Nobody puts hepatitis in the corner!

Achieving integration of HIV PrEP & viral hepatitis services

Global PrEP Network
Webinar Series

31 March 2021

World Health Organization

Global PrEP Network webinar: Housekeeping

- Questions:
  - Please type any questions or comments in the Q&A box, these will be responded to during the Q&A session at the end of the webinar or responses may be added to the chat
  - Please let us know who you would like to answer your questions
- Recording:
  - This meeting is being recorded and will be published on the Global PrEP Network website (https://www.who.int/groups/global-prep-network)
- Slides:
  - Where we have received permission, slides from the presentations will be distributed to attendees who registered for the webinar

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In today's webinar

Topic	Presenter
Introduction	**Heather-Marie Schmidt** WHO and UNAIDS Regional Office for Asia & the Pacific
Prevalence and Incidence of Hepatitis C Virus Infection in Men Who Have Sex With Men: A Global Systematic Review	**Jeff Jin**, The Kirby Institute, UNSW Australia
WHO guidance on HBV and HCV prevention, testing and treatment in the context of PrEP	**Niklas Luhmann**, WHO, Switzerland
PrEP in Eastern Europe and central Asia	**Nikolay Lunchenkov**, ECOM LGBTQI+ health consultant & medical doctor at "H-Clinic", Russia
Integrating viral hepatitis and PrEP services through KP-led primary health care clinics in Vietnam	**Vu Ngoc Bao**, USAID / PATH Healthy Markets, Viet Nam
Opportunities and need for integrating prevention and treatment of HBV and HCV along with HIV PrEP	**Giten Khwairakpam**, TREAT Asia / amfAR, Thailand
Moderated Q&A	Speakers + **Will Nutland,** PrEPster
Close	Heather-Marie Schmidt

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Webinar aims

1) Provide an update for the evidence on the prevalence and incidence of hepatitis C virus among men who have sex with men, with particular focus on implications for PrEP programs
2) Provide an overview of WHO guidance on hepatitis B and C prevention, testing and treatment to support best practices for PrEP programs
3) Share examples from different regions that have successfully provided hepatitis B and C services together with PrEP, highlighting clinician and community experiences.

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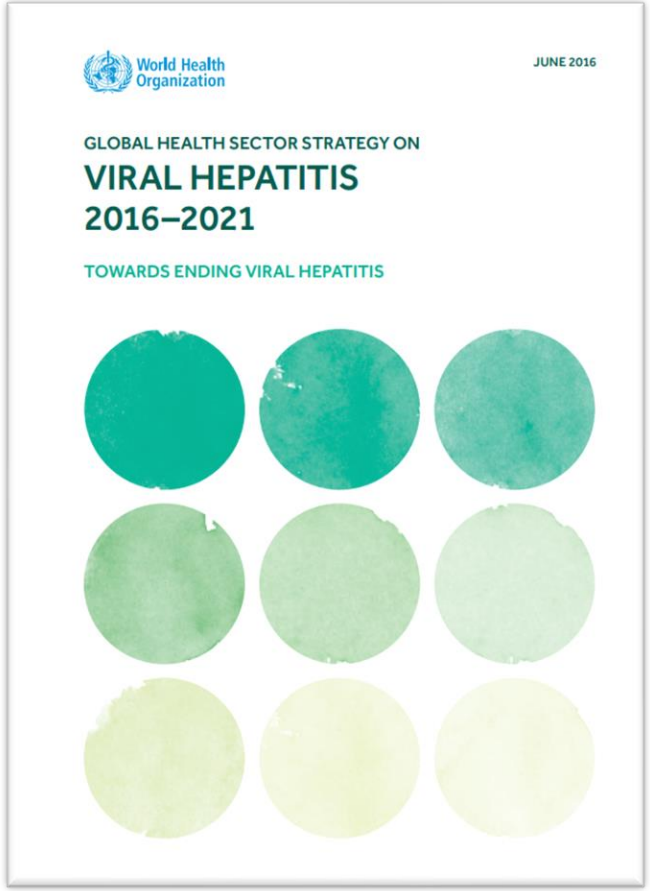
Introduction:
Viral hepatitis in the context of HIV

- Hepatitis B virus (HBV) and hepatitis C virus (HCV)
  - cause both acute and chronic liver disease
  - most common cause of liver cirrhosis, cancer and viral hepatitis-related deaths
  - an estimated 325 million people globally live with hepatitis B and/or C
    - 2.75 million people have HIV-HCV co-infection
    - 2.6 million people have HIV-HBV co-infection
  - Testing and treatment remains beyond reach for many people with HBV and HCV
- Global commitment to hepatitis B & C elimination by 2030



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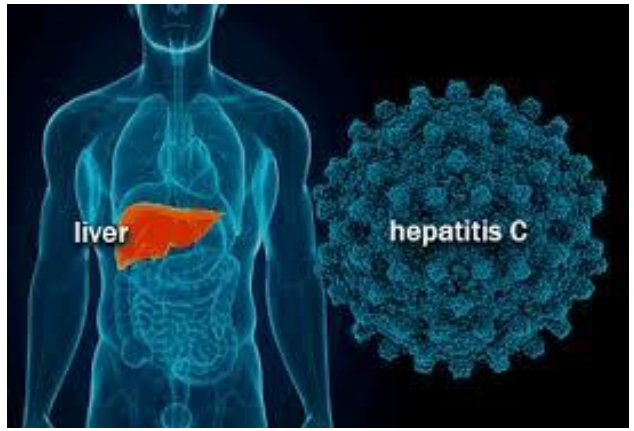
UNAIDS

Introduction: Viral hepatitis services are an integral part of comprehensive PrEP services

- HIV, HBV +/- HCV share some transmission routes
- Prevention options (e.g. NSP, condoms) can help prevent infection
- Comprehensive HIV PrEP programs offer HBV testing (and vaccination, if required) and HCV testing (and linkage to treatment)
  - HIV PrEP drugs are also effective in the treatment of HBV (+ evidence for HIV PrEP reducing HBV acquisition)



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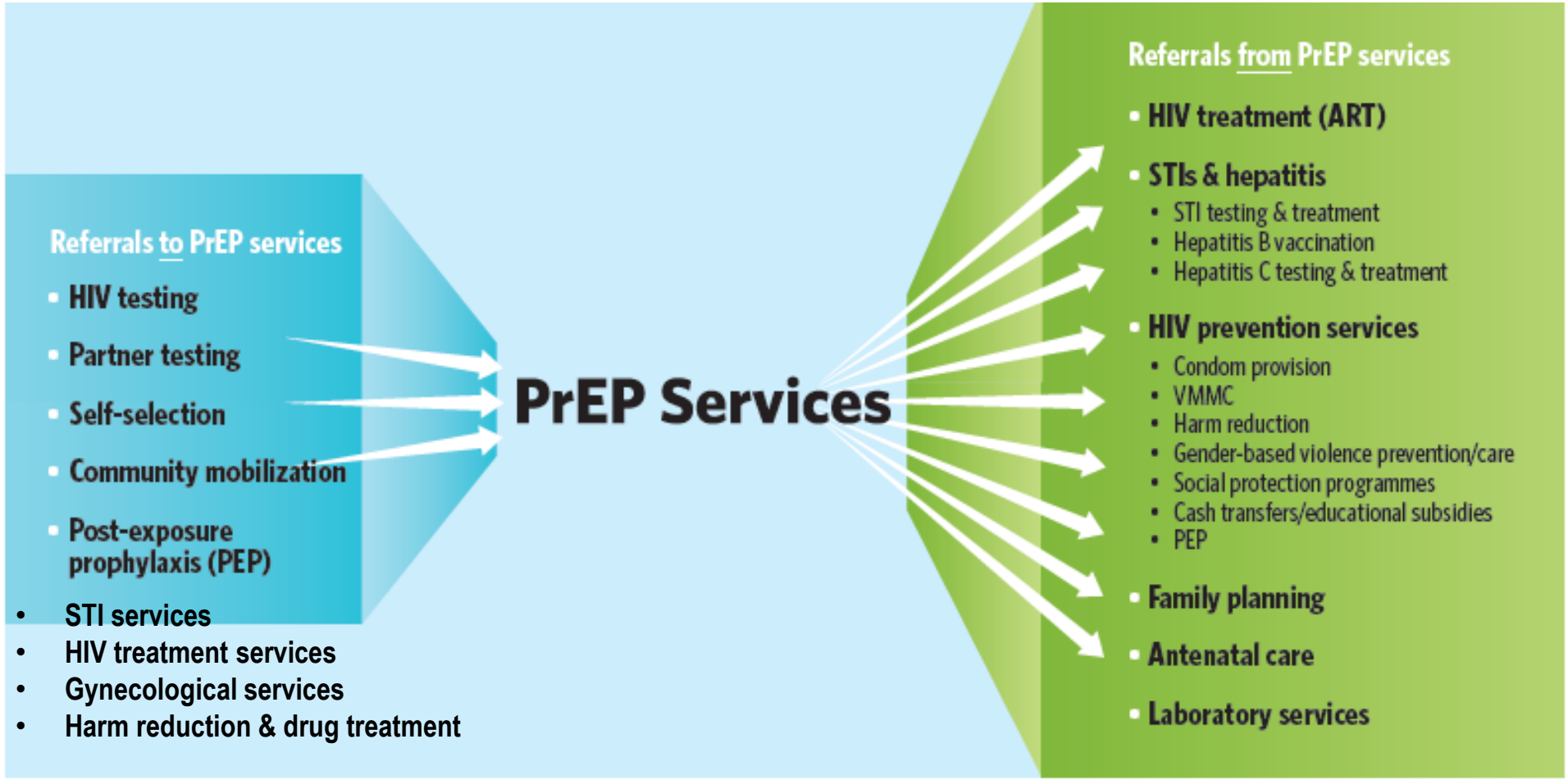
UNAIDS

PrEP as a gateway to viral hepatitis services



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UNAIDS

WHO guidance on HBV and HCV prevention, testing and treatment in the context of PrEP

Dr Niklas Luhmann
Technical Officer
Testing, prevention and populations team
Global HIV, Hepatitis and Sexually Transmitted Infections Programmes
WHO Headquarters

Nobody puts hepatitis in the corner! Achieving integration of HIV PrEP and viral hepatitis services

