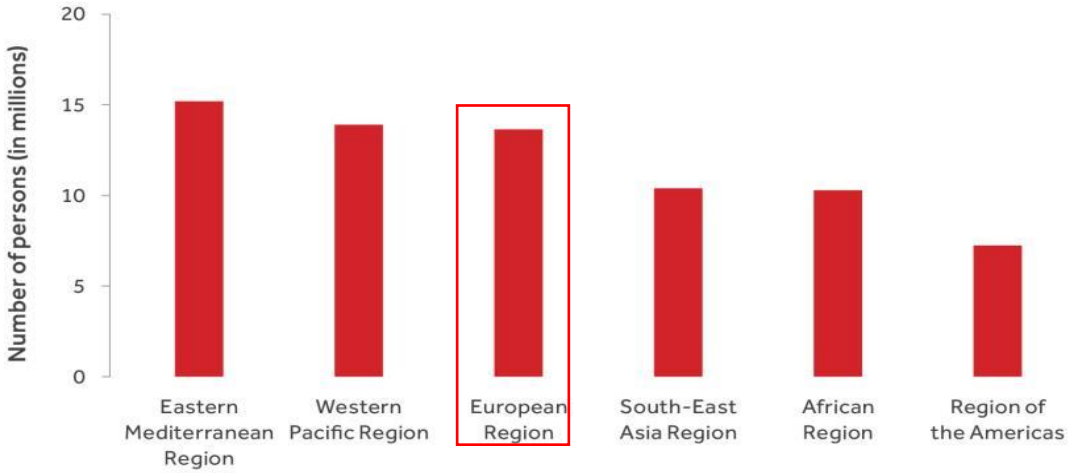
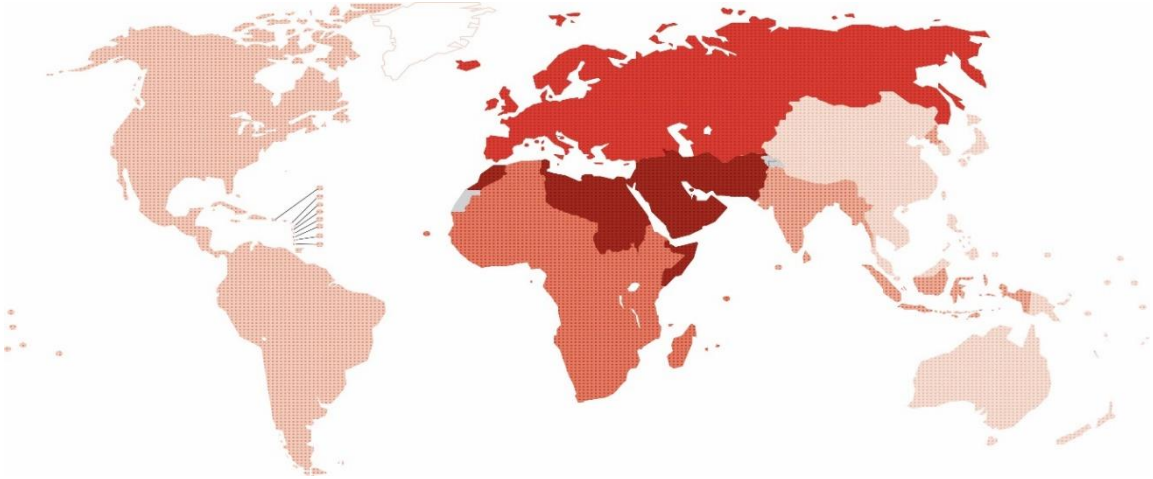
WHO recommendations on hepatitis C elimination among people who inject drugs

Dr Antons Mozalevskis, WHO Regional Office for Europe

Online meeting “Elimination of hepatitis C among people who inject drugs”, 22 April 2021

Global and regional burden of HCV infection





Global prevalence: 71 million infected, all regions

Incidence: 1.75 million new infections / year
(unsafe health care and injection drug use)

In the WHO European Region:

- **14 million** people living with **HCV infection**
  - 31% diagnosed (2015)
  - Estimated number of deaths: 112,500/year
  - Over 60% of those affected live in eastern Europe and central Asia

