

GLOBAL HEPATITIS REPORT, 2017

PREVENT



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TREAT



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Global hepatitis report 2017

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FOREWORD



The global response to viral hepatitis entered a new phase in 2015, when the UN General Assembly adopted the 2030 Agenda for Sustainable Development, which called on the international community to combat hepatitis. The following year, the World Health Assembly adopted WHO's first "Global Health Sector Strategy on viral hepatitis", with elimination as its overarching vision.

The *Global hepatitis report, 2017* provides a baseline for the drive towards elimination. It sets out global statistics on viral hepatitis B and C, the rate of new infections, the prevalence of chronic infections and mortality caused by these two high-burden hepatitis viruses, as well as coverage levels of key interventions, as at the end of 2015.

As these statistics reveal, viral hepatitis is a major public health challenge that requires an urgent response. The disease caused 1.34 million deaths in 2015, a number comparable to annual deaths caused by tuberculosis and higher than those caused by HIV. While mortality from HIV, tuberculosis, and malaria is now declining, mortality caused by viral hepatitis is on the rise. The report provides guidance on how to reverse this alarming trend, describing a number of high-impact interventions and opportunities for their scaled-up implementation.

We have good evidence that eliminating viral hepatitis is technically feasible. Many countries have achieved outstanding coverage with the hepatitis B vaccine, scoring an early win for prevention. The recent development of highly effective direct-acting antivirals, with cure rates exceeding 95%, has revolutionized the treatment of chronic hepatitis C infections. Most countries have also made good progress in keeping blood supply safe and improving injection safety in health-care settings, substantially reducing the risk of both hepatitis B and C virus infections.

However, a large number of people – about 325 million worldwide in 2015 – are carriers of hepatitis B or C virus infections, which can remain asymptomatic for decades. Each year, 1.75 million people newly acquire hepatitis C virus infection. These people are at risk of a slow progression to severe liver disease and death, unless they receive timely testing and treatment. Unfortunately, access to affordable care is disturbingly low, as highlighted in the report.

The world has only recently expressed its alarm about the burden of viral hepatitis. The response is still at an early phase in most countries, which limits the reliability and scope of available data. At the same time, some countries have taken groundbreaking actions to combat the epidemic, with results that bring encouragement everywhere.

I urge all countries to seize the opportunities set out in this report to eliminate viral hepatitis as a public health threat by 2030. Doing so will free the world from what we now know is a leading killer worldwide.

A handwritten signature in black ink, reading "M. Chan".

Dr Margaret Chan
WHO Director-General

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The following WHO staff contributed to the report:

Staff members of the department of HIV and Global Hepatitis Programme including Philippa Easterbrook, Azumi Ishizaki, Hande Harmanci, Yumie Takeshita, Andrew Ball, Boniface Dongmo Nguimfack, Jesus Maria Garcia Calleja, Nathan Ford, Daniel Low-Beer, Virginia Macdonald, Françoise Renaud, Annette Verster, Lara Vojnov.

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UNITAID: Catherina Maria E. Timmermans

Sanjeev Arora (Extension for Community Health Outcomes [ECHO]), Catherine Cook (Harm Reduction International), Jean-François Delfraissy (Agence Nationale de Recherche sur le Sida [ANRS]), Wangsheng Li (ZeShan Foundation)

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Communication and editing:

Tunga Oyuntungalag Namjilsuren, Laurent Poulain, Sarah Russell, Prudence Smith and Bandana Malhotra.

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ABBREVIATIONS

CDA	Center for Disease Analysis
DAA	direct-acting antiviral
DALY	disability-adjusted life-year
DNDi	Drugs for Neglected Diseases initiative
EIA	enzyme immunoassay
EPI	Expanded Programme on Immunization
FIND	Foundation for Innovative New Diagnostics
GARPR	Global AIDS Response Progress Monitoring
GATHER	Guidelines for Accurate and Transparent Health Estimates Reporting
GAVI	the Vaccine Alliance (earlier Global Alliance for Vaccines and Immunization)
GBD	Global Burden of Disease (project/study)
GHP	Global Hepatitis Programme
GHSS	Global Health Sector Strategy on viral hepatitis
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPRM	Global Price Reporting Mechanism
HAV	hepatitis A virus
HBeAg	hepatitis B e antigen
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
HCV	hepatitis C virus
HDV	hepatitis D virus
HEV	hepatitis E virus
LSHTM	London School of Hygiene and Tropical Medicine
MSM	men who have sex with men
PMTCT	prevention of mother-to-child transmission

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