

Role of Patients, Society and Health System to Reach Elimination of Hepatitis by 2030

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Why elimination?

- Viral hepatitis was a leading cause of death worldwide: 1.46 million death > HIV, Malaria, TB
- Elimination of hepatitis would avert 7.1 million death
- There is no known non-human reservoir for HCV.
- unlike HIV and HBV, there is no latent cellular reservoir for HCV.
- Like hepatitis B, Hepatitis C is generally asymptomatic both during the acute and chronic phase.



New global political will to eliminate HCV

World Health Assembly resolution (2014)



Hepatitis C Elimination in Europe (2016)

'Our vision for a Hepatitis C-free Europe'



First World Hepatitis Summit (2015)

84 countries represented







Sources: World Hepatitis Summit 2015 meeting report. Available at: <http://www.worldhepatitisalliance.org/sites/default/files/resources/documents/World%20Hepatitis%20Summit%20Report.pdf>; Elimination manifesto. Available at: <http://www.hcvbrusselsummit.eu/elimination-manifesto> (both accessed January 2017)

3 - Lisbon Addictions 2017
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Global Health Sector Strategy




HCV targets at a glance




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
- 65% 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

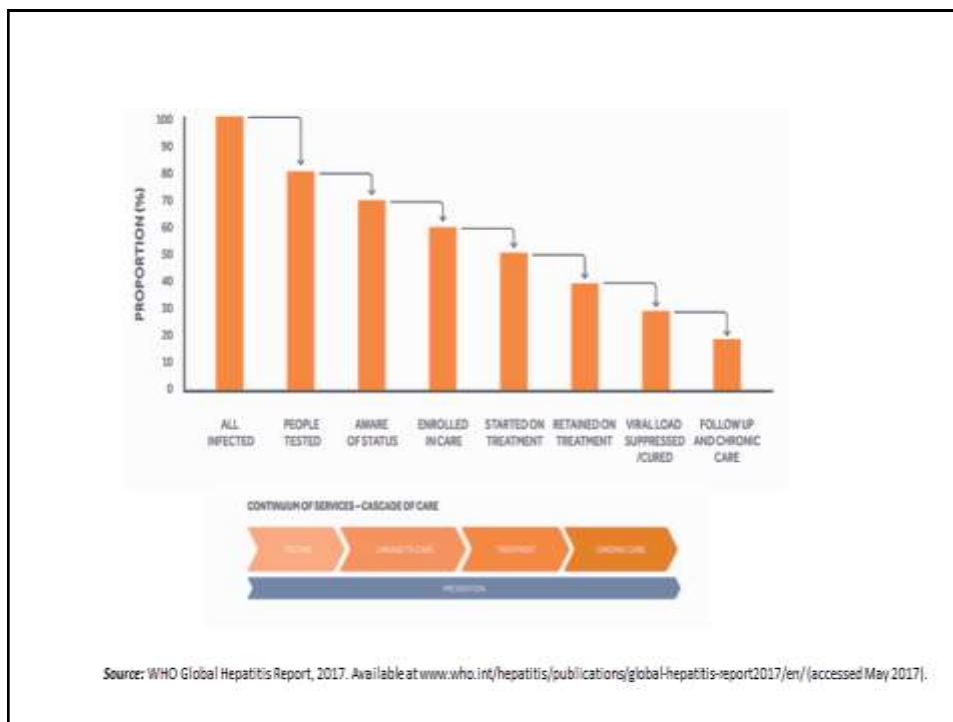
- 90% of people aware of HCV infection by 2030



