Do countries have the right policies to eliminate viral hepatitis B and C: a secondary analysis of the *Lancet GastroHep* Viral Hepatitis Commission

Authors: Adam Palayew[1], Graham Cooke[2], Sharon J Hutchinson[3], Homie Razavi[4], Jeffrey V Lazarus[5]

1) McGill University Department of Epidemiology, Canada
2) Division of Infectious Diseases, Imperial College, UK
3) School of Health and Life Sciences, Glasgow
4) Center for Disease Analysis Foundation, United States
5) Barcelona Institute for Global Health (ISGlobal), Spain

INTRODUCTION

In 2019, the *Lancet Gastroenterology & Hepatology* Commission reported the status of 11 viral hepatitis policy indicators in 66 countries.[1] Policies were reported as either being in place, in development, or not in place. Of the 11 viral hepatitis policies, six related to both hepatitis B virus (HBV) and hepatitis C virus (HCV), three policies applied only to HBV, and two policies were specific to HCV.

AIM

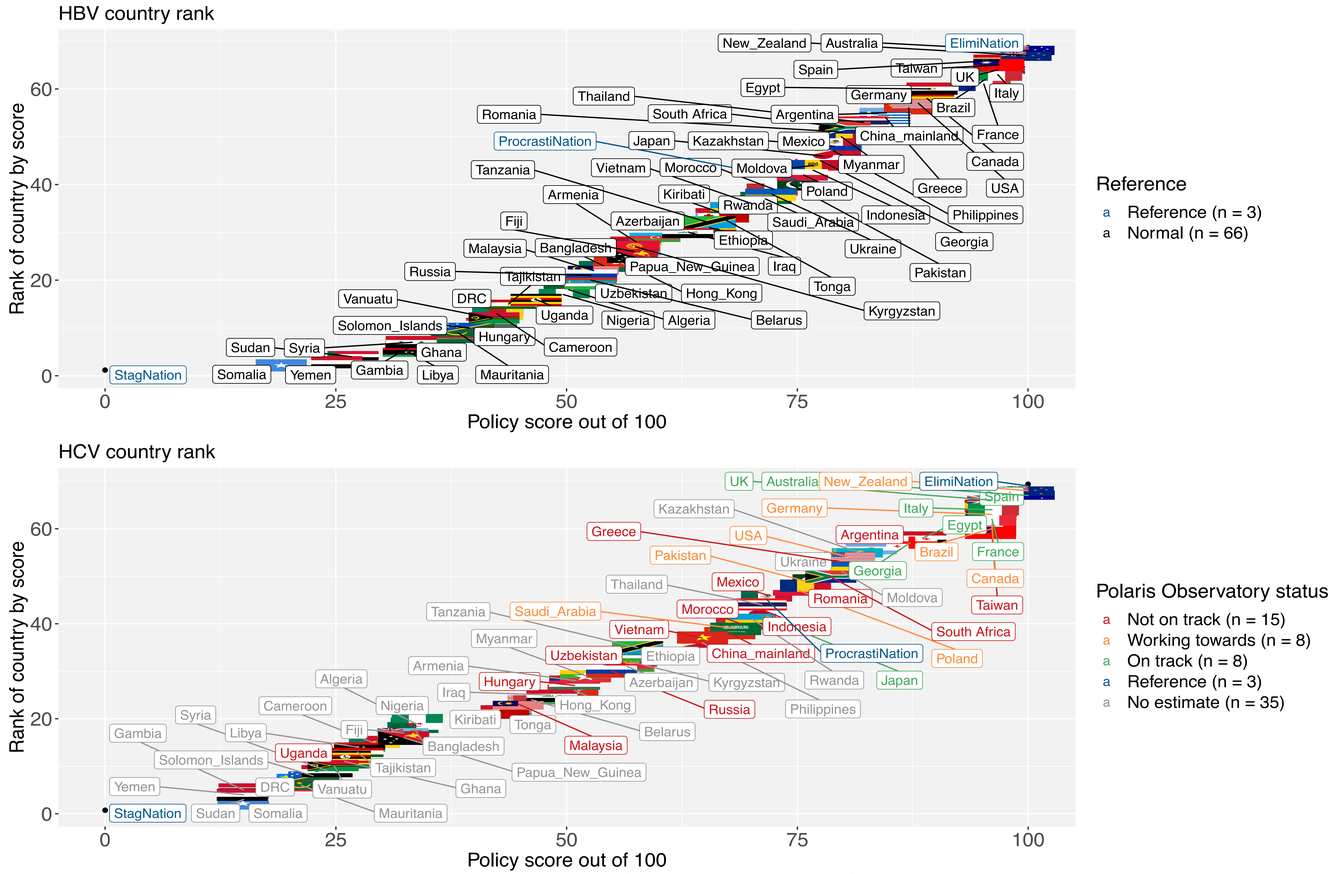
This study used the Commission findings to estimate country HBV and HCV policy scores and rankings.

METHOD

Two groups of variables were created: one for all policies relating to HBV and one for all HCV related policies.[2] We then applied a multiple correspondence analysis data reduction technique to each group of policies to reduce the policy indicators into a weighted summary of each possible different response to the policy indicators and generate scores for each country.[3] Reference countries (StagNation, ProcrastiNation, and ElimiNation) were included in the analysis to help contextualize responses so that the minimum score was no policies and the maximum score was all policies. Values of the scores for countries were standardized to range from 0 to 100 (Best).

RESULTS

The analysis estimated a summary factor that explained 58.1% of the variation for HBV and 70.3% for HCV. The highest scoring country for HBV was Australia while Somalia had the lowest score followed by Yemen and Sudan. For the HCV policy score, Australia and New Zealand had perfect scores while Somalia, Sudan, and Yemen had the lowest scores, all having only 1 indicator in place: mandatory screening of donated blood (Figure panel A). For HCV, countries were further analyzed by elimination status according to the Polaris Observatory (Figure panel B). Countries that were on track had a mean score of 91.4, countries that were working towards elimination had a mean score of 86.0, and countries that were not on track had a mean score of 66.1. Countries that did not have an estimate from Polaris had a mean score of 41.7, suggesting that a certain level of commitment is needed before a country receives a score.



On track for elimination is defined as a 80% reduction in the incidence of HCV and a 65% reduction in HCV–related mortality by 2030.

CONCLUSIONS

In this study, we calculated HBV and HCV country policy scores for 66 countries. Countries that received higher scores had more policies in place than countries with lower scores. However, the index does not account for a country's disease burden. Heavily burdened countries, such as Nigeria, Russia, and Vietnam, scored relatively poorly despite having some policies in place.

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@AadmPalayew @JVLazarus

ACKNOWLEDGEMENTS

GC is supported in part by the BRC of Imperial College NHS Trust and an NIHR professorship. JVL is supported by a Spanish Ministry of Science, Innovation and Universities Miguel Servet Grant (Instituto de Salud Carlos III/ESF, European Union (CP18/00074)).

CONTACT INFORMATION

Jeffrey V Lazarus, Barcelona Institute for Global Health (ISGlobal), Calle del Rossellón 132, 4th, ES-08036, Barcelona, Spain.
Jeffrey.Lazarus@isglobal.org ORCID: 0000-0001-9618-2299