Source: Global Hepatitis Report, 2017

Epidemiology of HCV in PWID

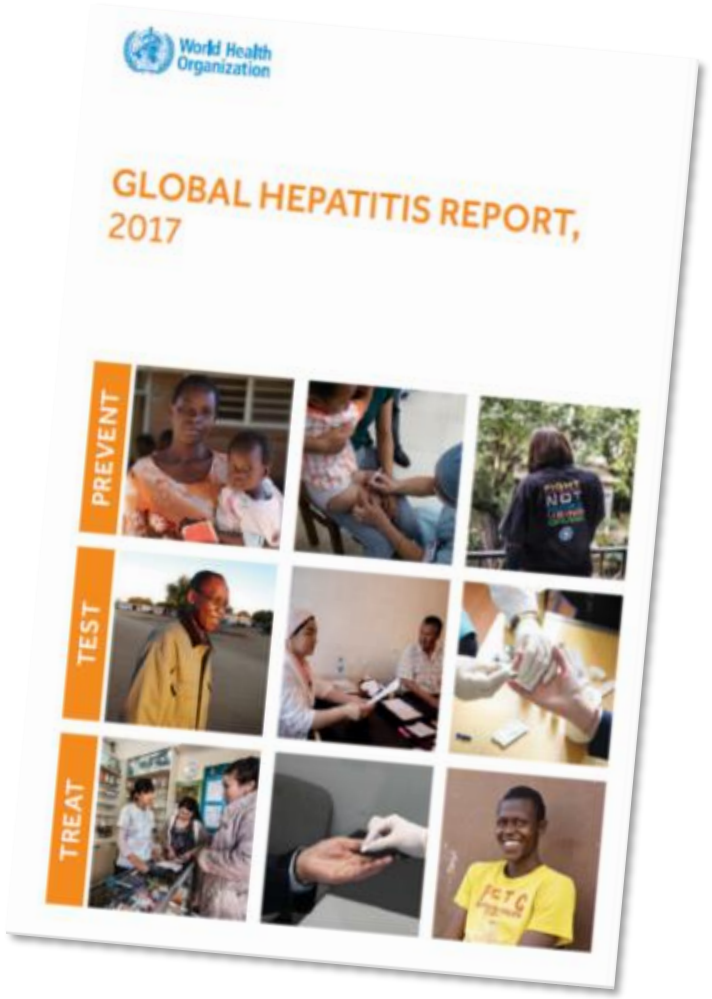
- Globally, 15.6 million PWID (3 million in Eastern Europe)
- 52.3% people with recent IDU are anti-HCV positive *(Degenhardt et al., Lancet GH, 2017)*

WHO First Global Hepatitis Report, 2017:

- **71 million** with **chronic HCV** infection (14 million in EURO)
  - 23% global HCV incidence (attributable to current IDU)
  - 33% global HCV related death (attributable to lifetime IDU)

HIV/HCV co-infection

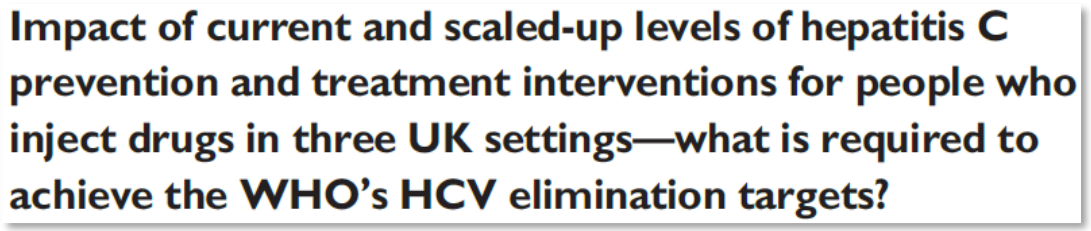
- **82.4% HCV prevalence among PWID with HIV**
- 6.4% HCV prevalence among MSM with HIV
- 2.4 % in PLHIV without higher risk behaviors



*Source: Grebely et al, 2017 Global, regional, and country-level estimates of hepatitis C infection among people who have recently injected drugs

What is required to achieve the WHO's HCV elimination targets in countries with concentrated epidemics?

World Health Organization
REGIONAL OFFICE FOR Europe


Impact of current and scaled-up levels of hepatitis C prevention and treatment interventions for people who inject drugs in three UK settings—what is required to achieve the WHO's HCV elimination targets?


Scaling up prevention and treatment towards the elimination of hepatitis C: a global mathematical model

Alastair Hefferman, Graham S Cooke, Shevanthi Nayagam, Mark Thursz, Timothy B Hallett

Scaling up high-coverage needle and syringe provision + opioid substitution therapy + effective HCV treatment would reduce the incidence of HCV infection by 90% by 2030.

Ward Z et al. Impact of current and scaled-up levels of hepatitis C prevention and treatment interventions for people who inject drugs in three UK settings – what is required to achieve the WHO's HCV elimination targets? Addiction, Sep 2018

By 2030, interventions that reduce risk of transmission in non-PWID by 80% and increase coverage of harm reduction services to 40% of PWID could avert 14·1 million (95% credible interval 13·0–15·2) new infections.

Heffernan A, Cooke GS, Nayagam S, Thursz M, Hallett TB. Scaling up prevention and treatment towards the elimination of hepatitis C: a global mathematical model. Lancet (London, England). 2019.

