Launch of the Coalition for Global Hepatitis Elimination: a recommendation of the Lancet Gastroenterology & Hepatology Commission

In response to a recent Lancet Gastroenterology & Hepatology Commission on accelerating the elimination of viral hepatitis, The Task Force for Global Health has launched the Coalition for Global Hepatitis Elimination (CGHE). Modelled after other disease elimination initiatives managed by the Task Force, CGHE aims to strengthen the capacity of national and subnational hepatitis elimination programmes through advocacy, technical assistance, knowledge generation, and dissemination among partners united in a community of practice.

A global coalition to eliminate viral hepatitis is needed for several reasons. First, viral hepatitis is a large global health threat causing an estimated 1·4 million deaths per year. Of these deaths, 95% are the result of chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infection and associated cirrhosis and liver cancer. About 325 million individuals are living with HBV or HCV infection and an estimated 2·8 million new chronic infections occur annually.

Second, although the goals for elimination of viral hepatitis as a global health threat are straightforward—a 90% reduction in incidence and 65% reduction in mortality by 2030—the strategies needed to reach these goals are complex. High coverage with hepatitis B vaccine among infants with the first dose delivered preferably within 24 h of birth, coupled with other perinatal prevention strategies, is required to eliminate HBV infection among children, thereby preventing liver disease in later life. Changes in injection practices and access to sterile injection equipment are necessary to stop HBV and HCV transmission in health-care settings and among people who inject drugs. To meet goals for mortality reductions, HBV and HCV testing and treatment must be widely available in diverse settings to detect and refer for care and treatment the estimated 300 million infected individuals unaware of their infection. All these interventions require data to guide planning, monitor implementation, and track progress toward elimination goals. Mobilisation of civil society and engagement of political leaders and other stakeholders is also essential to promote government action and commitment of public and private resources.

Third, some national and subnational (ie, micro-elimination) programmes are successfully meeting these objectives. China and other countries in the western Pacific region achieved a 90% reduction in HBV prevalence in children by implementing routine hepatitis B vaccination of infants beginning at birth. Egypt, Georgia, and Iceland implemented large-scale HCV testing and linkage to care and treatment programmes, with subsequent declines in prevalence. At the local level, programmes in prisons and other settings have achieved large reductions in HCV prevalence. All these initiatives provide important lessons learned in hepatitis elimination and health system strengthening. However, there is no platform for sharing these experiences.

Fourth, most hepatitis elimination programmes, planned or ongoing, are resource constrained, with scarce capacity for implementation. Building sufficient capacity to achieve elimination requires development of partnerships and sources of funding.

The fragmented efforts and low capacity for viral hepatitis elimination was recognised by the Commission, convened by The Lancet Gastroenterology & Hepatology to examine global and regional challenges and recommend actions needed to accelerate progress toward hepatitis elimination. The Commission recommended collective global action to improve hepatitis elimination financing and build programme capacity. The Commission highlighted the activities of the first elimination programmes and how sharing experiences will help all countries make progress towards elimination. The International Task Force for Disease Eradication has made a similar call for action.

In response, CGHE will provide five axes of services to assist national and subnational elimination programmes. First, CGHE will act as a community of practice for hepatitis elimination, bringing together stakeholders, including global health agencies, private industry, non-governmental organisations, technical
experts, and national and subnational elimination programmes. These partners can share the status of programme development and their experiences in planning and implementing prevention, care, and treatment strategies. The CGHE will provide data dashboards regarding disease burden and progress toward elimination goals. To resolve barriers to implementation, CGHE will provide opportunities for peer-to-peer collaborations and distance-based training and mentoring.

CGHE will also provide reliable information to guide programme planning, linking to normative guidance from WHO and other respected organisations, and providing a repository of pre-appraised, synthesised evidence (systematic reviews and guidance documents), beginning with hepatitis B birth-dose vaccination, with prioritised topics of HBV and HCV testing and treatment and others to follow. CGHE staff will help partners, particularly in low-income and middle-income countries, prepare reports to inform stakeholders and for peer-review publication.

CGHE will act as a help desk for hepatitis elimination. Guided by a technical advisory board, CGHE will promote peer-to-peer consultations among partners, make technical experts available for consultation to address specific issues, and develop web-based tools for budget planning and other activities relevant to elimination programmes. CGHE is working with WHO to assist member countries to analyse and report hepatitis surveillance and other strategic information.

The CGHE community of practice will help reach consensus on priorities for operational research. With a research agenda, periodically updated over time, CGHE will coordinate prioritised studies and serve as a repository of information regarding research activities.

CGHE will assist civic mobilisation and stakeholder engagement. CGHE can disseminate health promotion campaigns and, in collaboration with implementing programmes, prepare model communication tools to increase awareness of hepatitis elimination among stakeholders and the public. CGHE recently honoured the work of six “Hepatitis Elimination Champions” responsible for major advances in hepatitis elimination in their communities, particularly in resource-constrained settings. Through these activities, CGHE aims to increase the visibility of viral hepatitis elimination and offer opportunities to engage new partners.

Over time, CGHE is expected to expand the number of national and subnational programmes and other partners participating in the community of practice, the richness of information resources, the expertise in providing technical assistance, the topics for operational research, and the depth of experience in communicating with stakeholders. By providing these services, CGHE aims to accelerate progress toward viral hepatitis elimination.

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