The elimination of viral hepatitis from Indigenous peoples

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Disclosures

• No personal disclosures

• Institutional disclosures:
The World Hepatitis Alliance and The Hepatitis C Trust receive funding from the pharmaceutical industry
The background to elimination
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- 2013 side meeting at WHA – agreement on new resolution
- 2014 WHA resolution asks WHO to examine the feasibility of elimination with a view to setting targets
- 2015 WHO develops Global Health Sector Strategy
- 2015 SDG 3.3
- 2016 WHA resolution adopted
Viral hepatitis in Indigenous peoples

This is hepatitis...
Elimination from Indigenous peoples

Global Health Sector Strategy for viral hepatitis
Goal: the elimination of hepatitis B and C by 2030

Tailoring services for different populations and locations
Not all hepatitis interventions and services will be required by all populations and in all locations and settings. Strategic information gathered on affected populations, risk factors and locations should help guide the adaptation and implementation of the essential hepatitis package to specific populations, country settings and contexts. Depending on the country context and epidemiology, priority might be given to certain age groups (such as those born between certain dates), certain high prevalence groups (such as incarcerated persons, people who inject drugs, migrants, haemodialysis patients, people who undergo skin-piercing procedures including tattooing, some indigenous communities, sex workers and men who have sex with men), people at a certain stage of hepatitis disease (such as advanced liver fibrosis), or others. It is important to have strategic information systems sensitive enough to identify these groups in order to deliver services for the highest impact.
Elimination from Indigenous peoples

WHO Guidelines on hepatitis B and C testing

• 14 mentions

• 2. Focused or targeted testing of specific high-risk groups. This approach refers to testing of specific populations who are most affected by hepatitis B or C infection, either because they are part of a population with high HBV or HCV seroprevalence (such as some migrant populations and some indigenous populations), or have a high risk of acquisition because of risk behaviours and/or exposures.
Elimination from Indigenous peoples

WHO Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection

• 6 mentions
• 11.10. Indigenous peoples are a special population group consisting of persons who are native to a region, but who retain social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live. Spread across the world from the Arctic to the South Pacific, they are the descendants – according to a common definition – of those who inhabited a country or a geographical region at the time when people of different cultures or ethnic origins arrived. They are also a group with a high prevalence of HBV infection in many parts of the world. This group includes peoples of the Arctic and the Americas, and Maori and aboriginal peoples of New Zealand and Australia (58–61). These populations also often are or feel excluded from health-care services and, as they may live in remote communities far from hospitals and well-equipped clinics, have poor access to care medical care. The needs of these communities must be considered as countries plan for hepatitis treatment programmes, and implement the management recommendations.
Introduction to the Declaration by the governments of the world:

4. As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach the furthest behind first.
Elimination from Indigenous peoples
Why is elimination from Indigenous peoples so important?

- The burden
- The access to care
- The existential threat to some Indigenous peoples
- The tools exist for the most part
  - Vaccine that doesn’t need the cold chain
  - Pills for HBV
  - Pills for HCV
- But HDV is a problem
- Test of governmental commitment to leave no-one behind and reach the furthest behind first.
- Many marginalised or underserved groups are disproportionately affected by viral hepatitis. Elimination will not be possible without reaching them. If we can reach for example PWID we can reach Indigenous peoples.
• [https://www.youtube.com/watch?v=Oer-rGwnKZU](https://www.youtube.com/watch?v=Oer-rGwnKZU)
What is NOhep?

- A civil society response to WHO’s Global Hepatitis Strategy
- A unifier and consciousness-raising symbol (like the red ribbon)
- A movement currently led by a working group of WHO, WHA, US CDC, CEVHAP, ELPA
Is for everyone
Is for Indigenous peoples
#NOhep
Means No Excuses

#NOhep
THANK YOU