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Progress report on implementation of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region

This report provides an overview of implementation of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region. It is submitted for consideration by the WHO Regional Committee for Europe at its 69th session, in accordance with resolution EUR/RC66/R10.

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Introduction and background

1. Viral hepatitis is a significant public health challenge, with 257 million people currently living with hepatitis B and 71 million people living with hepatitis C worldwide.
2. The Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region (adopted by the WHO Regional Committee for Europe in resolution EUR/RC66/R10), the first action plan on viral hepatitis in the WHO European Region, adapted the Global Health Sector Strategy on Viral Hepatitis, 2016–2021, to the context of the European Region.
3. The goal of the Action Plan is the elimination of viral hepatitis as a public health threat in the European Region by 2030 through the reduction of transmission of hepatitis viruses and of the morbidity and mortality due to viral hepatitis and its complications, and by ensuring equitable access to comprehensive prevention and recommended testing, care and treatment services for all.
4. The Action Plan comprises five strategic directions and seven essential regional targets for 2020.
5. This document provides a mid-term progress report on the implementation of the Action Plan, summarizing the achievements of and challenges for Member States, the support provided by the WHO Regional Office for Europe, and the way forward. The structure of the report is in line with that of the Action Plan.

Situation analysis: the burden of disease, and progress towards the essential targets for 2020

6. In the European Region, 15 million people are estimated to be infected with the hepatitis B virus (HBV), and 14 million to be chronically infected with the hepatitis C virus (HCV).
7. It is estimated that, every year in the Region, approximately 56 000 people die due to HBV-related cirrhosis or liver cancer, and 112 500 die due to HCV-related cirrhosis or liver cancer.
8. By 2018, 49 of the 53 Member States in the Region had successfully implemented universal childhood hepatitis B vaccination programmes.
9. Regarding the prevention of mother-to-child transmission of hepatitis B, an increasing number of Member States have been implementing universal vaccination of newborn children and testing of pregnant women for hepatitis B in antenatal care.
10. Member States and the Regional Office remain steadfastly committed to improving blood safety and quality assurance in the Region, working towards testing of all donated blood for bloodborne infections, including HBV and HCV infection.
11. Since implementation of the Action Plan began, access to treatment for hepatitis C has increased overall in the Region, many Member States have removed treatment access restrictions based on the stage of liver disease, in line with the current WHO recommendation

to treat all patients with chronic HCV infection, and two Member States have been added to pre-existing expanded access programmes.¹

Achievements

Strategic direction 1: information for focused action

Improved viral hepatitis surveillance

12. The Regional Office has contributed to the development, translation and dissemination of updated WHO guidance on viral hepatitis surveillance.

13. Seven Member States revised national hepatitis surveillance systems, with support from the Regional Office and partners.²

14. The Regional Office contributed to the development of a WHO protocol for conducting hepatitis serosurveys, and a European Centre for Disease Prevention and Control (ECDC) protocol for HCV surveys, as a part of the SPHERE-C project.

Development of national estimates of transmission, disease burden and number of infected persons annually receiving recommended treatment

15. Four Member States developed national disease burden estimates and elimination scenarios, with support from the Regional Office and partners.³

Collaboration with partners to optimize data collection, analysis and synthesis

16. The Regional Office continued its close collaboration with ECDC and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in supporting the European Union (EU)/European Economic Area in improving data collection and analysis, updating surveillance case definitions and developing an EU-wide monitoring system to support Member States in monitoring implementation of the Action Plan. This helps mainstream the reporting and prevent parallel reporting of data on viral hepatitis to EU agencies and the Regional Office.

Advocacy for the implementation of comprehensive, costed, multisectoral national plans as a cost-effective and cost-saving means of responding to viral hepatitis, and technical support in national planning

17. The Regional Office met with representatives of high-level health authorities and key partners and provided policy guidance and engaged in dialogue on full implementation of comprehensive national viral hepatitis action plans in line with the regional Action Plan.

¹ Belarus and Ukraine.

² Cyprus, Georgia, Kyrgyzstan, North Macedonia, Turkmenistan, Ukraine and Uzbekistan.

³ Armenia, Kyrgyzstan, Ukraine and Uzbekistan.

