved data on HCV testing
- Better understand the barriers/facilitators to getting tested and linked into care
- Explore acceptability/feasibility of new strategies for testing (e.g. rapid RNA testing)

HCV Treatment in Canada

- 80% of eligible persons with chronic HCV infection Tx.
- 65% reduction

- Address remaining disparities in Tx. uptake in interferon-free DAA era
- Explore alternative models of care to reach the most marginalised
- Attention to post-treatment monitoring and care in the DAA era
- Develop additional care cascade models (e.g. regional, Indigenous) to identify areas/pillars that will have the greatest impact
### Priority Populations

- Youth population
- Indigenous population
- Persons with HIV-HCV coinfection
- Immigrant population
- Baby boomers
- People in prisons
- Children

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### Acknowledgements