



Wilton Park



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Report

Viral hepatitis in Asia: collaborating for results

Tuesday 7 – Thursday 9 June 2016 | WP1474

Held in Hong Kong

In association with:





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Nearly two-thirds (63%) of the global burden of hepatitis disease is in the Asia Pacific region, where deaths from viral hepatitis outnumber those of HIV, tuberculosis and malaria combined.¹ Although new therapies have revolutionised both hepatitis B (HBV) and C (HCV) with improved outcomes and even a cure, many parts of Asia have not yet benefited from these advancements. Given the large burden of hepatitis in Asia, identifying and implementing successful hepatitis control and treatment strategies in Asia are essential to achieving the global hepatitis elimination targets.

‘Viral Hepatitis in Asia: collaborating for results’ was convened to map out the road to ending the epidemic. It built on a previous Wilton Park Asia-specific symposium on HIV-viral hepatitis co-infection in February 2015.² Special focus was paid to the policies and programmes that must be adapted and strengthened to overcome implementation challenges. Representatives of 13 countries across Asia participated, including policymakers, clinicians, advocates, and researchers, as well as representatives from multilateral organisations and industry. Participants highlighted opportunities and considered trends in hepatitis prevention, diagnosis, treatment, funding, and advocacy. The discussions revealed the urgency of addressing hepatitis in Asia, and covered a wide range of topics, including the need for better data and surveillance, increased access to direct acting antivirals, improved diagnostics, and stronger public policies.

The meeting was relevant and timely, coming at the heels of adoption of the Sustainable Development Goals, release of the WHO Global Health Sector Strategies, and the development of WPRO and SEARO regional hepatitis action plans. This report provides an overview of presentations and discussions, highlighting the most salient themes that emerged from the high-level meeting.

¹ Citation: GBD 2013 Mortality and Causes of Death Collaborators. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013; a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*. 2015 Jan 10;385(9963):117-71.

² Report: <https://www.wiltonpark.org.uk/wp-content/uploads/WP1393-Summary-report.pdf>

Key themes

Understanding the epidemic through better data

Just as the HIV movement benefited from strong data collection that drove targets and political pressure to act, reliable data is crucial for policymakers to understand the urgency of the viral hepatitis epidemic, set national targets, and commit resources to elimination.

There is a dearth of reliable and up to date country-level surveillance data for viral hepatitis in Asia. Many existing national analyses do not have randomised samples, sufficient sample sizes or geographic breadth, and are thus not generalisable to broader populations. Few studies examine the extent of disease in people who inject drugs (PWID) and other key populations. Because a significant portion of national data is unreliable and only include select countries, regional studies often do not reflect the actual burdens of disease. Meaningful comparisons between and within countries are not possible. Accurate prevalence data are crucial to develop tailored national responses and draw global attention to viral hepatitis.

Active surveillance is vital to detect changes in the epidemic, garner and prioritise funding, target specific groups, and evaluate programme effectiveness. In many countries, implementation of surveillance is challenged by budgetary and public healthcare infrastructure restraints, and existing surveillance systems lack strong networks to include PWID, incarcerated populations, sex workers, men who have sex with men (MSM), and ethnic subpopulations. Data on reinfection rates, disease stage presentation, and post-treatment outcomes are also often lacking. Because a significant proportion of care in Asia is delivered through the private sector, data sharing with national registries and systems often does not occur.

Calls to Action

- Include prevalence studies and active surveillance systems in national hepatitis strategy plans.
- Engage civil society to screen high-risk groups in order to expand government data collection.
- Standardise surveillance across the region by implementing WHO case definitions.
- Develop a global reporting mechanism for viral hepatitis similar to the UNAIDS Global Aids Response Progress Reporting tool.

Exemplars

- Six SEARO and eleven WPRO member states reported active surveillance in their national hepatitis plan including Australia, Brunei, China, Japan, Kiribati, Lao, Malaysia, Mongolia, New Zealand, Singapore, Tonga; Bhutan, DPRK, Myanmar, Sri Lanka, Thailand, and Timor-Leste.³

Increasing diagnostic capacity

Population-based hepatitis testing is the cornerstone of a successful hepatitis elimination strategy. The availability and quality of RNA and DNA testing are dependent on laboratory capacity, equipment availability, and technician training. RNA, DNA, genotype, and fibrostage testing are expensive and resource-intensive. Although an affordable pan-genotypic regimen can eliminate the need for expensive genotyping, in the absence of widespread access, fibrosis staging would still be used for triage.

