



COALITION  
FOR **GLOBAL**  
**HEPATITIS**  
**ELIMINATION**

# **Building Coalitions for Action: Working Together to Eliminate Hepatitis**

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# The Status of Hepatitis Elimination by 2030: A global review of policies & plans

- **Global HBV and HCV elimination goals**
- **Essential components of effective HBV & HCV elimination programs**
- **CGHE Initiatives to track essential components of elimination**
- **Status of national hepatitis elimination programs**
  - Strategic information
  - HBV and HCV testing and treatment policies
  - Equity
  - Financing

*“For the first time in history, the disease can now be cured, raising hopes of eradicating Hepatitis C virus from the world population” -Nobel Committee*

## The 2020 Nobel Prize for Discovery of Hepatitis C Virus



Harvey Alter



Michael Houghton



Charlie Rice

**Science is not an end but a means to achieve a greater purpose.**

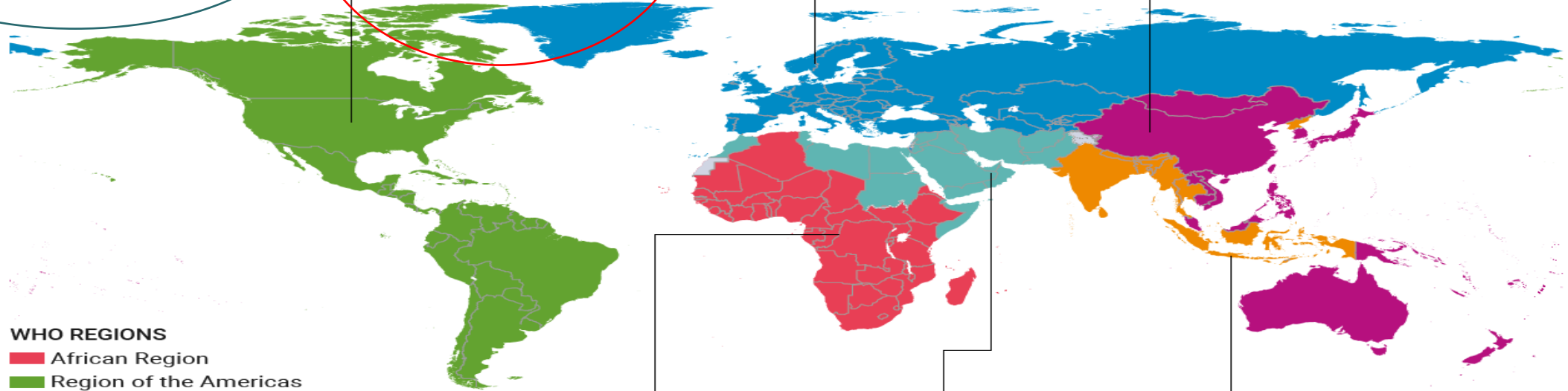
# WHO Estimates HCV Burden by Region, 2019

**GLOBAL**  
**58 million**  
 [46 million–76 million]  
 Deaths 290 K (230-580)  
 Incidence 1.5M (1.3-1.8M)

**REGION OF THE AMERICAS**  
**5 million**  
 [4 million–5 million]  
 Deaths 31K (19-84K)  
 Incidence 67K (63-73K)

**EUROPEAN REGION**  
**12 million**  
 [10 million–14 million]  
 Deaths 64K (39-72)  
 Incidence 300K (240-320K)

**WESTERN PACIFIC REGION**  
**10 million**  
 [8 million–14 million]  
 Deaths 77K(77-140K)  
 Incidence 230K(220-260K)



**WHO REGIONS**

- African Region
- Region of the Americas
- South-East Asia Region
- European Region
- Eastern Mediterranean Region
- Western Pacific Region
- Not applicable

**AFRICAN REGION**  
**9 million**  
 [6 million–15 million]  
 Deaths 45K ( 23-72K)  
 Incidence 210K (150-370K)

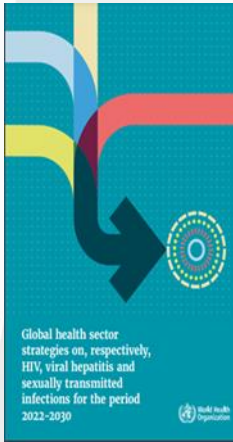
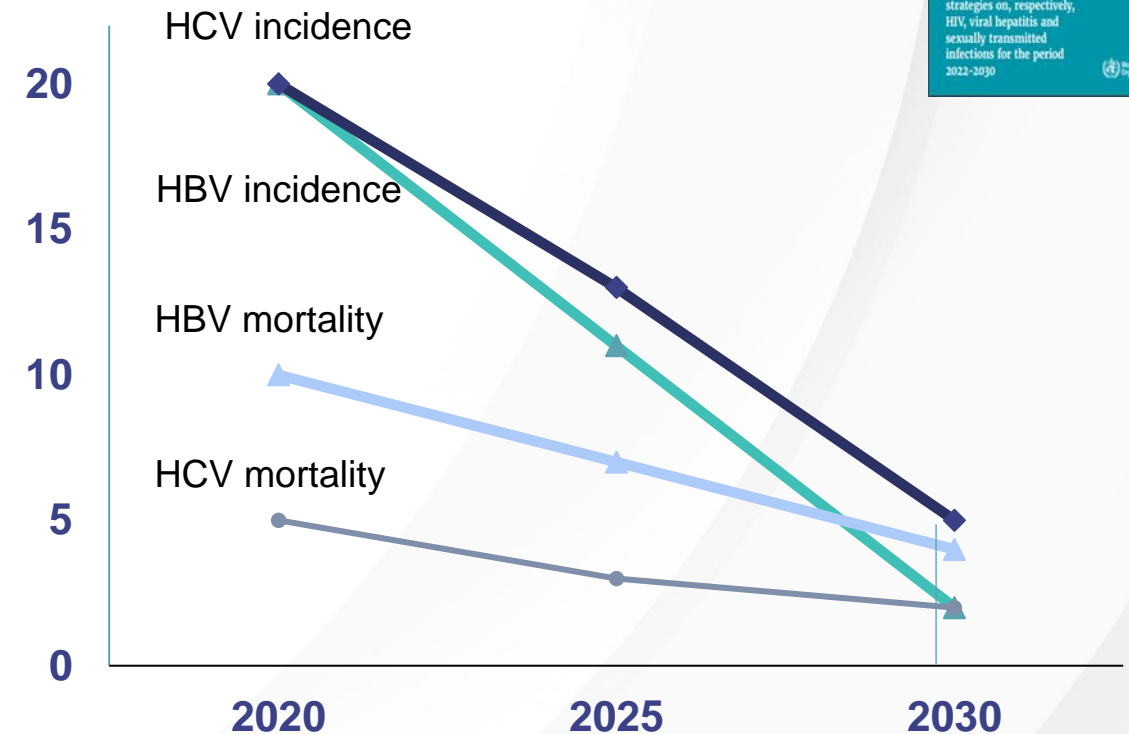
**EASTERN MEDITERRANEAN REGION**  
**12 million**  
 [10 million–13 million]  
 Deaths 31K (31-74K)  
 Incidence 470K (240-520K)

**SOUTH-EAST ASIA REGION**  
**10 million**  
 [8 million–19 million]  
 Deaths 38K (37-130K)  
 Incidence 230 K (200-430K)

# Global goals for Hepatitis C elimination

- ✓ **Biologic feasibility:** Human required for replication; No intermediate hosts, environmental propagation
- ✓ **Technical feasibility:**
  - Prevent transmission- Avoid parenteral blood exposures
  - Prevent mortality–
  - HCV treatment and cure: Reduced risk of liver cancer (80%), mortality (75%)
  - Reliable tests- high sensitivity and specificity
- ✓ **Goals:** Elimination of hepatitis as a public health threat
- ✓ **Impact: 1.5 million HCV related averted by 2030**
- ✓ **Endorsement:**
  - World Health Assembly, 2016, 2022
  - International Task Force for Disease Eradication, 2017

## Absolute HCV Elimination Targets: WHO 2022-2030 Global Strategy



# Coverage targets for global elimination goals



<b>Coverage</b>	Hepatitis B – percentage of people living with hepatitis B diagnosed / and treated	30%/30%	60%/50%	90%/80%
	Hepatitis C – percentage of people living with hepatitis C diagnosed / and cured	30%/30%	60%/50%	90%/80%

\* Latest data for end 2020. Some targets use data from 2019 because of COVID-19 related service disruptions in the data reported for 2020. COVID-19

	Indicator	Baseline – 2020 <sup>a</sup>	Targets – 2025	Targets – 2030
<b>Coverage</b>	Percentage of newborns who have benefitted from a timely birth dose of hepatitis vaccine and from other interventions to prevent the vertical (mother-to-child) transmission of hepatitis B virus <sup>c</sup>	50%	70%	90%
	Hepatitis B vaccine coverage among children (third dose)	90%	90%	90%
	Number of needles and syringes distributed per person who injects drugs <sup>d</sup>	200	200	300
	Blood safety - proportion of blood units screened for bloodborne diseases	95%	100%	100%
	Safe injections - proportion of safe health-care injections	95%	100%	100%

The Task Force for Global Health, based in Atlanta and founded nearly 40 years ago to advance health equity, works with partners in more than 150 countries to eliminate diseases, ensure access to vaccines and essential medicines, and strengthen health systems to protect populations so that people can achieve their full potential.



## OUR WORK

### Eliminate Diseases

Viral Hepatitis  
Polio

Neglected Tropical Diseases (NTDs)

- Intestinal Worms
- Leprosy
- Lymphatic Filariasis
- River Blindness
- Schistosomiasis
- Trachoma



### Ensure Access to Vaccines

- COVID-19, seasonal influenza
- Polio
- Inform vaccine safety protocols
- Inform parental decision making about immunizations



### Strengthen Health Systems

- Train epidemiologists in 100+ countries
- Collect and analyze strategic information
- Facilitate donation of quality medical products
- Lead collaborations of large health campaigns
- Promote compassionate public health practice



## OUR PARTNERS

- Ministries of Health
- World Health Organization
- U.S. Centers for Disease Control and Prevention
- Private sector partners
- Government partners
- Foundations
- NGOs
- Civil society organizations
- U.S. Agency for International Development

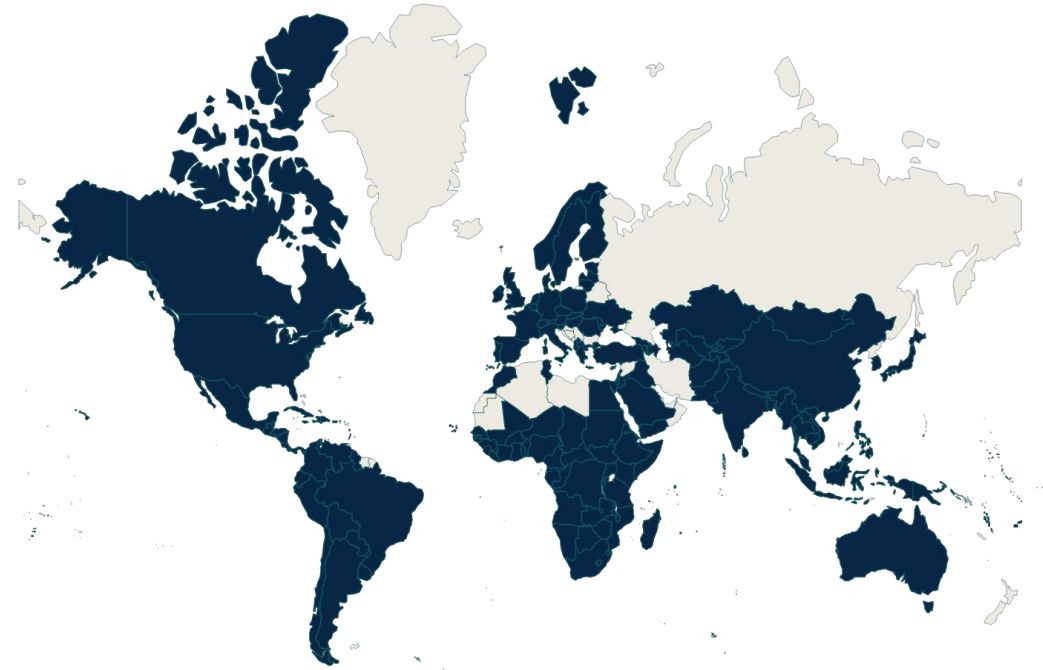
## OUR IMPACT



Examples Include:

- 4 billion treatments for river blindness & lymphatic filariasis, reaching 300 million people in affected areas annually
- 200+ million people treated for blinding trachoma
- 14,000+ epidemiologists trained in 100+ countries
- Recipient of the Hilton Humanitarian Prize for
- Formal partner of the World Health Organization and the United Nations

## OUR REACH: 150+ Countries



# The Coalition for Global Hepatitis Elimination



**VISION** A world free of viral hepatitis as a health threat

**OBJECTIVE** Strengthen hepatitis prevention, diagnosis, and treatment to achieve national and sub-national goals for hepatitis elimination

**STRATEGIC PILLARS**

Build an evidence base

Connect and support programs

Mobilize commitment

**PRINCIPLES**

Evidence-based  
Data-driven

Peer-to-peer learning  
Locally driven

Complementary to existing efforts

In partnership with stakeholders





# CGHE's Global Reach

- 280+ partners
- 33,000 website users in 2022
- 15 publications (peer reviewed or conference abstracts)
- 5500+ webinar attendees from over 100 countries in 2022
- 4200+ followers across 4 social media platforms (20,000 impressions/week)



## Webinar series



FOR IMMEDIATE RELEASE

CONTACT: Monica Fambrough, mfambrough@taskforce.org, 206-802-8497

### Coalition for Global Hepatitis Elimination Joins the White House in Call to Establish National Hepatitis C Elimination Program

*Coalition Director John Ward celebrates White House announcement to steer federal and state agencies towards uniform approaches to improve access to testing and treatment for hepatitis C.*

Nov. 8, 2022

Washington – In a meeting held Monday by the [American Association for the Study of Liver Disease](#), John Ward, director of the [Coalition for Global Hepatitis Elimination](#), joined Francis Collins, Special Projects Advisor to President Joe Biden, as he announced plans establish a national program targeting hepatitis C.



