

# What is Needed to Put NASH on the Radar for WHO?

## *Lessons Learnt From Viral Hepatitis*

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# Who Really Counts?





# Who Really Counts?





# Who Really Counts?



The  
people!!!!

Scientific  
community

# What is needed?

- **Numbers (incidence, prevalence, morbidity, mortality)**
  - Don't need to be true...
  - Impressive is enough...
- **Political support**
  - Pressure from the patients, *i.e.* voters
  - Support from politicians under pressure

# “Elimination“ of Viral Hepatitis by 2030

- **WHO vision:** “A world where viral hepatitis transmission is stopped and everyone has access to safe, affordable and effective treatment and care”
- Elimination as a public health issue of concern: remove sustained transmission, remove hepatitis as a leading cause of mortality
- “Elimination“ and not “eradication“:
  - Long wave of prevalence will remain for decades
  - Should be understood as “Elimination of viral hepatitis as a public health threat by 2030“

# Key Interventions for Scale-up

1. Hepatitis B vaccination (including birthdose)
2. Safe injection practices and safe blood
3. Harm reduction for injecting drug users
4. Safer sex (including condom promotion)
5. Hepatitis B treatment
6. Hepatitis C cure



# WHO Vision

*Eliminate viral hepatitis as a major public health threat by 2030*

**90%** reduction in  
new chronic HCV  
infections

Treatment of **80%** of  
eligible persons with  
chronic HCV infection

**65%** reduction in  
mortality rates

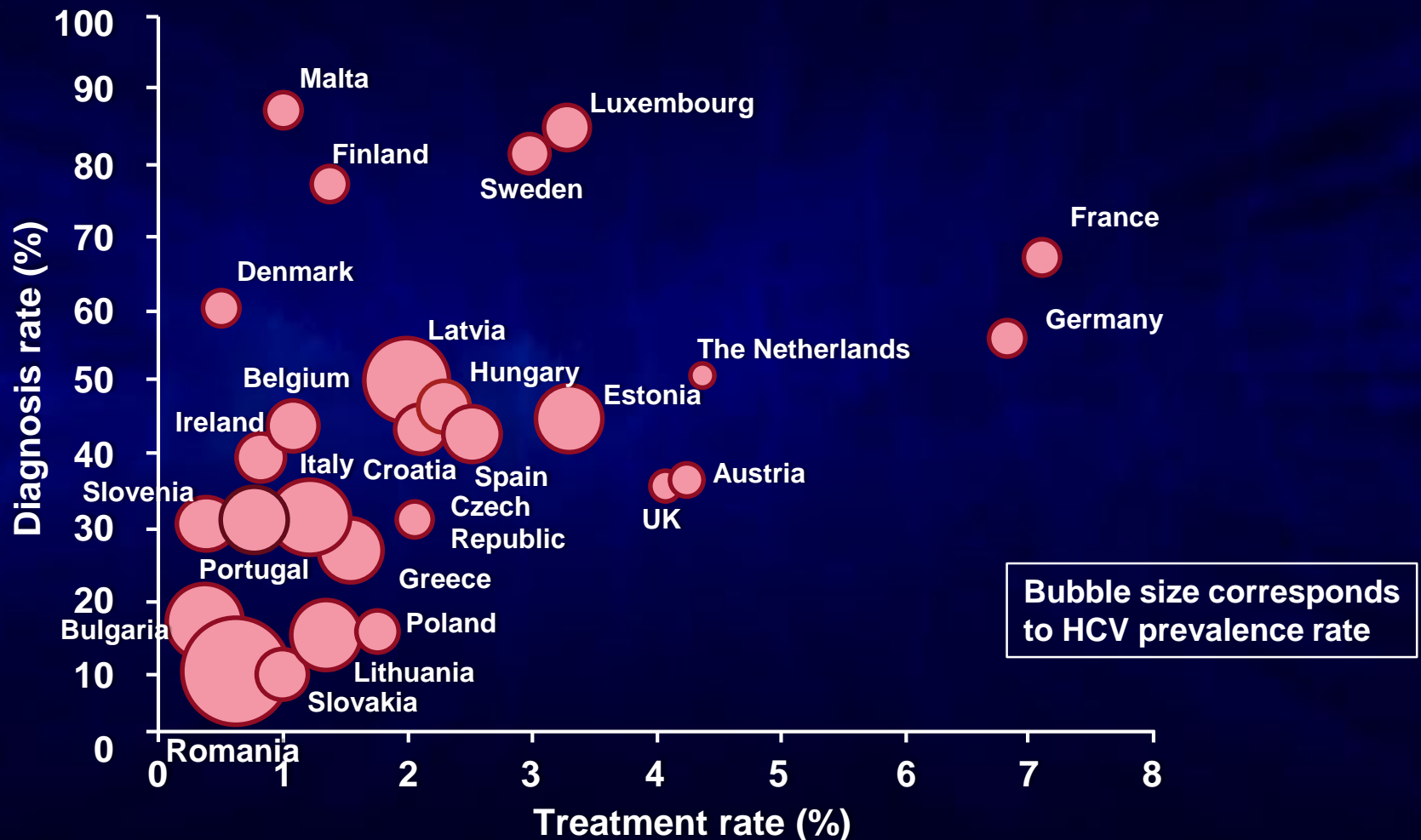


# What Remains to be Done

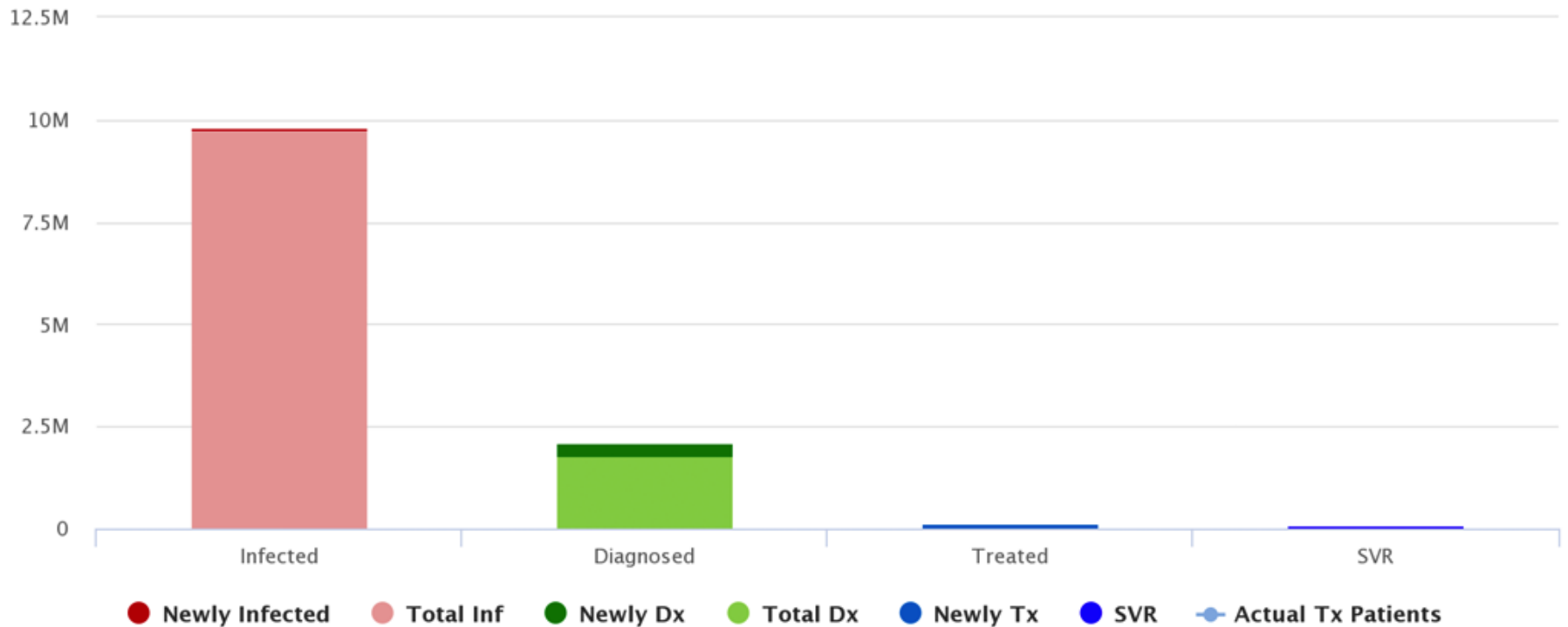




# HCV Diagnosis and Treatment Rates in Europe



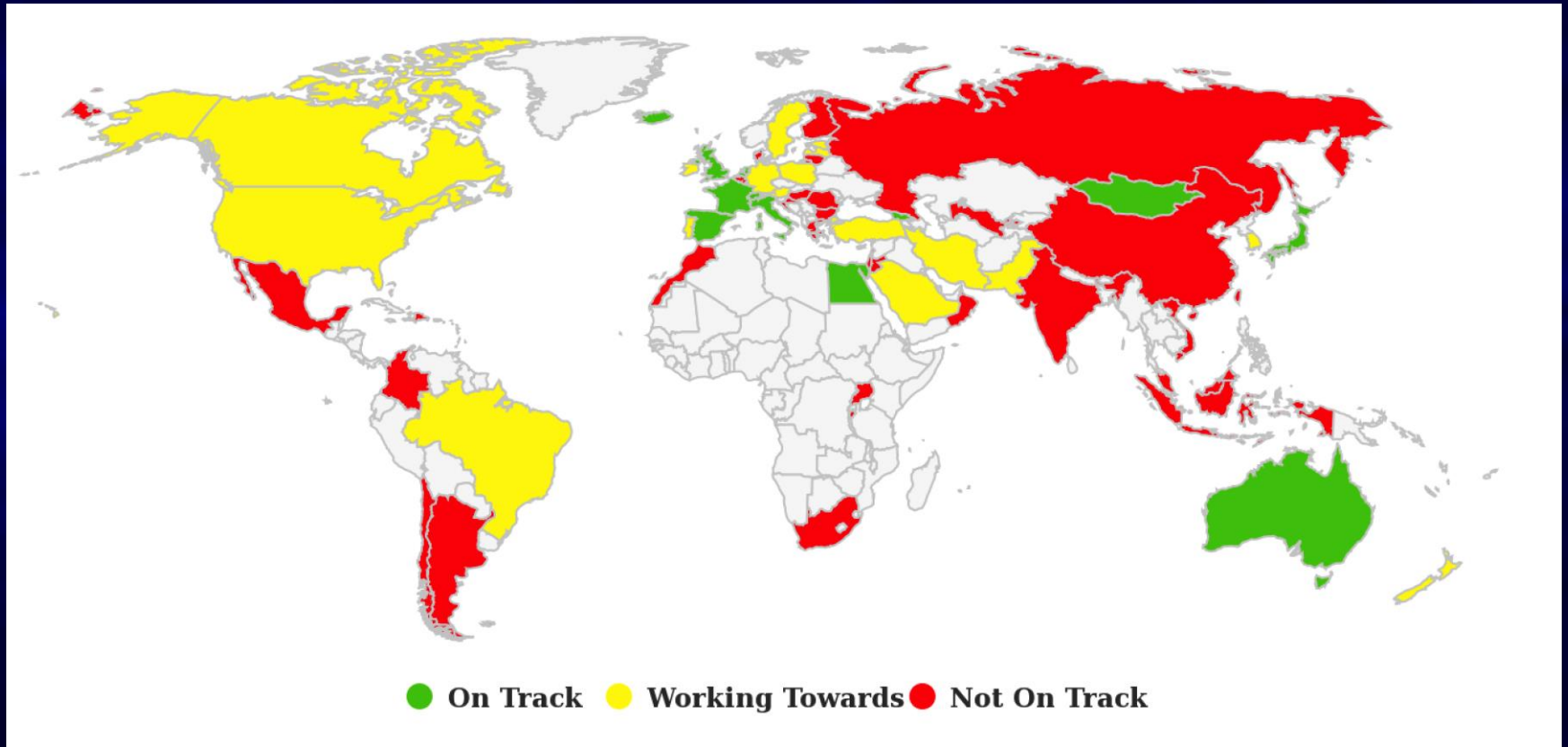
# Cascade of Care in China (2017)







