

# International Revolution

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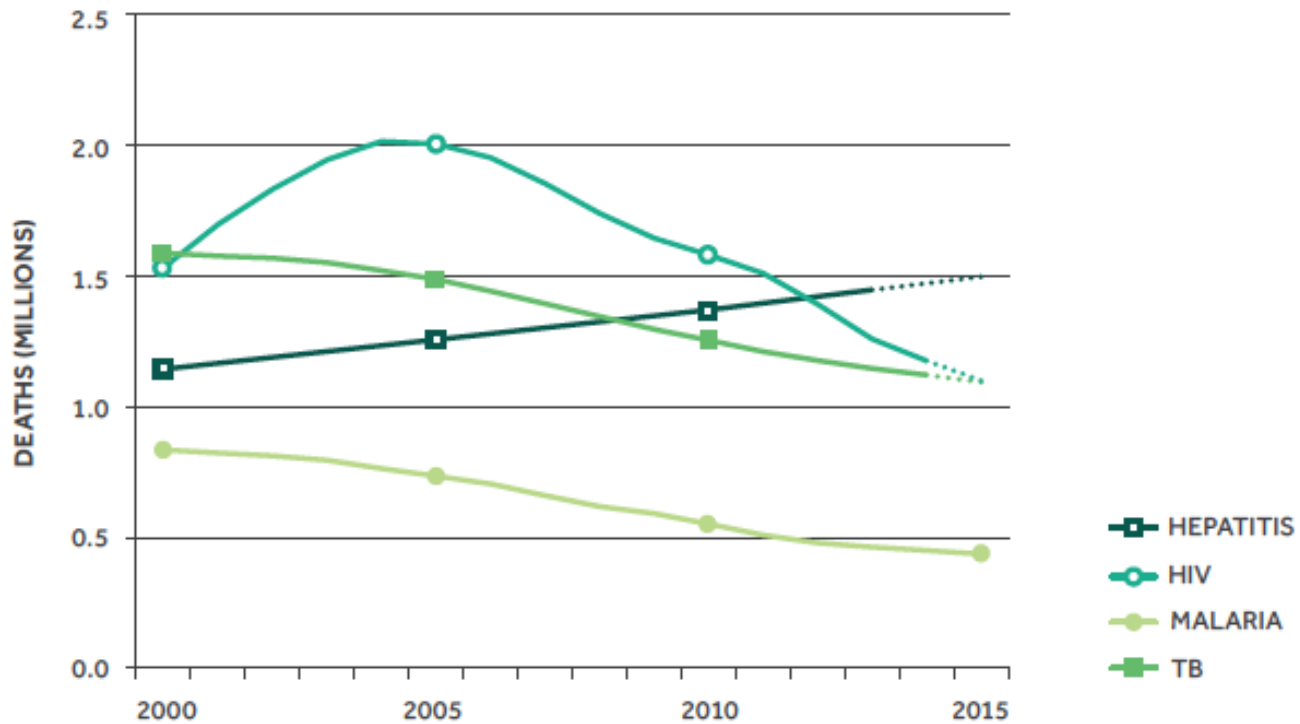
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Figure 2. Estimated global number of deaths due to viral hepatitis, HIV, malaria and TB, 2000–2015



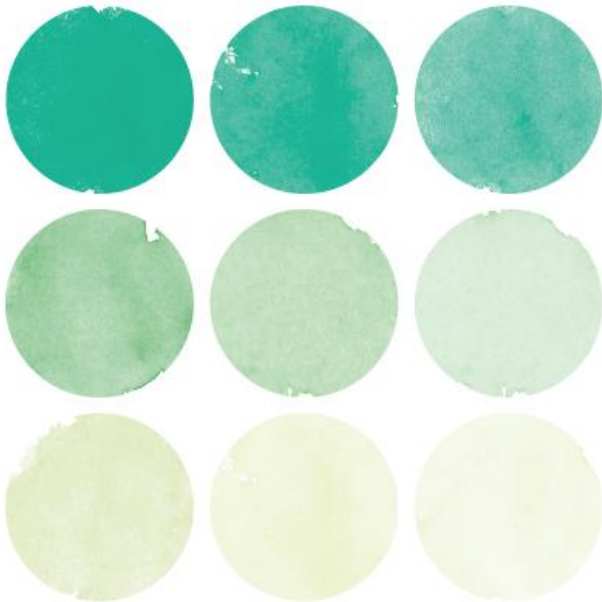
Source: Global Burden of Disease and WHO/UNAIDS estimates, see <http://ihmeuw.org/3pms>, <http://ihmeuw.org/3pmt> (accessed 2 April 2016).