THE TASK FORCE FOR GLOBAL HEALTH

# WHAT WORKS

Components For Strong National Hepatitis Elimination Programs



# Assessing the Status of Key Components: Systematic Review of Strategic Plans

## Objectives:

1. Identify number of countries with HBV and HCV national strategies and time-bound elimination goals
2. Assess quality of national strategies
3. Identify key gaps in national planning

Online searchable database of action plans  
available at [globalhep.org](http://globalhep.org)

\*J Infect Dis in press

Keywords

Search

Filter

Action plan  Virus targets  Key interventions

Geographical level  Type  Country

WHO region  Year

01 Mar 2021

### Malaysia National Strategic Plan for Hepatitis B and C 2019-2023

<b>Virus targets</b>	<b>Location</b>	<b>WHO region</b>
Hepatitis B Hepatitis C	Malaysia	Western Pacific Region
<b>Geographic level</b>	<b>Source</b>	
Country	Ministry of Health Malaysia	
<b>Published</b>	<b>Year of HBV Elimination Goal</b>	<b>Year of HCV Elimination Goal</b>
2019	2030	2030

**DOCUMENTS**

PDF 1.8 MB

Malaysia National Strategic Plan H  
BV and HCV 2019-2023.pdf

**ACTION PLAN CHECKLIST**

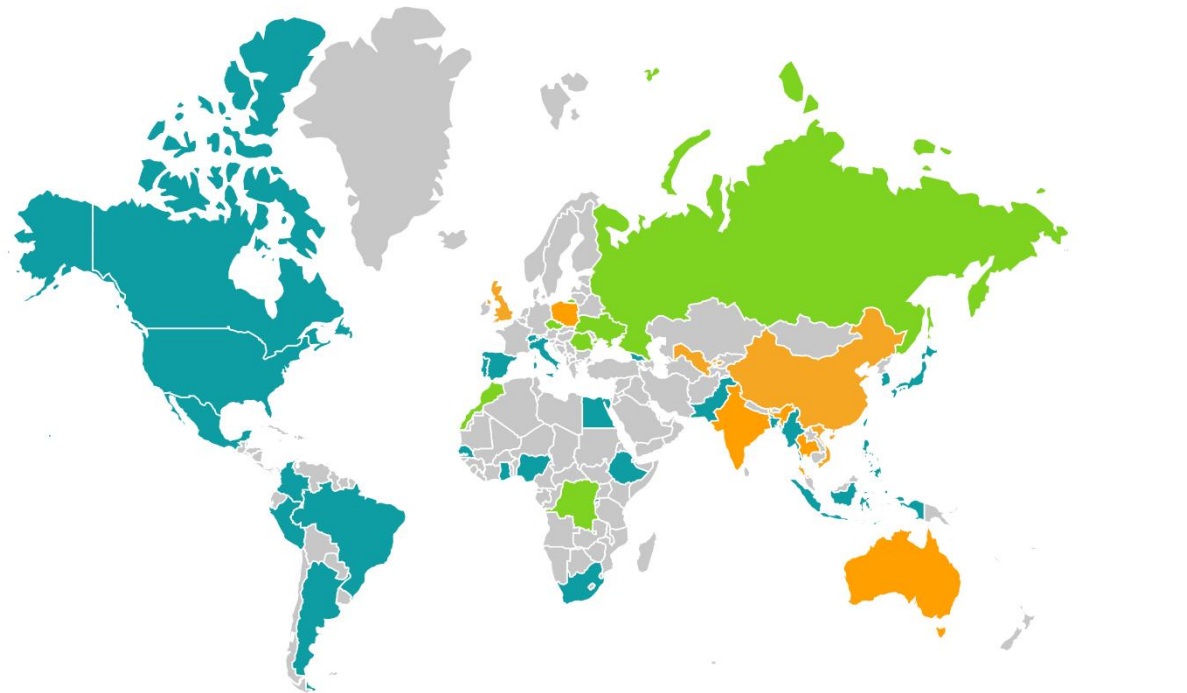
HBV elimination goal	Yes
HCV elimination goal	Yes
HBV treatment targets	Yes
HCV treatment targets	Yes
HBV diagnosis targets	Yes
HCV diagnosis targets	No
HBV testing policy	Pregnant women, Risk-based
HCV testing policy	Risk-based

**Executive Summary**

The burden of viral hepatitis in the country has been increasing. It is estimated that 1.1% and 2.5% of the population in the country were infected with hepatitis B virus and hepatitis C virus in 2017 and 2009, respectively. Furthermore, a high disease burden also means more cases of complications resulting from viral hepatitis infection, such as liver cirrhosis and hepatocellular carcinoma. Viral hepatitis is generally preventable, treatable and potentially curable. Thus, it is crucial that appropriate intervention measures are put in place. With the latest advances in technology relating to screening and diagnosis of the disease, as well as the availability of effective and affordable treatment, the prevention, treatment and cure of viral hepatitis are now possible.

Malaysia has committed towards combating viral hepatitis by 2030. In working towards achieving this commitment, a national strategic plan has

# National or Area Hepatitis Elimination Profiles (N-HEP) 30 Profiles Available



## Objectives:

### 1. Assess Status of Hepatitis Elimination on:

- Hepatitis burden
- Policy development– Develop standard framework for policy environment
- Program implementation
- Health equity for key populations
- Partnerships

### 2. Assess progress toward program targets and health outcome goals

### 3. Highlight achievements, challenges, and feasible next steps

# WHAT WORKS

Components For Strong National Hepatitis Elimination Programs



Ward J, Hinman A, Gastroenterology, 2019



# Status of strategic information

## 62 countries with National Action Plans

\* Defined as documents with goals, targets, and/or implementation strategies



Indicators for 55 national plans analyzed



# Strategic Information: NHEPs

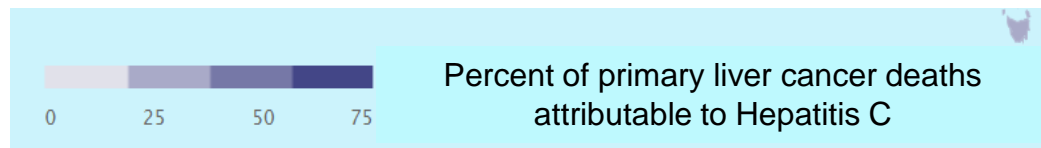
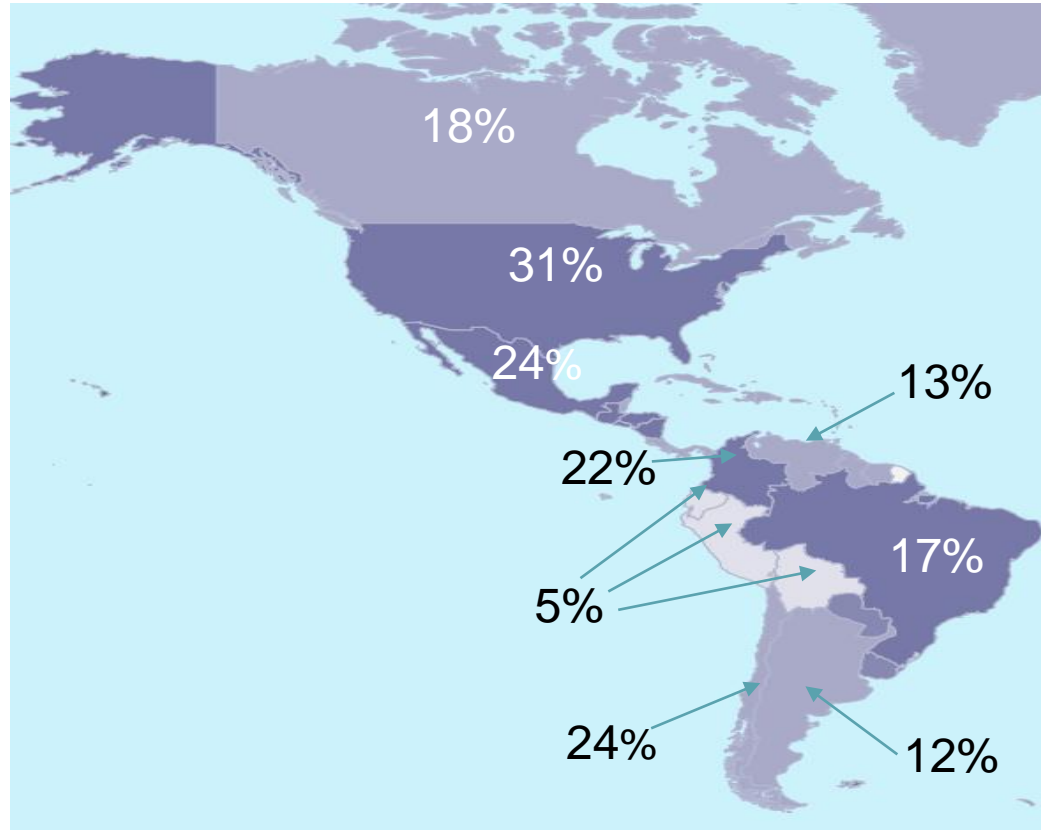
	Routine official reports to monitor HCV incidence	Routine official reports to monitor HCV prevalence	Routine official reports to monitor HCV mortality
<b>Argentina</b>	Partially adopted	Partially adopted	Adopted
<b>Bangladesh</b>	Not adopted	Not adopted	Partially adopted
<b>Brazil</b>	Adopted	Partially adopted	Adopted
<b>Columbia</b>	Adopted	Adopted	Partially adopted
<b>Egypt</b>	Adopted	Adopted	Adopted
<b>Ethiopia</b>	Not adopted	Not adopted	Not adopted
<b>Georgia</b>	Adopted	Adopted	Partially adopted
<b>Ghana</b>	Partially adopted	Not adopted	Partially adopted
<b>Indonesia</b>	Not adopted	Partially adopted	Partially adopted

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<b>Italy</b>	Adopted	Not adopted	Not adopted
<b>Japan</b>	Adopted	Partially adopted	Adopted
<b>Korea</b>	Adopted	Adopted	Partially adopted
<b>Mexico</b>	Adopted	Partially adopted	Adopted
<b>Myanmar</b>	Partially adopted	Partially adopted	Partially adopted
<b>Nigeria</b>	Not adopted	Adopted	Not adopted
<b>Pakistan</b>	Not adopted	Not adopted	Not adopted
<b>Peru</b>	Not adopted	Not adopted	Not adopted
<b>Philippines</b>	Not adopted	Not adopted	Not adopted
<b>Portugal</b>	Adopted	Partially adopted	Partially adopted
<b>Rwanda</b>	Not adopted	Adopted	Adopted
<b>Senegal</b>	Adopted	Adopted	Not adopted

