Meeting Report

EXPERT CONSULTATION ON VIRAL HEPATITIS ELIMINATION IN THE WESTERN PACIFIC REGION

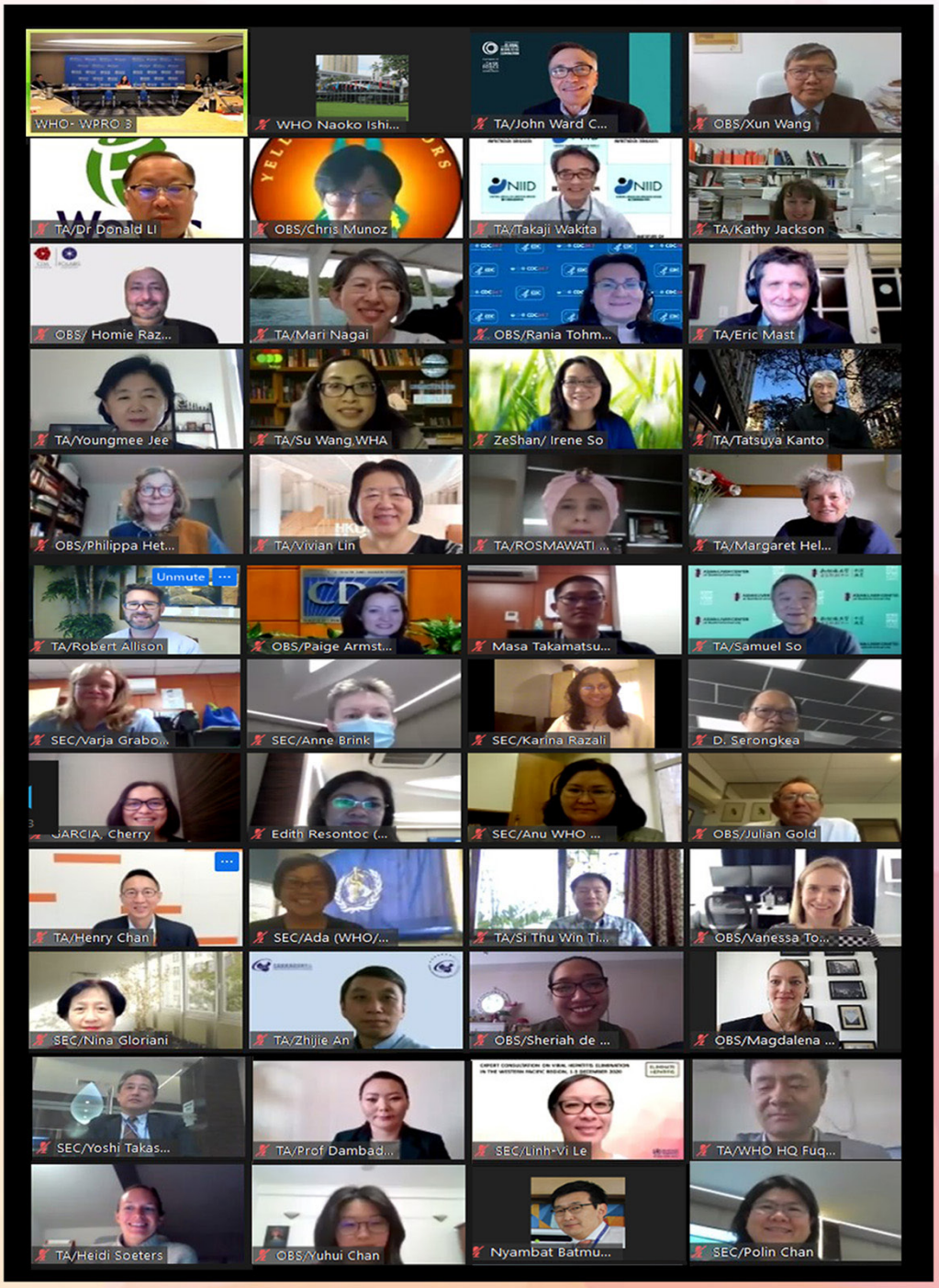
1-3 December 2020

Virtual meeting

World Health Organization
Western Pacific Region

EXPERT CONSULTATION ON VIRAL HEPATITIS ELIMINATION IN THE WESTERN PACIFIC REGION, 1-3 DECEMBER 2020

ELIMINATE ~~HEPATITIS~~



World Health Organization
Western Pacific Region

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

EXPERT CONSULTATION ON VIRAL HEPATITIS ELIMINATION IN THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Virtual meeting
1–3 December 2020

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NOTE

The views expressed in this report are those of the participants of the Expert Consultation on Viral Hepatitis Elimination in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Expert Consultation on Viral Hepatitis Elimination in the Western Pacific Region, held virtually from 1 to 3 December 2020.

