Achieving the 2020 & 2030 Global Targets on Viral Hepatitis; The Need for National Policies & Strategies

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Outline of Presentation

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Indigenous people are people defined in international or national legislation as having a set of specific rights based on their historical ties to a particular territory, and their cultural or historical distinctiveness from other populations that are often politically dominant.
Introduction

• The universal declaration of human rights affirms the inherent dignity, equality, and inalienable rights of all members of the human family. The rights of all members of indigenous populations are included in this declaration. However, indigenous people also have rights as distinct cultural groups or nations.
Objectives

• Learn from the progress or success stories and challenges of other indigenous peoples on their national policies and strategies to inform decision towards achieving the global targets

• Serve as a form of peer review to inform policy directions and formulations.

• Draw more support and commitments from the government and other CSOs to addressing the issues on viral hepatitis at the national, regional and globally.

• All nations of indigenous people will be involved and be at par towards achieving the global targets on viral hepatitis by 2020 & 2030.

• Towards achieving the SDGs for all indigenous people especially, access to quality healthcare services
Given the differences in the geographic distribution, transmission, diagnosis and treatment of hepatitis A, B, C, D and E infections, tailored prevention and control strategies are required. A comprehensive approach to the prevention of viral hepatitis includes a number of **policy formulations and strategies**.
What is the situation?

- Meet baby Lovia...
- Was diagnosed with viral hepatitis B through MTCT..
- Unfortunately, she was not given the birth dose of HBlg + Hep B Vaccine...
- Developed ascites...
- Took the picture on 17/06/2017..
- Died on 13/07/2017..

“What can we do now? All we can do now is just wait for my daughter to die..” said Lovia’s mother during my visit on 17/06/2017
Global Goals & Targets

• There is the first Global Health Sector Strategy on Viral Hepatitis, a strategy that contributes to the achievement of the 2030 Agenda for Sustainable Development.

Global Goals & Targets

The strategy outlines a way ahead, and provides:

- **A vision** of a world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective care and treatment;

- **A goal** of eliminating viral hepatitis as a major public health threat by 2030;

- **Targets** that seek to reduce the incidence of chronic hepatitis infection from the current 6–10 million cases of chronic infection to 0.9 million infections by 2030, and to reduce the annual deaths from chronic hepatitis from 1.4 million to less than 0.5 million by 2030.
On the road to Elimination: Global Goals & Targets

Achieving these targets will require a radical change in the hepatitis response, and will mean that hepatitis is elevated to a higher priority in public health responses.
Global Goals & Targets

• By 2020, **five million** people will be receiving treatment for chronic hepatitis B virus infection, **three million** people will have been treated for chronic hepatitis C virus infection and the **number of new cases of chronic hepatitis infection would have been reduced by 30%** compared with the number of new cases in 2015.

• By 2030, the **incidence of chronic hepatitis infection will have been reduced by 90%** and there will be **universal access to key prevention and treatment services**.
“We are lagging far behind comparable countries in overcoming the Disadvantages Indigenous people face.”

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“Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we’ve been waiting for. We are the change that we seek.”

The fresh quotes.com
Strategic Directions

The 5 strategic directions that guide priority actions by countries and by WHO are presented below:

• Information for focused action (know your epidemic and response).
• Interventions for impact (covering the range of services needed).
• Delivering for equity (covering the populations in need of services).
• Financing for sustainability (covering the financial costs of services).
• Innovation for acceleration (looking towards the future).
The global strategy is intended to guide the development and implementation of national hepatitis strategies, efforts and activities.

In order to enable country ownership, national hepatitis strategies or plans should be aligned with existing plans such as national development plans, national health sector strategies and other disease strategies.
Focuses on the need to understand the viral hepatitis epidemic and response as a basis for advocacy, political commitment, national planning, resource mobilization and allocation, implementation, and programme improvement.
What we can do

STRATEGIC DIRECTION 2

WHAT SERVICES SHOULD BE DELIVERED?

The essential package of high-impact interventions that need to be delivered along the continuum of hepatitis services to reach country and global targets, and which should be considered for inclusion in national health benefit packages.
What we can do

STRATEGIC DIRECTION 3

HOW CAN THESE SERVICES BE DELIVERED?

The best methods and approaches for delivering the continuum of hepatitis services to different populations and in different locations, so as to achieve equity, maximize impact and ensure quality.
What we can do

STRATEGIC DIRECTION 4

HOW CAN THE COSTS OF DELIVERING THE PACKAGE OF SERVICES BE MET?