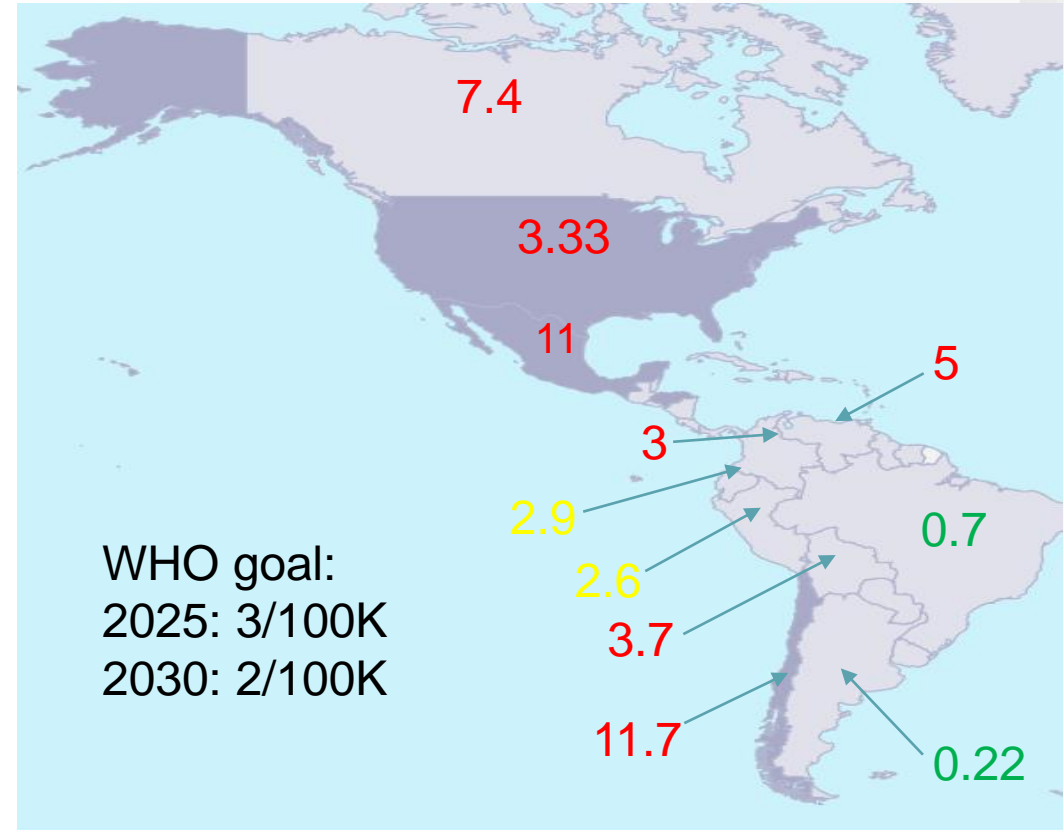
	Routine official reports to monitor HCV incidence	Routine official reports to monitor HCV prevalence	Routine official reports to monitor HCV mortality
<b>South Africa</b>	Not adopted	Not adopted	Not adopted
<b>Spain</b>	Adopted	Adopted	Adopted
<b>Switzerland</b>	Adopted	Not adopted	Not adopted
<b>Taiwan</b>	Adopted	Adopted	Adopted
<b>Thailand</b>	Not adopted	Not adopted	Not adopted
<b>United States</b>	Adopted	Adopted	Adopted

# HCV Related Deaths in the Americas

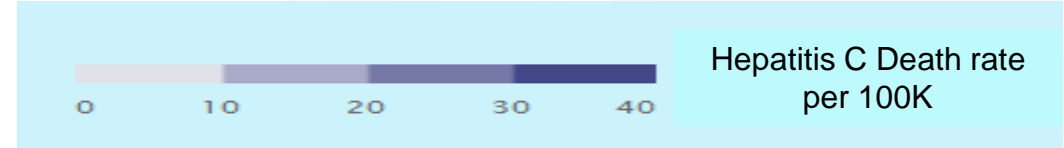
Percent of liver cancer deaths related to HCV



HCV deaths related deaths/100,000



WHO goal:  
2025: 3/100K  
2030: 2/100K





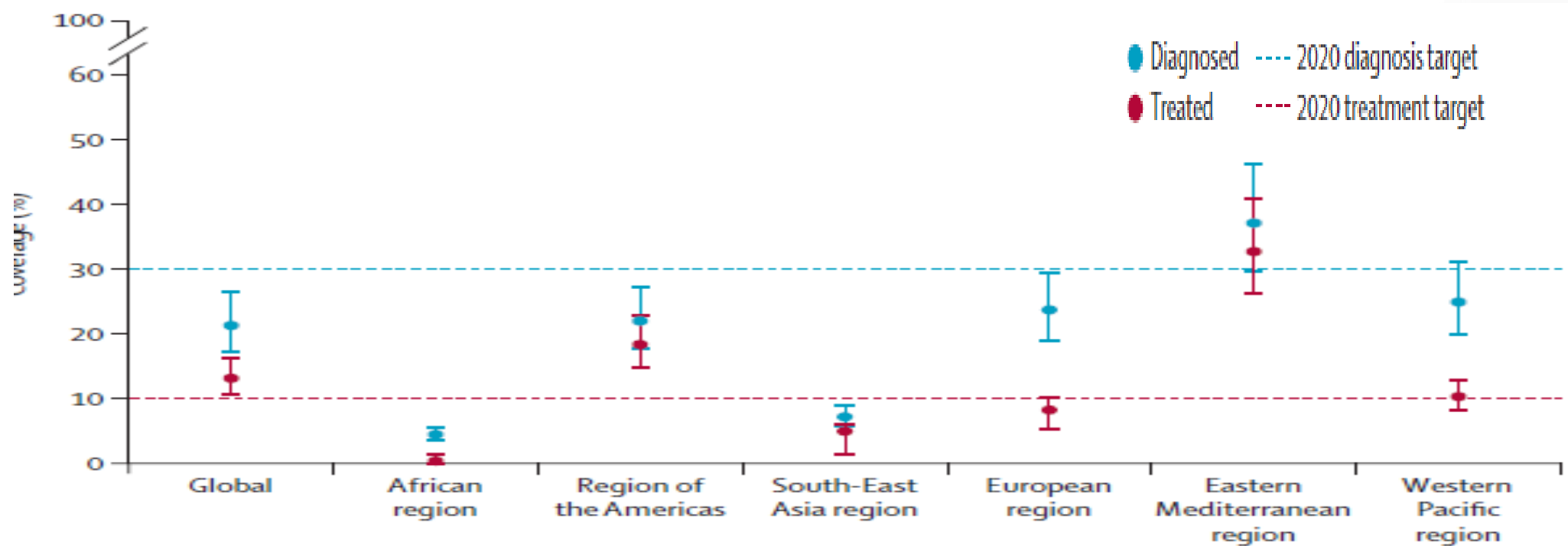
# WHAT WORKS

Components For Strong National Hepatitis Elimination Programs



Ward J, Hinman A, Gastroenterology, 2019

# Estimated Diagnosis and Treatment Coverage of Hepatitis C by Region, 2019



HCV+ persons diagnosed globally  
 21% are diagnosed globally  
 37% EMRO countries  
 23% the Americas  
 7% South East Asia countries

HCV+ persons treated  
 13% global  
 33% EMRO countries  
 16% the Americas  
 6% South East Asia countries



# Access to HBV & HCV Screening and Treatment in 30 N-HEPs



Indicator	HCV
<b>Universal testing policy</b>	9/30 (30%)
<b>No patient co-pays for testing</b>	14/30 (47%)
<b>Licensed point-of-care PCR testing</b>	16/30 (53%)
<b>National treatment guidelines</b>	23/30 (77%)
<b>No patient treatment co-pays</b>	15/30 (50%)
<b>Non-specialist can prescribe treatment</b>	16/30 (53%)

# Effective HCV Elimination Programs - Egypt

Hepatitis Action plan (World Bank support)



