

**Global progress on the elimination of viral hepatitis as a major
public health threat: An analysis of WHO Member State responses**

2017

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Table of contents

Appendix 1.....	2
Appendix 2.....	4
Appendix 3.....	5

Appendix 1. Responding Member States with official working estimates on key HBV and HCV monitoring and evaluation indicators in 2017 and set targets on (i) reducing morbidity and mortality and (ii) increasing prevention and treatment activities, by WHO region, income group, and focus country.

Appendix 1.1 Responding Member States with official working estimates on key HBV and HCV monitoring and evaluation indicators in 2017, by WHO region, income group, and focus country.

	Prevalence		Incidence		Diagnosed		Treatment Coverage		Suppression	Cure	Mortality	
	HBV	HCV	HBV	HCV	HBV	HCV	HBV	HCV	HBV	HCV	HBV	HCV
Total Responding Member States N=135 (% of N)	76 (56%)	69 (51%)	46 (34%)	42 (31%)	25 (19%)	31 (23%)	19 (14%)	30 (22%)	11 (8%)	25 (19%)	32 (24%)	34 (25%)
WHO region												
Eastern Mediterranean N=16 (% of N)	11 (69%)	12 (75%)	9 (56%)	9 (56%)	3 (19%)	5 (31%)	5 (31%)	8 (50%)	4 (25%)	7 (44%)	4 (25%)	5 (31%)
Western Pacific N=19 (% of N)	15 (79%)	9 (47%)	7 (37%)	5 (26%)	4 (21%)	4 (21%)	4 (21%)	4 (21%)	2 (11%)	3 (16%)	6 (32%)	6 (32%)
Americas N=19 (% of N)	6 (32%)	5 (26%)	4 (21%)	3 (16%)	1 (5%)	2 (11%)	0 (0%)	1 (5%)	0 (0%)	1 (5%)	2 (11%)	1 (5%)
South-East Asia N= 8 (% of N)	4 (50%)	4 (50%)	1 (13%)	0 (0%)	1 (13%)	1 (13%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Europe N=46 (% of N)	30 (65%)	31 (67%)	24 (52%)	25 (54%)	14 (30%)	18 (39%)	9 (20%)	15 (33%)	5 (11%)	13 (28%)	18 (39%)	19 (41%)
Africa N=27 (% of N)	10 (37%)	8 (30%)	1 (4%)	0 (0%)	2 (7%)	1 (4%)	1 (4%)	2 (7%)	0 (0%)	1 (4%)	2 (7%)	3 (11%)
Income category												
High N=41 (% of N)	29 (71%)	30 (73%)	21 (51%)	22 (54%)	12 (30%)	16 (39%)	7 (17%)	15 (37%)	5 (12%)	15 (37%)	16 (39%)	17 (42%)
Upper-middle N=32 (% of N)	18 (56%)	16 (50%)	12 (38%)	10 (31%)	3 (9%)	4 (13%)	3 (9%)	5 (16%)	1 (3%)	2 (6%)	7 (22%)	7 (22%)
Lower middle N=35 (% of N)	19 (54%)	14 (40%)	9 (26%)	7 (20%)	6 (17%)	7 (20%)	7 (20%)	7 (20%)	4 (11%)	6 (17%)	5 (14%)	5 (14%)
Low N=24 (% of N)	9 (38%)	8 (33%)	3 (13%)	2 (8%)	4 (17%)	4 (17%)	1 (4%)	2 (8%)	0 (0%)	1 (4%)	3 (13%)	4 (17%)
n/a N=3 (% of N)	1 (33%)	1 (33%)	1 (33%)	1 (33%)	0 (0%)	0 (0%)	1 (33%)	1 (33%)	1 (33%)	1 (33%)	1 (33%)	1 (33%)

Appendix 1.2 Comparison of responding MS with an official working estimate on mortality attributable to viral hepatitis and responding MS with set targets on reducing morbidity and mortality in 2017.

