Call to Action for Liver Associations to Advance Progress Towards Viral Hepatitis Elimination: A Focus on Simplified Approaches to HCV Testing and Cure.

Signatories:

AASLD, EASL, APASL, ALEH

Acknowledgment of collaboration with CHAI

The tools exist to achieve the World Health Organization (WHO) elimination goals for both hepatitis C virus (HCV) and hepatitis B virus (HBV) infections within the next decade. Because of the differences in approaches to HCV and HBV elimination, each will be addressed in separate calls to action, with this call focusing on HCV.

Call to Action:

The time has come to simplify HCV testing and treatment. Accurate rapid HCV antibody screening and confirmatory viral load testing can be accomplished in a single clinical visit. Pan-genotypic direct-acting antivirals (DAAs) are available in fixed dose combinations with efficacy rates greater than 95% and minimal side effects. Together, these tools allow for simplification and scale-up of HCV treatment with cure of nearly all uncomplicated cases in 8-12 weeks.

To eliminate HCV by 2030, the AASLD, EASL, APASL and ALEH call for bold action, centered around a public health approach to define the burden of viral hepatitis, identify modes of transmission, develop and evaluate interventions, and assure widespread implementation to assure health equity for all populations. To achieve goals for hepatitis elimination, the evidence-based strategies for screening, diagnosis and cure, in line with HCV treatment guidelines from WHO[i] and the UN Political Declaration on Universal Health Coverage must be broadly implemented.

While other components of a public health approach are the primary responsibility of other stakeholders, such as data for planning and evaluation, interventions to prevent transmission in the health sector and the community and civil society mobilization to achieve health equity for all, this Call to Action focuses on four specific themes that address the roles that liver associations and their constituents should play in eliminating HCV:

Simplification of diagnostic and treatment algorithms towards the goal of a one-stop "test and cure" for HCV

Integration of HCV treatment with primary care and other disease programs (e.g. TB, HIV) and outreach settings (harm reduction)

Decentralization of HCV services from large urban referral hospitals to local level care

Task-sharing of HCV care for uncomplicated cases with primary care clinicians, medical officers, advanced practice clinicians, nurses, pharmacists and trained community health workers where available.

Hepatologists throughout the world are called upon to lead development and implementation of these interventions tailored for target populations at risk for HCV in their communities. To make HCV elimination a reality, hepatologists have key roles in public health surveillance, testing, care and treatment policies, advocacy, training, and identification and management of the principal complications of HCV infection: cirrhosis and hepatocellular carcinoma.

Background

Approximately 71 million people worldwide are chronically infected with hepatitis C virus (HCV) making it one of the world's most common infectious diseases.[ii] The epidemic continues to grow, with 1.75 million new infections annually, driven mainly by unsafe injections in the health sector and injecting drug use.[iii] Left untreated, chronic hepatitis C can lead to cirrhosis, hepatocellular carcinoma, extra-hepatic disease and death. Because hepatitis C is a progressive, largely asymptomatic disease, many living with the infection are not aware of their status and will progress to more advanced liver disease in the coming years, resulting in premature deaths and placing an increasingly costly burden on local health systems. For this reason, HCV is often referred to within the health community as the "silent killer." Over the last 15 years, mortality has steadily increased to over 400,000 deaths annually. HBV and HCV combined are responsible for more than 1 million deaths per year and mortality from viral hepatitis is projected to exceed the combined mortality of HIV, TB, and malaria by 2040.[iv]

Despite its high prevalence, only an estimated 20 percent of HCV-infected persons worldwide have been diagnosed and only 7 percent have received treatment.[v] Fortunately, a safe, increasingly affordable and well-tolerated cure is recently available, making elimination of the disease a possibility. Orally formulated DAAs first became available on the market in 2014. WHO-recommended DAA regimens, taken as 8 or 12-week oral regimens, have a cure rate of greater than 95%, minimal side effects, and are effective across all genotypes of HCV. Generic versions of DAA are produced by multiple generic suppliers, including those licensed by originator companies for manufacture and sale in low- and middle-income countries (LMICs).[vi] In addition to the drugs, rapid diagnostic antibody screening tests and HCV viral load tests have enabled the development and release of simplified 2018 WHO guidelines that recommend a simplified public health approach to the care of HCV[vii] . In 2016, the World Health Assembly endorsed the WHO target date of 2030 to achieve elimination goals for hepatitis C virus defined as a reduction in incidence by 80% and in mortality by 65%; nations are encouraged to set and reach goals appropriate for their epidemiologic circumstances.

Prices of DAAs are now cost-saving for the US health system and many other health systems. Generic licenses, and negotiations with suppliers, have led to costs as low as $60 per 12-week course of WHO quality assured DAAs for eligible low- and lower-middle-income countries.

Critical Clinical Strategies of the Public Health Approach to HCV Elimination

In 2003, WHO laid out a vision for a public health approach to delivering antiretroviral therapy (ART) for HIV disease, recommending rapid screening and initiation of ART on the basis of clinical symptoms, and use of a standardized first line drug regimen. These efforts along with integration of HIV care with primary care, and rapid decentralization and task-shifting have been

broadly credited with providing the foundation for the scale-up of life-saving HIV treatment in resource-poor settings.
The same health system challenges to HIV care impinge upon efforts to eliminate hepatitis C in LMICs and in resource-limited settings in high-income countries such as the USA.