President calls for all adult HCV testing plus NCD screening



Mass Media Campaign



7,486 Healthcare facility



Online registration



No patient costs



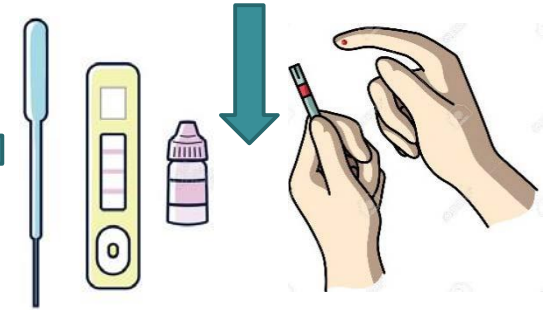
HCV treatment center



75 million tested  
2,207,397 anti-HCV+



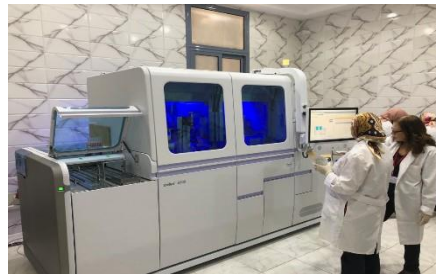
Electronic registry



HCV AB rapid test <\$1.0 /test



HCV PCR in 77 labs  
<\$5/test



HCV PCR+ 1,161,560



1,073,586 treated

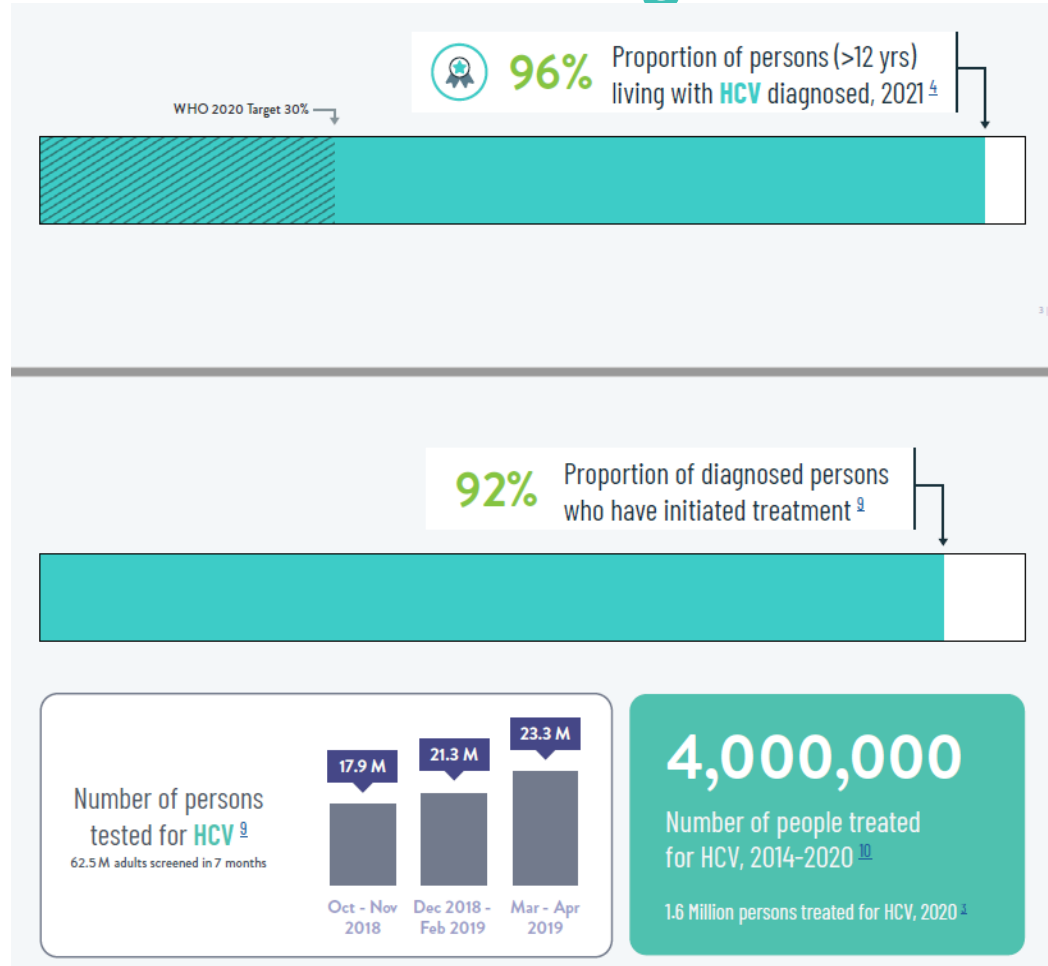


1,044,515 SVR



20% decline in liver related deaths

# Egypt is on track for HCV elimination with >90% diagnosed and >90% initiated treatment



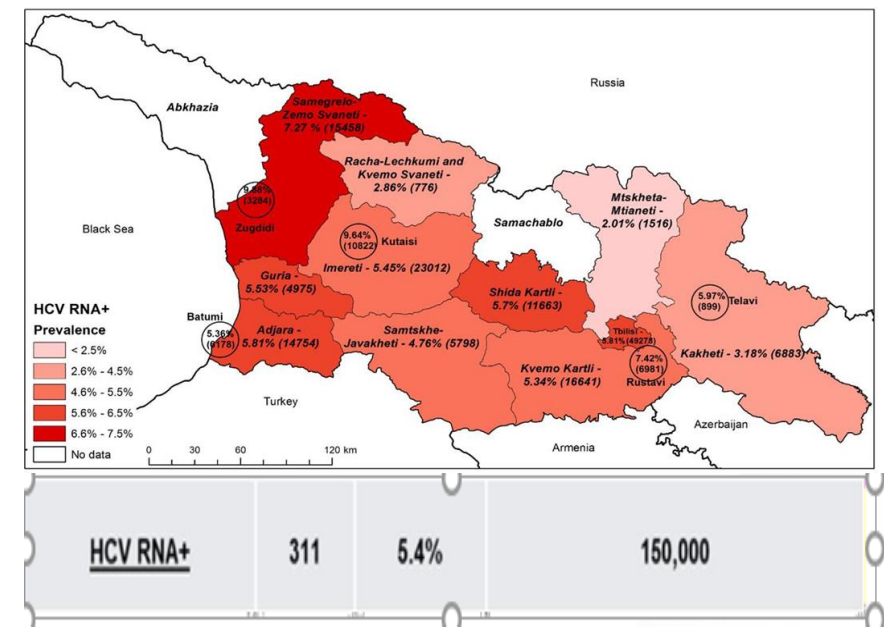
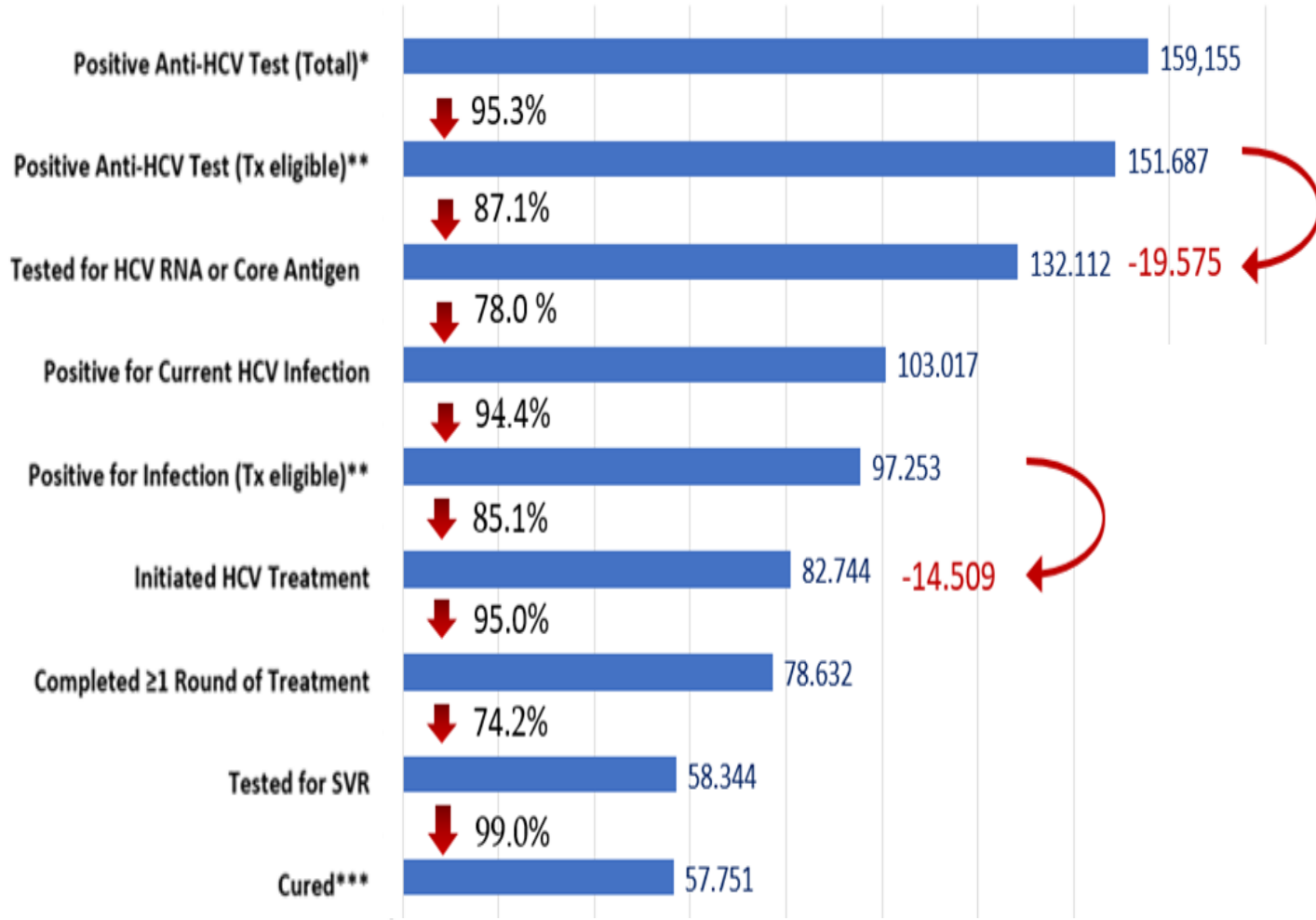
Partners: World Bank; US CDC; WHO; industry; clinician, civil society



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# Georgia Hepatitis C Elimination Program

## 28 April 2015 - 31 May, 2023

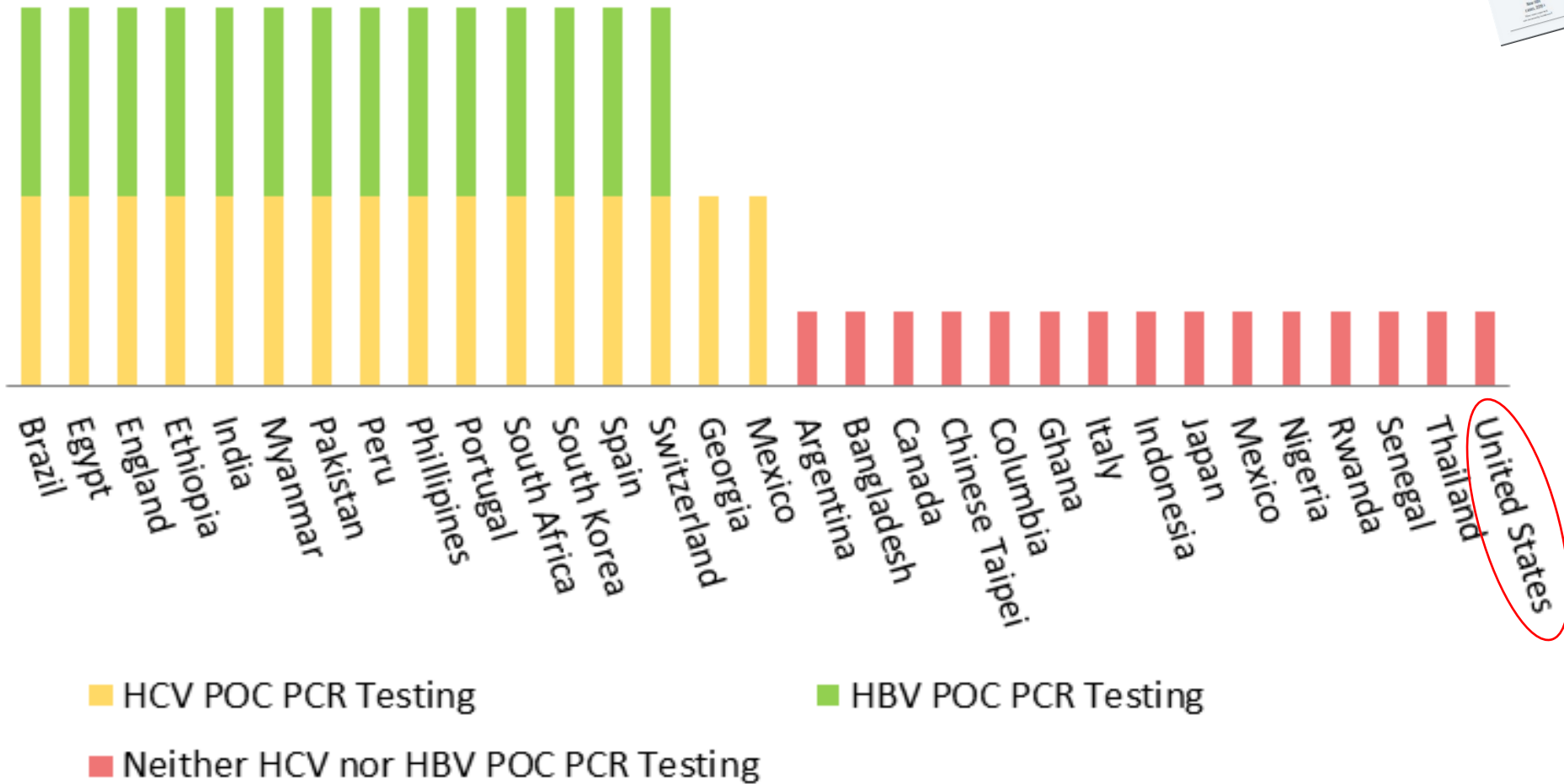


- Since 2015:**
- over **6,5 million** HCV screenings
  - over **2,9 million** persons tested
  - About **160 000** anti-HCV positive cases identified
  - **19 575** anti-HCV+ individuals to follow-up and link to care
  - Over **82,744** patients started treatment
  - Cure rate – **99%**

\* Among persons with national ID number. An additional 18,586 screened anti-HCV+ using an anonymized 15-digit code. Thus, their representation in the cascade is not confirmed; \*\* Age ≥12 years with no mortality data prior to progressing in cascade

\*\*\* Per-protocol, includes retreatments. Among 57,875 persons tested after their 1<sup>st</sup> round of treatment, 56,080 (96.9%) achieved SVR (Including 82.3% for SOF-based regimens, 98.2% for SOF/LED regimens, and 98.6% for SOF/VEL regimens). 2,151 persons were retreated with a 2<sup>nd</sup> round of treatment with 94.3% (1,154/1,224) of those tested achieving SVR. Overall SVR by Intention-to-Treat analysis: **72.1%**

# Global Access to HBV & HCV POC PCR Testing



# WHAT WORKS

Components For Strong National Hepatitis Elimination Programs

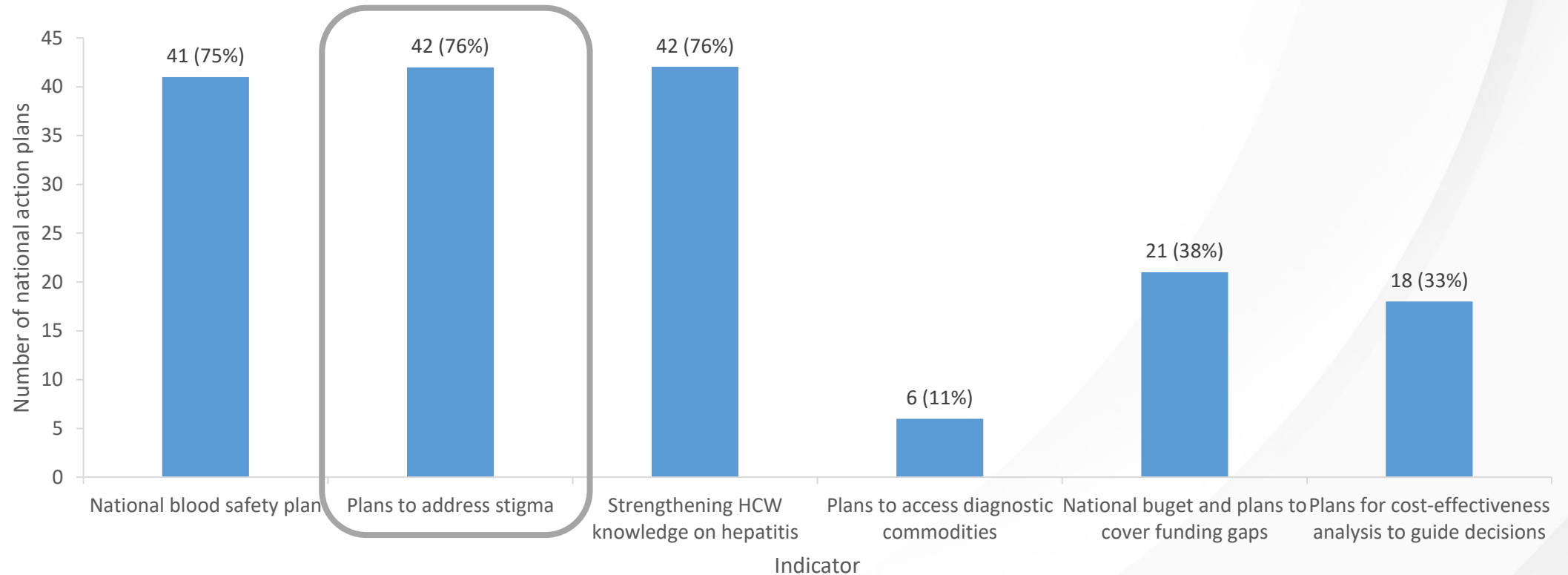


Ward J, Hinman A, Gastroenterology, 2019



# Most action plans address stigma

Policy/strategic direction indicators included in 55 action plans



# Harm Reduction For PWID: NHEPs

	National policy for: Harm reduction for persons who inject drugs (PWID)	National anti-discrimination laws against people living with hepatitis C	Decriminalization of possession of syringes & paraphernalia		National policy for: Harm reduction for persons who inject drugs (PWID)	National anti-discrimination laws against people living with hepatitis C	Decriminalization of possession of syringes & paraphernalia		National policy for: Harm reduction for persons who inject drugs (PWID)	National anti-discrimination laws against people living with hepatitis C	Decriminalization of possession of syringes & paraphernalia
<b>Argentina</b>	No data	Partially adopted (non-discrimination laws exist for HIV)	No data	<b>Italy</b>	Adopted	No data	Adopted	<b>Senegal</b>	Adopted	Partially adopted	Not adopted
<b>Bangladesh</b>	Not adopted	Not adopted	Adopted	<b>Japan</b>	Not developed	Adopted	No data	<b>South Africa</b>	Partially adopted	Partially adopted	Not adopted
<b>Brazil</b>	Adopted	Partially adopted (The Brazilian labor courts have...)	Not adopted	<b>Korea</b>	Not developed	Partially adopted	Adopted	<b>Spain</b>	Adopted	Not adopted	Adopted
<b>Canada</b>	Adopted	Partially adopted	Adopted	<b>Mexico</b>	Partially adopted	Adopted	Adopted	<b>Switzerland</b>	Adopted	Not adopted	Adopted
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<b>Egypt</b>	Partially adopted	Partially adopted	No data	<b>Nigeria</b>	Adopted	Not adopted	Not adopted	<b>Thailand</b>	Partially adopted	Not adopted	Not adopted
<b>Ethiopia</b>	Adopted	Not adopted	Not adopted	<b>Pakistan</b>	Not adopted	Not adopted	Adopted	<b>United States</b>	Adopted	Adopted	Partially adopted
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				<b>Rwanda</b>	No data	Adopted	No data				
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# HCV Among Persons Who Inject Drugs in the Americas; Incarceration and Access to Prevention