Key recommendations for PWID

Scale up and sustain harm reduction measures to prevent incident infections

Increase testing, linkage to care and uptake of direct-acting antiviral (DAA) therapy among people who use drugs (WHO HCV Guidelines 2018)

- **'Treat all'-** Offer treatment to all HCV RNA+ >12 yrs, irrespective of disease stage
- Use of **pangenotypic DAA regimens** for chronic HCV infection in people >18 yrs
  - Sofosbuvir/Velpatasvir
  - Sofosbuvir/Daclatasvir
  - Glecaprevir/Pibrentasvir

Structural interventions are part of a comprehensive public health approach

There is very strong synergy with HIV prevention and care and other drug use related public health issues, such as overdose or TB

HCV and PWID: Policy review (2019)

- The number country with plans for hepatitis is increasing. (Fig 1.)
- However, there are significant variations in country responses to the needs of these populations from a national planning perspective (Fig. 2.)

- 81 plans were accessed. 51 (63%) plans included interventions for PWID.
- 37 (46%) of these country plans outlined necessary interventions for PWID in accordance with the GHSS.
- Only 28 national plans (35%) referenced interventions for prisoners, highlighting a gap in planning for this population.

Fig. 1. Key hepatitis policy milestones

World Health Organization
REGIONAL OFFICE FOR Europe

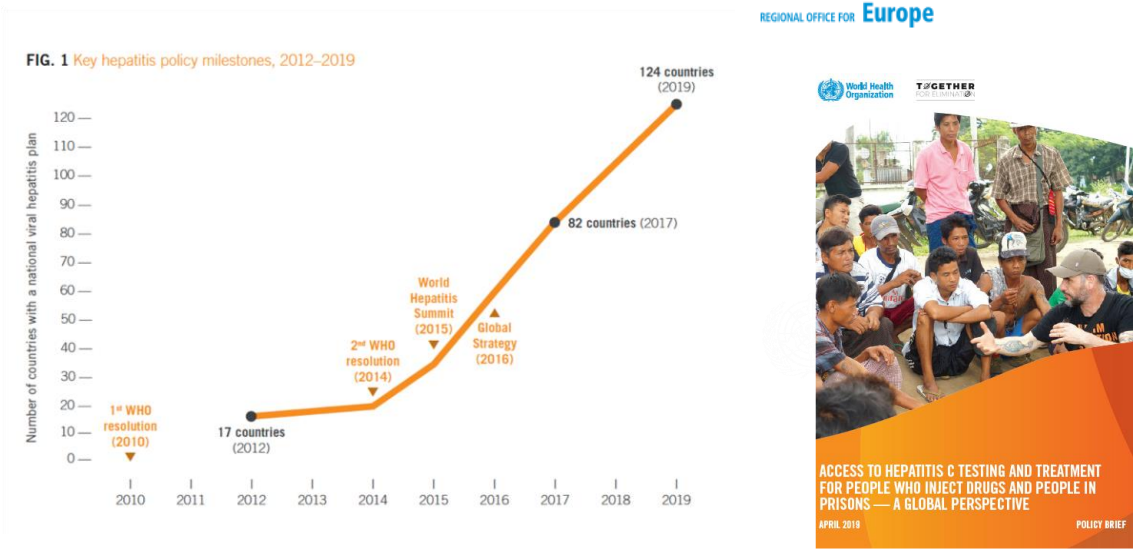
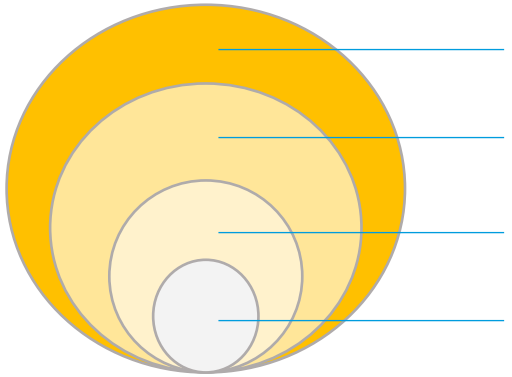


Fig. 2. Number of countries with hepatitis plans



Total number of hepatitis plans: 124

Country plans accessed: 81

Country plans with interventions for PWID: 51

Country plans with interventions for people in prisons: 28

HCV treatment among PWID: main barriers

System level

- exclusion of PWID in treatment guidelines and national plans
- treatment conducted in tertiary centers; not adapted care facilities for PWID
- lack of Harm Reduction platforms

Provider level

- concerns about adherence issues
- concerns about reinfection
- concerns about adverse events and drug-drug interactions during treatment
- reluctance to treat active drug users

Criminalization of drug use

(Marieta Simonova, EASL 2016)
(Wolfe et al. IJDP 2015)

Not to forget prisons!