# Countries on Track to Achieve WHO Elimination Targets








# Putting NASH on the Radar... and Making a Difference

- Generating numbers (incidence, prevalence, morbidity, mortality)
- Developing efficacious, safe, well-tolerated therapies and get them approved (FDA, EMA, etc)
- Raising awareness about the disease
- Implementing national action plans
- Simplifying diagnosis, decision to treat and monitoring
- Getting patients to treatment

# Generating Numbers



CDAF — Polaris — GPRO — Our Team — Contact — Library — Donate — Twitter



## POLARIS OBSERVATORY

[Terms & Conditions](#)[Other Countries' Data](#)[Request Data](#)

[INTRO](#)[HEPATITIS C](#)[HEPATITIS B](#)

The authoritative resource for epidemiological data, modeling tools, training, and decision analytics to support global elimination of hepatitis B and C by 2030.

### THE PROBLEM

Today, an estimated 71 million individuals globally are infected with Hepatitis C virus (HCV), a curable disease that can lead to cirrhosis and liver death. Approximately 400,000 people die each year from causes related to HCV, which can be eliminated through coordinated efforts for prevention and treatment. Unfortunately, as of 2017, only 20% of those infected patients have ever been diagnosed, and, currently, only 2% of total infected patients are being treated for the disease annually. Only 9 countries are currently on track to achieve the WHO HCV elimination targets by 2030.

### WHO WE ARE

The Polaris Observatory, an initiative of the non-profit CDA Foundation, provides epidemiological data, modeling tools, training and decision analytics to support eliminating Hepatitis B and C globally by 2030. The observatory offers the most up-to-date estimates for the hepatitis C virus (HCV), hepatitis B virus (HBV) disease burden and economic impact, and offers strategies for elimination of each virus, along with financing options. An independent advisory board with representatives from global health organizations, academia, civil societies and donors oversees the activities of the observatory.

### WHAT WE DO

The Polaris Observatory's teams of epidemiologists work directly with stakeholders in over 100 countries to assess the current – and future – disease burden of hepatitis, model economic impact, and develop strategies that can achieve country-defined targets to eliminate it. By developing partnerships at country and regional levels, the observatory collects and analyzes data for its platform and publishes key findings to enable policies around hepatitis elimination. We have over 65 peer-reviewed journal articles on hepatitis epidemiology and economic impact—in publications such as The Lancet, the Journal of Viral Hepatitis, and the Journal of Medical Economics.

The observatory offers the following tools and services to all countries interested in collaborating:

- HCV disease burden modeling
- HCV economic impact modeling
- HBV vertical transmission (vaccination/treatment), horizontal transmission and disease burden modeling
- HBV economic impact modeling
- Financing hepatitis screening and elimination programs