Region	Estimated number of PWID (95% UI)	Estimated number of PWID who are HCV-antibody positive	History of incarceration	Needle-syringes per PWID per year(goal: 300/yr)
<b>Latin America</b>	1,823,000 (1,392,000–2,380,000)	1,128,000 (823,500–1,458,000)	71.0% (68.2–73.7)	6
<b>North America</b>	2,557,000 (1,498,500–4,428,000)	1,411,000 (667,000–2,388,500)	72.2% (61.8–82.6)	39
<b>Global</b>	8,182,500 (4,691,500–12,418,000)	15,648,000 (10,219,000–23,737,500)	57.9% (50.5–65.2)	33



# BRAZIL

## CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED DECEMBER 2, 2021



### Prevalence

0.53%

Prevalence of chronic HCV, 2017 <sup>2</sup>

*Based on modeled data*

REGIONAL AVERAGE  
IN THE AMERICAS:  
HBV: 0.3%  
HCV: 0.7%

HCV testing of pregnant women <sup>11</sup>

Adopted

HCV: Single test for people  
aged 40 and over <sup>14</sup>

Adopted

Local treatment guidelines <sup>16</sup>

Developed

Simplified care algorithm: Less than  
2 clinic visits during treatment <sup>17</sup>

Adopted

Simplified care algorithm: No  
patient treatment co-pays <sup>1</sup>

Adopted



### Mortality

1,405

HCV deaths, 2020 <sup>3</sup>

0,7 Deaths per 100,000, 2019 <sup>3</sup>



### ACHIEVEMENTS

Nurse led testing and care  
Treatment by non-specialist

HCV Percentage change in  
deaths, 2015-2020 <sup>3</sup>



HCV Percentage change in new  
infections, 2015-2020 <sup>4</sup>



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# MEXICO

## CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED AUGUST 6 2021



### Prevalence

REGION AVERAGE  
IN THE AMERICAS:  
HBV: 0.3%  
HCV: 0.7%

# 0.4-2.2%

Prevalence of chronic HCV  
infection <sup>4</sup>

*Based on modeled data and studies among  
blood donors*



### Mortality

# 13,737

HCV deaths, 2019 <sup>4</sup>

**11** Deaths per 100,000 <sup>4</sup>

**HCV** Percentage change in  
deaths, 2015-2019 <sup>4</sup>



**HCV** Percentage change in new  
infections, 2015-2019 <sup>3</sup>



**HCV:** Risk-based <sup>14</sup>

Adopted

Local treatment guidelines <sup>17</sup>

Developed

Simplified care algorithm: Less than  
2 clinic visits during treatment <sup>17</sup>

Adopted

Simplified care algorithm: No  
patient treatment co-pays <sup>17</sup>

Adopted



### ACHIEVEMENTS

394 units of care  
Telehealth training  
No costs testing/ treatment  
Involve CSO in program



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# WHAT WORKS

Components For Strong National Hepatitis Elimination Programs

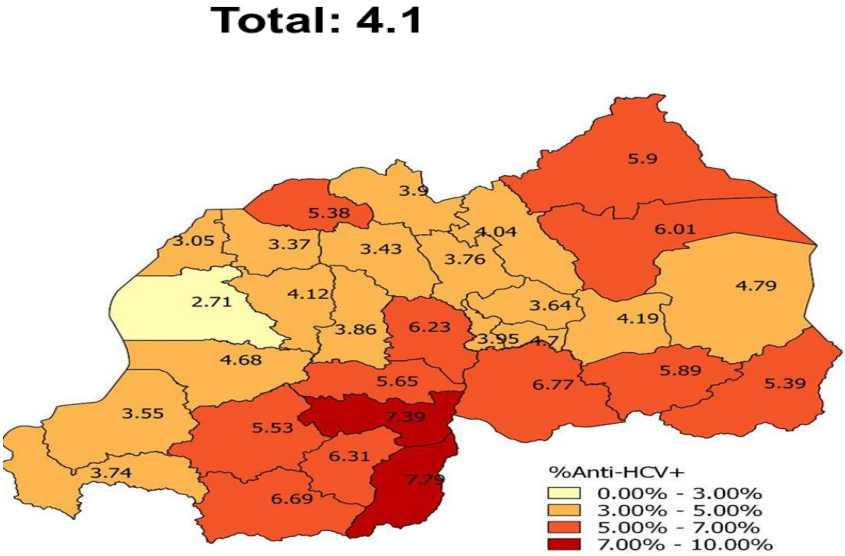
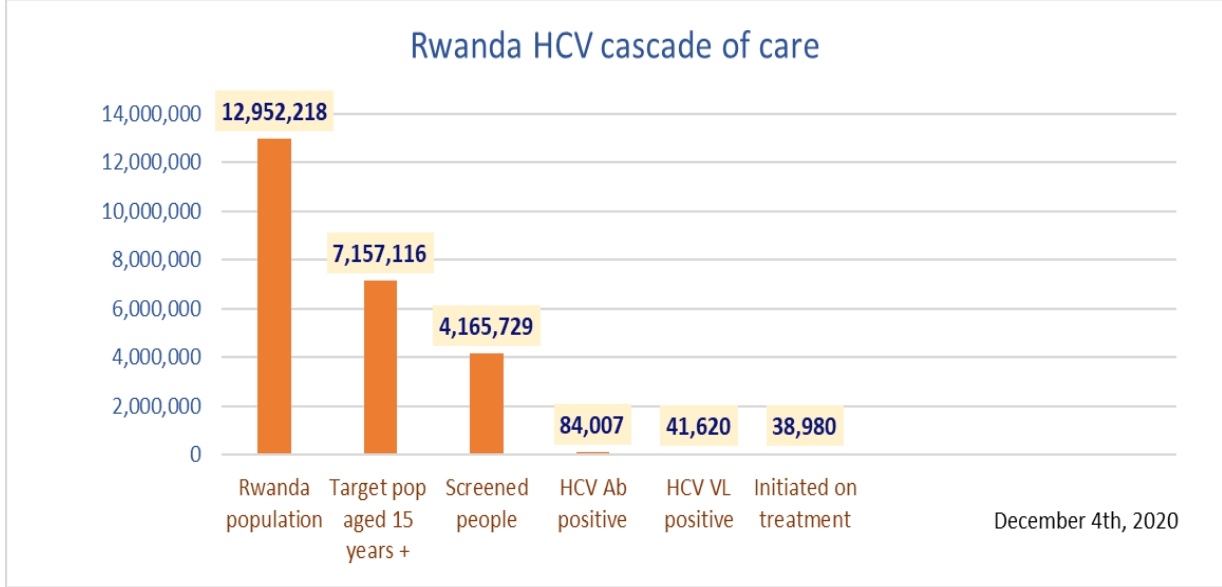


Ward J, Hinman A, Gastroenterology, 2019

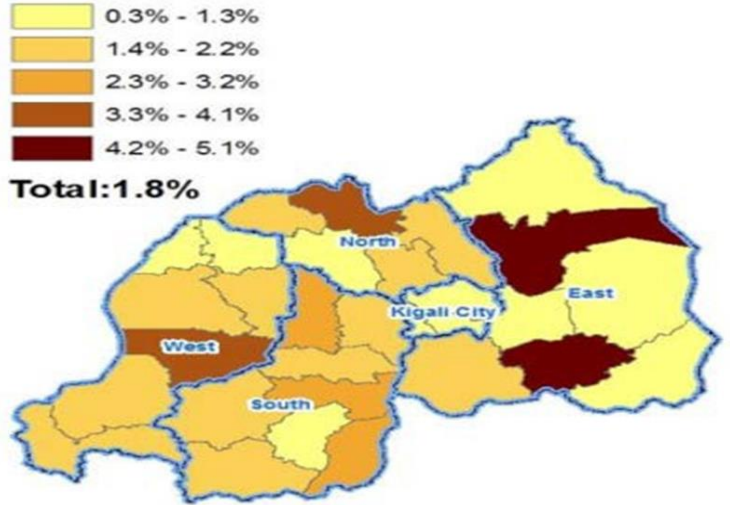


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# Rwanda: Scale up of Testing and Treatment and Changes in HCV Prevalence

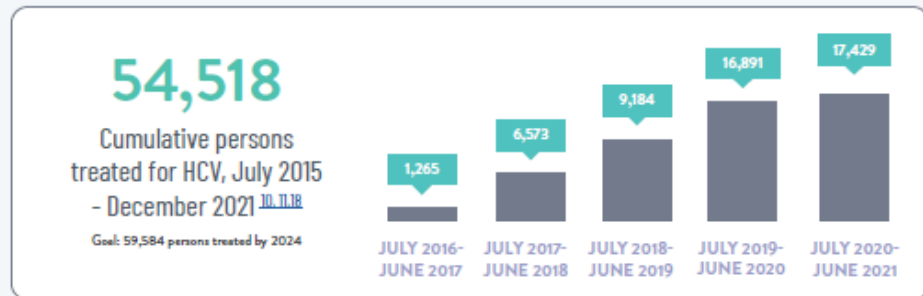
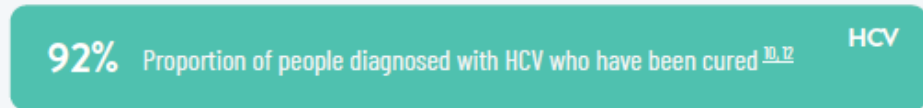
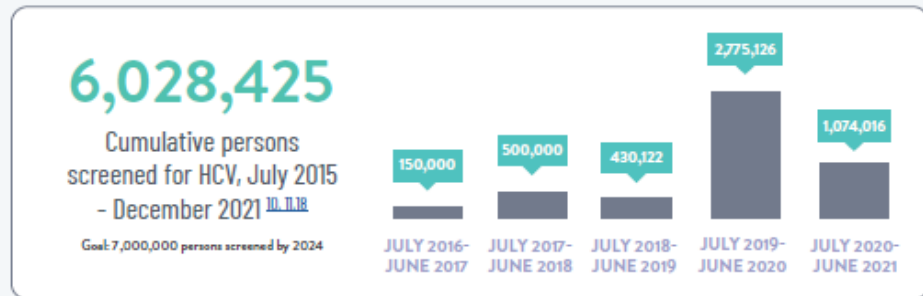
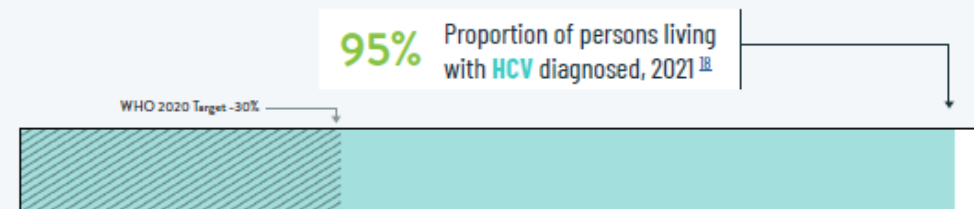


- Path to Elimination Plan:**
- Systematic HCV screening for donated blood since 1999
  - Training of safe injection practices among health-care workers
  - A national hepatitis control unit since 2011,
  - First guidelines for viral hepatitis care in 2013
  - HCV diagnosis and treatment using existing HIV care settings
  - **Global Fund support for HCV care**
  - As of May 2018, a total of 110 physicians trained in HCV care



Slide from Dr. Janvier Serumondo and Dr. Jean Damascene Makuza

# Rwanda is a leader in HCV testing & treatment in the African region







# New Global Fund Guidance for Support of HBV Prevention, Care and Treatment

## Changes for the next round of Global Fund applications

- Testing:
  - o Maternal HBsAg testing
  - o **HBV and HCV testing for key populations**
- Harm reduction
  - o needle and syringe programs, Opioid substitution therapy (OST), overdose prevention/ response (e.g. naloxone)

