Call to Action

Global and Regional Hepatitis Action Plans: Opportunities and considerations for China

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Outline

• Beyond MDGs towards SDGs
• Global and Regional Call to Action for Hepatitis
• Hepatitis as a public health threat
• Opportunities and considerations for China
• Challenges and conclusions
Beyond MDGs towards SDGs

Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development

Sustainable Development Goals
RIO+20 and post 2015 decisions

17 goals (draft)
Call to Action for responding to viral hepatitis

Draft For Consultation

Global Health Sector Strategy on viral hepatitis, 2016–2021

Regional Action Plan for Viral Hepatitis in the Western Pacific, 2016-2021
Draft for consultation
WHO WPRO, April 2015

Advocacy

Quality services and interventions

Financing for sustainability

Evidence for policy decisions

Impact and equity

Towards universal health coverage
## China Health Reform

<table>
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<th>Strengthen Public Health System</th>
<th>Strengthen equal access to service and Medical Service System</th>
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<td><strong>By 2020, establish a basic medical and health system covering rural and urban residents to provide safe, effective, convenient and affordable medical and health services.</strong></td>
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| Strengthen Medical Insurance System | Strengthen essential drug and Drug Supply System |

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**By 2020, establish a basic medical and health system covering rural and urban residents to provide safe, effective, convenient and affordable medical and health services.**

**Strengthen Public Health System**

**Strengthen Medical Insurance System**

**Strengthen equal access to service and Medical Service System**

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**Management**

**Operation**

**Input**

**Pricing**

**Supervision**

**Innovation and health work force**

**Health Information**

**Health Regulation**

 Courtesy to Dr Chen Zhu
Viral hepatitis: only now recognised as global public health threat

![Bar chart showing the number of deaths (millions) for HIV/AIDS, Viral hepatitis, Tuberculosis, and Malaria from 2010 to 2013.](chart)

Global burden of disease study 2010 and 2013
Mortality by major communicable diseases, 2013: Global and Western Pacific region

Hepatitis-related deaths in the Western Pacific Region, 2013

Viral hepatitis B-related deaths in the Western Pacific Region, 2013

Viral hepatitis C-related deaths in the Western Pacific Region, 2013

China has 51% of global burden of liver cancer

Incidence: 394,910 estimated new cases in China

Mortality: 383,444 estimated deaths in China

Source: http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx

Chart 5.6.1. Estimated global number of new cases and deaths with proportions by major world regions, for liver cancer in both sexes combined, 2012.
Hepatitis burden in China

**Hepatitis B**
- 90 million living with CHB
- 28 million CHB need treatment
- 7 million CHB priority for treatment

**Hepatitis C**
- 10 million living with CHC
- 2.5 million CHC priority for treatment
China’s actions on hepatitis impact global burden

- China has achieved > 90% coverage for infant vaccinations and PMTCT

LARGE-SCALE treatment in China can impact global burden

LARGE-SCALE treatment in China to reduce HBV-deaths
Eliminate HCV by 2035

What we need:

- Harm Reduction + Treat ALL patients

Key lines:
- No intervention (status quo)
- Just harm reduction (HR)
- HR + treat all cirrhotic
- HR + treat all non-PWID (10% per year)
- HR + treat all (10% per year)

Legend:
- Black: No intervention (status quo)
- Red: Just harm reduction (HR)
- Green: HR + treat all cirrhotic
- Pink: HR + treat all non-PWID (10% per year)
- Cyan: HR + treat all (10% per year)

Graph shows the incidence of HCV per 100 person years from 2000 to 2035.
Global hepatitis milestones and targets (draft)

**HBV - By 2030:**
- 90% coverage HBV vaccination in HCP
- HBV birth dose coverage
- Zero new infections due to unsafe blood
- 90% CHB diagnosed
- 90% eligible are treated
- 90% of those treated are virally suppressed
- 90% reduction in new HBV infections
- 95% reduction in MTCT
- 60% reduction in HBV-related deaths...

**HCV – By 2030:**
- Zero new infections due to unsafe blood
- 90% CHC diagnosed
- 90% of eligible treated
- 90% of those treated are cured
- 90% reduction in new HCV infections
- 60% reduction in HCV-related deaths...
Good track record: Prevention

~320 million children vaccinated up to 2013

~14 million tested for HIV, syphilis and HBV in 2014

11,679,892 syringes distributed to 56,976 PWID in 2014

184,199 people on oral substitution in 2014

Safe Blood

Universal precautions in health care settings

World Health Organization
Opportunities for a comprehensive approach to hepatitis which include treatment and case management

* TDF and entecavir already available in the market for HBV treatment
  ‘Breakthrough’ DAA drugs for HCV cure

* Health insurance systems covers most of population

* Experienced CDC network for surveillance, prevention and case management

* Hospital and health reform at all levels: delivering services including the public health good
Where China is:

**Prevention works:**
*infant HBV vaccination & PMTCT*

Next 40-50 years: 
*Increasing deaths*
What can be done:

**China: All Intervention Strategies**

HbSAg Prevalence (%) Among 5 year-olds

**Consolidate prevention: vaccination + PMTCT**

**Number of Persons Living With Chronic Infection**

**TBV Deaths**

Treatment to reduce transmission and deaths

Source: WHO China (preliminary results)
Continuing challenges...

- ~150,000 children newly infected with hepatitis B every year
- ~3.5 million men and women pay for suboptimal HBV treatment
- ~100,000 men and women pay for expensive, long, injection-based HCV treatment

- ¥85 Billion/year spent on suboptimal drugs and irrational treatments for hepatitis B and C
- Inadequate coverage by health insurance for treatment and monitoring of hepatitis
- DAA drugs for HCV cure: complex process for market access
Public health leadership at its best: **tackle the challenges head on...**

**Consolidate prevention interventions**

**Use better and highly effective medicines for HBV and HCV at lower (or public health) prices**

**Harmonized, standardised, simplified guidelines and package of test, treatment, monitoring and follow-up at decentralised levels: TREAT MORE MILLIONS FOR LESS**

**Ensure universal and equitable coverage, and reduce catastrophic health expenses**
It’s about saving lives....

- Earlier test
- Treat before damage
- Saving generations
- Saving costs
- Investing for the future

Source: WHO China (preliminary results)
Acknowledgement

- WHO China office
- WHO WPRO colleagues
- NCDC
- Network of clinicians working in hepatitis
- China Hepatitis Foundation
- Chinese Infectious Disease Society, CMA
- Chinese Hepatology Association, CMA
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- University of Bristol, UK