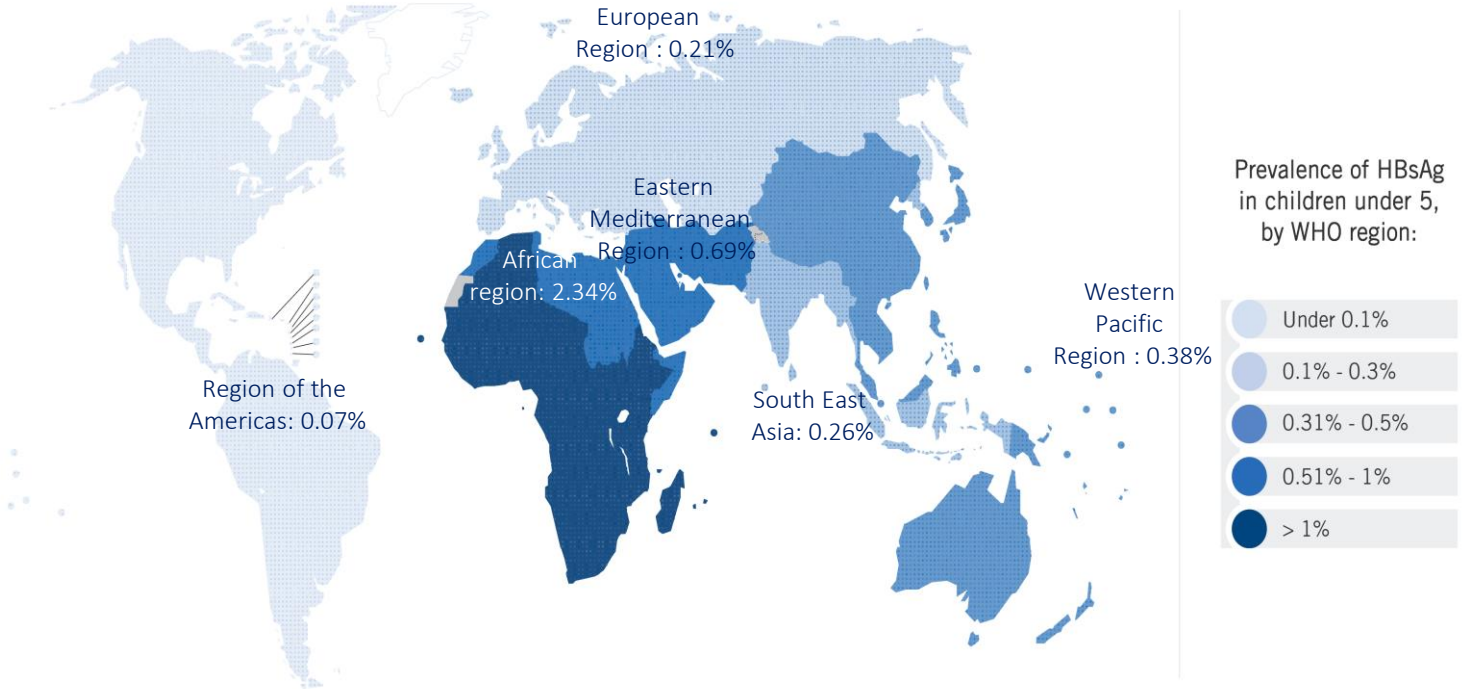
Part 1 : HBV epidemiology

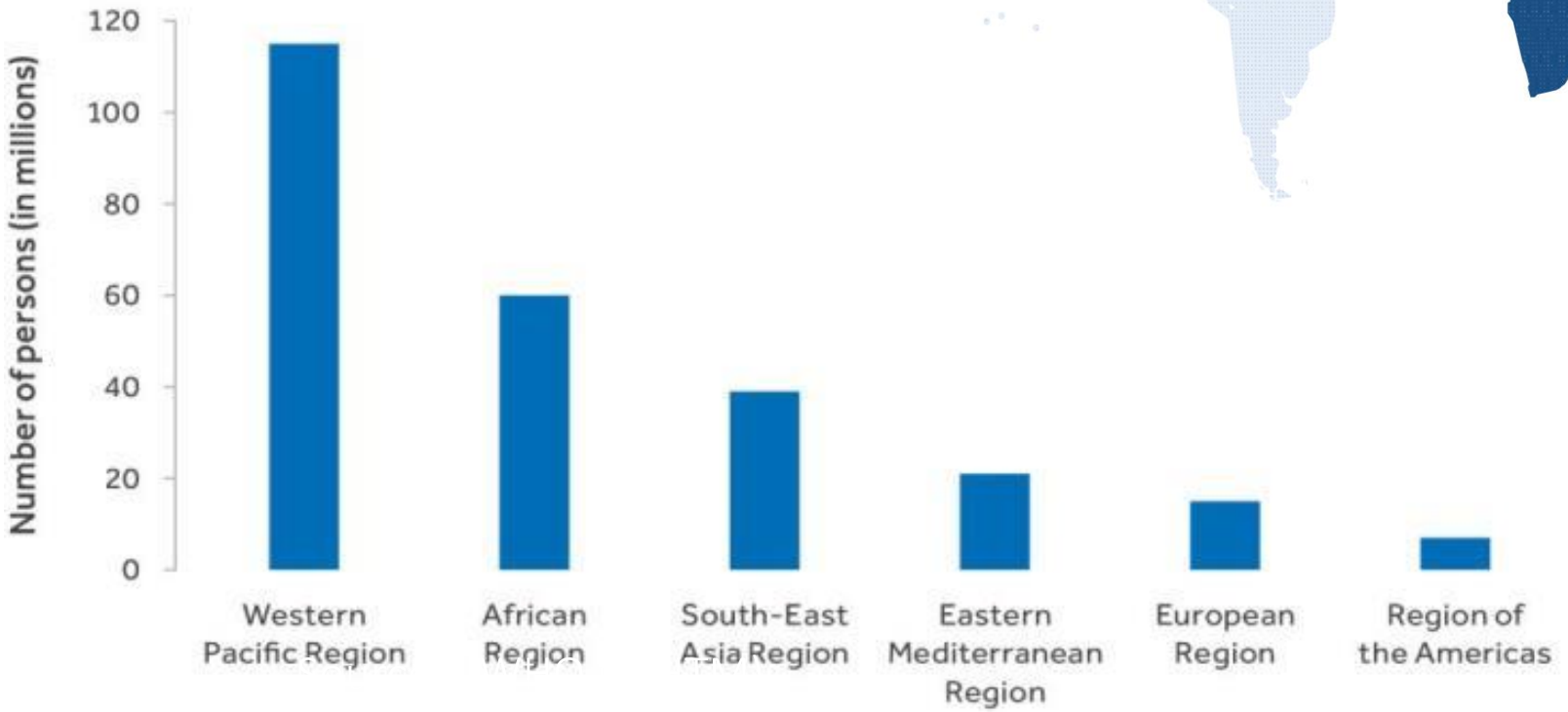
Status of hepatitis B

In 2015

- 257 million people living with HBV, 68% in Africa /Western Pacific

- 900 000 deaths (cirrhosis and HCC)





Epidemiology of HBV in MSM/most affected populations

- **Europe (Falla et al. 2018)**
  - 68 single studies covering 23/31 EU/EEA countries
    - In general terms, the highest HBsAg prevalence was found among people in prison (range of 0.3% - 25.2%) and PWID (0.5% - 6.1%)
    - Followed by MSM (0.0% - 1.4%)
    - The risk of hepatitis B infection among MSM is 22 times higher than among the general population.
    - There was no information about the prevalence of hepatitis among trans people.
- **Central Asia and Caucasus (Davlidova et al. 2020)**
  - HBV prevalence had a wide range: PWID 2.8-79.7%, MSM 0-22.2%, prisoners 2.7-6.2%, FSW 18.4% (one study), and migrants 0.3-15.7%.
- **Taiwan (Tseng et al. 2012)**
  - The overall seroprevalence rates of HAV, HBsAg, and HCV in HIV-positive MSM were 15.1%, 16.4%, and 5.5%, respectively, while in HIV-negative MSM, they were 7.4%, 6.2%, and 0.4%, respectively.
- **US (US CDC)**
  - About 10% of new Hepatitis A and 20% of all new Hepatitis B infections in the United States are among gay and bisexual men.
  - Many men have not been vaccinated against Hepatitis A and B, even though a safe and effective vaccine is available.

Part 2 : WHO viral hepatitis guidance for testing and treatment of HCV and HBV

Global goods from WHO for viral hepatitis

- ✓**Strategy formulated**
- ✓National plan manual
- ✓Baseline estimated
- ✓**Guidelines produced**
- ✓Cost effectiveness calculators
- ✓Injection safety campaign
- ✓PWID policy brief
- ✓HBV PMTCT guidelines 2020

Hepatitis testing guideline recommendations 2017 for HCV testing

Topic	Recommendation
Who to test?	▪ **<u>Focused</u> testing** for most affected populations*, those with a clinical suspicion of chronic viral hepatitis, family members/children, and sexual partners (HBV), healthcare workers. * PWID, people in prisons, MSM, sex workers, HIV-infected, tattoos, transfusions, some migrant pops from endemic countries, some indigenous populations, children of HBV/HCV +ve mothers ▪ **<u>General population testing</u>:** In settings with ≥2% or ≥5% (intermediate/high) HBsAg or HCV Ab prevalence. ▪ **Birth Cohort testing (HCV):** where specific identified birth cohorts of older persons at higher risk of HCV infection ▪ **Routine antenatal clinic testing (HBV)**
How to test?	▪ A **single** serological assay (**EIA or RDT**) that meets minimum performance standards with prompt NAT testing + linkage to care
Confirmation of HCV viraemia	▪ **Nucleic acid testing (NAT) (quantitative or qualitative RNA)** or core HCV antigen assay, with comparable clinical sensitivity
Promoting uptake and linkage	▪ Use of DBS specimens for virology ± serology ▪ On-site or immediate RDT testing with same day results ▪ Trained peer and lay health workers ▪ Clinician reminders to prompt provider initiated, facility-based testing ▪ Testing as part of integrated services at a single facility

2017 WHO Guidelines on hepatitis B and C testing

Updated WHO HCV guidelines (2018)

- **Simplified criteria (Who to treat?): HCV treatment for all** infected people above 12 years of age (pregnant women excepted)
- **Simplified preferred regimens (What to use?): Pan-genotypic regimens** (avoid genotyping).

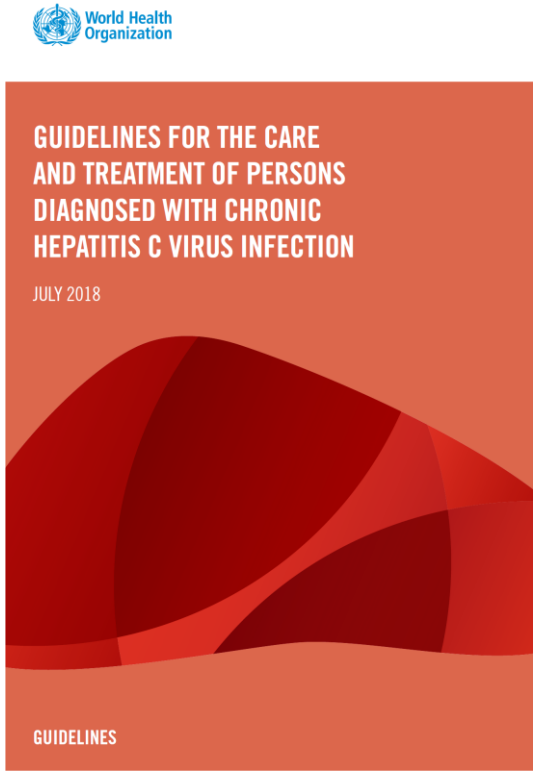
>18 years

Without cirrhosis

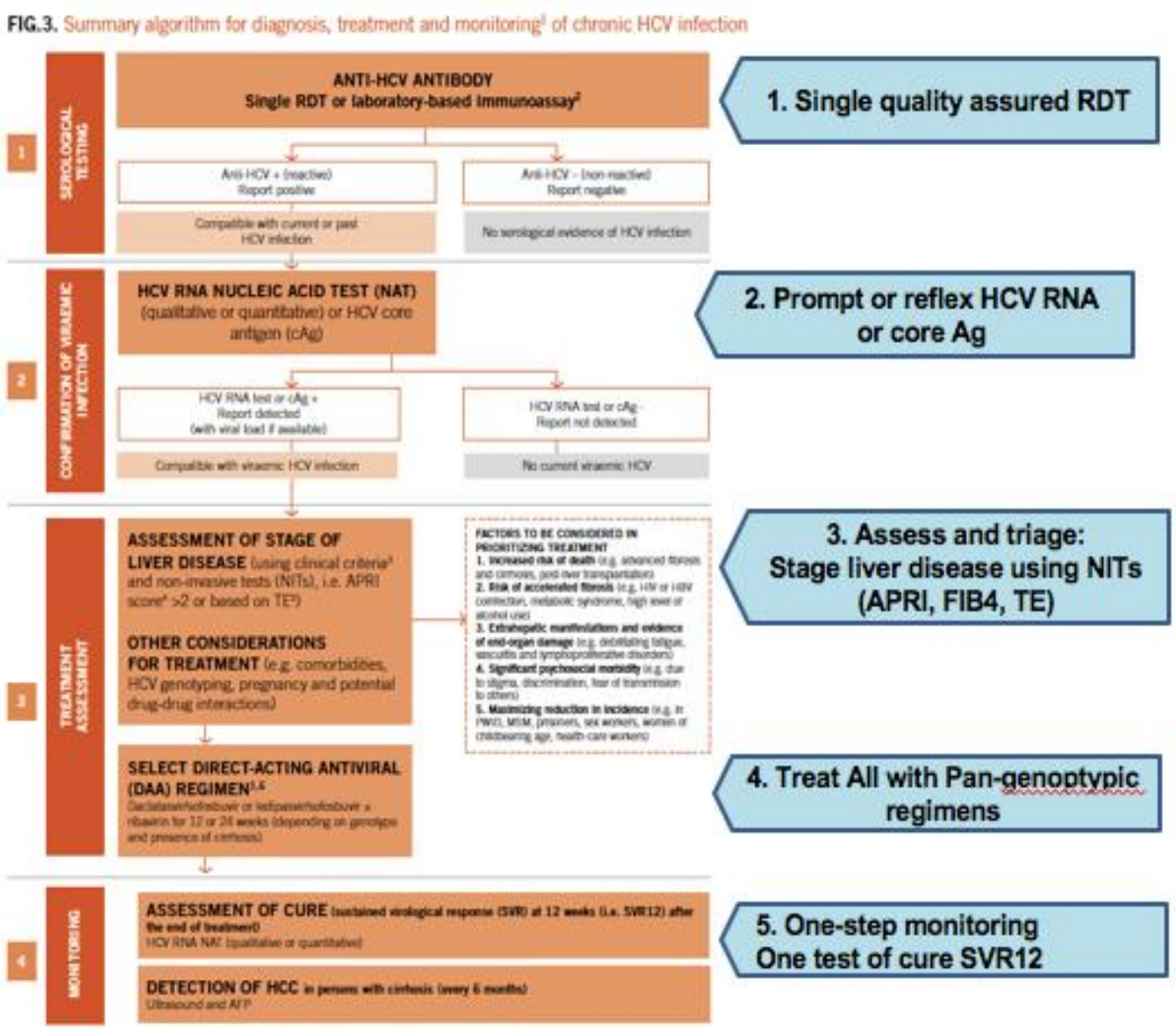
- **Sofosbuvir/Velpatasvir for 12 weeks or**
- **Sofosbuvir/Daclatasvir for 12 weeks or**
- **Glecaprevir/Pibrentasvir for 8 weeks[2]**

With compensated cirrhosis

- **Sofosbuvir/Velpatasvir for 12 weeks or**
- **Glecaprevir/Pibrentasvir for 12 weeks[2] or**
- **Sofosbuvir/Daclatasvir for 24 weeks**



Simplified and standardized HCV testing and management algorithm



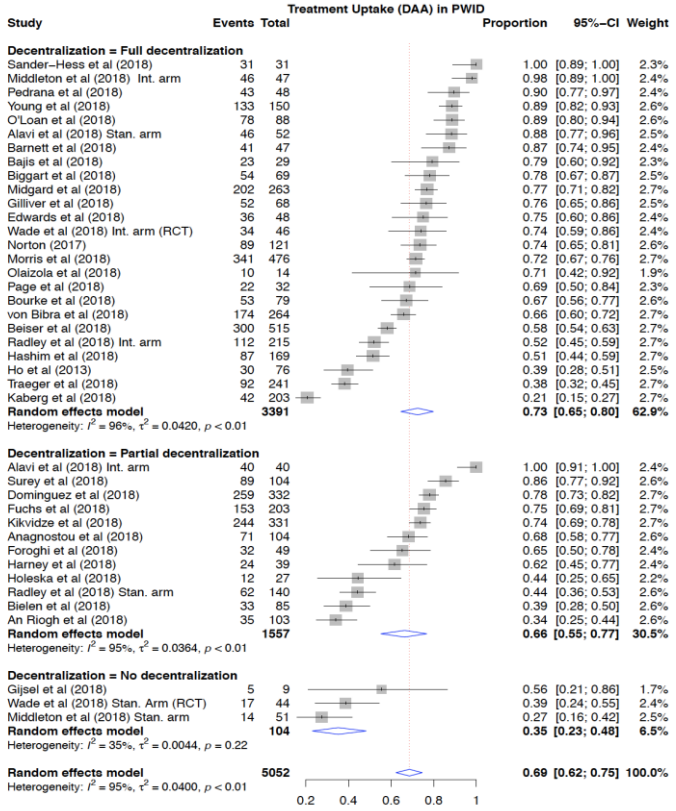
Five key steps

2017 WHO Guidelines on hepatitis B and C testing

2. Moving treatment out of speciality clinics
De-centralised testing and treatment "one-stop shops"

New WHO Evidence:
Full decentralization of testing and treatment increased uptake of testing, linkage and treatment, and achieved comparable SVR12

PWID



140 studies; 33 countries. High Income countries- 120 (86%), LMIC- 20 (14%)