Countries will have to prioritize hepatitis services in GF applications



## Information Note HIV Information Note

Allocation Period 2023-2025

Date published: 29 July 2022

[https://www.theglobalfund.org/media/4765/core\\_hiv\\_infonote\\_en.pdf](https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf)



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	Simplified care: No patient treatment co-pays for HCV	No patient co-pays for anti-HCV testing	Public budget line for HCV testing and treatment
Argentina	Adopted	Adopted	Adopted
Bangladesh	Not adopted	Not adopted	Not adopted
Brazil	Adopted	Adopted	Adopted
Canada	Partially adopted	No data	Adopted
Columbia	Adopted	Partially adopted	Adopted
Egypt	Adopted	Adopted	Adopted
Ethiopia	Not adopted	Not adopted	Adopted
Georgia	Adopted	Partially adopted	Adopted
Ghana	Not adopted	Partially adopted	Not adopted
Indonesia	Partially adopted	Partially adopted	Partially adopted

	Simplified care: No patient treatment co-pays for HCV	No patient co-pays for anti-HCV testing	Public budget line for HCV testing and treatment
Italy	Adopted	Partially adopted	Adopted
Japan	Partially adopted	Adopted	Adopted
Korea	Partially adopted	Partially adopted	Adopted
Mexico	Adopted	Partially adopted	Adopted
Myanmar	Partially adopted	Partially adopted	Adopted
Nigeria	Not adopted	Not adopted 0 points	Partially adopted
Pakistan	Adopted	Adopted	Adopted
Peru	No data	No data	Adopted
Philippines	Not adopted	Not adopted	Not adopted 0 points
Portugal	Adopted	Adopted	Adopted

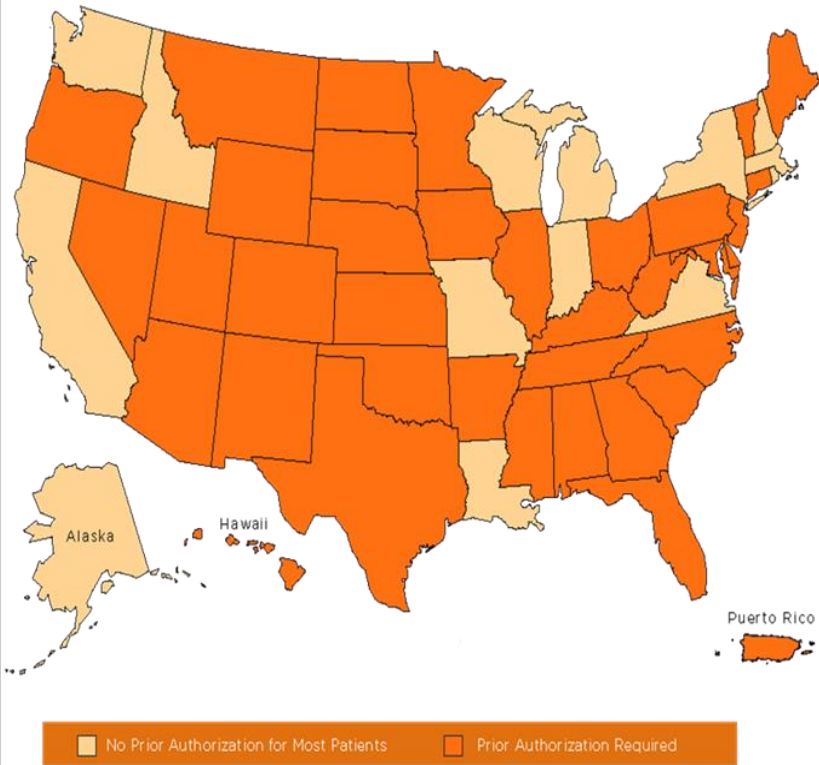
	Simplified care: No patient treatment co-pays for HCV	No patient co-pays for anti-HCV testing	Public budget line for HCV testing and treatment
Rwanda	Adopted	Adopted	Adopted
Senegal	Not adopted	Not adopted 0 points	Adopted
South Africa	Not adopted	Partially adopted	Partially adopted
Spain	Adopted	Adopted	Adopted
Switzerland	Adopted	Adopted	Partially adopted
Taiwan	Adopted	Adopted	Adopted
Thailand	Adopted	Adopted	Partially adopted
United States	Partially adopted	Adopted	Adopted



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# Restrictions to Treatment of HCV infection: United States



**36 states require prior authorization**

**27 states**  
require documentation of genotype

**15 states**  
require documentation of chronic infection

**20 states**  
require labs to be collected within a certain timeframe

**23 states**  
impose adherence requirements

**9 states**  
impose barriers to replacing lost/stolen meds

# Composite Preparedness Score for HCV Elimination

## National Commitment

- Action Plan
- Elimination goal
- Estimates of economic burden
- Public budget line for HCV testing and treatment

## Strategic Information

- Routine official reports to monitor HCV: mortality, incidence and prevalence
- Monitoring of HCV diagnosis and treatment

## Prevention

- National policy for: Harm reduction for persons who inject drugs (PWID)
- Number of sterile needles and syringes provided per PWID
- Decriminalization of possession of syringes & paraphernalia

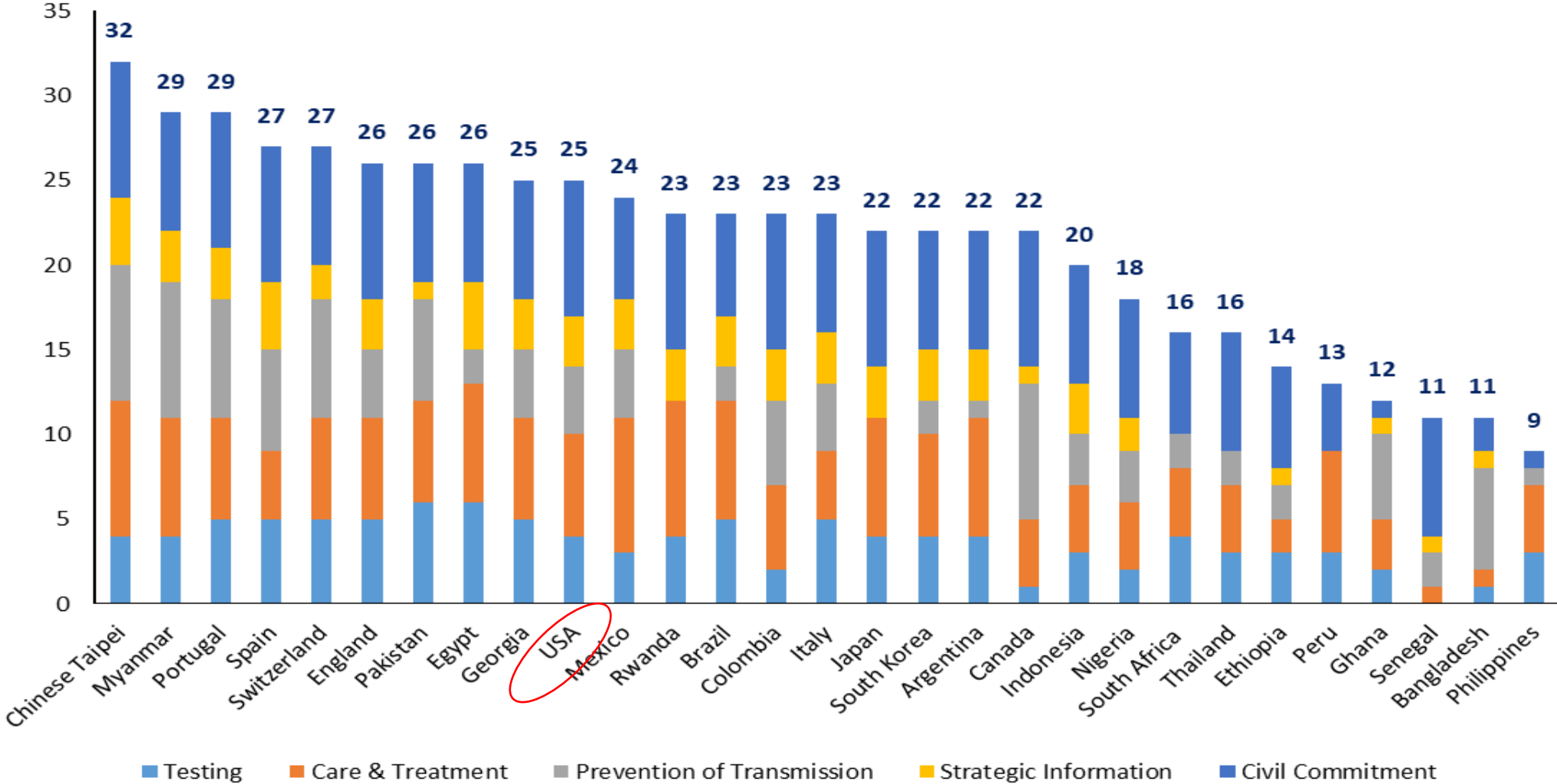
## Screening

- Testing policy
- Licensed point-of-care PCR testing to detect HCV
- Simplified care: No patient co-pays for anti-HCV testing

## Care & Treatment

- National treatment guidelines
- Simplified care: No patient treatment co-pays
- Simplified care algorithm: Non-specialists can prescribe treatment
- National anti-discrimination laws against people living with hepatitis C

# Global Composite Preparedness Index for HCV Elimination



COALITION FOR GLOBAL HEPATITIS ELIMINATION

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# WHAT WORKS

Components For Strong National Hepatitis Elimination Programs



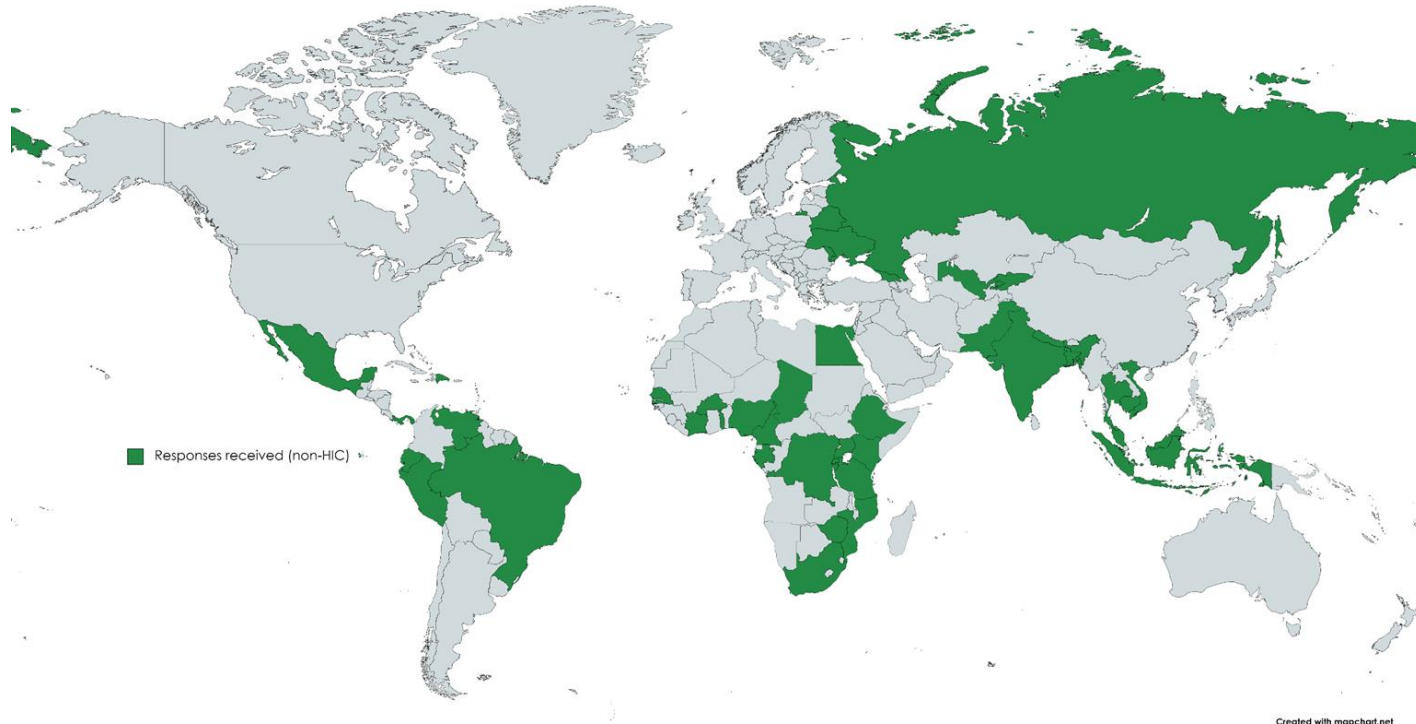
Ward J, Hinman A, Gastroenterology, 2019



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# Provider Perspectives on Long-Acting DAA Formulations