As components of a public health approach, four focus clinical strategies to broadly implement HCV testing and treatment are:

Simplification

- Diagnosis of chronic HCV infection is possible in one clinic visit, with rapid antibody screening and a single reflexive viral load test.
- Use of standardized treatment regimens using pan-genotypic DAAs means that genotypic testing is no longer necessary prior to treatment initiation.
- To confirm cure, a 2nd viral load test, performed 12 weeks post-treatment, will confirm sustained virologic response.
- Since the after SVR, anti-HCV remains positive for many years, the treated subjects should be declared uninfected and should not be marginalized merely because of antibody positive test.

Integration

- Integration where it makes sense (e.g. with HIV programs in sub-Saharan Africa, harm reduction programming throughout the world, primary care)
- Inclusion of HCV services in all aspects of the health system – clinical service delivery wards, prevention services, education curricula, monitoring & evaluation systems, domestic and donor health budgets, supply chain systems, laboratory networks and program planning & management.

Decentralization

- Expansion of effective interventions to all levels of the health system to scale and more broadly reach populations at-risk of infection.

Task Sharing

- Hepatologists and other specialists (including advanced practice clinicians and clinical pharmacists trained in hepatology), have a critical role to play in safely advancing the capacity of other clinical care providers to diagnose and treat uncomplicated cases of HCV in LMICs and resource-limited settings in high income countries. The role of specialists where diagnosis and treatment of straightforward cases is task-shifted includes:
    - managing complex cases (cirrhosis, hepatocellular carcinoma, liver transplants);
    - creating and maintaining appropriate referral pathways from public health and primary care programs to specialists from the management of complex cases;
    - becoming super-mentors providing clinical mentoring (including virtual mentoring systems, such as ECHO);
    - advising health ministries' development of hepatitis program plans, hepatitis testing and treatment policies and negotiations to obtain affordable diagnostics and therapies;
    - participating in local coalitions of public and private stakeholders to implement all aspects of the public health approach to viral hepatitis elimination;
    - advocating to raise visibility of the hepatitis related health burden and benefits of testing and treatment to decision-makers;

- providing up-to-date education related to HCV prevention, screening, diagnosis, and treatment appropriate to the needs of primary care physicians, advanced practice providers, and other allied health professionals.

- In addition to the above initiatives, hepatologists will be expected to continue to provide exemplary care to all patients with HCV, regardless of disease complexity, referred to their clinical centers.

Way Forward as HCV Elimination Proceeds

We call on all members of liver societies throughout the world to commit to advancing simplified approaches to HCV elimination including large-scale implementation of HCV screening, diagnosis and treatment. Specifically, we urge members to:

- Work with ministries of health to design and deliver HCV elimination programs, including the development of simplified clinical guidelines and service delivery approaches that allow for integration with primary care and other disease programs; negotiations to obtain affordable diagnostics and therapies decentralization of services; and task-sharing of screening, diagnosis and treatment of uncomplicated HCV cases.
- Provide clinical expertise to help develop data systems to monitor implementation of proven strategies and progress toward elimination goals such as testing and treatment targets.
- Endorse and draw attention to evidence-based HCV prevention efforts such as harm reduction programs, universal adoption of single-use syringes in health care settings, good sterile practices, and universal screening of blood products.
- Advocate for policy change and work with multiple stakeholders in countries, including patient groups, community leaders, civil society, local WHO offices, parliament, and academic centers; encourage ministries of health and finance to establish and fund hepatitis programs and expand services.
- Support educational programs to remove stigma and discrimination associated with hepatitis C infection that will encourage individuals to be tested/treated and provide them equal opportunities in professional and social activities
- Initiate and participate in clinical research to guide development of treatment policies for populations not currently recommended for therapy and to improve access to HCV testing and treatment in non-specialty settings particularly for marginalized populations.
- Lead and participate in clinical mentoring programs of primary care physicians, trained nurses, and other advanced allied health care providers.
- Facilitate sharing of clinical hepatology data such as cirrhosis and hepatocellular carcinoma deaths to assist in tracking of liver-related mortality.
- Share implementation strategies and lessons learned via liver society meetings and publications, the Coalition for Global Hepatitis Elimination community of practice (www.globalhep.org), and other appropriate channels to promote widespread adoption of interventions and hepatitis C elimination in other communities and globally.

There is no time to waste. In 2016, all WHO member states committed to the global goals for eliminating viral hepatitis by 2030. Implementing simplified approaches to diagnosis, treatment and cure of hepatitis C is a critical component of the overall effort. The regional liver societies of the world commit to working collaboratively to advance simplified clinical approaches to make hepatitis C elimination a reality.

[i] WHO guidelines for the care and treatment of persons diagnosed with chronic HCV infection, 2018. World Health Organization, Geneva.

[ii] Polaris Observatory HCV Collaborators. Global prevalence and genotype distribution of hepatitis C virus infection in 2015: a modeling study. Lancet Gastroenterol Hepatol 2017; 2: 161–76.

[iii] World Health Organization. Global Hepatitis Report, 2017.

[iv] Foreman KJ et al Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016-2040 for 195 countries and territories. Lancet 2018; 392: 2052-90 (from IHME Global Burden of Disease study)

[v] World Health Organization. Global Hepatitis Report, 2017.

[vi] World Health Organization. Global Hepatitis Report, 2017.

[vii] WHO guidelines for the care and treatment of persons diagnosed with chronic HCV infection, 2018. World Health Organization, Geneva.

Signature Page Follows

Signed in Boston, Massachusetts, on Sunday, November 10, 2019

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