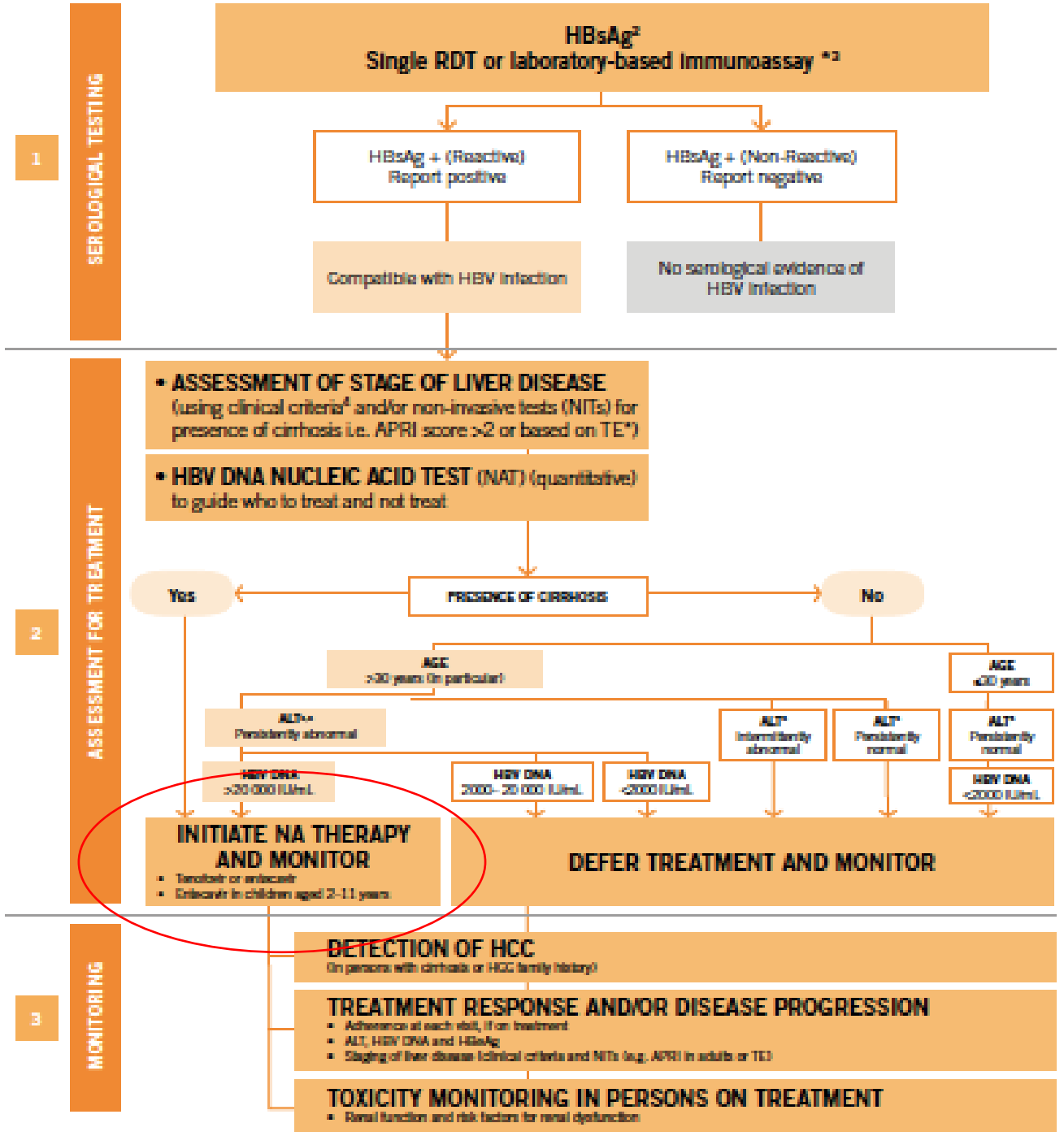
Hepatitis testing guideline recommendations 2017 for HBV : Who to test

WHO TO TEST FOR CHRONIC HBV INFECTION	
Testing approach and population	**Recommendations***
General population testing	1. In settings with a ≥2% or ≥5%[1] HBsAg seroprevalence in the general population, it is recommended that all adults have routine access to and be offered HBsAg serological testing with linkage to prevention, care and treatment services. General population testing approaches should make use of existing community- or health facility-based testing opportunities or programmes such as at antenatal clinics, HIV or TB clinics. *Conditional recommendation, low quality of evidence*
Routine testing in pregnant women	2. In settings with a ≥2% or ≥5%%[1] HBsAg seroprevalence in the general population, it is recommended that HBsAg serological testing be routinely offered to all pregnant women in antenatal clinics[2], with linkage to prevention, care and treatment services. Couples and partners in antenatal care settings should be offered HBV testing services. *Strong recommendation, low quality of evidence*
Focused testing in most affected populations	3. In all settings (and regardless of whether delivered through facility- or community-based testing), it is recommended that HBsAg serological testing and linkage to care and treatment services) be offered to the following individuals: • **Adults and adolescents from populations most affected by HBV infection**[3] (i.e. who are either part of a population with high HBV seroprevalence or who have a history of exposures and/or high-risk behaviours for HBV infection); • **Adults, adolescents and children with a clinical suspicion of chronic viral hepatitis**[4] (i.e. symptoms, signs, laboratory markers); • **Sexual partners, children and other family members, and close household contacts** of those with HBV infection[5]; • **Health-care workers:** in all settings, it is recommended that HBsAg serological testing be offered and hepatitis B vaccination given to all health-care workers who have not been vaccinated previously (*Adapted from existing guidance on Hepatitis B vaccination*[6]) *Strong recommendation, low quality of evidence*
Blood donors *Adapted from existing 2010 WHO guidance (Screening donated blood for transfusion transmissible infections[7])*	4. In all settings, screening of blood donors should be mandatory with linkage to care, counselling and treatment for those who test positive.

* Includes those who are either part of a population with higher seroprevalence (e.g. some mobile/migrant populations from high/intermediate endemic countries, and certain indigenous populations) or who have a history of exposure or high-risk behaviours for HBV infection (e.g. PWID, people in prisons and other closed settings, MSM and sex workers, HIV-infected persons, partners, family members and children of HBV-infected persons).

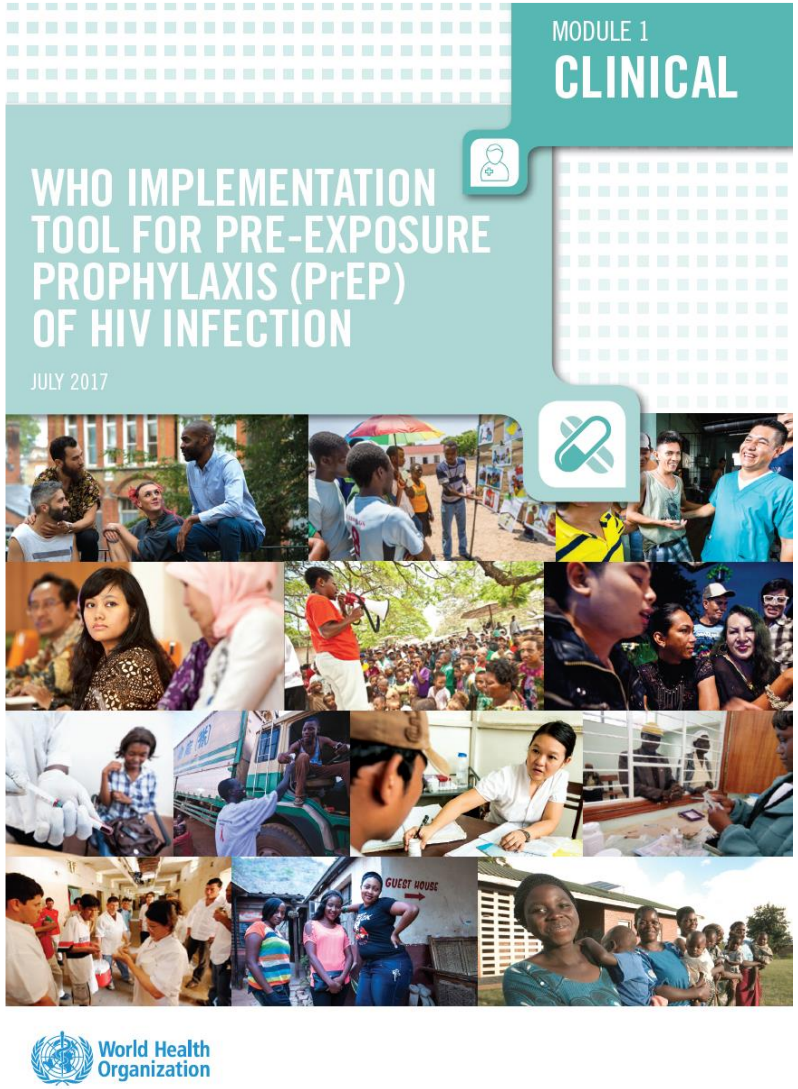
2017 WHO Guidelines on hepatitis B and C testing

Simplified and standardized HBV testing and management algorithm



WHO Guidelines on hepatitis B and C testing

Part 3 : HIV-PreP specific WHO recommendations



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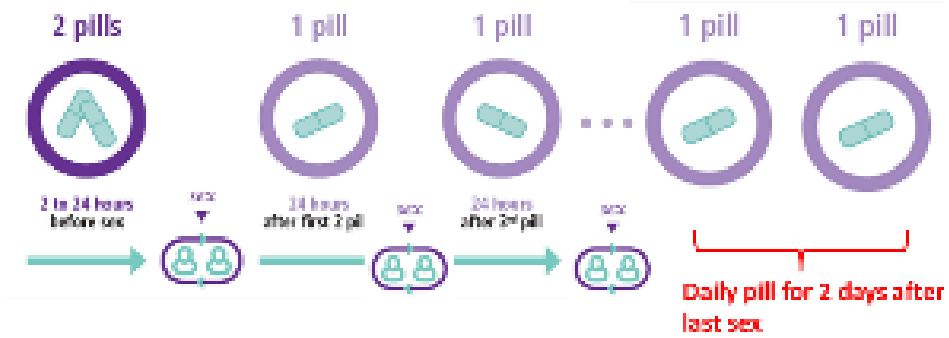
Two ways to take Prep = more choice

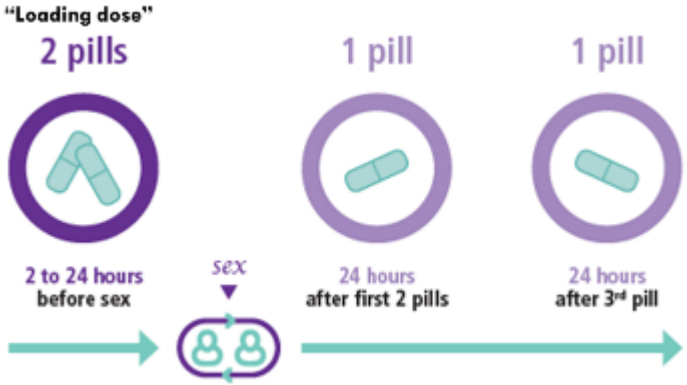
Daily

- Appropriate for any group
- Most common



ED-PrEP (event-driven PrEP or 2+1+1)

- Appropriate for MSM
  - Who can predict or delay sex by at least 2 hours
  - Who have sex less than 2 times per week
- not recommended for:
  - cisgender women or transgender women
  - transgender men having vaginal/frontal sex
  - men having vaginal or anal sex with women
  - **people with chronic hepatitis B infection.**



Prep is part of a Comprehensive package

Behavioural and clinical assessments and procedures	Visit			
	Baseline	1 month	3 Month	Every 3-months after
Risk assessment / indication for PrEP	X	X	X	X
Signs / symptoms acute infection	X	X	X	X
HIV testing	X	X		X
Renal monitoring / creatinine	X			EVERY 6 MONTHS
HBV screening *[& vaccination]*	X			
STI screening & treatment	X		X	X
HCV screening & treatment	X			ANNUALLY
Contraception & reproductive health services (incl. pregnancy testing)	X	X	X	X
Counselling, education & adherence support	X	X	X	X
Condoms	X	X	X	X
Harm reduction services	X	X	X	X
Other services	X	X	X	X
Supply PrEP	X	X	X	X

Note: example schedule, provision should be according to national policy

Hepatitis B and C : specific considerations

- HCV

	DCV	G/P	SOF	SOF/VEL
Emtricitabine	◆	◆	◆	◆
Tenofovir-DF (HBV)	◆	◆	◆	■

- HBV
  - TDF is active against HBV infection at the same dose used for PrEP and TDF is indicated as treatment for HBV for adults – positive effect of PreP on chronic HBV infection
  - PreP prevents HBV infection in people that have not been infected (or are not chronically infected): *Mizushima et al. CROI 2020*
  - When HBV treatment is stopped, occasionally HBV infection can flare in the following one to three months.
    - often limited to elevations in ALT and aAST, although decompensation of liver function can occur.
    - Hepatitis flares were not observed in two PrEP trials that enrolled participants with HBV infection (iPrEx and West Africa PrEP studies). These trials limited enrolment to people with normal or near normal liver function tests and no clinical signs of liver cirrhosis.
    - Chronic HBV infection is a contraindication to ED-PreP

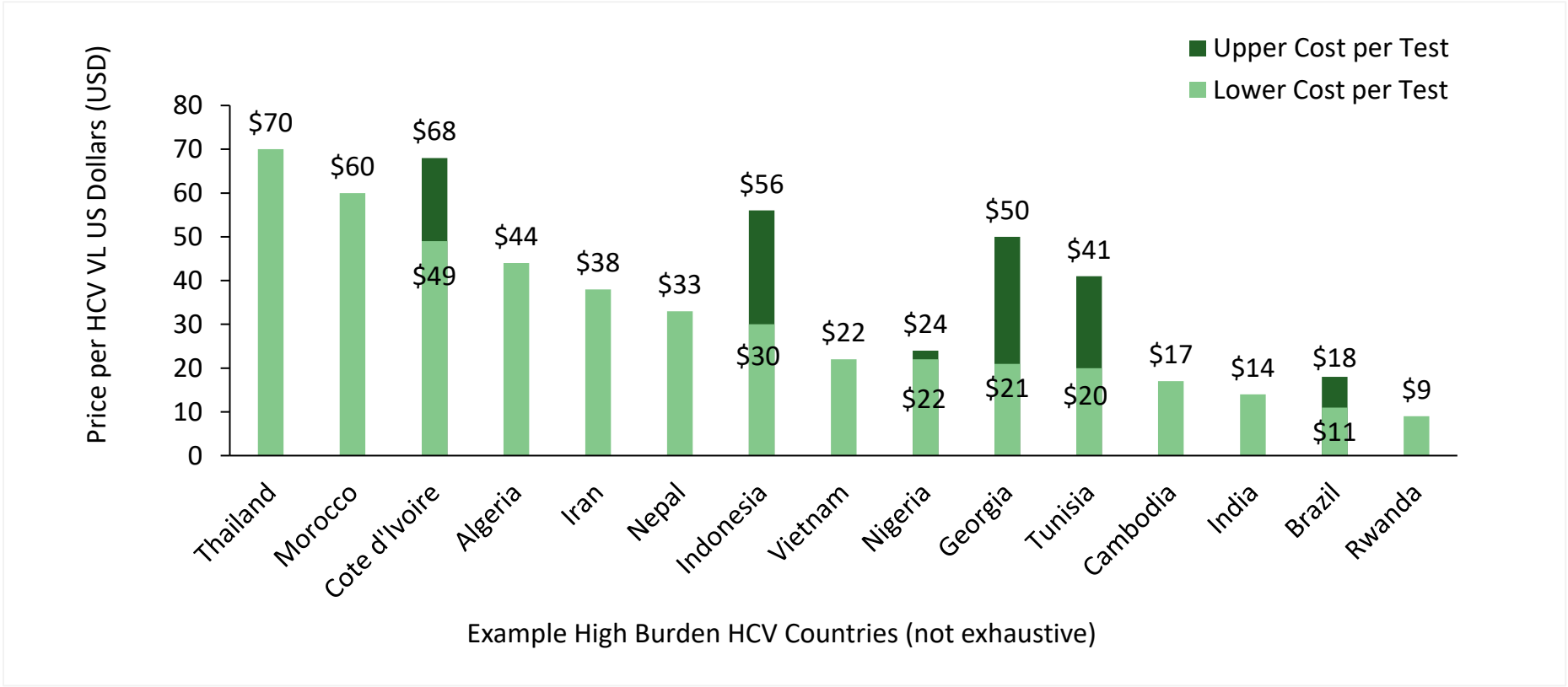
Part 4 : Costs of testing, diagnosis and treatment: the example of HCV testing and treatment

