

# GLOBAL HEPATITIS REPORT, 2017



PREVENT



TEST



TREAT

This WHO *Global hepatitis report* describes, for the first time, the global and regional estimates on viral hepatitis in 2015, setting the baseline for tracking progress in implementing the new global strategy.

In May 2016, the World Health Assembly endorsed the *Global Health Sector Strategy (GHSS)* on viral hepatitis 2016–2021. The GHSS calls for the elimination of viral hepatitis as a public health threat by 2030 (reducing new infections by 90% and mortality by 65%).

The report focuses on hepatitis B and C, which are responsible for 96% of all hepatitis mortality. It presents data along the five strategic directions (strategic information, interventions, equity, financing and innovation) – key pillars of the GHSS to facilitate monitoring of progress in countries, regions and globally, and to measure the impact of interventions on reducing new infections and saving lives between 2015 and 2030.

## 01 VIRAL HEPATITIS IS A MAJOR PUBLIC HEALTH PROBLEM IN NEED OF AN URGENT RESPONSE.

Viral hepatitis caused 1.34 million deaths in 2015, a number comparable to deaths caused by tuberculosis and higher than those caused by HIV. However, the number of deaths due to viral hepatitis is increasing over time, while mortality caused by tuberculosis and HIV is declining. Most viral hepatitis deaths in 2015 were due to chronic liver disease (720 000 deaths due to cirrhosis) and primary liver cancer (470 000 deaths due to hepatocellular carcinoma). Globally, in 2015, an estimated 257 million people were living with chronic HBV infection, and 71 million people with chronic HCV infection. The epidemic caused by HBV affects mostly the WHO African Region and the Western Pacific Region. The epidemic caused by HCV affects all regions, with major differences between and within countries. The WHO Eastern Mediterranean Region and the European Region have the highest reported prevalence of HCV.



Collaboration between the government, civil society, nongovernmental organizations and WHO facilitates strong national elimination plans. © WHO/Yoshi Shimizu

### 02 VACCINATION DRAMATICALLY REDUCED NEW HBV INFECTIONS AMONG CHILDREN, BUT OTHER HBV AND HCV PREVENTION INTERVENTIONS HAVE NOT BEEN IMPLEMENTED SUFFICIENTLY.

An early win in the global response to viral hepatitis was achieved through the effective scaling up of hepatitis B vaccine. In 2015, global coverage with the three doses of hepatitis B vaccine in infancy reached 84%. This has substantially reduced HBV transmission in the first five years of life, as reflected by the reduction in HBV prevalence among children to 1.3%. However, coverage with the initial birth dose vaccination is still low at 39%. Other prevention interventions are available but insufficiently implemented. Although injection drug use is the major route of HCV transmission in some regions, the provision of effective harm reduction services has been inadequate. Globally, 5% of health-care-related injections remained unsafe. As a result, an estimated 1.75 million new HCV infections occurred worldwide in 2015.

### 03 A LARGE BURDEN OF CHRONIC INFECTIONS AMONG ADULTS CALLS FOR GREATER ACCESS TO TESTING AND TREATMENT.

Access to affordable hepatitis testing is limited. Few people with viral hepatitis have been diagnosed (9% of HBV-infected persons, 22 million, and 20% of HCV-infected persons, 14 million). Among those diagnosed, treatment has reached only a small fraction. In 2015, 8% of those diagnosed with HBV infection or 1.7 million persons were on treatment, while 7.4% of those diagnosed with HCV infection or 1.1 million persons had started treatment. While the cumulative number of persons treated for HCV reached 5.5 million in 2015, only about half a million of these persons had received the newer, more effective and better tolerated class of drugs called direct-acting antivirals (DAAs). There were more new HCV infections than patients who were started on treatment in 2015.

### 04 “EARLY ADOPTER” COUNTRIES ARE ON THE ROAD TO ELIMINATING VIRAL HEPATITIS.

Several “early adopter” countries are showing that rapid scale up of testing and treatment can be achieved through committed political leadership, and a reduction in the prices of essential medicines and diagnostics to expand testing and treatment services. First-line tests for the diagnosis of viral hepatitis are available for as little as US\$ 0.5. The most effective hepatitis B treatment – tenofovir – is available for US\$ 48 per year. Hepatitis C can be cured within 2–3 months with highly effective DAAs, and in some countries a full course of generic DAAs can be accessed for only US\$ 200.

### 05 OPPORTUNITIES FOR IMMEDIATE ACTION EXIST: FOR EXAMPLE, THROUGH EXPANDED TREATMENT FOR PEOPLE WITH HIV WHO ARE COINFECTED WITH HBV OR HCV.

Among the 36.7 million persons living with HIV in 2015, an estimated 2.7 million had chronic HBV infection and 2.3 million had been infected with HCV. Liver diseases are a major cause of morbidity and mortality among those living with HIV and coinfecting with viral hepatitis. These people should be diagnosed and provided with appropriate and effective treatment for both HIV and hepatitis as a priority.

### 06 THE ROAD TO ELIMINATION BY 2030 REQUIRES A COMPREHENSIVE PUBLIC HEALTH APPROACH TAKEN TO SCALE.

The information contained in this global report can guide countries and global partners on the road to elimination of viral hepatitis. First, a strategic information system based on surveillance and programme data is needed to direct policy change and implementation. Second, service coverage of testing and treatment needs to be rapidly scaled up. Third, hepatitis services need to be delivered through a public health approach to benefit all. Fourth, sustainable financing is required to enable universal health coverage, the overarching framework for health in the 2030 Agenda for Sustainable Development. Fifth, innovations are necessary; new diagnostics, treatments, cure and vaccines need to be developed, tested and delivered urgently to transform the hepatitis response and attain the elimination targets.

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