CONTENTS

Hepatitis A / Hepatitis B / Hepatitis, Viral, Human – epidemiology, prevention and control / Regional health planning / Vaccination

SUMMARY

The WHO Western Pacific Region bears the highest burden of viral hepatitis with an estimated 115 million people chronically infected with hepatitis B and 14 million with hepatitis C, accounting for 40% of the global burden. The Region has made progress through implementation of the *Western Pacific Regional Plan to Improve Hepatitis B Control through Immunization*, the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020* and the *Regional Framework for Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030*, but accelerated efforts are needed to achieve elimination of viral hepatitis as a public health threat by 2030.

Conclusions

The Expert Consultation on Viral Hepatitis Elimination in the Western Pacific Region, held virtually from 1 to 3 December 2020:

(1) Recognized that viral hepatitis continues to represent an enormous burden for the Region, and that liver cancer is the sixth most frequent cause of death in the Region, mostly attributable to chronic hepatitis B or C infection.

(2) Acknowledged the significant progress that has been made in the Region in hepatitis B control through childhood immunization in the last 20 years; and congratulated 21 countries that have been verified for having achieved the 2017 regional target of less than 1% hepatitis B surface antigen (HBsAg) prevalence among children 5 years of age, 20 countries that have developed comprehensive national action plans towards hepatitis elimination as a public health threat by 2030, and countries that have started providing hepatitis testing and treatment under the principles of universal health coverage (UHC).

(3) Acknowledged that the 2018 Hepatitis B Expert Review Panel (ERP) and Viral Hepatitis Strategic and Technical Advisory Committee (STAC) recommendations were properly carried out by many countries in the Region.

(4) Noted that in October 2020 the Regional Committee endorsed the *Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030)*, which includes regional goals, targets and strategic directions for control of hepatitis A and elimination of hepatitis B.

(5) Agreed that coordinated efforts for an integrated and people-centred life-course approach are needed to reach unreached populations for the prevention, testing, treatment and care of viral hepatitis to achieve the ambitious regional and global elimination targets and goals for viral hepatitis, particularly hepatitis B and C, for 2030.

Prevention

Hepatitis A

Sero-epidemiology of hepatitis A in the Western Pacific Region has shown a shift from high to low prevalence in most countries, and vulnerable populations are shifting from children to adults. These shifts, coupled with persisting pockets of high endemicity in some countries and increased population mobility, represent a high risk for recurrent outbreaks of hepatitis A. Only five countries in the Western Pacific Region include hepatitis A vaccine in their national immunization schedules. Public health interventions, such as laboratory surveillance, outbreak detection and response, and vaccination are required to properly control hepatitis A in the Region.

Hepatitis B (vaccination and triple elimination)

The burden of chronic hepatitis B infection in the Western Pacific remains the highest among all WHO regions, and hepatitis B is a major cause of morbidity and mortality in the Region. Regional hepatitis B third-dose coverage of 94% in 2019 exceeds the global target of 90% but has not yet met the regional target of at least 95%. Regional hepatitis B timely birth dose coverage of 84% in 2019 has not yet met either the global target of at least 90% or the regional target of at least 95%. Vaccine hesitancy continues to impact the gains of timely and full immunization with hepatitis B vaccines in the Region. As of 2020, 21 out 36 countries and areas in the Western Pacific have achieved the regional target of less than 1% HBsAg prevalence among children 5 years of age. The coronavirus disease 2019 (COVID-19) pandemic has affected performance of national health-care systems, including implementation of hepatitis B vaccination.

Countries and areas in the Western Pacific Region need a tiered approach to screening at least 95% of pregnant women for chronic hepatitis B infection, administering hepatitis B immunoglobulin (HBIG) to infants born to HBsAg-positive mothers, and offering eligible pregnant women prophylaxis or treatment with antiviral drugs, in addition to achieving at least 95% hepatitis B timely birth dose coverage and at least 95% third-dose vaccination coverage, to achieve elimination of mother-to-child transmission (EMTCT) of hepatitis B and to reach the global hepatitis B elimination goal of 0.1% or less HBsAg prevalence among children 5 years of age by 2030. Antenatal screening using point-of-care diagnostics and antiviral prophylaxis for eligible hepatitis B-infected pregnant women, in addition to infant hepatitis B vaccination, are needed to further reduce and eliminate mother-to-child transmission of hepatitis B by 2030. Antenatal screening is an important entry point into testing, treatment and care for pregnant women with chronic hepatitis B and their families. Triple EMTCT of HIV, hepatitis B and syphilis offers opportunities to integrate service delivery, laboratory and data systems. More countries have established national coordination mechanisms for triple EMTCT and developed coordinated plans and have started implementing interventions for EMTCT of hepatitis B including antenatal screening, maternal antiviral prophylaxis and follow-up of exposed infants. User fees, geographical barriers, and stigma and discrimination, coupled with structural factors and punitive laws against risk behaviours, are important barriers to accessing EMTCT and other services, particularly for vulnerable and marginalized groups.

Testing and treatment

Several countries in the Region have started rolling out testing and treatment services for viral hepatitis through domestic financing and health insurance coverage of treatment. These efforts need to be accelerated to achieve the 2030 targets of 90% coverage of diagnosis and 80% coverage of treatment. Decentralized models of testing and treatment services, including task-shifting, public–private