In rural settings, clinicians rely on rapid diagnostic testing kits, and the performance of these point-of-care tests varies widely. There are currently no SRA-approved or WHO-

³ Citation: WHO, Global policy report on the prevention and control of viral hepatitis in WHO Member States. 2013

prequalified rapid testing kits, and there are no clear guidelines for their use outside of healthcare settings. Commercial test kits are currently unaffordable in many settings – the cost of hepatitis diagnostics has not experienced the same decline as the cost of treatment. Compounding the challenge is that advocacy has not been focused on access to diagnostics.

Calls to Action

- Create a national or regional reference laboratory to validate diagnostic tests.
- Conduct a DART-like study to determine the most efficient hepatitis testing practices.
- Initiate pooled diagnostic procurement, led by regional or international organisations.
- Design a collaborative registration process for SRA-approved commercial test kits.
- Support development of novel cross-disease diagnostic tests.
- Implement guidelines to use biomarkers in place of fibrosis staging.
- Consider routine screening for high-prevalence areas.
- Support advocacy for the development and uptake of cost effective diagnostics.

Exemplars

- A hepatitis demonstration project in Democratic People's Republic of Korea implemented an algorithm to target patients and used a battery-powered ultrasound in rural settings.

Expanding Advocacy

Civil society is critical to shaping the viral hepatitis dialogue and securing policy commitment to expand the response to viral hepatitis. Advocacy groups are well placed to support patient education and prevent misinformation about the viruses. Communicating to patients around both hepatitis B and C is challenging due to the diverse populations affected, updated treatment processes, and different sequelae. Misinformation and stigma in Asia about hepatitis transmission have perpetuated discrimination of patients – in healthcare and educational settings, and in the workplace. Education for clinicians and the general public is needed to dispel myths about hepatitis and prevent discrimination of those living with the diseases.

Increasing awareness among patients and providers is essential to move national hepatitis agendas forward. Strong civil society organisations can mobilise affected communities to create the demand for improved access. International and regional research studies, affordable treatment and progressive results toward elimination can be levers for action. Showcasing and comparing neighbouring countries at national meetings can spur governments to action.

Calls to Action

- Implement global score card system that measures national governments' progress on targets committed to through the WHO Viral Hepatitis Strategy.
- Strengthen resource civil societies and community groups interested in mobilising campaigns, similar to the HIV 3x5 campaign.
- Use policy windows such as electoral and budgetary cycles to introduce initiatives; take advantage of patient's voices to demand that governments act.
- Adopt clear messaging about hepatitis as cancer prevention and disease elimination as the end goal.

Exemplars

- China banned prescreening in school and employment and implemented hepatitis education resource for journalists.
- The Yellow Warriors Society of the Philippines fights discrimination and provides resources for patients and their families to overcome stigma.
- The World Hepatitis Alliance has supported the creation of simple messaging with the #NoHep slogan and created marketing strategies that are adaptable for different settings.

Developing national hepatitis strategies

National viral hepatitis plans are key to elimination. The most successful plans are the result of a collaborative dialogue between clinicians, patient groups, ministries of health, and ministries of finance. Only 4 SEARO and 10 WPRO region member states report a national viral hepatitis plan in place.⁴ Development of these national strategies is hindered by many factors, including lack of financial and human resources, lack of political will, competing policy priorities, poor infrastructure, stigma, and challenges in reaching populations with the greatest need.⁵ Even with a national strategy in place, decision-making is often fragmented within multiple government agencies. Few countries have national coordinating bodies or steering committees to review progress and resolve challenges.

Implementing viral hepatitis programmes can help governments achieve broader goals of health systems strengthening and universal health coverage. Integrating the hepatitis care continuum within existing health services can build intrinsic sustainability and cost-savings. Governments can take a multi-sectoral approach by encouraging broad support for integrated delivery systems, vaccine development, and innovative diagnostics.

Calls to Action

- Develop a national strategy with measurable objectives, targets and clearly defined timelines.
- Use existing health services, such as offering HCV testing to those who are getting tested for HIV.
- Encourage multi-sectoral partnerships in which stakeholders collaborate for research, education, surveillance, advocacy and marketing.

Exemplars:

- Australia positioned its national hepatitis C strategy on the political agenda by producing three key studies: the disease epidemiology, a national needs assessment, and the economic impact of inaction.