High-quality screening using RDTs avoids the need for lab-based antibody tests

- Quality assured antibody RDTs are readily available
  - Several products are PQed
- Inexpensive (typically $1 USD)
- Enables decentralized/POC testing
- Visual readout from a drop of blood
- Avoids challenges associated with sample collection/transportation
- Permits rapid (≥5min) results return limiting loss-to-follow-up

Costs of viral load testing

VIRAL LOAD PRICE PER TEST PAID BY PUBLIC PROGRAMS

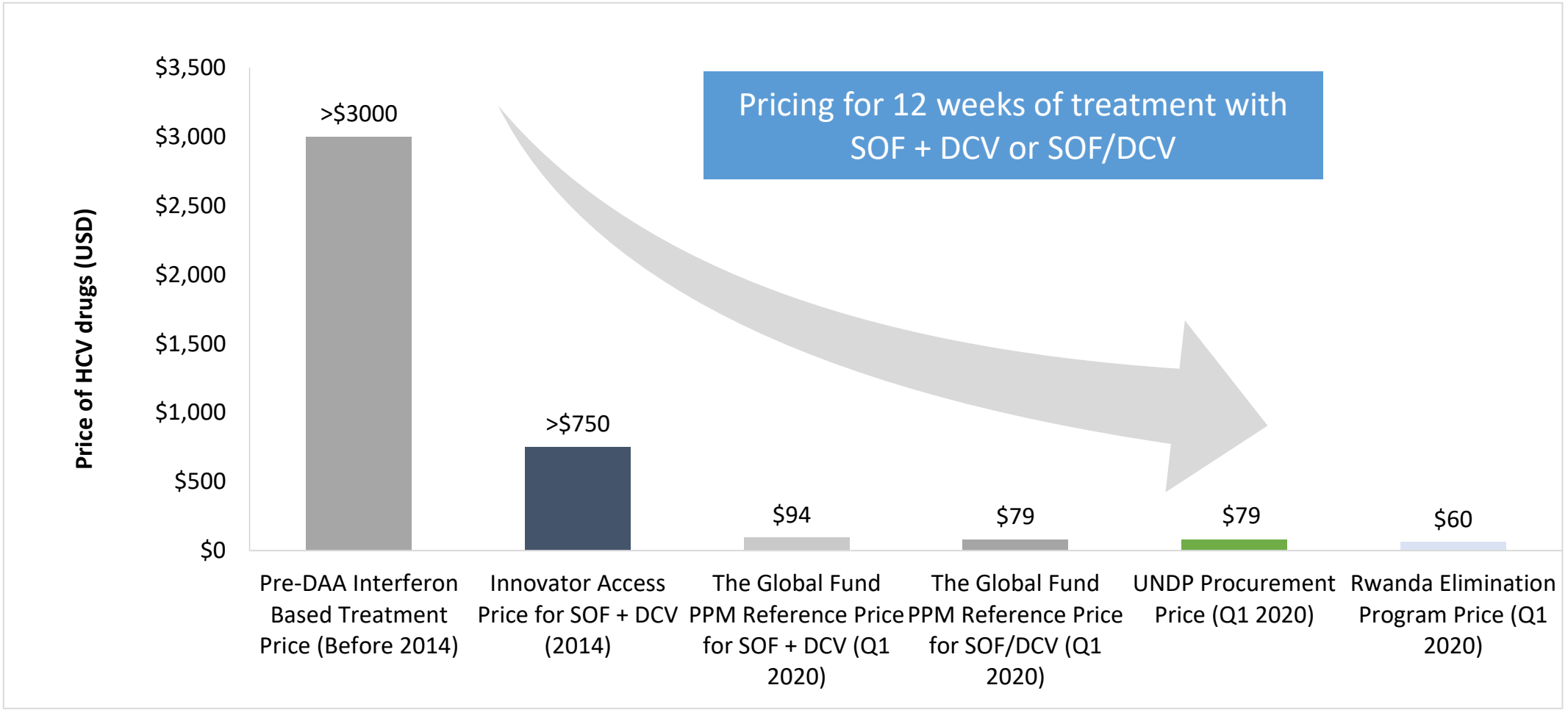


CHAI HCV Market Report 2020

There are significant differences in the prices paid for diagnostics both between countries and within a given country

Costs of DAAs (SOF / DCV)

PRICE EVOLUTION OF HCV DRUGS (USD)



The price for HCV treatment has declined over the last few years from >$3000 per patient course to as low as $60 per patient course

Costs of DAAs (SOF / DCV)

IN-COUNTRY PRICE FOR 12 WEEKS OF TREATMENT WITH SOF AND DCV

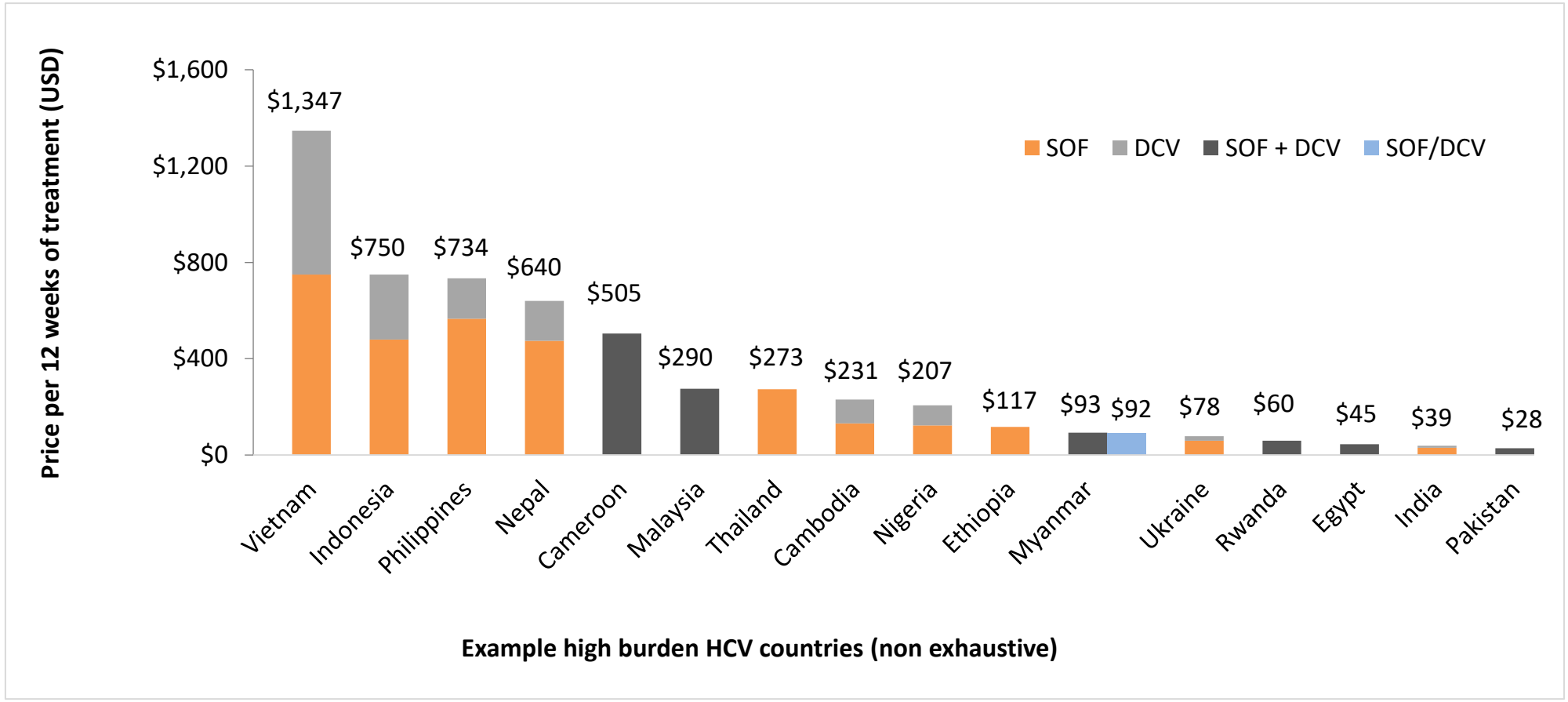
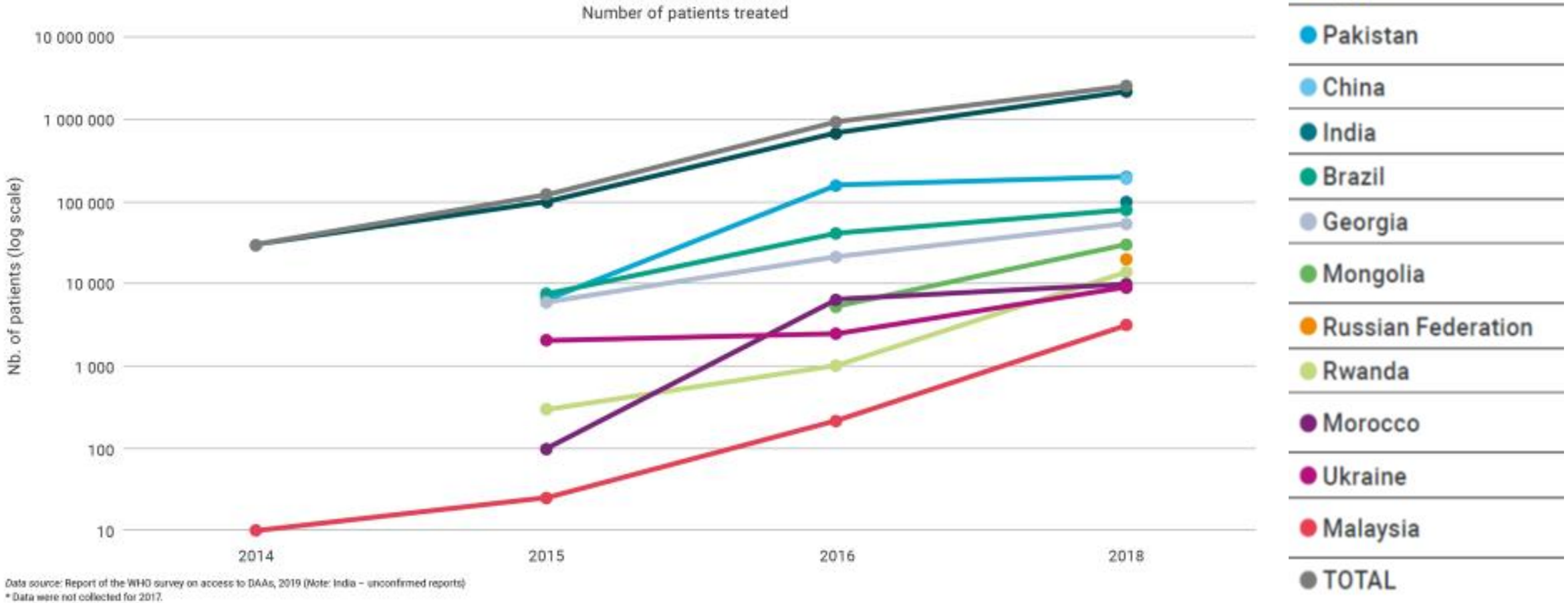
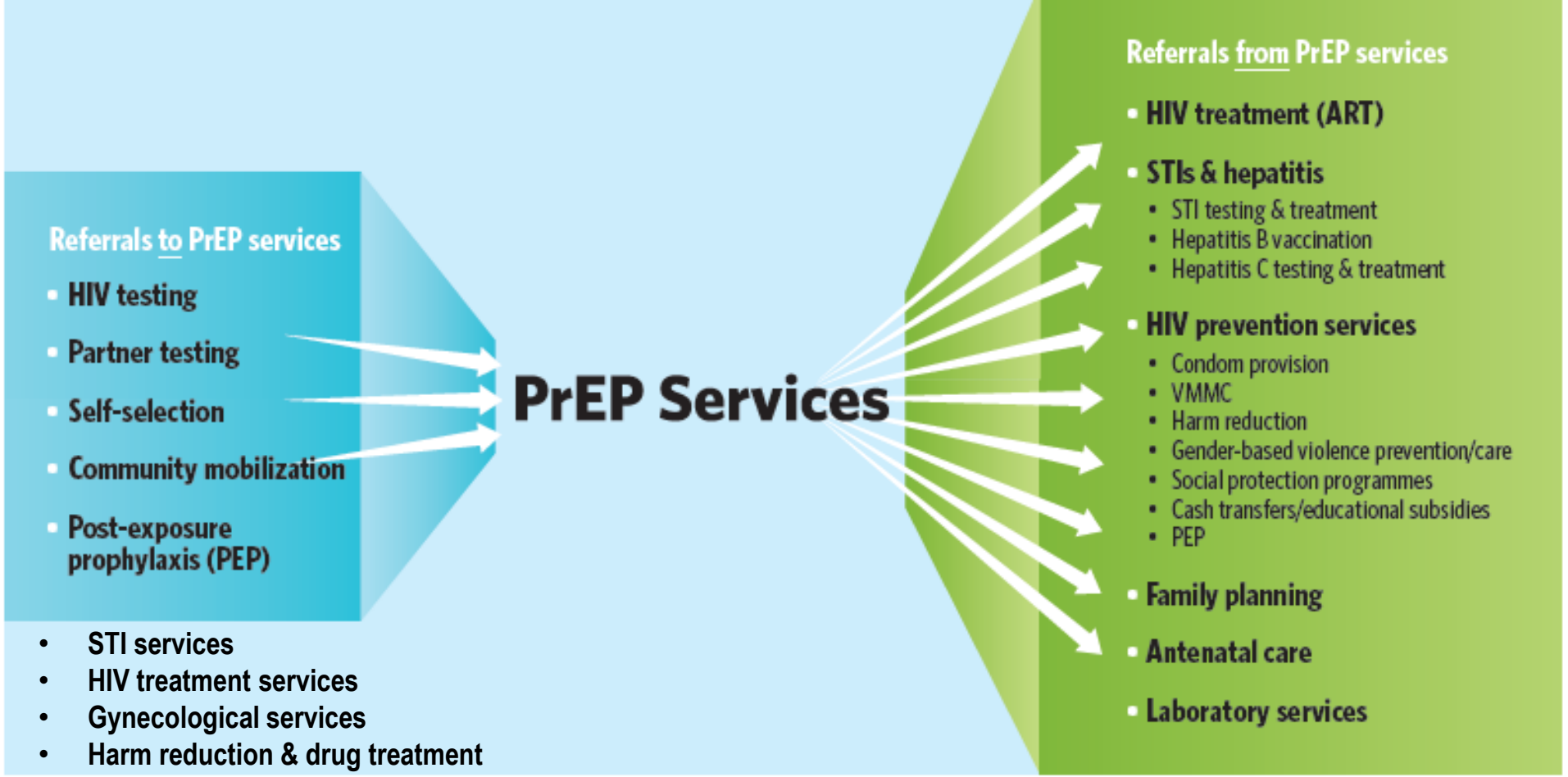


Fig. 2: Cumulative number of people receiving hepatitis C treatment in 12 selected countries – 2014–2018*



Data source: Report of the WHO survey on access to DAAs, 2019 (Note: India – unconfirmed reports)
* Data were not collected for 2017.