30 million people in prison/year

Drug use

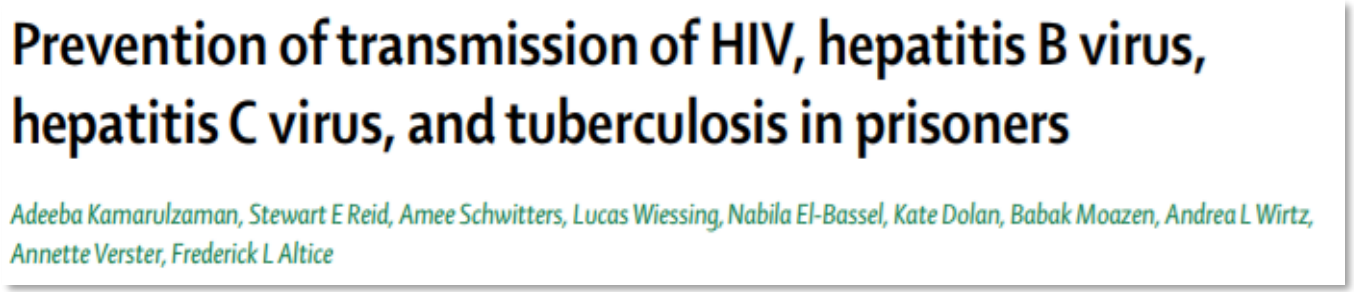
- **PWID over-represented**
- **Some people start using/engage in more risky injecting practice**

Tattooing

HBV and HCV (and HIV and TB) prevalence higher than general population

Inequity in access to prevention and treatment

- Limited availability harm reduction
- Continuity of care between community and prison


Prevention of transmission of HIV, hepatitis B virus, hepatitis C virus, and tuberculosis in prisoners

Adeeba Kamarulzaman, Stewart E Reid, Amee Schwitters, Lucas Wiessing, Nabila El-Bassel, Kate Dolan, Babak Moazen, Andrea L Wirtz, Annette Verster, Frederick L Altice

First compendium of good practices in the health sector response to viral hepatitis in the WHO European Region (2020)

- 34 good practices from 18 Member States,
- National hepatitis programmes, service providers, academia, NGOs…





Photos collected from authors and JTH staff personal archive

Topics

- **National strategies, action plans, country roadmaps**
- **National immunization programmes**
- **Synergy, intersectoral collaboration**
- **Service delivery models**
- **Social transformation**
- **Social return on investment (SROI)**
- **Health in prisons**
- **Innovation and accessibility**
- **Access to medicines**

World Health Organization
REGIONAL OFFICE FOR Europe

Good practices for PWID

- The Antwerp Model: an integrated multidisciplinary model of care with strong peer-support to ensure continuum of HCV care for PWID
- Use of point-of-care testing to enhance diagnosis and treatment of hepatitis C among PWID in Italy
- Integration of HCV treatment in harm reduction services in Georgia
- Elimination of hep C in population groups at risk in Slovenia (microelimination)
- HCV elimination in Greek prisons, in Catalonia, and combination prevention program in Luxembourg prisons

COVID-19 Impact on HCV Elimination:

World Hepatitis Alliance Global Survey

March 30 to May 4, 2020

Lack of Testing Access

- 85/132 reported no access to viral hepatitis testing
- 46/101 reported that testing facilities had been closed
- 66/101 reported that patients were avoiding testing facilities

Lack of Treatment Access

- 28/132 respondents reported lack of access to Rx; more common in low-income countries
  - patients avoiding treatment clinics
  - COVID-19 prioritization contributed to decreased treatment access

Wingrove. Lancet Gastroenterol Hepatol. 2020;5:792.

Modelling the Global Impact of COVID-19 on Global HCV Elimination Efforts

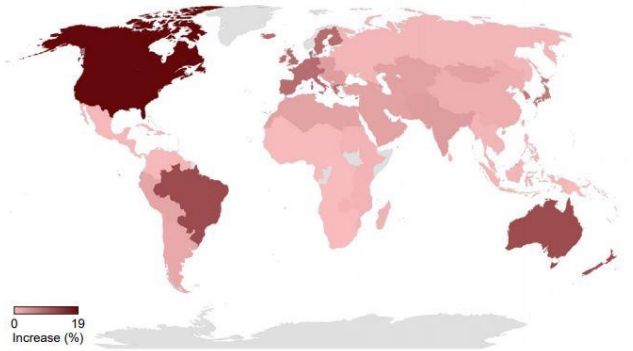


Fig. 2. Impact of a 1-year delay on cumulative (2020–2030) liver-related deaths, by Global Burden of Disease region.