JUNE 2016

GLOBAL HEALTH SECTOR STRATEGY ON  
**VIRAL HEPATITIS**  
2016–2021

TOWARDS ENDING VIRAL HEPATITIS



Regional Action Plan for  
Viral Hepatitis in the Western  
Pacific 2016–2020



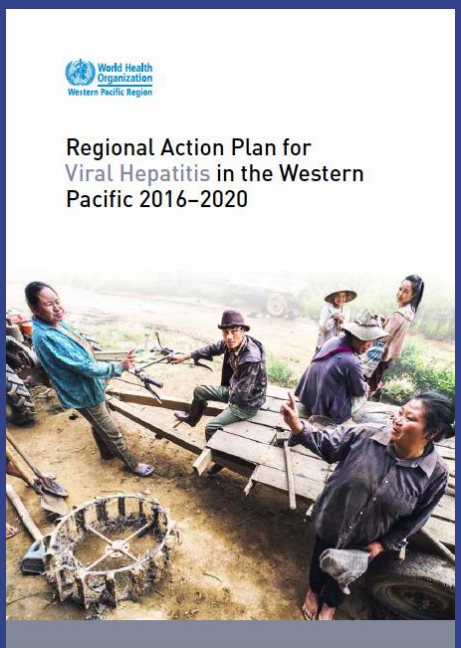
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**TABLE 1** Service coverage targets that would eliminate HBV and HCV as public health threats, 2015–2030

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		

2017 MILESTONES	2020 TARGETS
<b>ADVOCACY AND AWARENESS</b>	
Initiate specific advocacy activities that go beyond recognition of World Hepatitis Day (28 July) are initiated to increase awareness.	Report card on specific awareness and advocacy activities is completed.
National task force is established with a designated focal point within the ministry of health, with representation from affected communities.	
<b>EVIDENCE-BASED POLICY</b>	
	A costed and funded national hepatitis action plan with targets.
<b>DATA AND SURVEILLANCE</b>	
National disease burden estimate and investment case.	
WHO viral hepatitis surveillance guideline is adapted to local context.	Member States have a national hepatitis infection and disease surveillance programme that can inform disease burden estimates and monitor the health sector response to viral hepatitis.
Laboratory or clinical reporting mechanisms are established.	
National hepatitis reference laboratories are established.	Hepatitis surveillance is linked to the liver cancer registry, treatment registry, immunization data and vital statistics registry.
Regional hepatitis laboratory network is established.	
<b>STOPPING TRANSMISSION</b>	
<b>– Immunization</b>	
Achieve prevalence of HBsAg in 5-years-old of < 1%.*	In countries that have achieved <1% in children under 5 years, further reduce mother-to-child transmission.
Achieve birth-dose hepatitis B vaccination coverage of at least 95%.*	
Achieve three-dose hepatitis B vaccination coverage of at least 95%.*	
National policy of vaccinating health-care workers against hepatitis B is established in > 80% of countries.	National policy of vaccinating health-care workers, medical/health students against hepatitis B is established in all countries. Hepatitis B vaccinations are integrated into HIV, harm-reduction, and sexually transmitted infection (STI) services.
<b>– Prevention (health-sector transmission)</b>	
	Safe injection policies for transmission of hepatitis B and C in health-care settings are established in all countries.