Treatment targets

- 80% of people treated by 2030

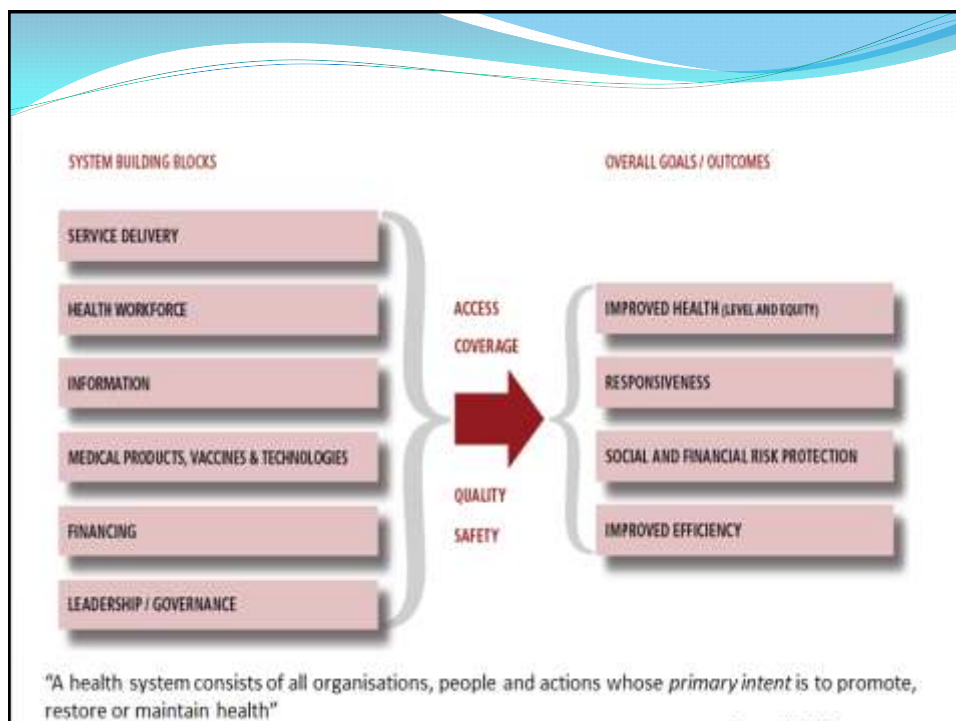
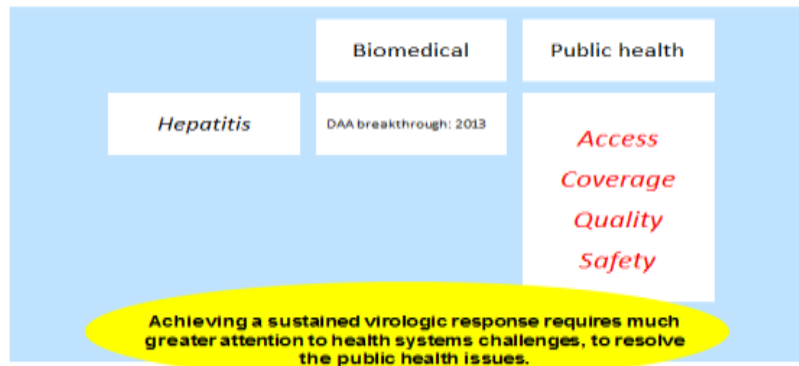
Source: WHO GHSS. http://apps.who.int/ebw/wha/pdf_files/WHA69/A69_32-en.pdf?ua=1 (Accessed August 2016).

