

## **90-90-90** Targets Workshop

July 22-23, 2017 • Paris

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#### HBV and HCV Elimination within the Context of 90-90-90 and Controlling the HIV Epidemice

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#### Translating good biomedical tools into good health outcomes for people living with HIV or hepatitis or both –

what will it take?

## Meeting two types of challenges



#### New global political will to eliminate Viral Hepatitis

#### First World Hepatitis Summit (2015)

84 countries represented

#### Hepatitis C Elimination in Europe (2016)

'Our vision for a Hepatitis C-free Europe'







World Hepatitis Summit 2015 meeting report. Available at:

http://www.worldhepatitisalliance.org/sites/default/files/resources/documents/World%20Hepatitis%20Summit%20Report.pdf; Elimination manifesto. Available at: http://www.hcvbrusselssummit.eu/elimination-manifesto (both accessed January 2017)

#### WHO Global Health Sector Strategy on Viral Hepatitis 2016–2021





**28 May 2016: The first of its kind,** WHO publishes a global strategy aiming for elimination of viral hepatitis by 2030

WHO Global Health Sector Strategy on viral hepatitis. Available at: <u>http://apps.who.int/gb/ebwha/pdf\_files/WHA69/A69\_32-en.pdf?ua=1(Accessed August 2016)</u>

## Global Health Sector Strategy on Viral Hepatitis, 2016-2021



- The five strategic directions of the Global health sector strategy on viral hepatitis, 2016–2021
- Governments/ regions need to address these in their national context



http://apps.who.int/gb/ebwha/pdf\_files/WHA69/A69\_32-en.pdf?ua=1(Accessed August 2016)

## Global Health Sector Strategy viral hepatitis targets at a glance





- 30% reduction in new HCV infections by 2020
- 90% reduction in new HCV infections by 2030



#### Mortality targets

- 10% reduction in mortality by 2020
- 65% reduction in mortality by 2030

#### Harm reduction

- Increase in sterile needle and syringes provided per PWID/year from 20 in 2015 to:
  - 200 by 2020
  - 300 by 2030

#### **Testing targets**

90% of people aware of HCV infection by 2030

#### **Treatment targets**

80% of people treated by 2030

Source: http://apps.who.int/gb/ebwha/pdf\_files/WHA69/A69\_32-en.pdf?ua=1 (Accessed Aug 2016)

## WHO European Region action plan



- Adaption of the global health sector strategy to the European Region
- Sets regional milestones and targets and proposes priority actions for Member States

Source: http://www.euro.who.int/\_\_data/assets/pdf\_file/0017/318320/European-action-plan-HS-viral-hepatitis.pdf?ua=1 (accessed Jan 2017)

#### HCV Timeline: 1984-2017



\* Regimen not currently approved

Sources: Pawlotsky JM, et al. J Hepatol 2016; 62: S87–99; Manns M, et al. Nat Rev Dis Primers 2017;3:1–19.

Every country needs a bespoke strategy to reduce its own disease burden and eliminate HCV



HCV (micro-) elimination in certain populations is also feasible in the short-to-medium term



## Some countries may achieve the WHO targets by or even before 2030



- Jan to Dec 2016, 1/3 of the HCV population were treated
- 400% increase in the number patients treated over the previous 4 years

the HCV population were treated

Sources: Gottfredsson F, et al. HIV and Hepatitis Nordic Conference 2016; Abstract #05; Gvinjilia L, et al. MMWR 2016;65:1132-5; Monitoring hepatitis C treatment uptake in Australia. Issue #5, September 2016. Available at: http://kirby.unsw.edu.au/sites/default/files/hiv/attachment/Kirby HepC Newsletter Issue5 2.pdf (accessed January 2017)

Hep-CORE

CONTENTS FORMARD>>

#### Hepatitis B and C

An action plan for saving lives in Europe The experts' recommendation summary

Purpose of Hep-CORE:

"To evaluate the extent to which ELPA member countries (N=27) follow key international recommendations for good practices in addressing viral hepatitis."

The investigative framework for Hep-CORE was drawn from *Hepatitis B* and C: an action plan for saving lives in Europe (recommendations in key action areas published by WHO, WHA, VHPB, EASL, Correlation Network, HBCPPA, ELPA, ECDC and US CDC between 2011-2014).



## The Hep-CORE study is key

- Hep-CORE provides the only European viral hepatitis policy monitoring tool.
- Uniquely, it is patient-led.
- It casts a wide net in order to gather a comprehensive picture of each country's situation and the 25 European (and 2 additional Mediterranean Basin) countries as a whole.