The cumulative number of people receiving hepatitis C treatment for 8 countries documented in the report grew more than 20-fold between 2015 and 2018 (from 122,000 to 2.6 million)



Entry-points & referrals to services

Thank you

https://www.who.int/health-topics/hepatitis#tab=tab_1 =tab_1

luhmannn@who.int

NIKOLAY LUNCHENKOV MD

PREP IN EASTERN EUROPE AND CENTRAL ASIA

Integration of HIV PrEP & viral hepatitis services

ECOM

H-Clinic
University Clinic
Private Infectious Diseases Clinic

AGENDA

- **History of PrEP programmes in Eastern Europe and Central Asia**
- **Current situation with PrEP in EECA**
- **PrEP in the EECA project**
- **PrEP in Russia**
- **PrEP service provided at H-clinic**
- **Case study**

A FEW WORDS ABOUT MYSELF

- 2016 - Medical degree
- 2018 - Fellowship in infectious diseases
- Both clinical and community experience
- Used to work with UNAIDS and UNFPA
- Currently working as LGBTQI+ consultant at ECOM and an infectious diseases doctor at "H-clinic"
- Main research interest belongs to substance use among LGBTQI+ population

HISTORY OF PREP PROGRAMMES IN EASTERN EUROPE AND CENTRAL ASIA

GEORGIA

In Georgia, PrEP is part of a Global Fund-supported programme implemented by a local NGO and an HIV clinic

MOLDOVA

Moldova currently implements three different projects having components on developing and promoting a PrEP service

UKRAINE

Joint programme with financial support of the President's Emergency Plan for AIDS Relief PEPFAR and The Centers for Disease Control and Prevention (CDC)

CURRENT SITUATION WITH PREP IN EECA

Started	Planing to start	Uncertain
Georgia	Belarus	Russia
Moldova	Kyrgyzstan	Armenia
Ukraine		Azerbaijan

The first projects started in 2017. However, only the project in Ukraine includes several thousands of participants, while other countries have a small number of PrEP users.

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PREP IN EECA PROJECT

- Offer technical assistance to projects that are already providing or are about to provide PrEP in countries
- Facilitate the exchange of experience and knowledge about PrEP in EECA
- Create and provide online training for people who work with PrEP users
- Regional Community Consultation on PrEP in EECA
- Offline regional consultation was planned but is currently uncertain due to COVID-19
- Conduct a study about best practices in EEC[illegible] organisations

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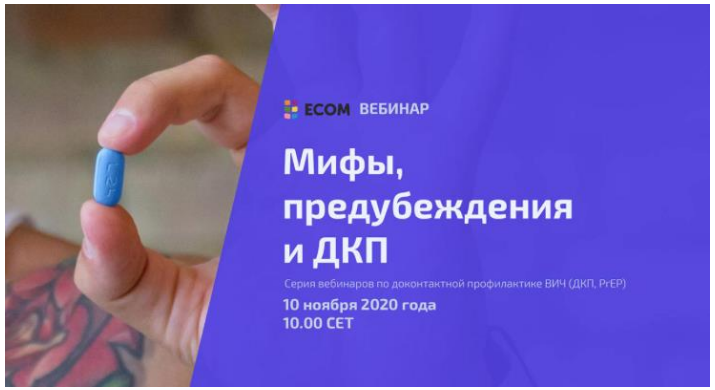
MAIN ISSUES IDENTIFIED AMONG PEOPLE INVOLVED IN PREP PROJECTS

- **Relatively limited resources - not all services can be provided**
- **Low awareness of the community about PrEP and its availability**
- **Low awareness about different PrEP options and its management**
- **What services could be added as part of PrEP projects (vaccination, chemsex support)**
- **What tests are mandatory**
- **How to provide PrEP during the COVID-19 pandemic**

BASED ON THEIR NEEDS SEVERAL ONLINE TRAININGS WERE OFFERED



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PREP IN RUSSIA

- PrEP service is provided in Russia, but there is no pilot programme
- All services are offered by NGO workers or private infectious diseases specialists
- Several studies show a high demand on PrEP among gay men in Moscow and Saint-Petersburg
- The view on PrEP is highly polarised in the medical community
- No proper protocol for PrEP in Russia

SAFE PrEP

SAFE PrEP - препятствий нет

prep.love

H-CLINIC

H-Clinic
University Clinic
Private Infectious Diseases Clinic

- **H-clinic is the first private infectious diseases clinic that was established in 2017 by patients and doctors to create the best HIV care**
- **Based in Moscow**
- **28 doctors**
- **11.500 patients over the past three years**
- **For the last two years, H-clinic is a teaching centre for a medical university and has the status of a university clinic**

PREP SERVICE PROVIDED AT H-CLINIC

- **WHO protocol as the main document for PrEP**
- **Regular testing on HBV and HCV, and treatment if necessary**
- **Vaccination (HPV, HBV, HAV, etc)**
- **Cost for PrEP consultations is twice as low as for a regular consultation**
- **Monthly costs for PrEP is around $20 (TDF/FTC) and $7 (TDF+3TC)**
- **Five doctors participated in a training programme, which is a part of the "Chemsex in Russia" project organised by Terrence Higgins Trust**
- **Use multidisciplinary approach to provide different health services (PrEP, testing and treatment, vaccination, and chemsex support)**

VACCINATION AGAINST HBV IN RUSSIA

- **Free for all citizens and available in every clinic**
- **Vaccine gives protection for more than 10 years**
- **Standard regime 0-1-6**
- **In case of deviation from vaccination regime no need to start rom the beginning, continue and assess antibody titres**

CASE STUDY

- **A. Is 23 y.o.**
- **Identifies himself as cis-gender gay**
- **Asked for PrEP after a "friend's suggestion"**
- **Recalled vaccination against HBV in his childhood**

CASE STUDY

Record form for PrEP and PEP screening				
What was your sex at birth?		Male	Female	Other
What is your current gender?		Male	Female	Other
What is your current age?	23			
In the past 6 months:				
With how many people did you have vaginal or anal sex?	0-1	2	3 or more	
Did you use a condom every time you had sex?	Yes	No	Don't know	
Did you have a sexually transmitted infection?	Yes	No	Don't know	
Do you have a sexual partner who has HIV?	Yes	No	Don't know	
If "Yes", has he or she been on ART for 6 or more months?	Yes	No	Don't know	
If "No", has the therapy suppressed viral load?	Yes	No	Don't know	

Do you use party drugs?	Yes	No	Don’t know
Did you have any sexual contacts with more than one person at the same time?	Yes	No	Don’t know
Did you have sex when you were under any substance including alcohol?	Yes	No	Don’t know

Lab tests showed that A. had:

- **low antibody titres for HBV (re-vaccination is necessary)**
- **HCV positive via PCR**

CONCLUSION

- **PrEP programmes in Eastern Europe and Central Asia need technical support and maintenance, as well as regular training of health care providers and NGO workers**
- **PrEP in Russia is available only through NGOs and private clinics, however, the main financial burden is on a client, which significantly reduces the number of PrEP users**
- **HCV and HBV testing must be a compulsory element of PrEP programmes**
- **PrEP programmes is a highly important entrance point for many people that usually don’t go to health care organisations**
- **PrEP programmes is a unique opportunity in combination with other sexual health services, including chemsex support**

Integrating viral hepatitis and PrEP services through KP-led primary health care clinics in Vietnam

Vu Ngoc Bao, MD, MA
USAID/PATH Healthy Markets

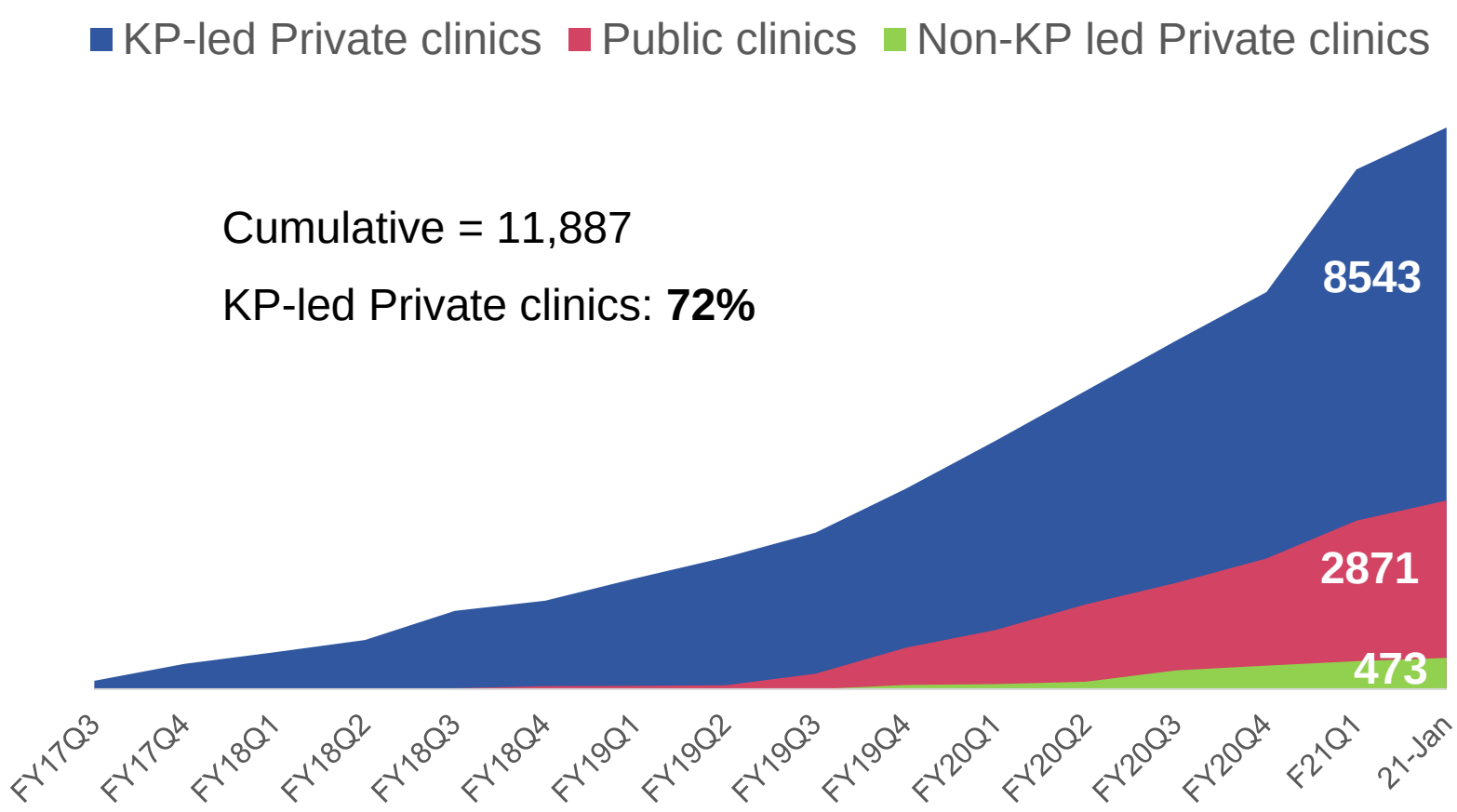
USAID FROM THE AMERICAN PEOPLE

PEPFAR

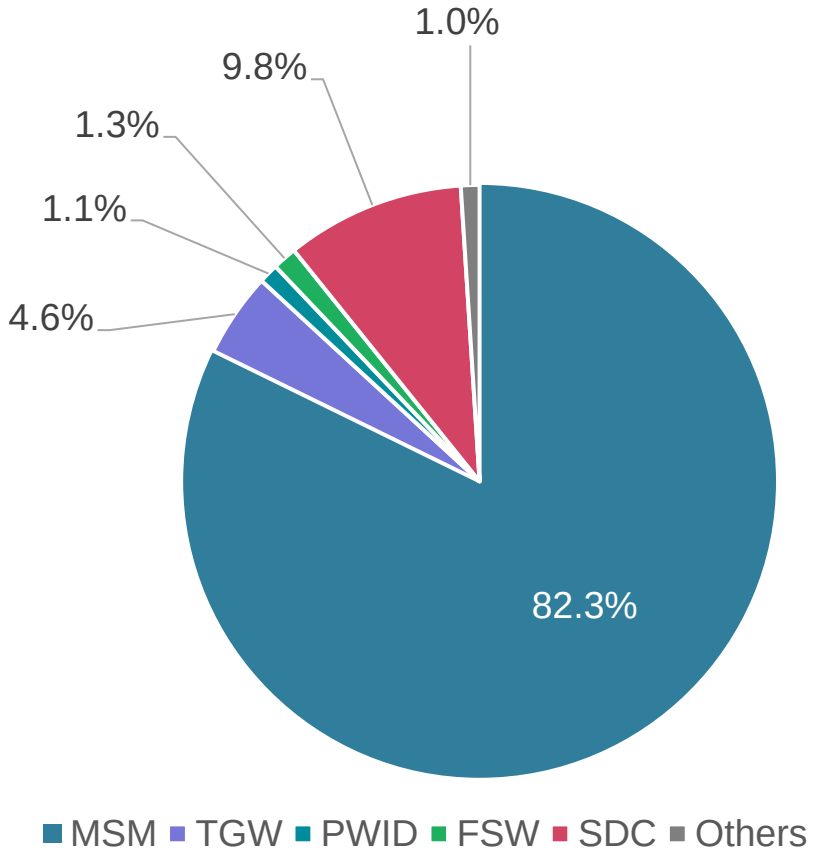
PATH

PrEP users by type of clinics and KPs, Healthy Markets

Cumulative PrEP users, Mar 2017- Jan 2021



Cumulative PrEP users by population



Increasing range of PrEP service delivery models

Optimizing convenience, choice, community engagement, and communication options

Pharmacies

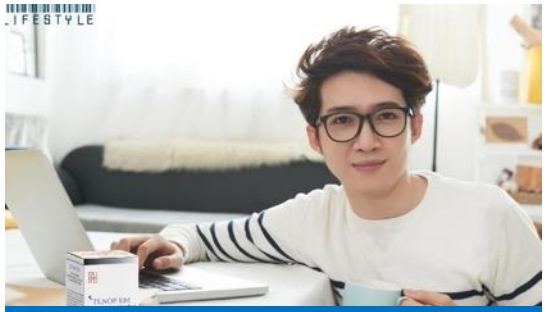
Commune health stations

Public clinics (OPC)