A "1-year delay" scenario (assuming disruption in testing and treatment in the year 2020) could result in:

- 15,800 excess incident HCV cases,
- 8,700 excess HCC cases and
- 13,800 excess liver related deaths from 2020-2030 in Europe

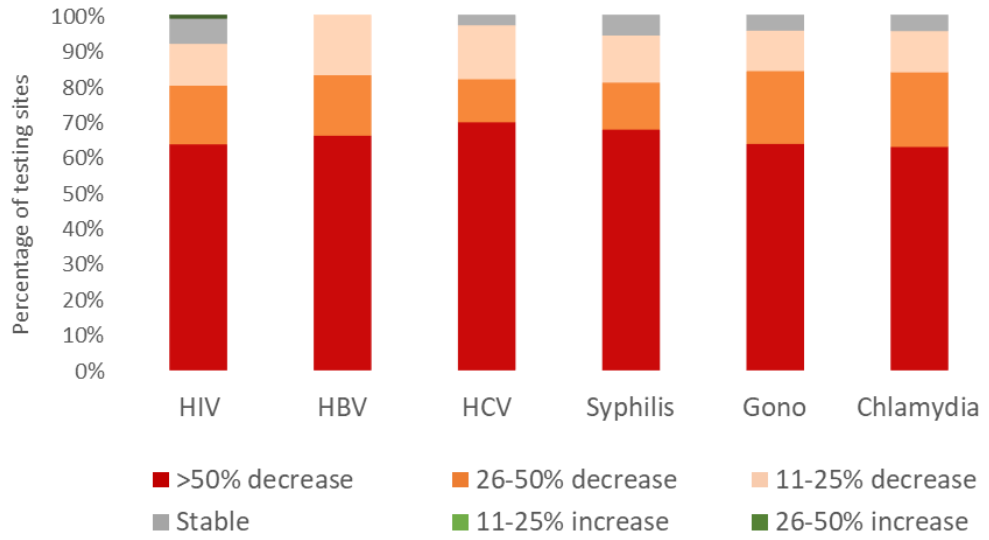
Blach. J Hepatol. 2020; *Published August 06, 2020 :https://doi.org/10.1016/j.jhep.2020.07.042*

EuroTEST Survey

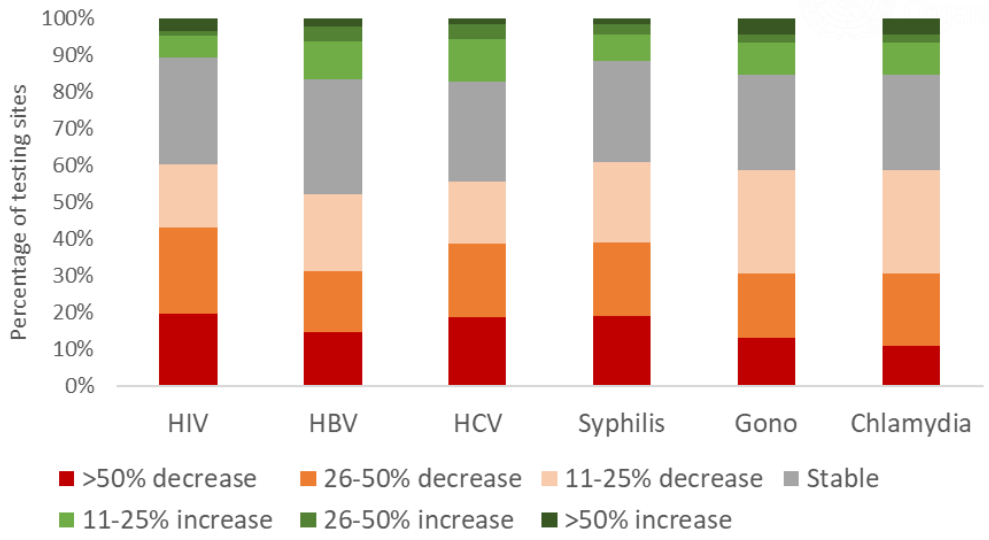
EuroTEST
Working together for integrated testing and earlier care
Addressing Hepatitis, HIV, STIs and TB

World Health Organization
REGIONAL OFFICE FOR Europe

Percentage changes in testing volume, by <u>infection:</u>
March-May and June-August 2020 compared to March-May 2019 (n=96)