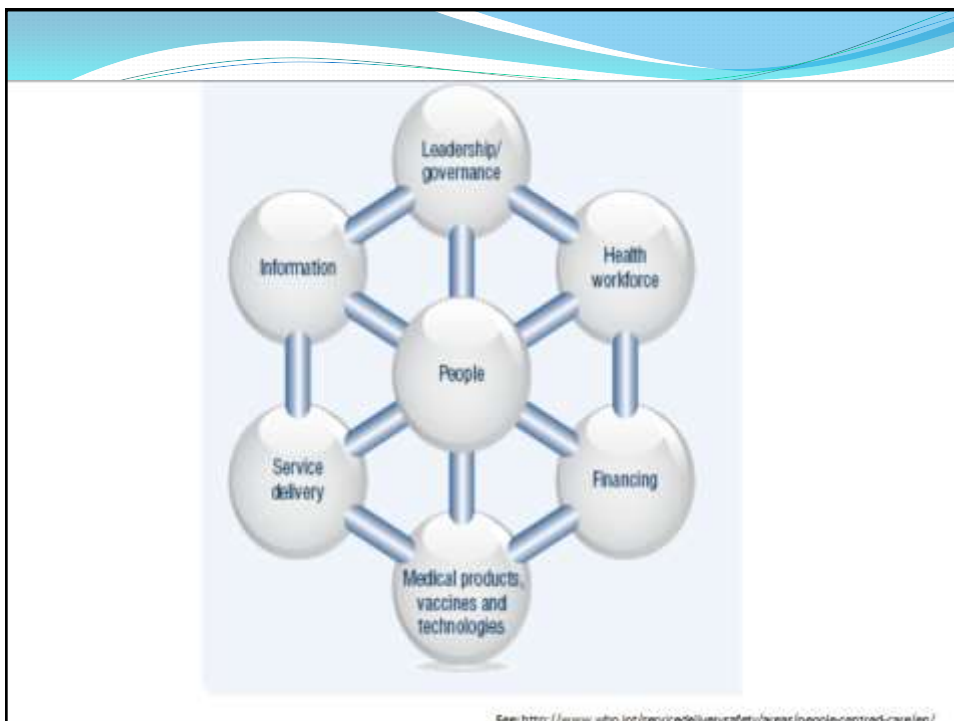
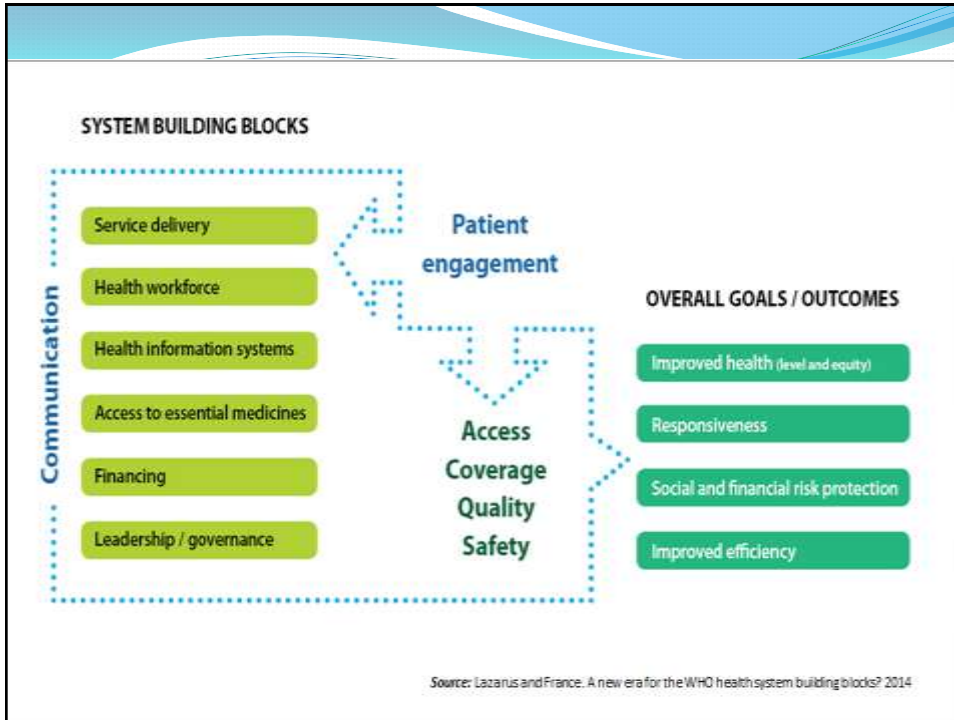