18. Fifteen Member States have developed and/or updated national plans, with the support of the Regional Office and partners.⁴

Communication guidance to support Member States, including an annual World Hepatitis Day communication and information package/tool kit in English and Russian

19. The Regional Office led the development of regional awareness campaigns and supported countries in their national campaigns for World Hepatitis Day, in collaboration with partners, including patient organizations, and provided a toolkit and information package in English and Russian. In addition, hepatitis B and hepatitis C regional factsheets were updated in 2018.

Support to civil society, including patient groups, to enable their participation in the response to viral hepatitis and in cooperating with governmental sectors on viral hepatitis prevention and control

20. The Regional Office has included civil society organizations, including patient groups, in regional and national meetings, informing regional patient groups about the role of civil society in the response to viral hepatitis (including the development of regional guidance) and about the possibilities for engaging in dialogue with governmental sectors on viral hepatitis prevention and control.

Strategic direction 2: interventions for impact

Hepatitis B control through immunization and the prevention of perinatal transmission

21. The Joint Tuberculosis, HIV/AIDS and Hepatitis Programme in the Regional Office has collaborated with regional- and country-level immunization programmes to work on improving progress towards universal hepatitis B vaccination coverage in the Region; in 2017–2018, two additional Member States introduced universal infant hepatitis B vaccination,⁵ and a third Member State improved vaccination coverage during 2016–2017 compared to 2014–2015.⁶

22. With the support of the European Technical Advisory Group of Experts on Immunization Working Group on Hepatitis B (established in 2017), a regional procedure for validation of hepatitis B control targets has been established, and three Member States had submitted data for review by the Working Group by the end of 2018.

23. A national serosurvey protocol for evaluating the impact of hepatitis B immunization has been developed in the Russian Federation; it will be piloted in 2019 and adapted for use in other Member States of the Region.

⁴ Armenia, Belarus, Cyprus, Croatia, Georgia, Greece, Kazakhstan, Kyrgyzstan, Latvia, North Macedonia, Romania, Serbia, Turkmenistan, Ukraine and Uzbekistan.

⁵ Norway and the United Kingdom of Great Britain and Northern Ireland.

⁶ Ukraine.

Improving blood and tissue safety, and strengthening linkages between blood transfusion/transplantation services and viral hepatitis services

24. Five Member States improved blood safety through the inclusion of an initial assessment of blood transfusion services thereby strengthening their comprehensive viral hepatitis responses, with support from the Regional Office.⁷

25. The Regional Office has promoted closer collaboration and linkages between blood transfusion services and viral hepatitis services in several Member States by including blood transfusion services in multi-stakeholder national working groups on hepatitis and, where relevant, integrating issues related to improving blood safety into national viral hepatitis strategies.

Strengthening of biorisk management by providing guidance on safe injections and infection prevention and control both inside and outside health-care settings

26. Three Member States updated national guidelines on infection prevention and control (IPC), with the support of the Regional Office, as part of strengthening the comprehensive response to viral hepatitis.⁸ In addition, the Regional Office provided technical support on improving IPC and controlling bloodborne infections, through including an IPC component into comprehensive viral hepatitis response assessments, in five Member States.⁹

Advocacy of harm reduction, promotion of evidence-based prevention policies and management of viral hepatitis and other bloodborne infections for people who use drugs

27. The Regional Office, in collaboration with EMCDDA, the United Nations Office on Drugs and Crime and regional civil society organizations, continued dialogue with Member States on the role of harm reduction interventions in viral hepatitis elimination, and promoted WHO evidence-based public health approaches through regional workshops and consultations (the WHO/ECDC HIV meeting in Berlin in 2018, the European Harm Reduction Conference in Bucharest in 2018, the International Network on Hepatitis among Substance Users Symposium in Portugal in 2018, and the WHO hepatitis meeting in Tbilisi in 2019).

28. Four Member States have strengthened linkages between viral hepatitis services and harm reduction services by providing opioid substitution treatment services with the support of the Regional Office, including a comprehensive viral hepatitis response assessment that contains a harm reduction component.¹⁰

Updating national guidelines on viral hepatitis testing and diagnostics, in line with WHO recommendations

29. Five Member States revised their policies on national viral hepatitis testing approaches, with support from the Regional Office.¹¹

⁷ Belarus, Kyrgyzstan, Turkmenistan, Ukraine and Uzbekistan.

⁸ Georgia, Kyrgyzstan and Turkmenistan.

⁹ Belarus, Kyrgyzstan, Turkmenistan, Ukraine and Uzbekistan.