KP-led clinics

PrEP service delivery preferences

Mobile



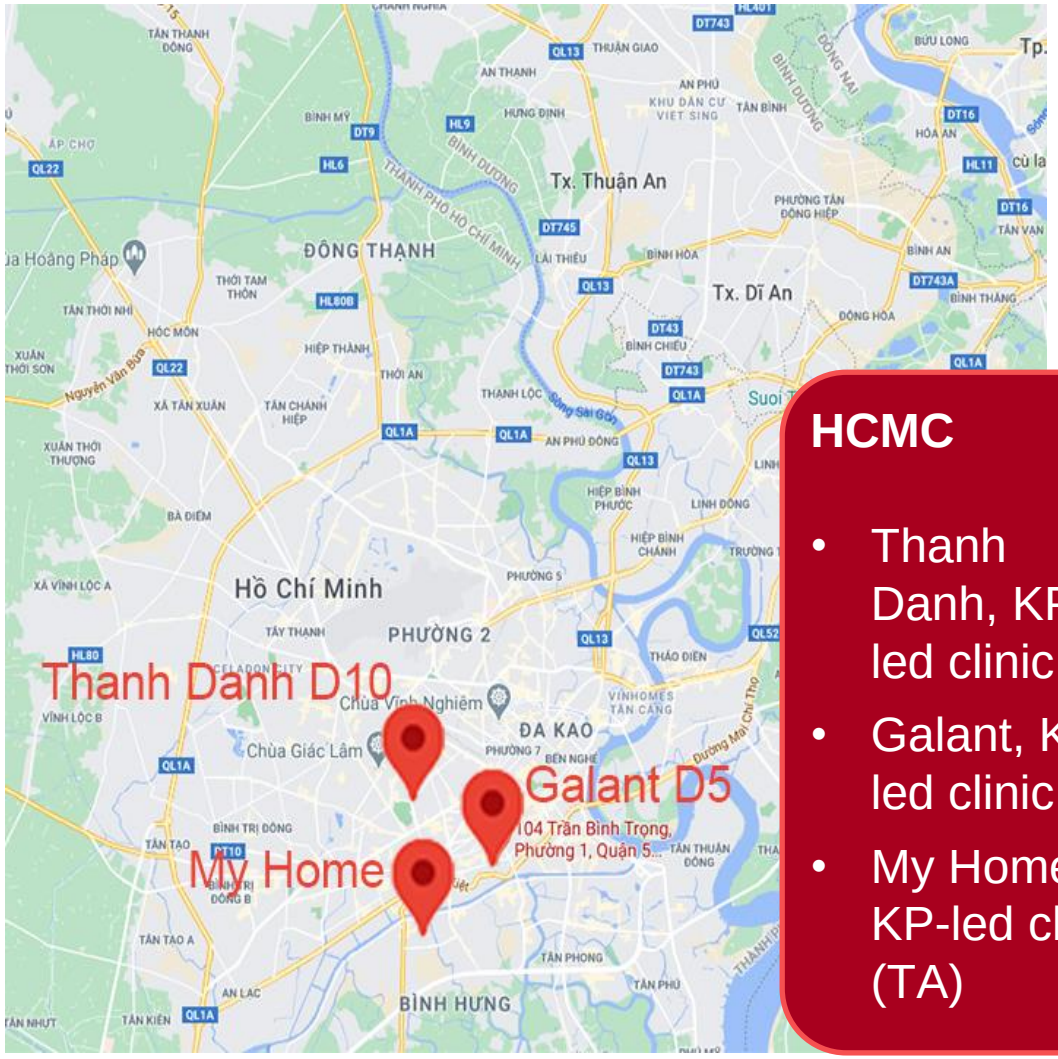
Virtual/ Telehealth

USAID TỪ NHÂN DÂN MỸ · PEPFAR · PATH

One Stop Shop (OSS) integrative care, Healthy Markets

Hanoi

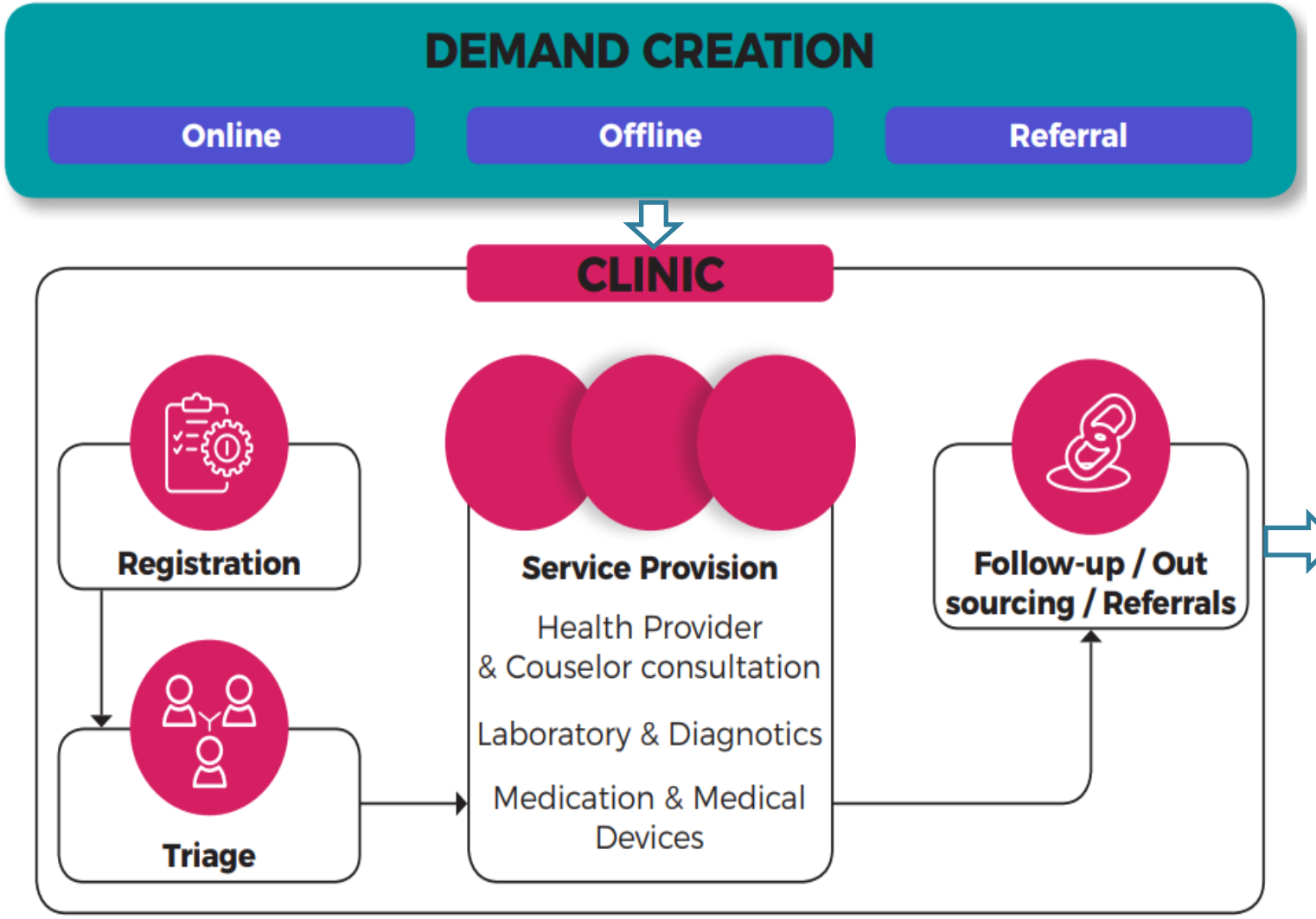
- Glink Hanoi, KP-led clinic
- Bien Viet private clinic



HCMC

- Thanh Danh, KP-led clinic
- Galant, KP-led clinic
- My Home, KP-led clinic (TA)

Client flow at One Stop Shop integrative care clinics



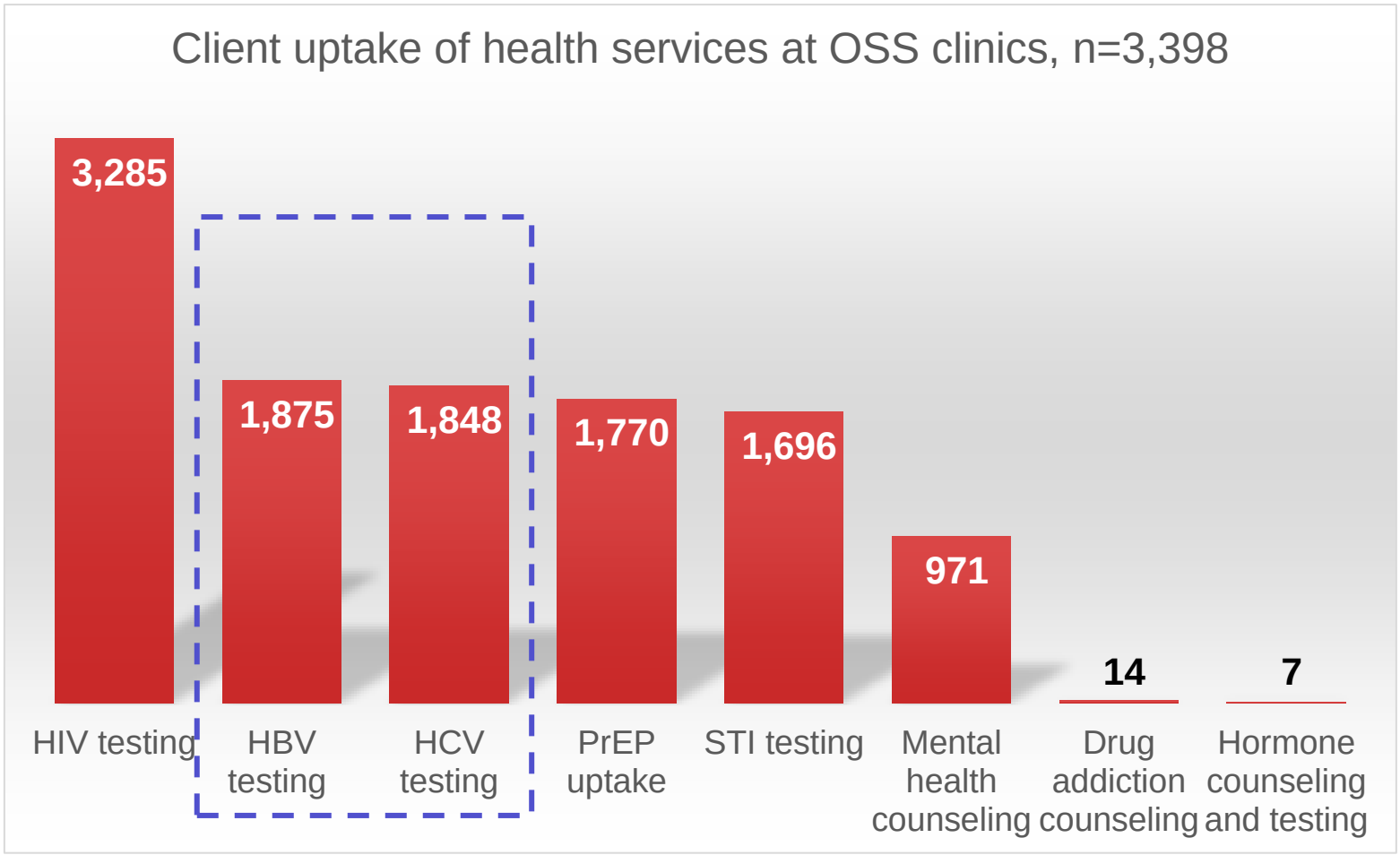
Service package:

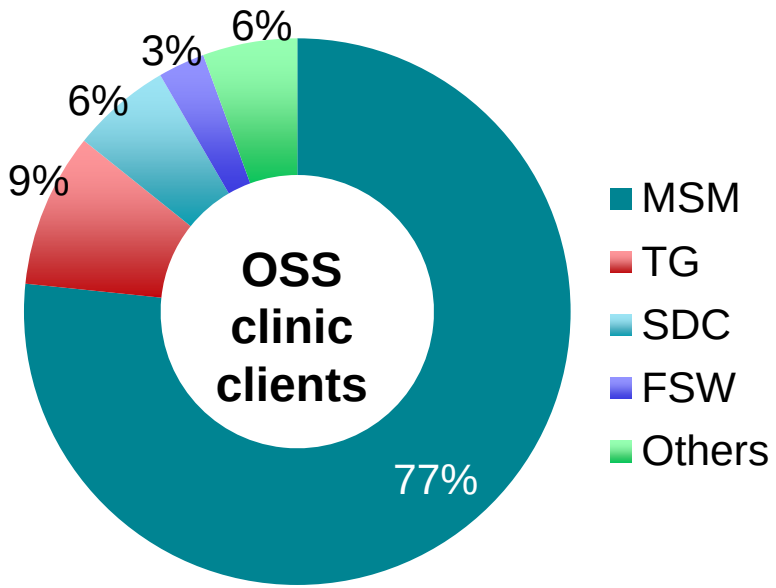
- HIV testing
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- Antiretroviral therapy (ART)
- Tuberculosis screening
- Viral hepatitis testing and link to treatment
- Sexually transmitted infections diagnosis and treatment (STI)
- Mental health counseling
- Gender-affirming services including hormone counseling and testing