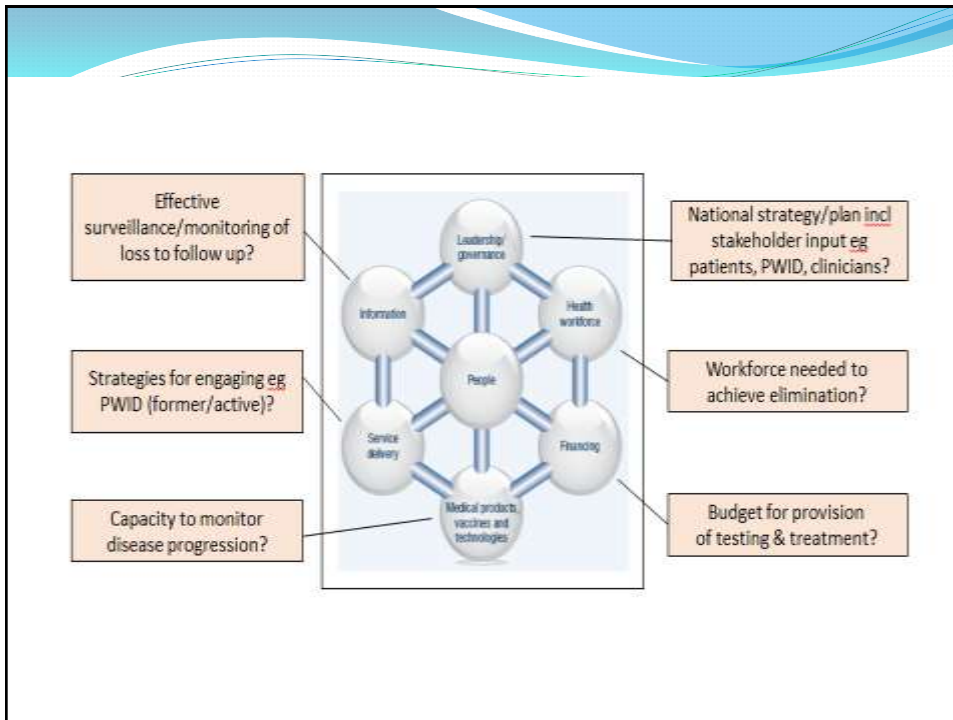
Five Service Coverage targets

Target areas		Baseline 2015	2020 target	2030 target		
Service coverage	Prevention	1 Three-dose hepatitis B vaccine for infants (coverage %)	82%	90%	90%	
		2 Prevention of mother-to-child transmission of HBV: hepatitis B birth-dose vaccination or other approaches (coverage %)	38%	50%	90%	
		3 Blood and injection safety (coverage %)	Blood safety: donations screened with quality assurance	89%	95%	100%
			Injection safety: use of engineered devices	5%	50%	90%
		4 Harm reduction (sterile syringe/needle set distributed per person per year for people who inject drugs [PWID])	20	200	300	
	5 Treatment	5a. Diagnosis of HBV and HCV (coverage %)	<5%	30%	90%	
	5b. Treatment of HBV and HCV (coverage %)	<1%	5 million (HBV) 3 million (HCV)	80% eligible treated		
Impact leading to elimination	Incidence of chronic HBV and HCV infections	6–10 million	30% reduction	90% reduction		
	Mortality from chronic HBV and HCV infections	1.46 million	10% reduction	65% reduction		

Meeting two types of challenges to eliminate HCV







Health System Role

- Three dose hepatitis B vaccine for infants: > 95% coverage in Iran
- Hepatitis B Birth dose vaccination for prevention of mother to child transmission: rural area > 80% urban area: ? Suburb: ?
(Barriers: Private sector cooperation, implementation of family physician in urban area, providing HBIG at birth, electronic health record)
- Three dose hepatitis B vaccine to high risk group: job exposure, family exposure, behavior exposure)
- Monitoring and surveillance system for detection of HBV positive : referral system?
- Providing treatment for patients

Health System Role

- Increasing Health Literacy, Awareness of people
- There is no prophylactic HCV vaccine , reduce exposure is the best way for prevention.
- Blood safety
- Injection safety
- Harm reduction
- Screening of high risk group: thalassemia, hemophilia, dialysis, injecting drug abusers
- Treatment: financial support, insurance, prescriber restrictions

A people-centered health systems approach to HCV elimination among PWID