March-May 2020

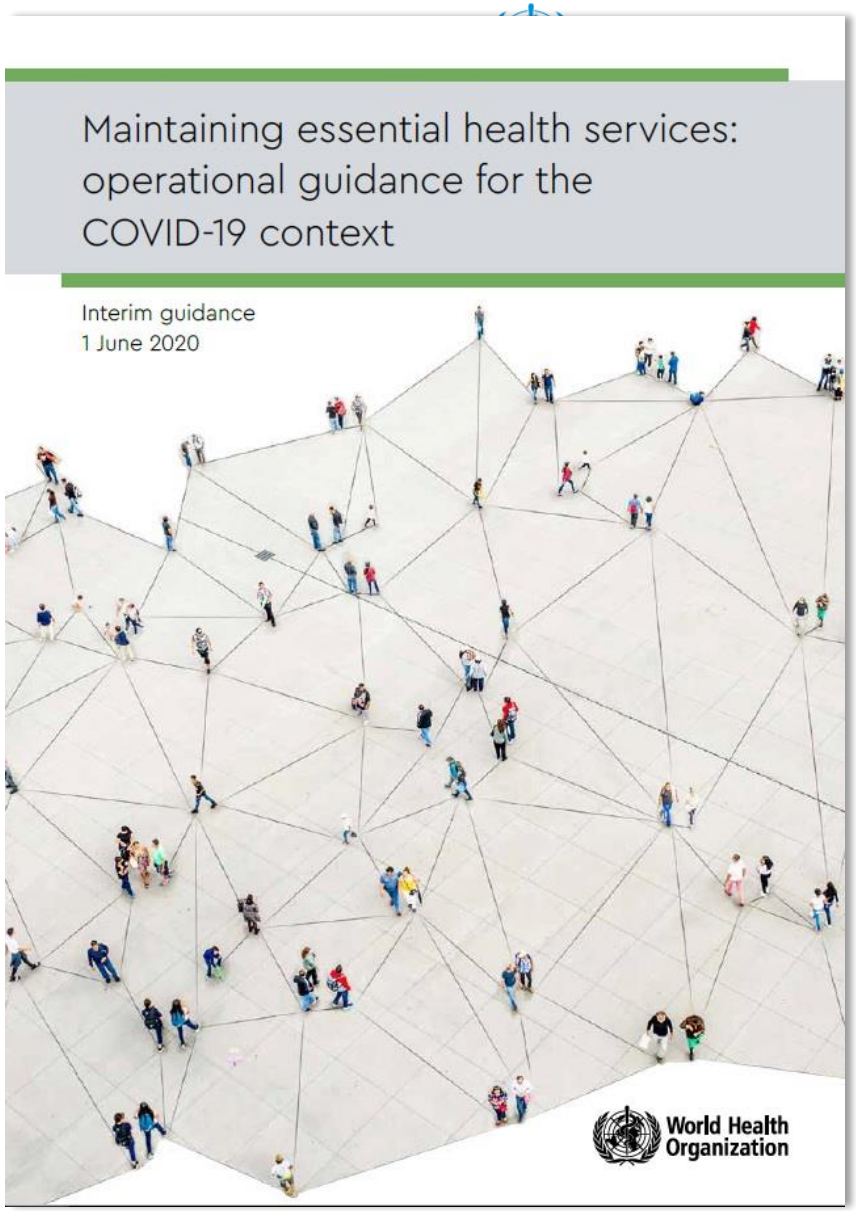


June-August 2020

Simões et al. Eurosurveillance 25(47) 2001943 (26/11/2020).

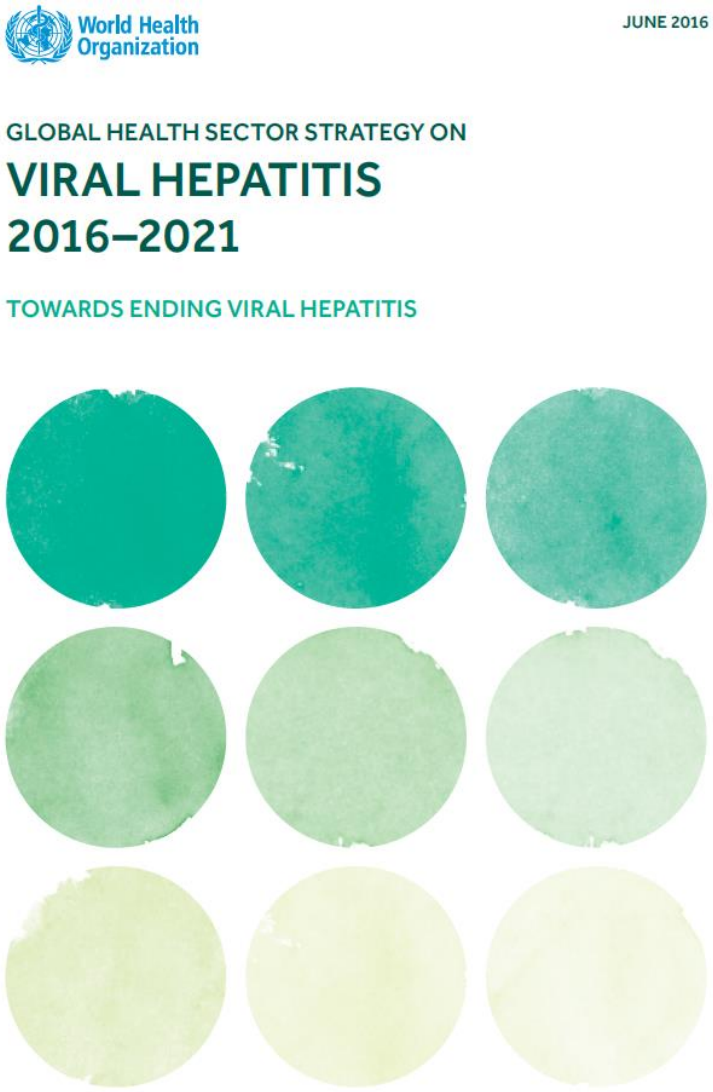
Guidance on maintaining essential health services