¹⁰ Belarus, Cyprus, Kyrgyzstan and Ukraine.

¹¹ Belarus, Georgia, Kyrgyzstan, Turkmenistan and Uzbekistan.

30. The Regional Office also provided technical support to 10 Member States,¹² through disseminating and providing guidance on the latest WHO recommendations on hepatitis B and C testing and diagnostics at the national level (*Guidelines on hepatitis B and C testing*, published in 2017 in English and in 2018 in Russian).

Regular technical support on the prevention, diagnosis and treatment of chronic viral hepatitis through consolidated guidelines, and advocacy for appropriate investments and a public health approach

31. The Regional Office contributed to the development of the WHO guidelines on hepatitis B and C testing (2017) and regularly updated the guidelines for the care and treatment of persons diagnosed with chronic hepatitis C infection (latest version, 2018), ensuring timely translation into Russian and dissemination through regional and national meetings and, directly, through hepatitis national programme managers and clinical experts.

32. Three Member States updated national treatment protocols in line with WHO recommendations, with support from the Regional Office.¹³

33. In line with WHO policies and recommendations, the Regional Office has continuously promoted a public health approach to the viral hepatitis response, including simplified hepatitis C diagnostic and treatment algorithms, the introduction of pangenotypic regimens and the expansion of chronic hepatitis care and treatment coverage based on universal health coverage principles.

Strategic direction 3: delivering for equity

Provision of technical support to countries in analysing their hepatitis prevention, care and treatment cascades, in the general population and in specific vulnerable groups

34. In collaboration with EMCDDA and through participation in the WHO working group on viral hepatitis and substance use, as well as through organizing a special session on the elimination of viral hepatitis among vulnerable populations during the first Regional Consultation on Viral Hepatitis, held in February 2019 in Tbilisi, Georgia, the Regional Office has continued its dialogue with Member States on the vital importance of addressing specific needs for viral hepatitis services among vulnerable populations, such as people who inject drugs and prisoners.

Implementation of models of integrated and linked service delivery, and community-based services for the prevention and management of viral hepatitis

35. In collaboration with partners (nongovernmental organizations, ECDC, EMCDDA, the WHO Collaborating Centre on HIV and Viral Hepatitis and professional associations), the Regional Office continued its dialogue with Member States on the implementation of models of integrated and community-based service delivery for viral hepatitis and facilitated the exchange of good practices in this area, including the decentralization of hepatitis testing and treatment services, where appropriate.

¹² Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, Russian Federation, Turkmenistan, Ukraine and Uzbekistan.

¹³ Belarus, Kyrgyzstan and Turkmenistan.

Building capacity for a competent workforce that can effectively deliver viral hepatitis services

36. Five Member States organized capacity-building events, including the education of health-care providers through workshops, training courses and distance online training courses, with support from the Regional Office.¹⁴

Advocacy for a comprehensive and universal public health approach, with strategies to improve sustainability, transparency and access to diagnostics and treatment

37. Through collaboration between the Division of Health Emergencies and Communicable Diseases and the Division of Health Systems and Public Health, the Regional Office has provided support to Member States in improving: access to viral hepatitis medicines and diagnostics; the selection of viral hepatitis products by national programmes, based on WHO guidelines; and assessment and selection of appropriate strategies for price reduction, through both direct technical advice to Member States and regional consultations (the Regional Consultation on Expanding Access to Affordable and Quality Assured Medicines and Diagnostic Technologies held in November 2018 and the First Regional Consultation on Viral Hepatitis held in February 2019).

Facilitation of multisectoral collaboration and the engagement of civil society, including patient organizations

38. The Regional Office has facilitated Member States' engagement with civil society through the inclusion of affected populations at all stages of national response planning, implementation and monitoring, and has promoted dialogue by inviting representatives of both governmental and nongovernmental sectors to regional and national meetings.

39. The scope of the Regional Collaborating Committee on Tuberculosis Control and Care has been expanded to include HIV/AIDS and viral hepatitis, with the Committee providing support to Member States in achieving universal access to tuberculosis, HIV/AIDS and viral hepatitis services through a universal health coverage approach and an integrated, people-centred service delivery model.

