

Viral hepatitis: progress, challenges and future directions in the European Region

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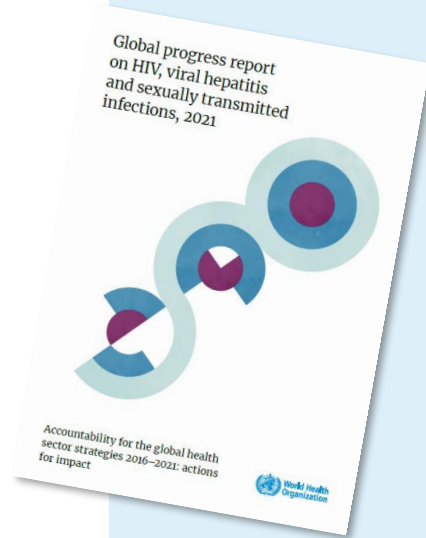
Representative and Head of WHO Country Office in Bulgaria
Sofia 27 October 2022



Burden of disease

Globally:

- **Hepatitis B**
 - New infections: 1 500 000
 - Deaths: 820 000
- **Hepatitis C**
 - New infections: 1 500 000
 - Deaths: 290 000



In the WHO European Region (2019):

Hepatitis B

- New infections: **19 000**
- Deaths: **43 000**

Hepatitis C

- New infections: **300 000**
- Deaths: **64 000**

GLOBOCAN

Liver cancer: 98 787 new cases and 89 130 deaths
one death every six minutes in the WHO European Region

National strategies and plans

The number of countries in our Region with **national hepatitis plans** increased from

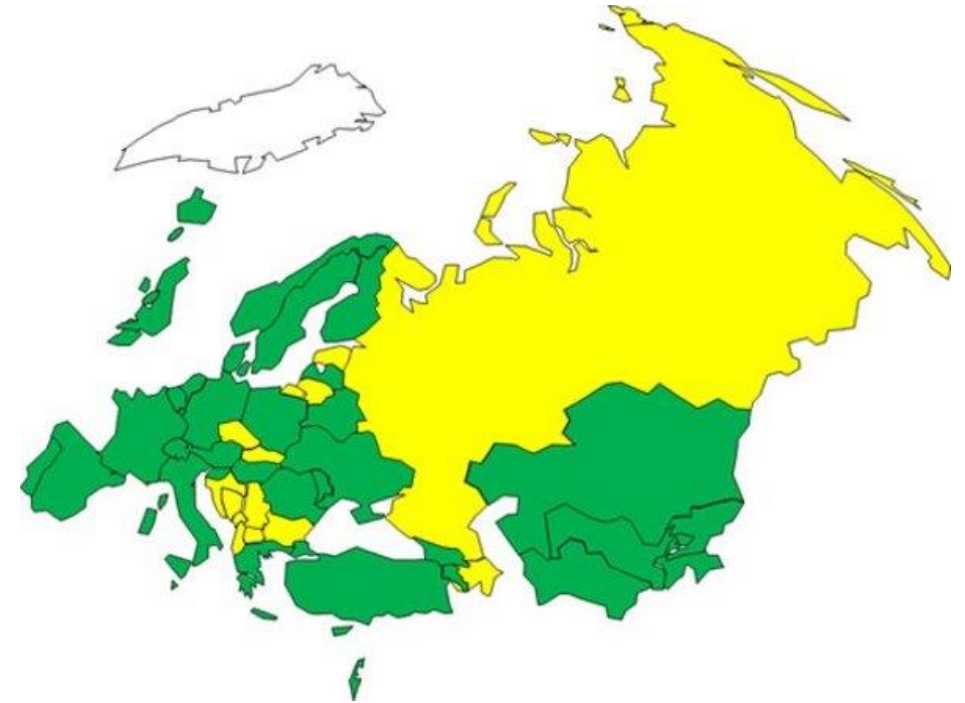
13 (in 2013)



30 (in 2018)



36 (in 2022)