## COUNTRIES ON TRACK TO ACHIEVE WHO ELIMINATION TARGETS



# Raising Awareness



# Current Situation

## KNOWLEDGE

Hepatologists  
Diabetologists  
Diagnosed patients  
Advocacy groups

## IGNORANCE

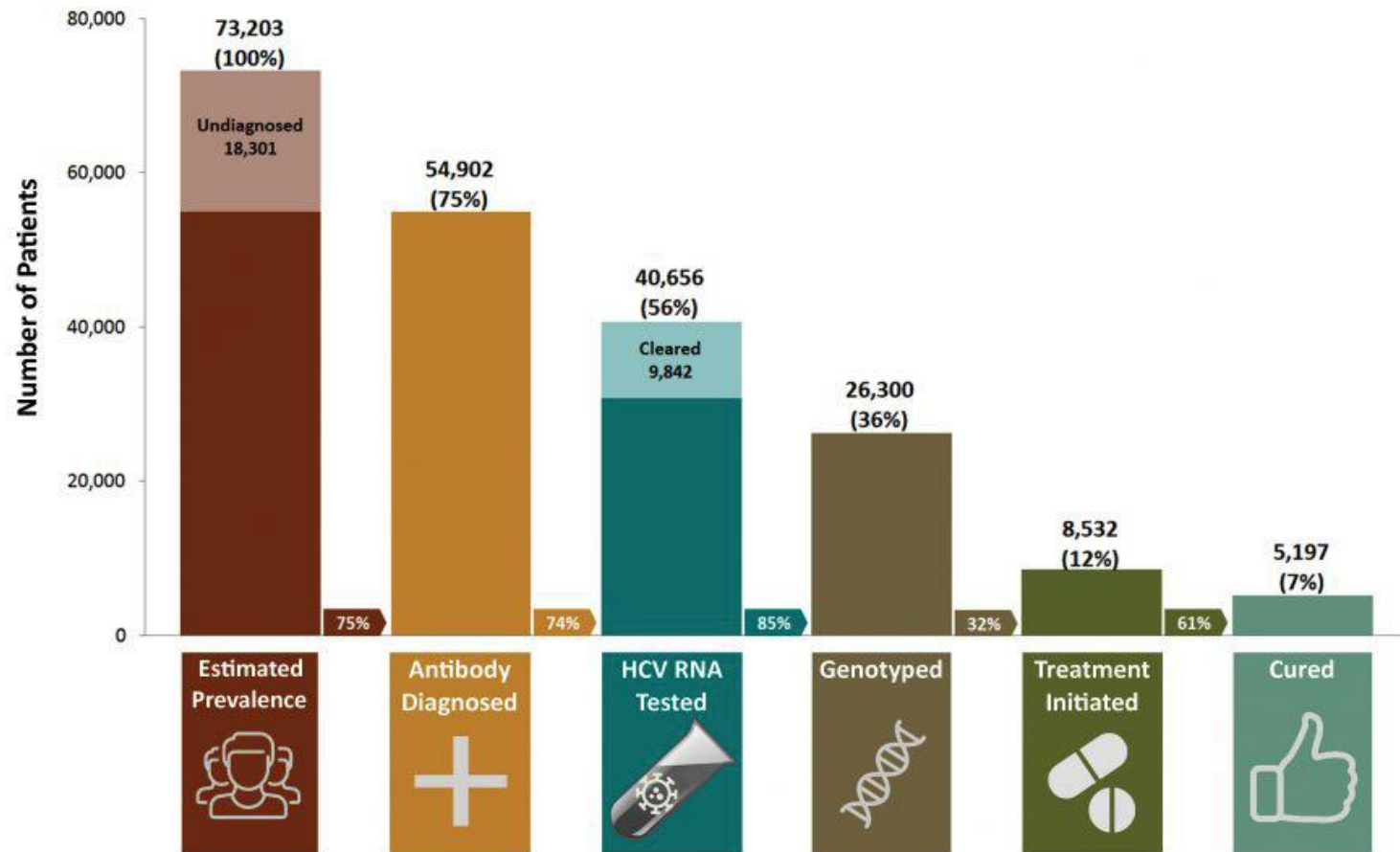
Other specialists  
General practitioners  
Patients  
Public in general  
Politicians  
Policy makers  
Payers  
Medias



