

REPORT OF THE WHO GLOBAL PARTNERS' MEETING ON

HEPATITIS ELIMINATION

CHÂTEAU DE PENTHES, PREGNY-CHAMBÉSY
(GENEVA, SWITZERLAND) 27–28 FEBRUARY 2019



MEETING REPORT

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TABLE OF CONTENTS

Executive summary	6
Acronyms and abbreviations	7
1. Day one: Partnerships for global goods	8
1.1. The status of the elimination initiative in 2019	8
1.2. Universal health coverage (UHC): service delivery	8
1.3. Universal health coverage (UHC): procuring commodities	9
1.4. Financing hepatitis elimination	9
1.5. Strategic information: towards a global data collaborative	10
2. Day two: Implementation at the country level	12
2.1. Country progress	12
2.2. Partners' panel	13
2.3. Group work	15
3. Conclusions of the meeting	17
3.1. Commitment from WHO	17
3.2. Commitment from partners	17
Annexes	19

EXECUTIVE SUMMARY

The Global Hepatitis Programme convened a partners' meeting to take stock of the progress towards elimination of hepatitis and to identify new opportunities for collaboration. While global goods such as guidelines have been made available to facilitate implementation, testing and treatment have not reached a high level of coverage at country level. On the first day, partners reviewed the opportunity that universal health coverage (UHC) provides for elimination, explored options for procurement of treatment and diagnostic commodities at better prices, examined the implications of using domestic funding for elimination and outlined the concept of a global collaborative for strategic information. On the second day, countries expressed their needs, while partners presented what they can offer. Group discussions identified enablers for elimination. The meeting closed with pledges of closer collaboration in order to accelerate country, regional and global responses towards elimination.

ACRONYMS AND ABBREVIATIONS

AASLD	American Association for the Study of Liver Diseases
ANRS	Agence Nationale de Recherches sur le Sida et les Hépatites Virales
APASL	Asian Pacific Association for the Study of the Liver
CDA Foundation	Center for Disease Analysis
CGHE	Coalition for Global Hepatitis Elimination
CHAI	Clinton Health Access Initiative
DAA	direct-acting antiviral (drug)
DNDi	Drugs for Neglected Diseases initiative
EASL	European Association for the Study of the Liver
ECDC	European Centre for Disease Prevention and Control
ECHO	Extension for Community Healthcare Outcomes
FIND	Foundation for Innovative New Diagnostics
GBD	Global Burden of Disease (study)
GHP	(WHO) Global Hepatitis Programme
GHSS	Global Health Sector Strategy
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GRSH	Global Reporting System for Hepatitis
HBV	hepatitis B virus
HCV	hepatitis C virus
HDV	hepatitis D virus
HIC	high-income country
IARC	International Agency for Research on Cancer
IAS	International AIDS Society
ICE	International Coalition to Eliminate HBV
IHME	Institute for Health Metrics and Evaluation
INPUD	International Network of People who Use Drugs
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NAT	nucleic acid test/testing
PIH	Partners In Health
PMTCT	prevention of mother-to-child transmission
POC	point-of-care (test)
PWID	people who inject drugs
TB	tuberculosis
UHC	universal health coverage
UMIC	upper-middle-income country
UNDP	United Nations Development Programme
US CDC	United States Centers for Disease Control and Prevention
WHA	World Hepatitis Alliance

1. DAY ONE: PARTNERSHIPS FOR GLOBAL GOODS

1.1. The status of the elimination initiative in 2019

WHO's Global Hepatitis Programme (GHP) and a representative of the authors of the Lancet Commission on Hepatitis Elimination presented an overview of the progress since the World Health Assembly resolution of 2016. While WHO and its partners have provided many global goods to facilitate work at the country level (e.g. guidelines), progress towards elimination remains limited. Progress has been made in terms of prevention, although timely birth dose coverage with the hepatitis B vaccine in Africa and the global coverage of harm reduction interventions remain low. In contrast, progress in testing and treatment has been limited and has not reached high coverage levels apart from a number of high-burden champion countries that launched ambitious programmes.

1.2. Universal health coverage (UHC): service delivery

Hepatitis programme managers seeking to achieve elimination through UHC must think of what they want to achieve as if they were health system planners. This means that the UHC menu of interventions should include public health interventions as long as they are effective, affordable, cost effective and possible to integrate in existing service delivery systems. For hepatitis, UHC considers (a) treatment of persons diagnosed with hepatitis B virus (HBV) or hepatitis C virus (HCV) infection, (b) focused testing for HBV and HCV, (c) population testing for HBV and HCV, and (d) prevention of mother-to-child transmission (PMTCT) of HBV. Hepatitis can be a positive case study for UHC because it is a high-impact intervention. The WHO hepatitis price tag exercise suggests that elimination would add an additional \$59 billion between 2016 and 2030 (1.5%) to the cost of the total UHC package. Even though the upfront investment is substantial, the impact is high as this investment would reduce mortality by 5% and result in a 9.6% increase in healthy

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