- Recommends practical actions to reorganize and safely maintain access to essential services during country lockdown:
  - **Take home doses of OST**
  - Self-testing scale up
  - MMD (6 months) of ART; Full 12 (or 24) weeks treatment course for HCV
  - Engage **courier companies or community groups** to support home delivery of treatment
  - **Tele-consultations, IPC**
- **Describes considerations about restart and catch-up services after ease of lockdown**
  - Catch up prevention outreach and testing campaign for KPs
  - Catch up HIV VL testing and HCV test of cure for those who missed



https://www.who.int/publications-detail/10665-332240

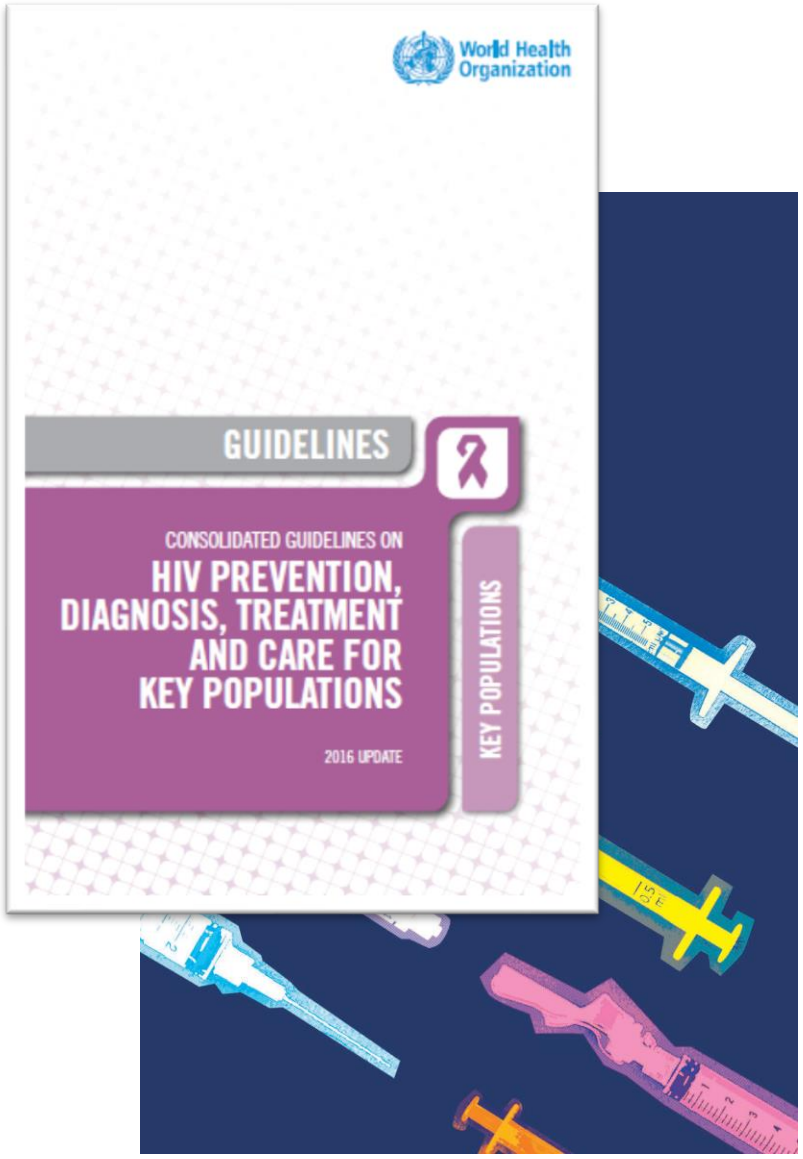
What brings the near future?