**Objective:** To assess provider perceptions the acceptability and feasibility of long-acting DAA formulations in LMICs (eg, one-time injection)



Created with mapchart.net

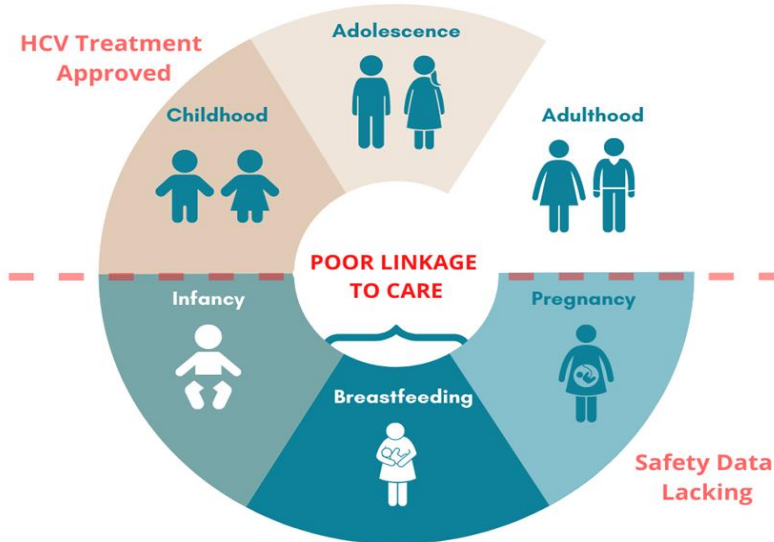
## Progress:

- 172 providers and policymakers from 42 LMICs completed the survey (all WHO regions represented)
- Overall high perceived acceptability and feasibility for long-acting DAAs
- Detailed results submitted to AASLD Liver Meeting
- Further analysis and manuscript development underway

# TiP-HepC Registry for DAA Exposures in Pregnancy



## THE TIP-HEP C REGISTRY: REAL-WORLD DATA ON THE SAFETY OF HEP C TREATMENT IN PREGNANCY



### TiP-HepC Registry: Key Points

- HCV treatment during pregnancy could increase the number of women treated and reduce mother-to-child transmission.
- HCV treatment in pregnancy is currently recommended based on limited data.
- The TiP-HepC clinical trial will provide information on DAA exposure and outcomes of mother-infection.
- This registry will provide real-world data on treatment in pregnancy for ongoing reporting and analysis.



### Updates:

- Registry portal launched and open for case submission
- Scientific advisory committee met in November 2022 for 1<sup>st</sup> data analysis
- > 30 cases received to date
- Policy document with interim registry analysis to be posted every 6 months
- Partners: US CDC; Gilead Sciences; liver and OB-Gyn associations

- Community of practice- Three sessions
- Nov 2022-March 2023 [www.globalhep.org](http://www.globalhep.org)
- 378 unique participants from 43 countries



Registry Portal: share case information

<https://redcap.emory.edu/surveys/?s=C99K9EEYHRLNY8AR>



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# HERO Fellowships for Hepatitis Elimination

(Hepatitis Evaluation, Research, and Outreach)

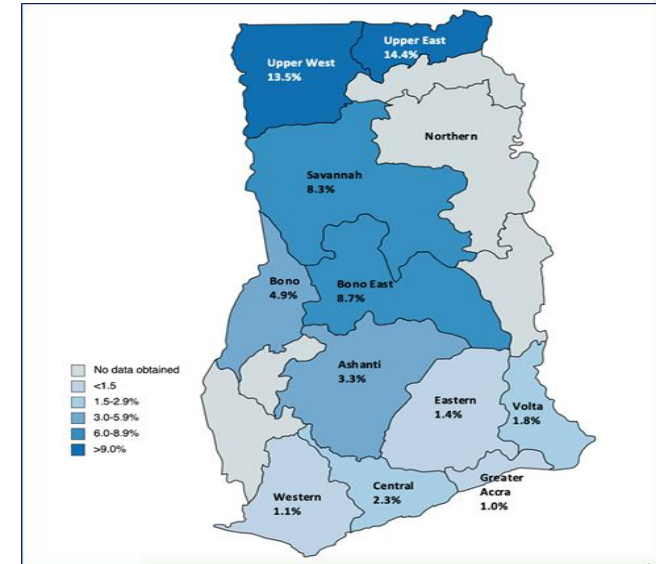


- Assess national burden and testing capacity

National anti-HCV prevalence: 4.42%

- Northern Ghana 8.3%-14.4%

Data started STOP-HCV program: test/treat HCV



Dr Yvonne Nartey Cape Coast Teaching Hospital, Ghana

Convene local coalitions



Community hepatitis screenings



# STOP HEP-C in Ghana

- Foster collaboration with Egypt government
- Donations of DAAs (Sof/Dac)
- Aim to treat 50,000 HCV+ persons
- Methods:
  - Self-referral and clinician initiated testing
  - Plan to implement population-based screening
  - 19 case management teams in regional and teaching hospitals
- 286 patients enrolled since April 2023
- Partners: government, community, clinical, international



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LHEAP

Local Hepatitis Elimination and Prevention



## Local Hepatitis Elimination & Prevention (LHEAP)

Rawalpindi, Punjab – Pakistan  
*Project initiated on June 3, 2023*

**Lead:** HERO Fellow Dr Nida Ali

### Partners

- Coalition for Global Hepatitis Elimination
- District Health Authority, Ministry of Primary & Secondary Healthcare – Punjab
- Local small business owners (supporting with commodities)

### Methodology

- microelimination in a defined cohort of 100,000 individuals of all age groups.
- Door to door RD screening , followed by reflex VL testing. HepB Vaccination for those testing negative for HBV.
- Treatment initiation as soon as PCR results available
- For HCV: DAAs for 3 months
- For HBV: VL>20,000 → Tenofovir

### Progress so Far:

Screened: 10166 all age groups

HBV+: 61 (0.6%) ; HCV+: 139 (1.37%)

Vaccination for HepB first dose: 2679



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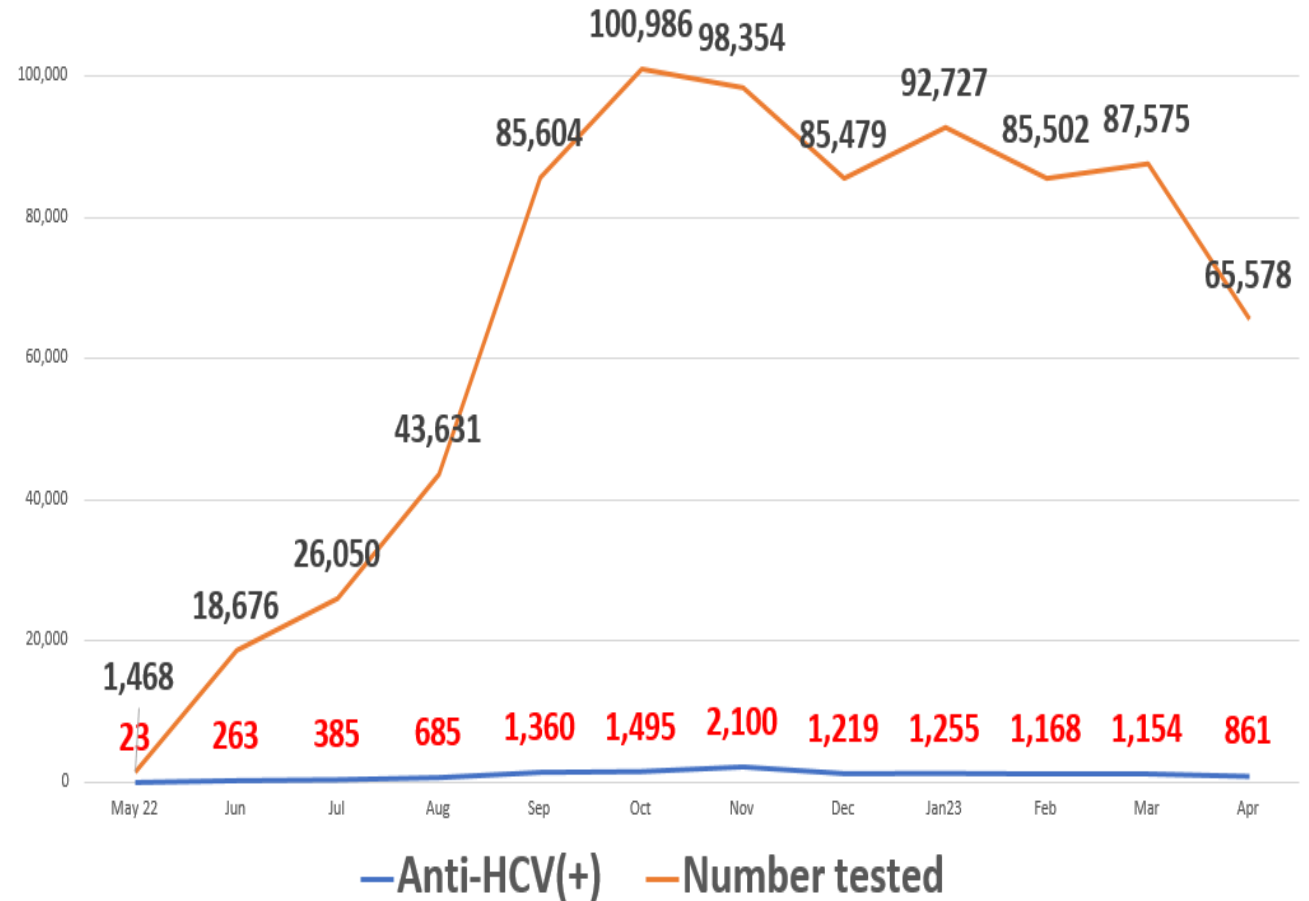


# HCV Elimination Lithuania: Provider incentives



- 1.7% anti- HCV prevalence
- 58% RNA +
- Risks: Unscreened transfusions/IDU
- Intervention: Test and Refer model
  - PCP: 15.4 Euro/ per anti-HCV test
  - Refer for RNA testing /treatment
  - Targets: Persons born 1945-1995; IDU, prisoners, HIV

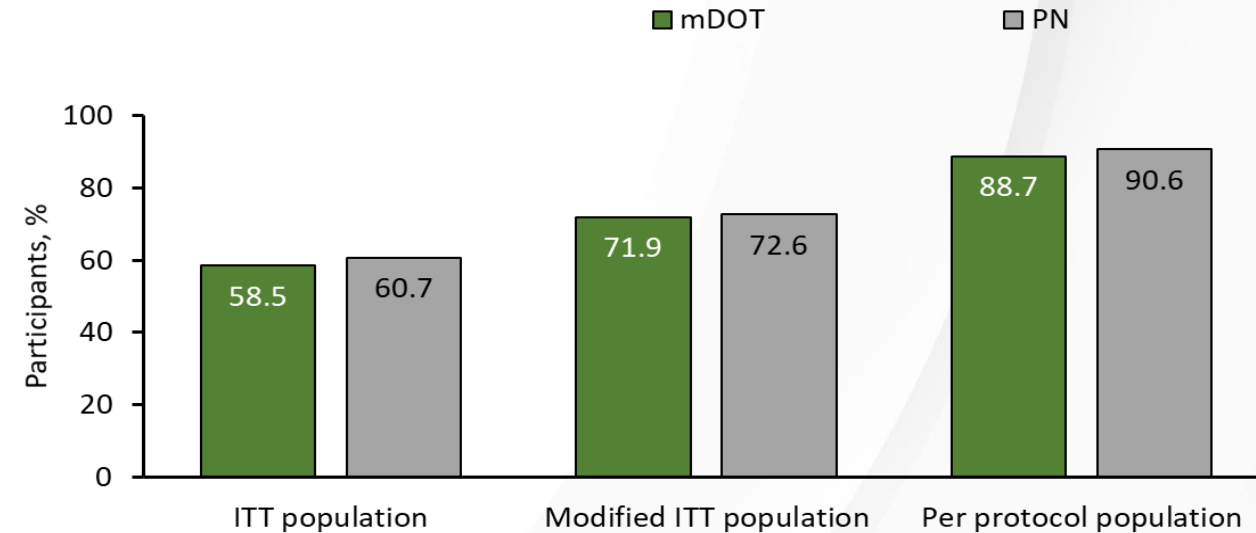
## May 2022-Apr 2023



Number of tested	791630	47 % of population
Number of HCV RNR (+)	6935	0,88
Number of treated	2581	37,2 (of HCV RNR poz.)