Bolstering universal prevention efforts

Hepatitis B immunisation across Asia has largely been a success due to universal birth dose programmes. However, vaccination rates differ by country, and new infections in pregnant women remain stable year after year. Adverse events that are perceived as vaccination safety issues severely threaten universal vaccination programmes.

Because PWID are disproportionately affected by hepatitis C, incorporating harm reduction strategies in national prevention plans are crucial. Accessible harm reduction strategies like needle exchange programmes and opioid substitution treatments are gaining momentum in

⁴SEARO- DPRK, India, Indonesia, Myanmar

⁵WPRO- Mongolia, Brunei, Cambodia, Lao, Malaysia, Tonga, China (Hep B only), Kiribati (Hep B only), Australia (Hep B+C only), Japan (Hep B+C only)

the region; however, access remains limited.

Transmission of hepatitis in healthcare settings has significantly declined over the last century. However, poor infection control still exists in many settings. The quality of care outside the formal healthcare system can be difficult to monitor due to the prevalence of unregulated practitioners. Patient and provider education is crucial to ending this mode of transmission.

Calls to Action

- Expand access to harm reduction centres and include screening.
- Develop and implement large-scale patient and provider education about injection safety and overuse.
- Establish and enforce legislation against unregulated medical practitioners.
- Develop cheaper single-use injections for government purchase.

Exemplars:

- In China, 95% of newborns receive hepatitis B vaccination.

Expanding treatment access

Recent pharmaceutical advancements have revolutionised hepatitis therapy. Direct acting antivirals have made an HCV cure possible; however, some countries in the region still recommend pegylated-interferon treatments in national guidelines. As a result, patients seeking optimal care often receive treatment outside of their home countries or purchase counterfeit drugs.

The continuum of care for both hepatitis B and C is complex. Due to low numbers of hepatologists and infectious diseases specialists, task-sharing with other health professionals may help alleviate strains on the system and improve linkage to care. For example, primary care providers, community clinic workers, and opioid substitution centre clinicians can be trained to provide routine follow-up.

Calls to Action

- Work with academic liver societies and the World Health Organisation to help standardise and simplify treatment regimens across the region.
- Provide continuing medical education to health extenders to expand and improve linkage and adherence to treatment.

Exemplars:

- Aga Khan University plans to test a decentralised treatment programme in its community health centre.

Showing a return on hepatitis investment

Although tiered pricing and generics are available in some Asian countries, access to new treatments remains inconsistent in the region. Income gaps within a country can leave the poorest without treatment options. Few governments provide protection from catastrophic expenditures with insurance schemes. For those countries that do include hepatitis in the benefits package, novel medicines are often excluded from the reimbursement list or have restrictive requirements for coverage. Services in the private sector are also unaffordable for many. Supplier discounts are often not passed down to the patients who purchase services out-of-pocket.

In the current economic climate, new multilateral funding for hepatitis is unlikely. National governments can optimise existing resources by looking at cost-effectiveness models. Private local donor funds and corporate social responsibility requirements are new funding

streams that can be harnessed to support treatment programmes. Major employers can include hepatitis screening and treatment as part of benefits packages.

Calls to Action:

- Governments should invest in universal treatment programmes for their population's poorest members.
- Mandate the inclusion of hepatitis treatment in public insurance scheme benefits packages.
- Negotiate rate contracts with private providers for testing and treatment and provide consumer education for pricing transparency.
- Develop models to build investment cases and understand what is required to reach targets.

Exemplars:

- The state of Punjab has created a vertical insurance scheme for HCV treatment, providing free treatment for all through the Mukh Mantri Punjab Hepatitis C Relief Fund.

Conclusion

With marked advancements in hepatitis therapeutics, access, and policy, the tools and strategies exist to end the epidemics in Asia. Through sharing national and regional achievements and lessons learned, there is great potential to reduce the burden of hepatitis in Asia, and doing so now is critical for strengthening the global hepatitis response.

This meeting provided a forum for participants to:

- Share effective strategies to overcome barriers to hepatitis programme implementation
- Explore ways to strengthen advocacy and focus attention of national governments on viral hepatitis
- Learn how to make the case for investments to fund hepatitis programming, especially in low-income Asian countries
- Propose ways to better coordinate across sectors to improve hepatitis surveillance, screening, and care

The insights, experience, perspectives and enthusiasm that was shared at the meeting illustrated that there is much to be gained by collaborating for ambitious results on viral hepatitis in Asia.

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