- Endorsed hepatitis action plans
- Developing hepatitis action plans

All 5 MS in Central Asia developed viral hepatitis NSPs



2020 targets of 50% diagnosed and 75% treated not achieved

Cascade of care

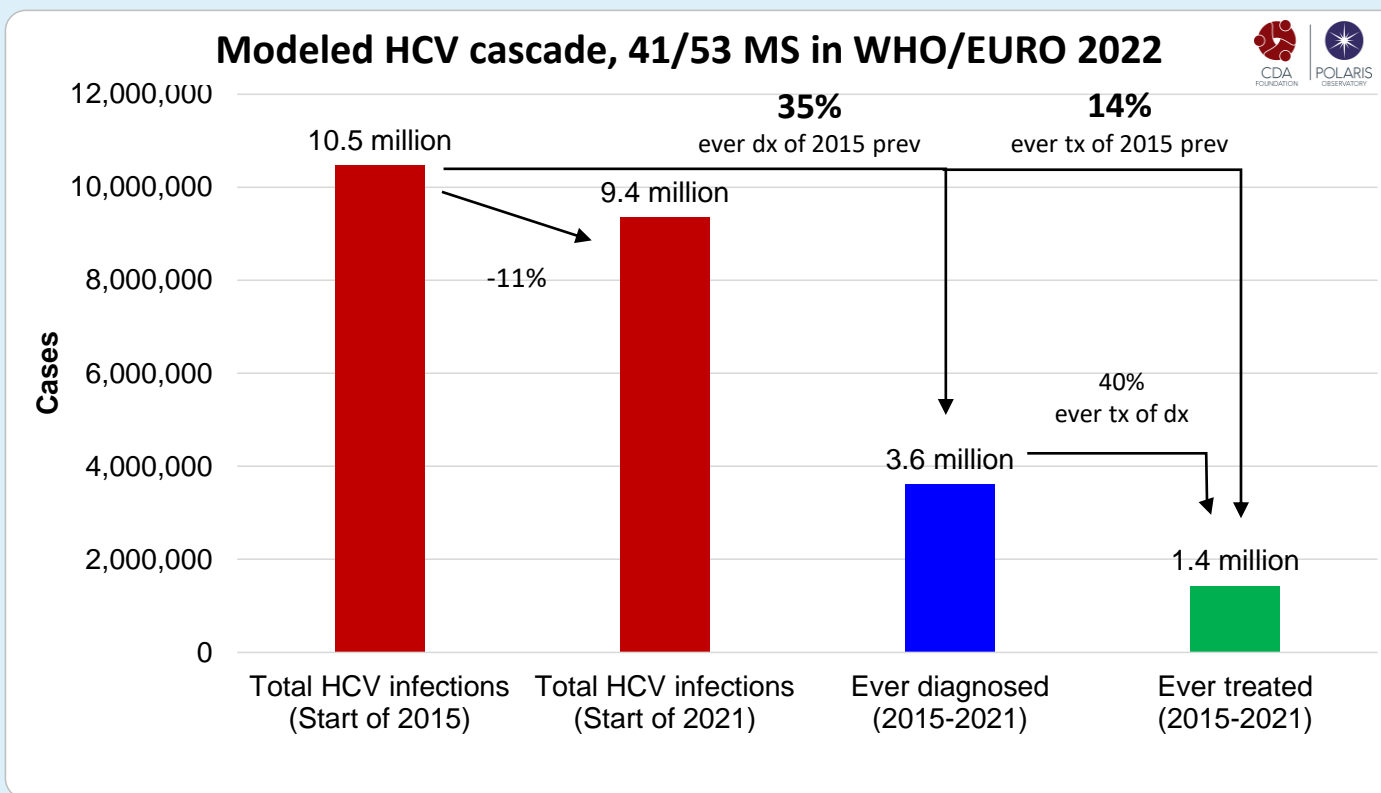
Testing and treatment

- **HBV:** 27% increase in the proportion of people diagnosed and doubled the annual number of treatments (from 98 000 in 2016 to 210 000 in 2019)
- **HCV:** more than 20% increase in the annual number of treatments (from 208 000 to 250 000)
- 14 countries inserted in expanded access agreements and improved access to generic versions of DAAs

In the WHO European Region, 2019 (WHO, 2021):