## Participant patient organizations (n=27)



Austria
Belgium
Bosnia & Herzegovina
Bulgaria
Croatia
Denmark
Egypt*
Finland
France

Germany Greece Hungary Israel\* Italy Macedonia Netherlands Poland Portugal

Romania Serbia Slovakia Slovenia Spain Sweden Turkey Ukraine **United Kingdom** 

\*Egypt & Israel included as representatives of the Mediterranean Basin



# Hep-CORE Results

The 2016 Hep-CORE Report: http://www.elpa.eu/sites/default/files/documents/Hep-CORE\_full\_report\_21Dec2016\_Final%5B2%5D.pdf

@JVLazarus - @immunization

## Eliminating HCV requires national plans



A viral hepatitis resolution approved by the World Health Assembly in 2014 called on <u>all</u> countries to develop and implement national strategies for preventing, diagnosing and treating viral hepatitis.



## National HCV strategy





## HCV national clinical guidelines





#### Harm reduction services for PWID





#### Harm reduction services for PWID





<sup>@</sup>JVLazarus - @immunization

#### Testing & screening outside of hospitals



ELPA European Liver Patients' Association

## Linkage-to-care mechanism

In your country, is there a clear linkage-to-care mechanism so that people who are diagnosed with HCV are referred directly to a physician who can manage their care?







## Licensing requirements for DAA prescription

- 24% (n=25) of patient groups surveyed reported that non-specialists are able to prescribe DAAs to HCV patients in their country and in only two cases were they GPs
- The majority (64%) require at least a gastroenterologist



The 2016 Hep-CORE Report: http://www.elpa.eu/sites/default/files/documents/Hep-CORE\_full\_report\_21Dec2016\_Final%5B2%5D.pdf 90-90-90 Targets Workshop | July 22-23, 2017 • Paris

## **Expanding prescriber base**

- In countries without prescriber restrictions, such as Australia, general practitioners and non-specialists have greater access to reach patients in need of treatment
- 5-15% of individuals initiating DAAs had treatment prescribed by a GP



Figure 5: Prescriber distribution in each month for individuals initiating DAA treatment during March to September 2016 in Australia

Supervised Medical Officers included interns, temporary resident doctors, and nonvocationally registered doctors

*Source:* Hajarizadeh B, Grebely J, Matthews GV, Martinello M, Dore GJ. The path towards hepatitis C elimination in Australia following universal access to interferon-free treatments. Poster to be presented at: International Liver Congress. 2017; Amsterdam, Netherlands.

## HIV/HCV co-infection restrictions for DAAs INHSU



#### 94% (n=32) of countries had no additional restrictions for HIV-HCV co-infection



Source: Marshall, AD et al. 2017.

## **Discussion (1)**

- Global elimination of HCV now a possibility
- Findings highlighted considerable variability in DAA therapy restrictions across Europe, particularly with respect to fibrosis stage and injecting drug status
- Restricting DAA prescribing to specialists is a considerable barrier to broad access
- Access to HCV treatment outside of hospital settings is limited yet key for reaching and treating high-risk patient populations
- Future studies would benefit from triangulation, eg having participants from multiple stakeholders groups – like HIV reporting



## **Discussion (2)**

- Implications for health policy-makers and health service delivery with evidence of some countries not following EASL HCV treatment guidelines (2016)
- A shift is required from individual management of HCV to population management
  - Improve <u>screening</u>, especially among those at high risk of HCV infection, through healthcare access points
  - <u>Scale-up treatment</u> by broadening the HCV prescriber base
  - <u>Expand models of care</u> to include screening, assessments, treatment, harm reduction and re-screening for those with continued high-risk behaviors
- To achieve global HCV elimination, partnership is required between HCPs, policy-makers, patient organizations, and industry to develop and implement local strategies

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#### **Study Authors**

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## Hep-CORE study countries / ELPA members

Austria Belgium Bosnia & Herzegovina Bulgaria Croatia Denmark Egypt Finland France Germany Greece Hungary Israel Italy Macedonia Netherlands Poland Portugal Romania

Serbia Slovakia Slovenia Spain Sweden Turkey Ukraine United Kingdom



#### Hep-CORE study group

- Charles Gore (World Hepatitis Alliance) Hande Harmanci (WHO) Magdalena Harris (LSHTM) Greet Hendrickx (Viral Hepatitis Prevention Board) Marie Jauffret-Roustide (Paris Descartes University) Achim Kautz (ELPA) Mojca Matičič (University Medical Centre Ljubljana)
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