# Patient-Centered Models of HCV Treatment for Persons Who Inject Drugs: The HERO Study

- Patient Centered Outcomes Research institute
- Eight collaborating centers
- PWID –injecting within 90 days
- Patient navigation (PN) Two week prescriptions (n=379)
- Modified directly observed therapy (mDOT) (n=376)
  - At least 5 doses observed/week
- 8 states
  - opioid treatment programs 41%
  - community health centers 59%
- Treatment
  - Initiation: 82.5%
  - Adherence 74.1%\*
  - Completion 82.7%
  - **SVR 92%**
  - higher for DOT
- Applying for PCORI dissemination grant



- ITT all randomized
- mITT all randomized and initiated treatment
- Per protocol (PP): randomized; initiated treatment; complied with assigned care and had SVR outcomes

# US HCV Economic Modeling Adopted by White House for Budget to Support National HCV Elimination Program

POLICY

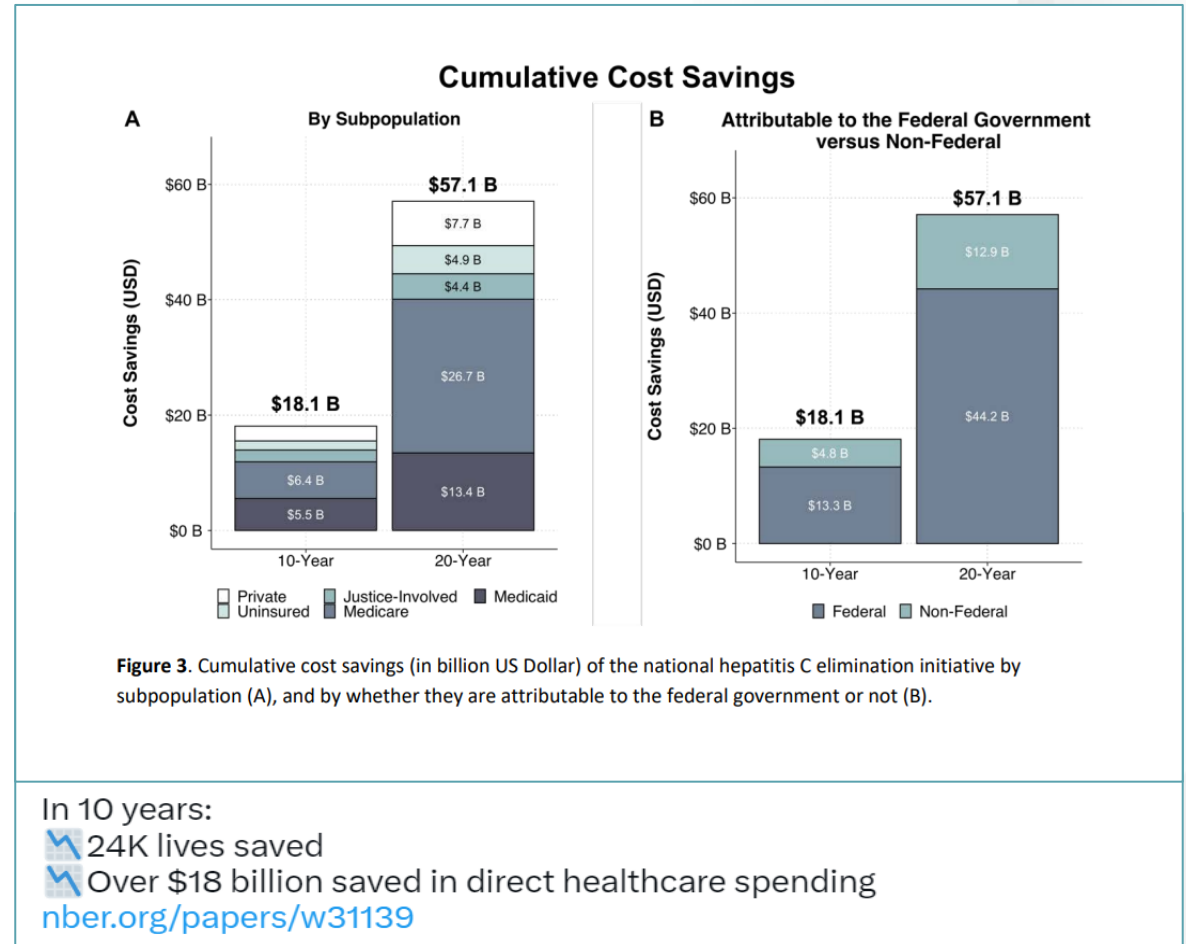
## Administration eyes national hepatitis C treatment plan

The plan would streamline testing and treatment and secure an agreement with drugmakers to bring down the cost of treatment of the disease, which has spiked during the pandemic



## Projected Health Benefits and Health Care Savings from the United States National Hepatitis C Elimination Initiative

Jagpreet Chhatwal, Alec Aaron, Huaiyang Zhong, Neeraj Sood, Risha Irvin, Harvey J. Alter, Yueran Zhuo, Joshua M. Sharfstein & John W. Ward



# Assessing HCV Testing and Treatment – United States 2014-2021

## Hepatitis C Care Cascade and Progress Toward Elimination in the United States, 2021

John W. Ward<sup>1</sup>, Marc G. Ghany<sup>2</sup>, Timothy R. Morgan<sup>3</sup>, Steven E. Marx<sup>4</sup>, Jatinder Kaur<sup>5</sup>, Nidhi Shukla<sup>6</sup>, Shrivaji Manthene<sup>7</sup>, Shiyin Jiao<sup>8</sup>

<sup>1</sup>Coalition for Global Hepatitis Elimination, The Task Force for Global Health, Decatur, GA, U.S.A.

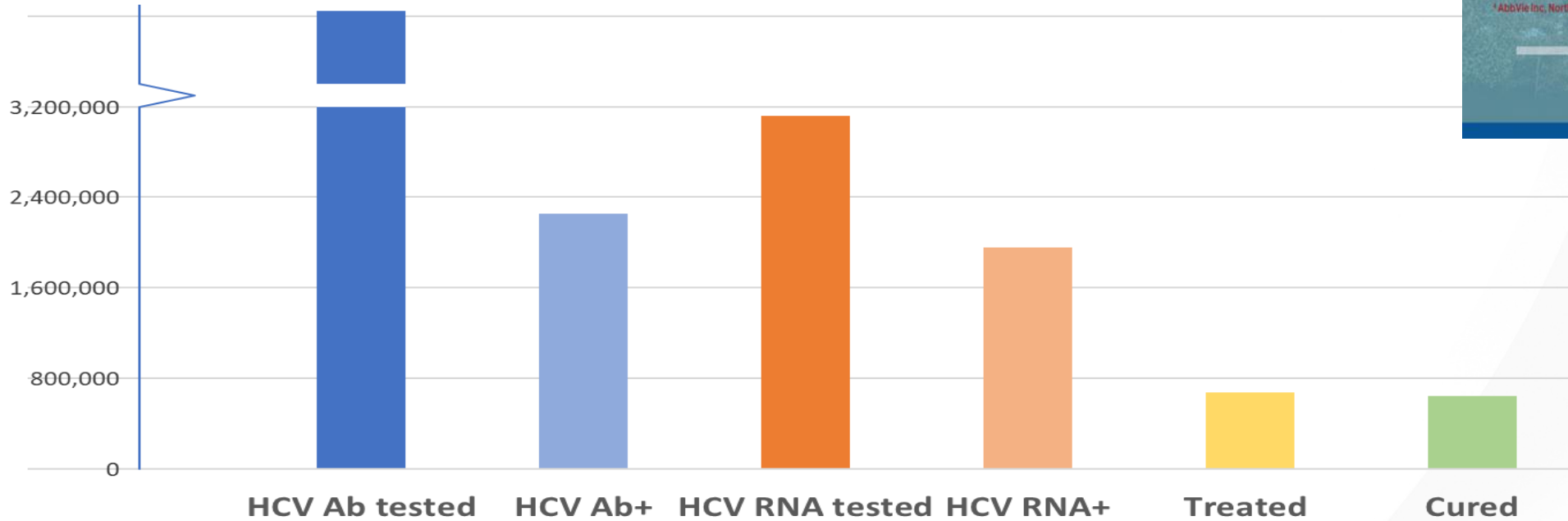
<sup>2</sup>Clinical Hepatology Research Section, Liver Diseases Branch, National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Health, Bethesda, MD, U.S.A.

<sup>3</sup>Gastroenterology Section, VA Long Beach Healthcare System, Long Beach, CA, U.S.A.

<sup>4</sup>AbbVie Inc, North Chicago, IL, U.S.A.



Unique Individuals (N)



Scan QR code or use the following link to download an electronic version of this presentation and other Allergan and AbbVie GHS 2023 scientific presentation: <https://abbvie1.outsystemsenterprise.com/GMAEventPublications/Assets.aspx?ConferenceId=591>



QR Code expiration: March 31, 2024

To submit a medical question, please visit [www.abbviemedinfo.com](http://www.abbviemedinfo.com)

Frequency (cumulative)	46,646,661	2,253,500	3,117,372	1,951,742	672,745	643,043
Proportion	100.0%	4.8% of Ab tested	100.0%	62.6% of RNA tested	34.5% of RNA+	95.6%* of treated

Partners: AbbVie; US NIH, US Veterans Administration; two large commercial laboratories



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# Joining the Global Campaign to Eliminate Hepatitis

**Join:**

<https://www.globalhep.org/>

<https://twitter.com/GlobalHep>

**Contact us:**

[globalhep@taskforce.org](mailto:globalhep@taskforce.org)

Tel: +1-404-371-0466



*Hepatitis Awareness, Ibadan Oyo State, Nigeria*

***“Hepatitis B is a pandemic. Elimination is an achievable goal if we work together.”***

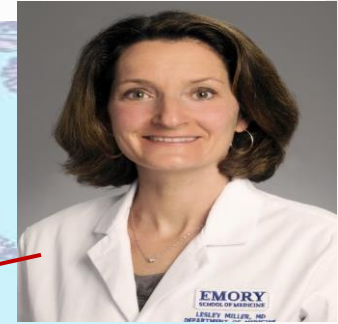
**Nobel Laureate Professor Charles M. Rice**



# Champions Accelerating Progress Toward HCV Elimination



**Dr. Brian Conway**  
*Integrating HCV care with addiction services for inner-city populations.*



**Dr. Lesley Miller**  
*Building a high volume HCV program for an urban hospital with a cure rate of 98%.*



**Dr. Alethse de la Torre Rosas**  
*Leading primary healthcare approach based on universal HCV testing and treatment at no patient cost.*



**Dr. Carlos Varaldo**  
*Advocating for affordable pricing of HCV medications for public health system.*

Nominations for 2023 are now open! Visit [www.globalhep.org](http://www.globalhep.org)



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# UN Group of Friends to Eliminate Hepatitis

QUARTERLY UPDATE, MARCH 2023

## UN Group of Friends to Eliminate Hepatitis



### An invitation to all Member States

On Dec 20, 2022, Egypt's Permanent Representative, Ambassador Osama Abdelkhalek, invited all Member States to join the Group of Friends to Eliminate Hepatitis.

The Ambassador wrote:

**The Group of Friends on Hepatitis Elimination is built on a foundation of building political will to promote access to hepatitis prevention, care, and treatment and seeks to provide a platform for exchanging information, best practices, models for innovation and lessons learned.**

The effort to form a Group of Friends to Eliminate Hepatitis began in September, 2022, in a side-event to the UNGA meeting in New York. This event brought together participants from more than 20 countries, including ministers of health, permanent representatives to UN missions, national hepatitis program coordinators, alongside international partners.

LINK TO THE GROUP OF FRIENDS WEBSITE:

<https://www.globalhep.org/un-group-friends-eliminate-hepatitis>

We're so pleased that in our role as Secretariat, the Coalition for Global Hepatitis Elimination is able to present our first Quarterly Report regarding the UN Group of Friends to Eliminate Hepatitis since that call to action in September of 2022. Below you'll find news, links and upcoming events regarding the Group of Friends' formation, growth, and activities. If you have any questions regarding these items or other issues related to hepatitis elimination, please don't hesitate to reach out by emailing [unhepgof@taskforce.org](mailto:unhepgof@taskforce.org).



As of March, 2023, eight countries have expressed a willingness to join the Group of Friends in written communications. They are joined by 25 additional countries from all six WHO regions who have joined meetings and expressed verbal support:

- Egypt
- Malaysia
- Tanzania
- Brazil
- Chile
- Portugal
- Argentina
- Uganda
- Georgia
- Djibouti
- Ghana
- Uruguay
- Ukraine
- Algeria
- El Salvador
- Nicaragua
- Malawi
- Bangladesh
- Nepal
- Turkmenistan
- Tajikistan
- Thailand
- Rwanda
- Morocco
- Sudan
- Democratic Republic of the Congo
- Bahrain
- Albania
- Haiti
- The Philippines
- Japan
- Senegal
- Sri Lanka



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# **Building Global Solidarity to Eliminate Hepatitis**

## **A United Nations Group of Friends**

# Mobilizing Commitment for Hepatitis C Elimination



World Economic Forum 2022



UNITE Parliamentarian's Conference 2022- World Hepatitis Alliance, CHAI, HepB Foundation, EGPAF, CGHE

**POLICY**  
**Administration eyes national hepatitis C treatment plan**  
The plan would streamline testing and treatment and secure an agreement with drugmakers to bring down the cost of treatment of the disease, which has spiked during the pandemic

AASLD- US National Plan for HCV elimination



UN Group of Friends to Eliminate Hepatitis



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