Strategic direction 4: financing for sustainability

Support for countries in developing investment cases for a comprehensive hepatitis response

40. Three Member States worked on the development of economic analyses and investment cases with support from the Regional Office and partners.¹⁵

Facilitation of best-practice sharing among Member States

41. The Regional Office has facilitated the sharing of best practices among Member States through organizing study tours and intercountry meetings, highlighting best practices on the website of the Regional Office, and producing printed publications.

¹⁴ Kazakhstan, Kyrgyzstan, North Macedonia, Russian Federation and Ukraine.

¹⁵ Armenia, Kyrgyzstan and Uzbekistan.

42. The Regional Office organized the first Regional Consultation on Viral Hepatitis in February 2019 in Tbilisi, Georgia, to review Member States' progress in implementing the Action Plan and to exchange good practices in viral hepatitis response and monitoring. The meeting brought together over 120 participants from 45 countries, and around 30 partner organizations, including ECDC, EMCDDA, professional associations, civil society organizations and organizations of the United Nations system.

43. A first compendium of good practices implemented by Member States of the Region, in the response to viral hepatitis, is currently being developed and will be published later in 2019.

Advocacy for sustained financing and national ownership by building political commitment

44. The Regional Office has advocated for the sustained financing and national ownership of the viral hepatitis response through the development and endorsement of national viral hepatitis action plans with clear targets and dedicated funding.

Promotion of information-sharing on the prices of medicines and diagnostics, and support for price reduction strategies

45. The Regional Office has facilitated information-sharing on the prices of medicines, including through the dissemination of the WHO progress report on access to hepatitis C medicines (published in March 2018) and through regional and national meetings.

46. Through collaboration between the Division of Health Emergencies and Communicable Diseases and the Division of Health Systems and Public Health, the Regional Office has supported Member States in improving access to viral hepatitis medicines and diagnostics by supplying technical advice on selection of viral hepatitis products, by assessing and selecting appropriate strategies for price reduction, and through a regional consultation held in Minsk, Belarus, in October 2018.

Strategic direction 5: innovation for acceleration

Advocacy for innovative evidence-based and effective interventions, and promotion of operational research

47. In collaboration with WHO's Global Hepatitis Programme, the Foundation for Innovative New Diagnostics and the US Centers for Disease Control and Prevention, the Regional Office has advocated for and contributed to operational research on point-of-care diagnostics for hepatitis C in Georgia.

48. The European Tuberculosis Research Initiative has extended its scope to include a tuberculosis/HCV coinfection research project (in Georgia).

The way forward

49. The Regional Office, in collaboration with WHO's Global Hepatitis Programme, ECDC, EMCDDA, civil society and other partner organizations, will continue to provide technical support to Member States to strengthen their capacity to monitor national responses to viral hepatitis and report reliable data to the global reporting system for hepatitis.

50. The Regional Office, in collaboration with ECDC and other partners, will continue to provide guidance and technical support to efforts to improve national viral hepatitis surveillance and strategic information systems in line with the updated WHO approach that includes monitoring of acute infections, measuring the prevalence of chronic infections and measuring the true burden of viral hepatitis sequelae and mortality attributable to viral hepatitis.

51. Member States will be supported in the development and implementation of comprehensive national plans that will guide national responses aiming to achieve the goal of eliminating viral hepatitis as a public health threat, in line with the global strategy and the European Action Plan.

52. The Regional Office will continue to lead awareness-raising work on viral hepatitis and to provide strong advocacy for a comprehensive, people-centred response to viral hepatitis as part of universal health coverage, based on a public health approach with a particular focus on the populations most affected by and at risk of viral hepatitis, related coinfections and comorbidities.

53. Member States will be supported in strengthening hepatitis B immunization programmes and validating the achievement of regional targets for the control of hepatitis B through immunization and the prevention of perinatal transmission.

54. The Regional Office will support Member States in scaling up evidence-based, integrated and people-centred viral hepatitis prevention, testing and treatment services founded on a public health approach and the principles of universal health coverage.

55. Through collaboration between the Division of Health Emergencies and Communicable Diseases and the Division of Health Systems and Public Health, the Regional Office will continue to provide guidance and technical support to Member States to improve access to essential diagnostics and medicines for viral hepatitis, through reducing prices, strengthening procurement and optimizing service delivery models.

56. The Regional Office will facilitate the exchange of good practices, innovative approaches and Member State collaboration in the response to viral hepatitis, through disseminating the compendium of good practices and organizing study visits and regional meetings.

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