2017 MILESTONES	2020 TARGETS
<b>– Prevention (high-risk adult populations)</b>	
Countries with populations of PWID have policies supporting harm-reduction programmes including needle-and-syringe programmes and opioid substitution treatment.	Countries with harm-reduction programmes access 60% of PWID with a comprehensive package of harm-reduction services and 50% of people dependent on drugs with substitution treatment.
<b>TREATMENT CASCADE</b>	
<b>– Treatment (screen/test/diagnose)</b>	
Obtain baseline data for national hepatitis screening, care and treatment cascade.	30% of the estimated population living with HBV-HCV are diagnosed.
<b>– Treatment (eligibility)</b>	
Obtain baseline data as above.	50% of the eligible population for treatment begin on treatment.
<b>– Viral suppression (HBV) and cure (HCV)</b>	
Obtain baseline data as above.	90% of those on HBV or HCV treatment obtain viral suppression (HBV) or are cured (HCV).



World Health Organization  
Western Pacific Region

Regional Action Plan for  
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Figure 6. Targets for reducing new cases of and deaths from chronic viral hepatitis B and C infection

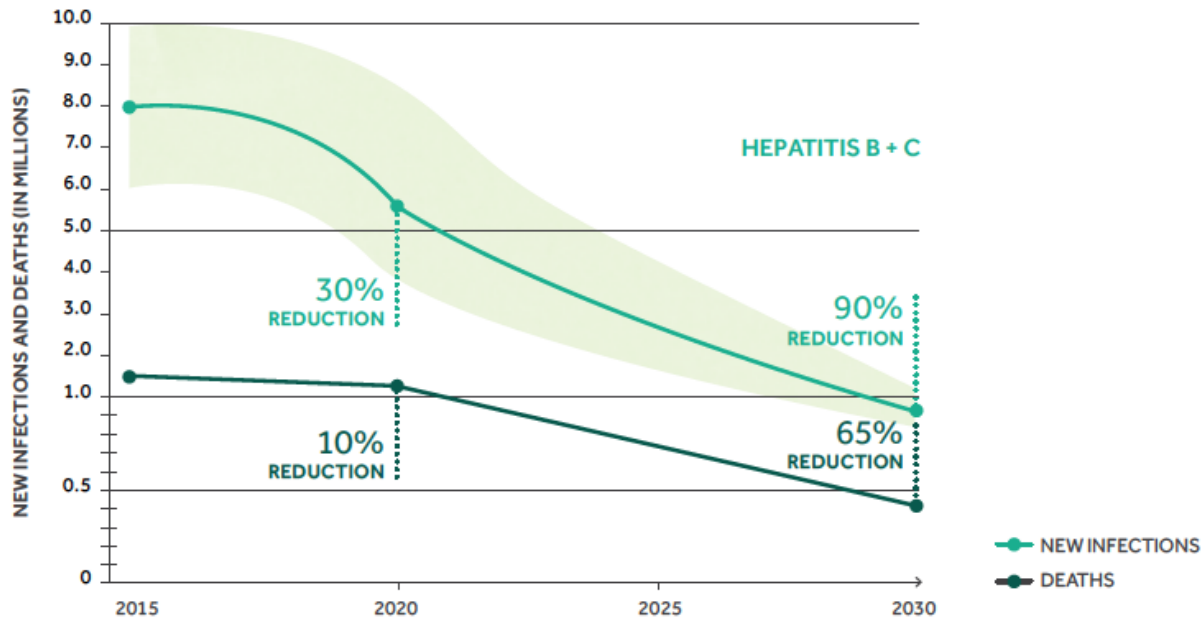


TABLE 2 Deaths prevented as a result of implementation of the Global Health Sector Strategy for Viral Hepatitis, 2015–2030

Deaths prevented	Upper-income countries	Middle-income countries		Lower-income countries	Total
		Upper	Lower		
HBV-associated	520 000	2 680 000	1 390 000	420 000	5 000 000
HCV-associated	590 000	750 000	660 000	100 000	2 100 000
<b>Total</b>	<b>1 110 000</b>	<b>3 430 000</b>	<b>2 050 000</b>	<b>520 000</b>	<b>7 100 000</b>