Viral hepatitis testing as part of OSS clinic services

Cumulative number of clients receiving HIV services in past 4 months (Oct 2020 – Jan 2021)

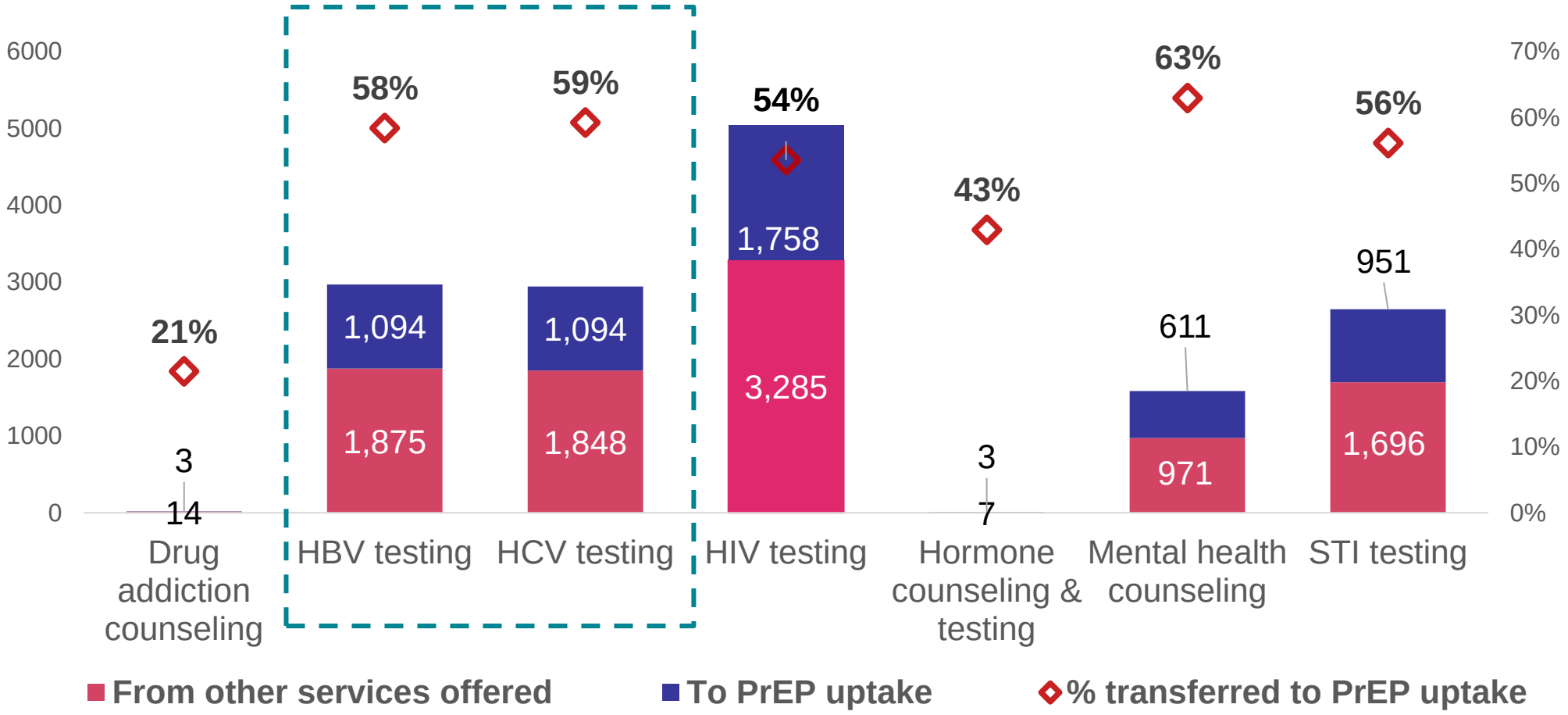
(Direct: Glink HCMC, Galant, Glink Hanoi, Bien Viet; TA: My Home)





Offering non-HIV health services, like viral hepatitis screening, is an important entry point for PrEP uptake at OSS clinics

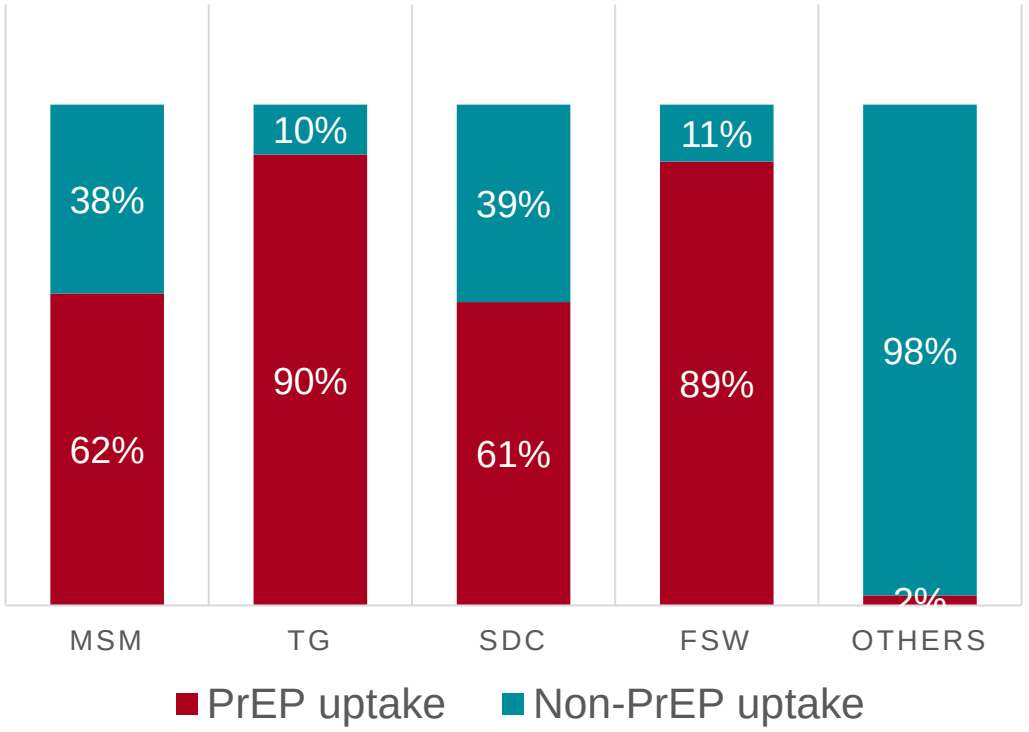
Cumulative number of clients receiving HIV services in past 4 months (Oct 2020 – Jan 2021)
(Direct: Glink HCMC, Galant, Glink Hanoi, Bien Viet; TA: My Home)



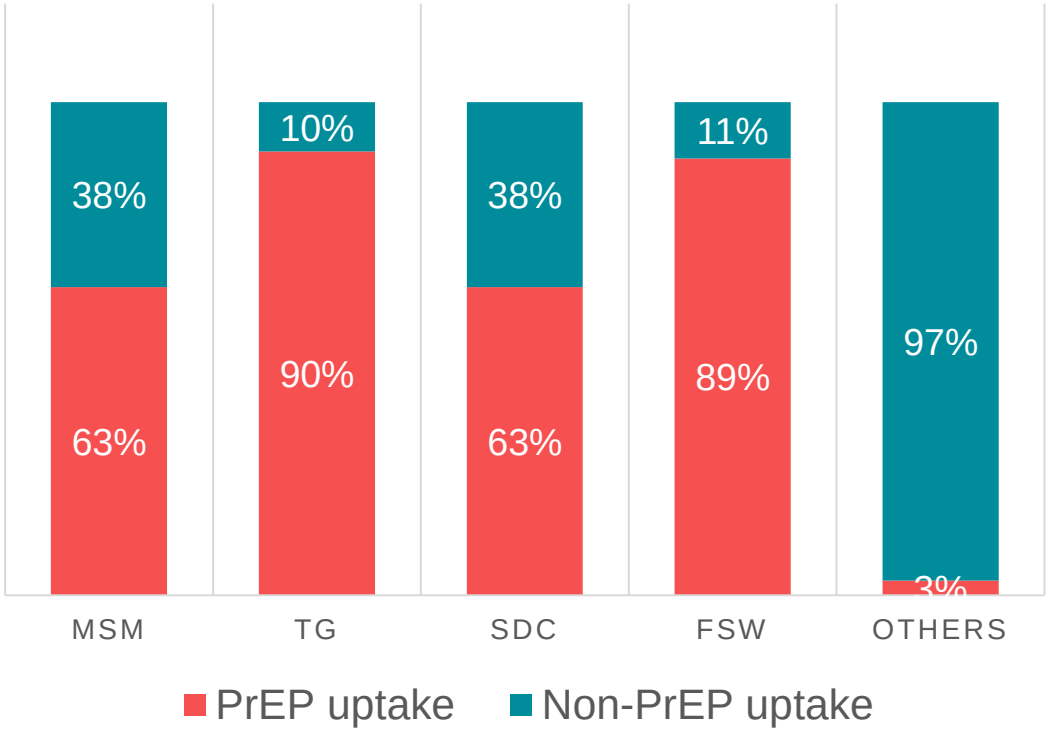
HBV/HCV testing leads to PrEP uptake among key populations

Cumulative number of clients receiving HIV services in past 4 months (Oct 2020 – Jan 2021)
(Direct: Glink HCMC, Galant, Glink Hanoi, Bien Viet; TA: My Home)

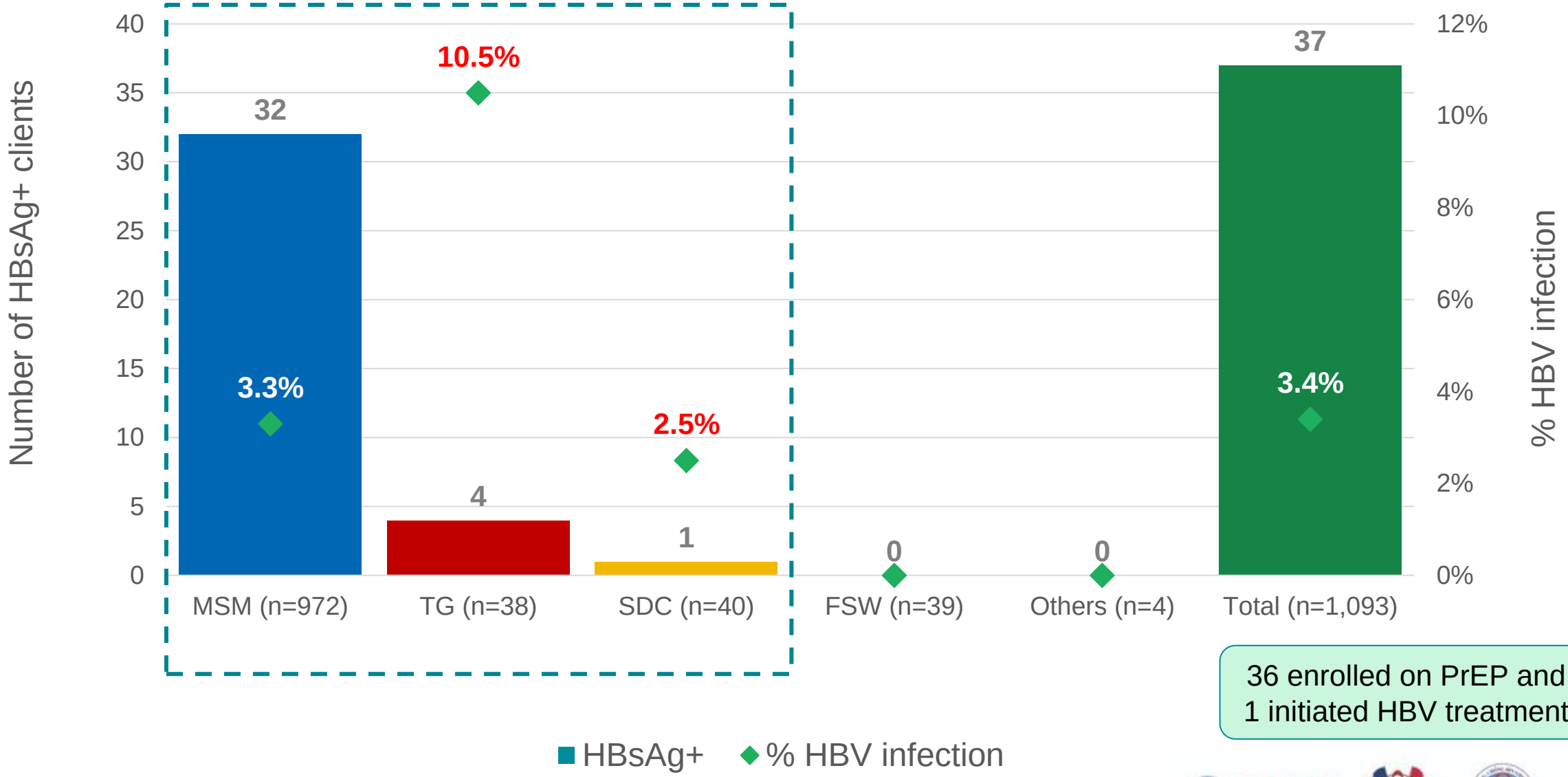
PrEP uptake among HBV testing clients at OSS clinics (n=1,875)



PrEP uptake among HCV testing clients at OSS clinics (n=1,848)