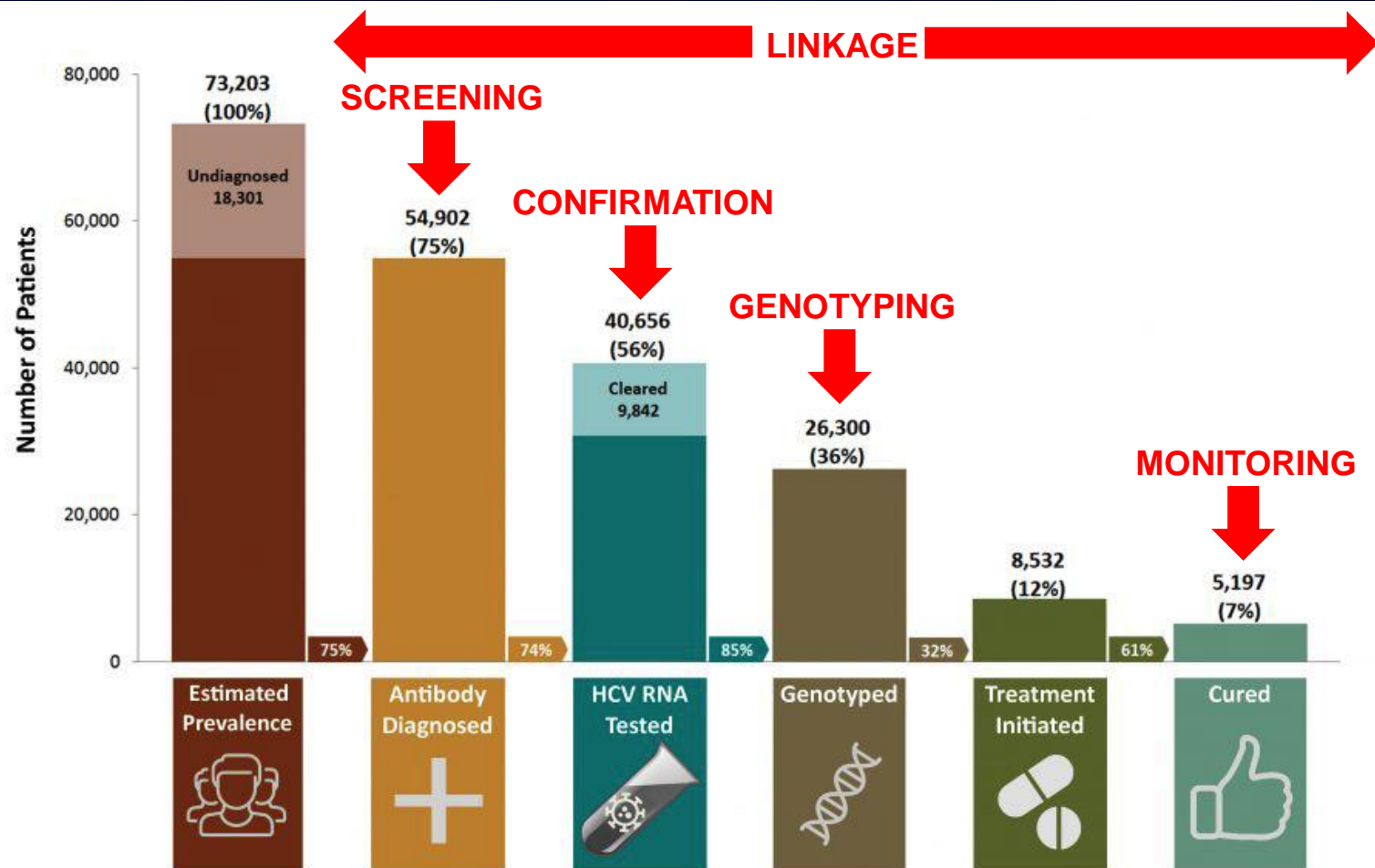




# HCV Cascade of Care (BC)



# HCV Cascade of Care (BC)





# Getting Patients to Treatment

- **Prioritization vs universal treatment**
- **Cost (price for drugs, price for diagnosis and monitoring, etc)**
- **Political support for elimination**
- **National plan for action**

# National Plan: 3 Scenarios

- **Implementation without a plan**
  - Essential role for coordination and monitoring
  - Wasted resources
- **Plan without implementation**
  - Pressure from civil society
  - Challenge with implementation
- **Implemented plan**
  - Based on wide consensus
  - Costed and funded
  - Clear role and responsibilities of all stakeholders
  - Having frameworks of accountability and monitoring

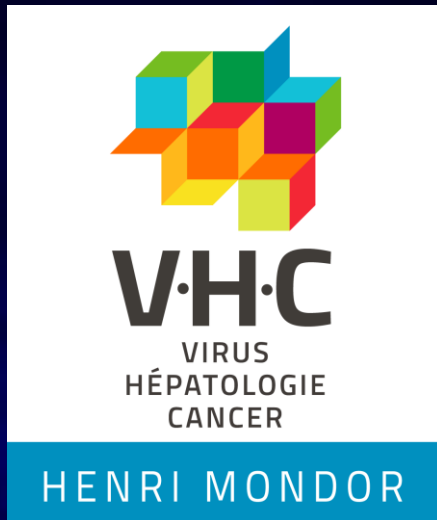
# **Role of Industry**

- **Provide safe, well-tolerated efficacious treatments and diagnostic/monitoring tools**
- **Offer reasonable prices (based on local policy)**
- **Favor access to care**
- **Help educate, raise awareness, spread knowledge**
- **Be active members of the community, at the right place relative to other stakeholders**
- **Communicate on their role and actions**









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