World Health Organization
REGIONAL OFFICE FOR Europe

Global Health Sector Strategy

- <u>EB has agreed that updated and well interlinked strategies are presented at WHA, May 2022</u>
  - Undertake a broad consultative process to develop global health sector strategies for the period 2022–2030
  - Consultation with Member States and taking into consideration the relevant strategies of UNAIDS and the Global Fund and taking into account the views of all relevant stakeholders
  - Regional consultation on the Global Strategy: 16–17 June 2021



Update of key populations guidelines

- Updated WHO key populations guidance end of 2021
- Focus on
  - person-centred approaches across HIV, VH and STI (equal focus)
  - Highlighting critical enablers to address structural barriers
  - Integration of new VH, STI, HIV prevention (PrEP), testing and treatment recommendations since 2016
  - Modules with prioritised packages by population
  - Simplified, streamlined with focus on evidence-based recommendations
  - Defining essential, core health interventions to allow better prioritisation

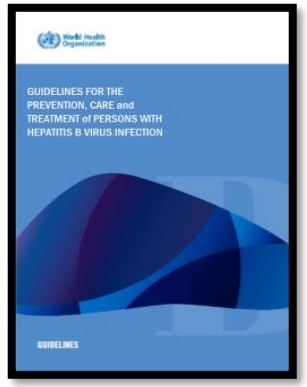
- New recommendations will include potentially
  - Behavioral interventions and BI for chemsex
  - Service delivery (online, peer led services) for HIV and VH and STIs
  - Testing/screening and treatment of recent HCV infection

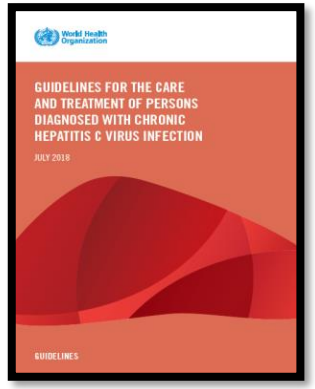
Consolidated comprehensive hepatitis guidelines

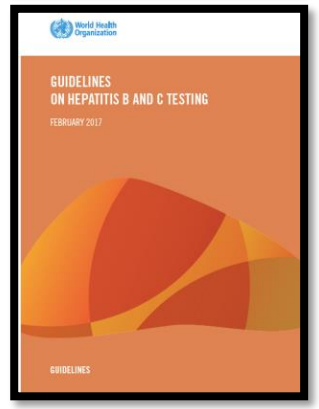
World Health Organization
REGIONAL OFFICE FOR Europe

✓Across HBV and HCV prevention, testing and treatment

✓Include **new recommendations** developed in 2021/2022:







- Integration and decentralization of HCV testing, treatment and care in non-hospital based services
- HCV Self-testing (to be published in July 2021)
- Task-sharing of HCV testing, treatment and care
- Point-of-care for viral load testing
  - Use of HCV point of care viral load as alternative to laboratory-based assay
  - limit of detection of HCV viral load as test of cure
- HCV DAA regimens in children and adolescents (unifying recommendations across all age groups)
- Testing and treatment of recent HCV infection for people at continuously high risk
- Updated HBV treatment recommendations

Key messages

Ambitious strategy endorsed for elimination

- Defined package with simplified treatment guidelines

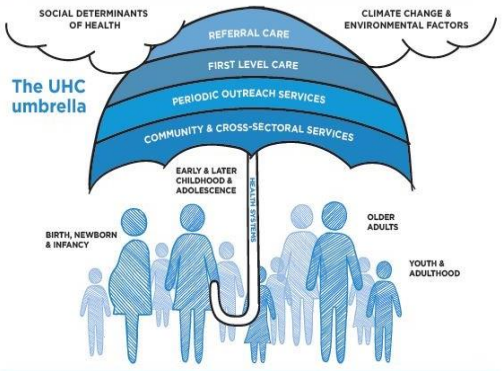
To achieve targets major access gaps will need to be addressed

- Negotiate for reduced price for DAAs
- Promote scaling up of interventions for PWIDs and prisoners
- Promote models of differentiated and integrated service delivery

Focus on country impact and addressing data, normative and policy needs

- Promote removal of structural barriers, criminalization, stigma and discrimination
- Legal access to harm reduction, testing and treatment for PWID

Universal Health Coverage provides an opportunity



Thank you very much for your attention

Acknowledgements:

Member States and Partners
WHO Headquarters: Niklas Luhmann, Annette Verster, Yvan Hutin
WHO/Europe: Nicole Seguy, Marcelo Naveira

WHO Regional Office for Europe

UN City
Marmorvej 51
Copenhagen Ø
Denmark

WHO_Europe

facebook.com/WHOEurope

instagram.com/whoeurope

youtube.com/user/whoeuro

World Health Organization
REGIONAL OFFICE FOR Europe

Weltgesundheitsorganisation
REGIONALBÜRO FÜR Europa

Organisation mondiale de la Santé
BUREAU RÉGIONAL DE L' Europe

Всемирная организация здравоохранения
Европейское региональное бюро