

## APAC Hepatitis Tussle: Can we achieve hepatitis elimination goals by 2030?

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**"Diagnostics Media and Policy Forum" :: Dr. Roberta Sarno, Director, APAC Liver Disease Alliance; Dr. John Ward, Director, Coalition for Global Hepatitis Elimination and Dr. Saeed Hamid, Professor and Chair, Department of Medicine, Aga Khan University**



According to recent statistics, approximately 304 million people worldwide are diagnosed with chronic infections of hepatitis B or C, as of 2022. Approximately 86% of the 254 million people living with hepatitis B are unaware of their infection and 97% have not been treated. Further, it is estimated that 63% of the 50 million people living with hepatitis C are unaware of their infection, and 80% have not been treated. The Asia Pacific region (APAC), accounts for 63% of the global death toll from hepatitis, numbering one million each year, a death rate three times higher than that of HIV/AIDS.

In 2016, the World Health Assembly unanimously adopted the resolution calling for the eradication of viral hepatitis by 2030. In the same year, the World Health Organization published the Global Health Sector Strategy on viral hepatitis to reach this goal, defining elimination as a 90% reduction in incidence and 65% reduction in mortality for hepatitis B and C, from 2015 to 2030. Since then, hepatitis testing and treatment have been made more accessible, yet many countries – particularly low- and middle-income countries (LMICs) – still have ways to go in reaching the elimination goals.

To address the mounting concern globally and especially in Asia, the **Asia Pacific-IRIDS (International Roche Infectious Diseases Symposium) conference** was jointly hosted by APFCB (Asia-Pacific Federation for Clinical Biochemistry), IDSH (Infectious Disease Society of Ho Chi Minh City) and Roche Diagnostics Asia Pacific.

An elaborative panel discussion titled **Diagnostics Media and Policy Forum** featured **Roberta Sarno, PhD – Director, APAC Liver Disease Alliance; Dr. John Ward – Director, Coalition for Global Hepatitis Elimination and Dr. Saeed Hamid – Professor and Chair, Department of Medicine, Aga Khan University** - engaged in an intriguing discussion encompassing profound insights.

- **Globally, why does hepatitis still remain a prevalent concern of immense magnitude?**

Hepatitis is often referred to as a “silent dragon”, as the virus affects the liver, which is a very stoic organ that does not cause many symptoms for a long time. However, the virus silently begins to inflame the liver, resulting in its scarring over time.

Once people become symptomatic, many develop liver cancer, which has a poor prognosis and is the third leading cause of cancer deaths worldwide. The burden of hepatitis is both a tragedy and an opportunity, as these infections are preventable. If people can get tested and into treatment early enough, many hepatitis deaths are also preventable.

- **What are the barriers and challenges for hepatitis testing and treatment?**

People must be tested to know their status, but as they often don't present with symptoms, they don't know or think to go to a clinician to get tested. Implementing national policies to test everyone could address this challenge.

The aim is to capture the attention of governments and present public health data to them, so they understand how much of a burden hepatitis is in their country, and therefore where to direct resources, testing, and treatment.

There are point-of-care hepatitis tests that can be carried out by healthcare professionals, meaning people can get tested, diagnosed, and start treatment all in the same visit. There are also opportunities for at-home hepatitis testing.

- **What can governments in the APAC region do from a policy perspective to address these barriers and progress towards hepatitis elimination?**

The hepatitis situation is not optimal in the APAC region, with the overarching issue being that most countries lack a comprehensive or adequate national action plan. This results in efforts at the national level not being coordinated, and not enough people being vaccinated, tested, and treated.

Whilst Japan and Taiwan are on track to eliminate hepatitis by 2030, most other countries in the APAC region, particularly LMICs, are not on track. Key barriers include a lack of awareness, a lack of political commitment with other health issues taking priority, and a lack of sustainable funding. There is a common misconception in LMICs that the cost of hepatitis elimination is high, but data show that this cost is much lower than the cost of doing nothing.

Despite the presence of national hepatitis action plans, they are often not being implemented in APAC region countries. That is the step that governments need to take. LMICs often face multiple health emergencies, including dengue, malaria, and COVID-19, so their governments' health focus gets divided.

- **What role does industry and specifically diagnostics play in hepatitis testing and elimination?**

In most countries in Asia, the prevalence of hepatitis is high enough and the benefits of knowing whether you are infected are great enough that everyone should get tested.

For viral hepatitis, the diagnostics industry provides the tests that allow clinicians to screen and diagnose patients. What is equally important is knowledge sharing, capability building, and technical skills exchange, which must happen between all stakeholders including industry, academia, patient groups, and others, as this supports the diagnostics industry to improve tests.

In infectious disease patient journey, there are examples of the use of AI and digital health technologies at every step, from diagnosis to treatment. It also presents an opportunity for better communication between patients and clinicians, especially in rural and remote areas.

- **How beneficial could point-of-care hepatitis testing be?**

At-home testing for hepatitis C can be done with a finger prick test, which tells you if you are antibody-positive. This is followed up with a virologic test by a clinician that can provide a confirmed diagnosis within 40 minutes.

One of the main challenges of point-of-care testing for hepatitis is that it has not been licensed in multiple countries in the APAC region. Therefore, an effort is underway to make point-of-care testing for hepatitis available globally.

- **By 2030, how can APAC countries achieve the World Health Organization's hepatitis elimination goals?**

At the current rate, most countries in the APAC region will not meet the target by 2030. Hepatitis elimination must be declared an emergency target in high-burden countries, as we saw during the COVID-19 pandemic that health systems that are not well developed are capable of responding to emergencies. For example, despite having a poor healthcare system, Pakistan's COVID-19 response was one of the most appreciated responses because an emergency was declared from top to bottom.

In LMICs in Asia, there are many competing health interests, making it challenging for policymakers to prioritise and focus on one issue. For example, in Pakistan, there is a high prevalence of hepatitis but also a very high prevalence of diabetes. Therefore, it is the responsibility of all stakeholders involved in hepatitis elimination to convince governments that it is a worthwhile effort, as we have all the tools available to achieve success.

We must consider how we can support governments to find sources of funding. The direct and indirect healthcare costs of hepatitis are significant, and therefore doing nothing is much more costly than implementing testing programmes and treatment for hepatitis.

- **How do you describe the social stigma associated with hepatitis patients?**

Beyond technical and policy-related barriers, the social stigma associated with hepatitis is a key reason why people are not getting tested, diagnosed, and treated.

Hepatitis B and C are blood-borne viruses that are transmitted via blood transfusions, injections with contaminated needles, and sharing contaminated toothbrushes or razors. Activities such as sharing eating utensils, cigarettes or vapes are not considered risks for hepatitis transmission.

Social stigma and misconceptions of hepatitis are largely due to a lack of awareness about the condition and transmission routes.

In the Middle East and some APAC countries, being infected with hepatitis can lead to employment rejection, causing economic devastation for many people in these regions.