B Diagnosed: 19% Treated: 2%

C Diagnosed: 24% Treated: 8%



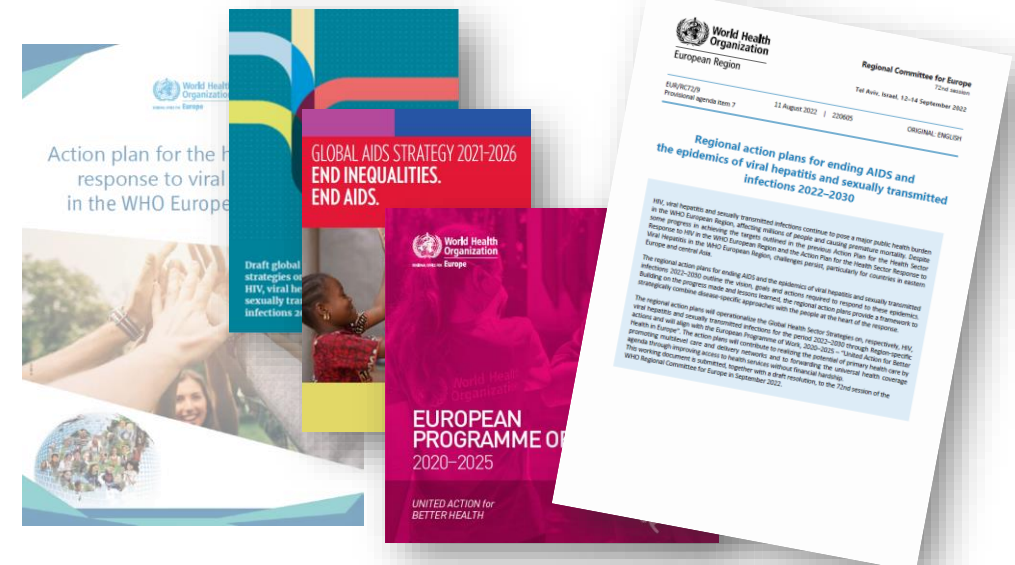
Key health system challenges

- Insufficient financing of services and financial barriers to access, incl. limited sustainability of community-led responses in addressing HIV, viral hepatitis, and STIs
- Undefined provider roles at all levels of care, incl. primary and community care
- Uneven access to affordable HIV, STI, and hepatitis medicines and diagnostics
- Slow uptake of simplified testing algorithms and limited use of multi-disease diagnostic platforms
- Legal and health systems as barriers to equitable access for key populations
- Political commitment and low strategic prioritization; unclear governance models in context of disease elimination
- COVID-19 pandemic related challenges of maintaining priority on HIV, viral hepatitis and STIs

Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030

- **Eight-year plan (2022-2030)**
- **Integrates** HIV, viral hepatitis and STIs into a single document
- **Focus on health system delivery and design**, as well as disease-specific actions
- Contain **country actions** and **WHO Regional Office/ partners actions**
- **Key population-focused**
- Key regional platform for driving **SDG Target 3.3**
- Aligned with:
 - GHSS for HIV, viral hepatitis and STIs 2022-2030
 - UNAIDS Strategy 2021-2026
 - European Programme of Work 2020-2025
 - Other relevant WHO frameworks and programs

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

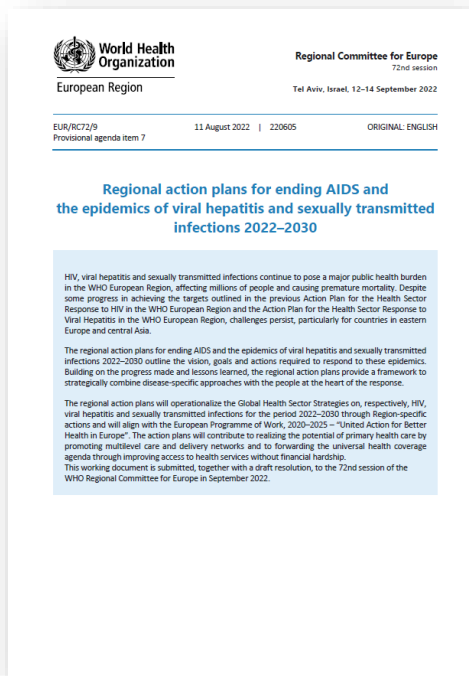


Key principles underpinning the Plans

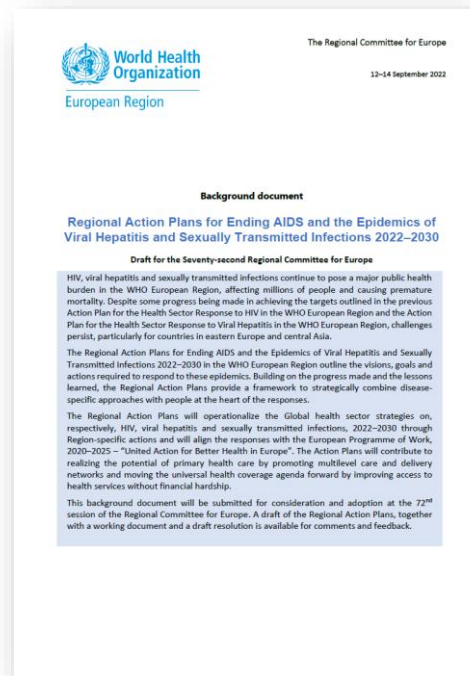
- **Universal health care, ensuring access to:**
 - Promotive, preventive, curative essential health services
 - Essential medicines and diagnostic services
 - Protects users from health-related financial hardship
- **Primary health care:**
 - Strong emphasis on accessible, decentralized service delivery.
- **Person-centred care:**
 - Responding to the needs of patients by offering differentiated models of care
 - The full continua of services across the cascades of HIV, viral hepatitis and STI care

72nd session of the WHO Regional Committee for Europe

Regional action plans 2022-2030



Background document



Visual materials