Targets for reducing morbidity or mortality	Official working estimate on mortality attributable to viral hepatitis					
	HBV		HCV		HBV and HCV	
	Yes	No	Yes	No	Yes	No
Set N=36 (% of N)	18 (50%)	18 (50%)	20 (56%)	16 (44%)	18 (50%)	16 (44%)
No N=34 (% of N)	4 (12%)	30 (88%)	5 (15%)	29 (85%)	4 (12%)	29 (85%)

Appendix 1.3 Comparison of responding MS with an official working estimate on the proportion currently on treatment (HBV) or initiated on treatment (HCV) and responding MS with set targets for increasing prevention and treatment activities in 2017.

Targets for activities to prevent or treat HBV and/or HCV	Official working estimate on proportion currently on treatment (HBV) or initiated on treatment (HCV) in the last year, among people living with chronic hepatitis infection					
	HBV		HCV		HBV and HCV	
	Yes	No	Yes	No	Yes	No
Set N=65 (% of N)	16 (25%)	49 (75%)	25 (39%)	40 (62%)	15 (23%)	39 (60%)
No N=21 (% of N)	0 (0%)	21 (100%)	1 (5%)	20 (95%)	0 (0%)	20 (95%)

Appendix 2. Email request for information sent to WHO Members States.

Greetings [insert name],

The World Health Organization in collaboration with Glasgow Caledonian University and the World Hepatitis Alliance are in the process of collecting information on country responses to hepatitis. The aim of this project is to track countries' progress in the uptake of the Global Health Sector Strategy on hepatitis. Key results will be made available for World Hepatitis Day on 28 July 2017 and the global results will be presented at the World Hepatitis Summit in São Paulo in November 2017.

In order to gather this information, a country profile form has been created online and can be viewed in the 6 official UN languages. The form is relatively short, and it can be saved onto a computer before submitting. This gives an opportunity to complete it in multiple sessions and consult with other colleagues if necessary before submitting.

We hope to get responses by **the end of March 2017**.

We kindly ask that you complete your country profile using the following link:

https://ec.europa.eu/eusurvey/runner/CountryResponseProfileOnHepatitisBandC2016_17

Attached is a picture highlighting certain functions on the country profile page.

Please feel free to contact Shanley Smith at Shanley.Smith@gcu.ac.uk or Hande Harmanci at harmancih@who.int if you have any questions. Thank you and we look forward to your response.

Appendix 3. Instructions for completing online country profile on viral hepatitis sent to WHO Member States.

Save here to continue later.

Save a backup on your local computer (disable if you are using a public/shared computer)

Country Response Profile on Hepatitis B and C (2016/17)

Fields marked with * are mandatory.

Disclaimer

The European Commission is not responsible for the content of questionnaires created using the EUSurvey service - it remains the responsibility of the form creator and manager. The use of EUSurvey service does not imply a recommendation or endorsement, by the European Commission, of the views or opinions expressed within them.

At the 69th World Health Assembly, on 28th May 2016, representatives from 194 WHO Member States unanimously endorsed the first-ever Global Health Sector Strategy (GHSS) on viral hepatitis for 2016-2021. The strategy aims to inspire countries to eliminate hepatitis as a public health threat by 2030, with impact targets set globally for a 90% reduction in new chronic infection and 65% reduction in deaths from viral hepatitis by 2030. To achieve these impact targets, the strategy also outlines service coverage targets relating to the scale-up of prevention and treatment interventions. To monitor and evaluate the GHSS on viral hepatitis, the WHO has proposed a framework that includes indicators to assess progress in terms of output, outcomes and impact. On the basis of this framework, countries can set up systems for data collection, analysis and reporting for monitoring and evaluation (M&E).

In addition to the system that will be in place to keep track of output, outcome and impact at the country level, the WHO will provide support to countries in their response profile in terms of policy decisions and initial progress. Answers to the questions listed below will be used to generate country response profiles, focusing initially on indicators of structure (e.g., policy decisions), input (e.g., budget allocation) and output (e.g., implementation of WHO guidelines). The country response profiles will be useful to document initial progress on the strategy and to inform the development of WHO guidelines. The country response profiles will be presented at the WHO Hepatitis Summit in November 2017. We look forward to helping you in this task of preparing your response profile.

If you have any questions throughout this process, please email Hande Harmanci: harmancih@who.int

Section 1: WHO member state details

*Q1.1 WHO member state:

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