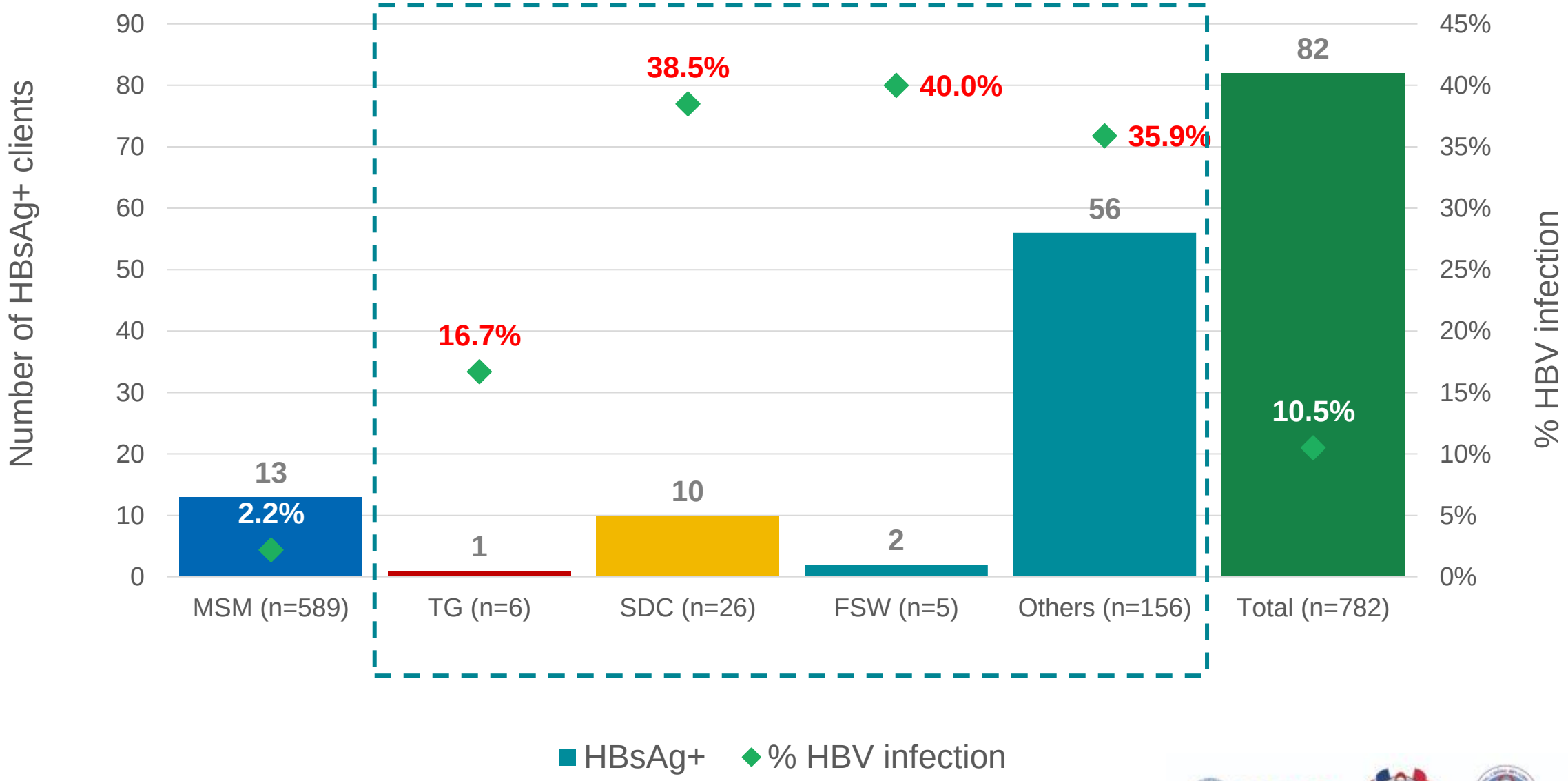


HBV infection rate among PrEP users by population (Oct 2020-Jan 2021)

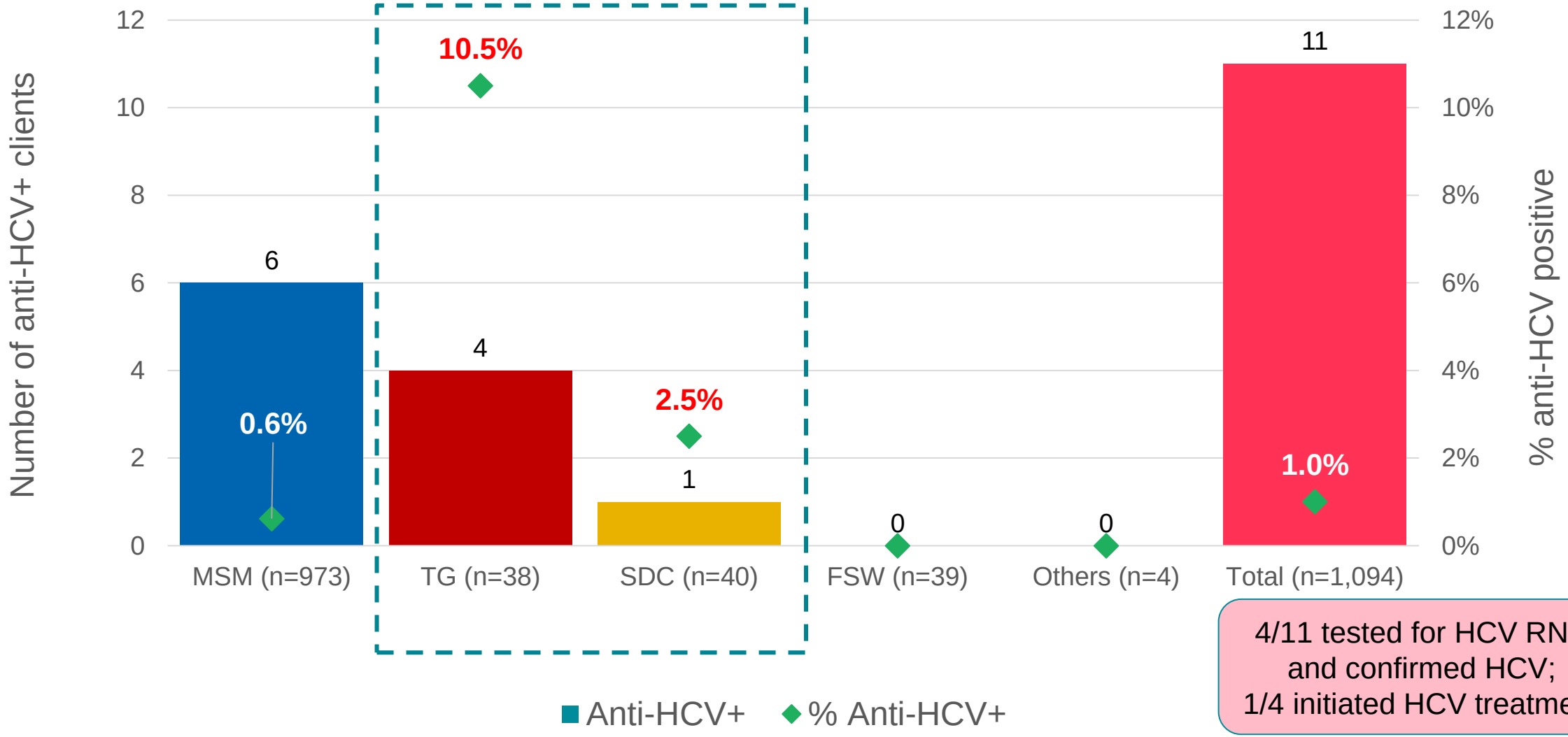


36 enrolled on PrEP and
1 initiated HBV treatment

HBV infection rate among non-PrEP users by population (Oct 2020-Jan 2021)

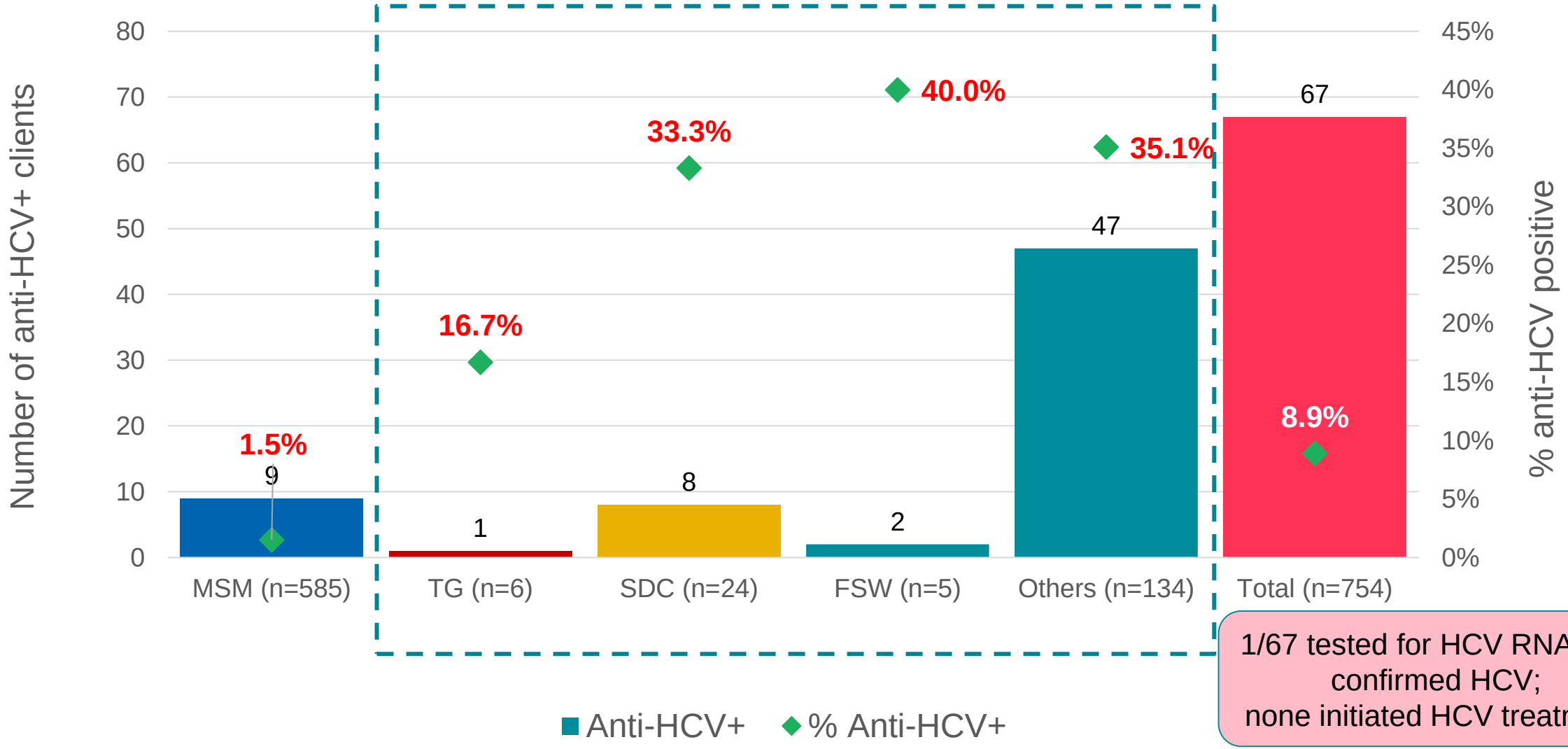


HCV infection among PrEP users by population (Oct 2020-Jan 2021)



4/11 tested for HCV RNA and confirmed HCV;
1/4 initiated HCV treatment

HCV infection among non-PrEP users by population (Oct 2020-Jan 2021)



1/67 tested for HCV RNA and confirmed HCV;
none initiated HCV treatment

Lessons learned and Implications

- **HBV infection is high among key populations who are either PrEP users or non-PrEP users** (MSM 2.2-3.3%; TG 10.5-16.7%; and SDC 2.5-38.5%).
- **HCV infection is high among TG and SDC who are either PrEP users or non-PrEP users** (10.5-16.7% and 2.5-33.3%), but low among MSM (0.6-1.5%).
- **One Stop Shop integrative care** can be an entry point to PrEP through other health services but more work needs to be done to improve linkage to confirmation testing and treatment for HCV.

- **Integrating HBV/HCV screening into PrEP services** provides **a great opportunity** to identify and link those wtih HBV and HCV to care and treatment to reduce hepatitis-related mortality, and to reduce onward transmission.
- **Implementing systematic hepatitis testing and referrals in all HIV services** is **a key strategy** to accelerate attainment of the goal to end hepatitis by 2030.

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Thank you!

Q&A

Panelists:

- **Dr Jeff Jin, The Kirby Institute**
- **Dr Niklas Luhmann**, WHO, Switzerland
- **Dr Nikolay Lunchenkov**, ECOM LGBTQI+ health consultant & medical doctor at "H-Clinic", Russia
- **Dr Vu Ngoc Bao**, USAID / PATH Healthy Markets, Viet Nam
- **Giten Khwairakpam**, TREAT Asia / amfAR, Thailand
- **Dr Will Nutland,** PrEPster

World Health Organization

USEFUL LINKS

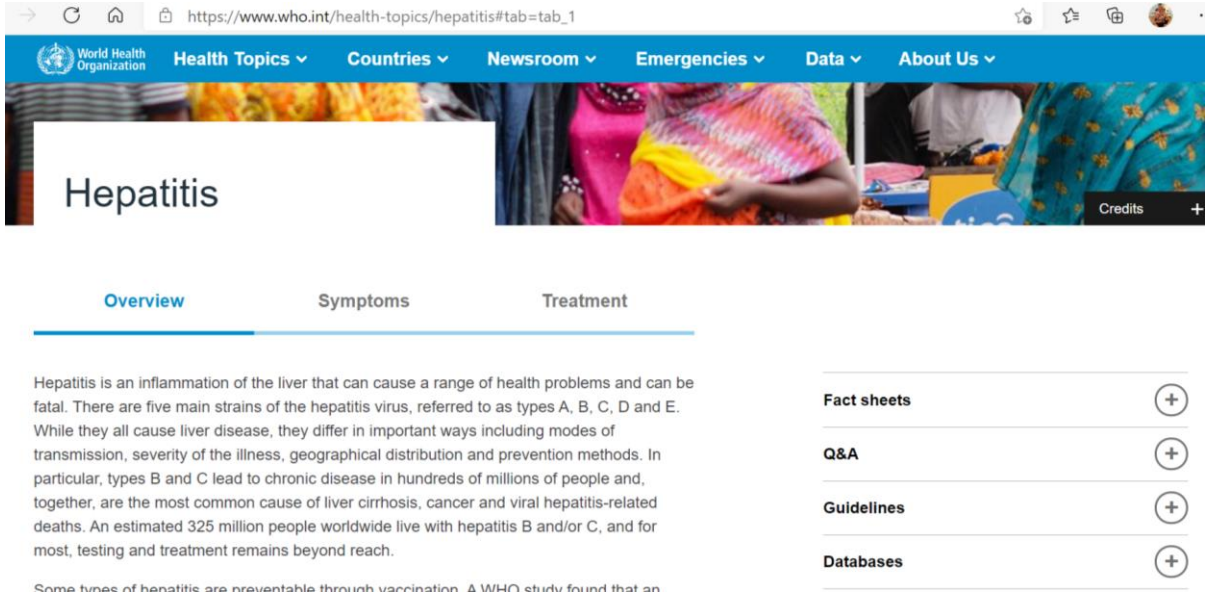
WHO Global PrEP network website

- https://www.who.int/groups/global-prep-network

PrEP information, news, resources and guidelines, webinars & much more!

WHO Viral Hepatitis Webpage

- https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hepatitis/overview



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THANK YOU

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