The sustainable and innovative models for financing of hepatitis responses and approaches for reducing costs so that people can access the necessary services without incurring financial hardship.
What we can do

STRATEGIC DIRECTION 5

HOW CAN THE TRAJECTORY OF THE RESPONSE BE CHANGED?

The major gaps in knowledge and technologies, where innovation is required to shift the trajectory of the viral hepatitis response in order for those responses to be accelerated.
Policy Formulations

Strategic direction 1: INFORMATION FOR FOCUSED ACTION

- To create awareness and advocate for action and resources,
- To set national targets,
- To plan for a focused response,
- To implement programmes most efficiently in order to achieve greatest impact,
- To monitor and improve quality and outcomes,
- To proactively focus on high-impact interventions more precisely and effectively, and
- To deploy or adapt services to reach greater numbers of people in need.
Priority Actions

• Integrate viral hepatitis strategic information activities and indicators within national health information systems and tools, including for outbreak surveillance, monitoring and evaluation.

• Assess the national hepatitis burden, including the numbers of persons with chronic hepatitis and hepatocellular carcinoma and cirrhosis attributable to hepatitis B virus and hepatitis C virus, assessing trends over time, using sub-national and disaggregated data.

• Monitor access to, uptake and quality of vital hepatitis services to guide service improvement.
Priority Actions

Each country needs to define a set of essential viral hepatitis interventions relevant to the country’s context.

The benefit package should be covered in whole, or in part, through public funding so as to minimize out-of-pocket payments, ensure access to services for all who need them, and cover the entire continuum of hepatitis services, including prevention, diagnosis, treatment and care.

The package should be regularly reviewed to ensure that the selected interventions reflect desired changes.
**Priority Actions**

**Strategic direction 3: DELIVERING FOR EQUITY**

**Strengthening community-based services**
Community-based services provide opportunities;
- To reach marginalized groups,
- Improve acceptability and utilization of services,
- Facilitate decentralization of services to provide more equitable access,
- Enhance the quality and impact of services,
- Improve efficiencies and
- Reduce costs.

**Involving people living with viral hepatitis**
Actively engaging affected populations in developing strategies and programmes should result in;
- better targeted and acceptable services.
Affected populations can also act as a powerful force in addressing;
- Discrimination
- Criminalization and harmful Socioeconomic and
- Cultural norms that help generate health inequities.

All people should receive the hepatitis services they need (adequate quality.)

- An effective hepatitis response requires robust and flexible health systems that can sustainably deliver patient-centered care across the full continuum of services to those populations, locations and settings in greatest need.
- Ensuring the quality of interventions and services. Quality can be optimized by ensuring that interventions and services conform to national and international norms and standards, are continuously monitored and improved, and are made more acceptable and accessible to patients’ needs and preferences.
People should receive the hepatitis services they need without experiencing financial hardship.

- Adequate investment in the full continuum of hepatitis services is necessary to achieve the targets for 2020 and 2030, and to promote universal health coverage.

**PRIORITY ACTIONS FOR COUNTRIES**

- Develop a robust viral hepatitis investment case to advocate for adequate allocation of domestic resources and to mobilize external funding support.
- Estimate national hepatitis resource needs and develop a plan for filling any resource gap through raising new funds and allocating adequate health resources to hepatitis.
- Reduce financial barriers, including phasing out direct, out-of-pocket payments for accessing hepatitis and other health services.
- Monitor health expenditures and costs and cost-effectiveness of hepatitis services through the national monitoring and evaluation system to identify opportunities for cost reduction and saving.
- Strengthen coordination with other health programmes
Elimination of viral hepatitis epidemics will require new technologies and approaches.

- Research and innovation provide opportunities to change the trajectory of the global hepatitis response, improve efficiency and quality of services and maximize impact.

- Innovations are required along the entire continuum of prevention, diagnosis, treatment and care services.

- They need to be backed with operational research and collaboration between researchers and policy-makers to ensure that research findings are translated into practice rapidly and on a scale sufficient to have the desired impact.

- STRATEGY IMPLEMENTATION: PARTNERSHIP, ACCOUNTABILITY, MONITORING AND EVALUATION AND COSTING.

- Effective implementation of the strategy depends on concerted action from the government and all stakeholders. Success requires strong leadership and partnerships to ensure policy and programme coherence.
Conclusion

“We are in the era of ELIMINATION,” Gottfried Hirnschall, MD, MPH, director of department of HIV and Global Hepatitis Program, WHO, said during a press conference. “The hepatitis train has left the station.... We still have a long way to go. We have to push forward and push forward dynamically. And we have to do it together.”
References


• WHO, Global Health Sector Strategy On Viral Hepatitis, 2016–2021, June 2016: 7-50
Questions.....