

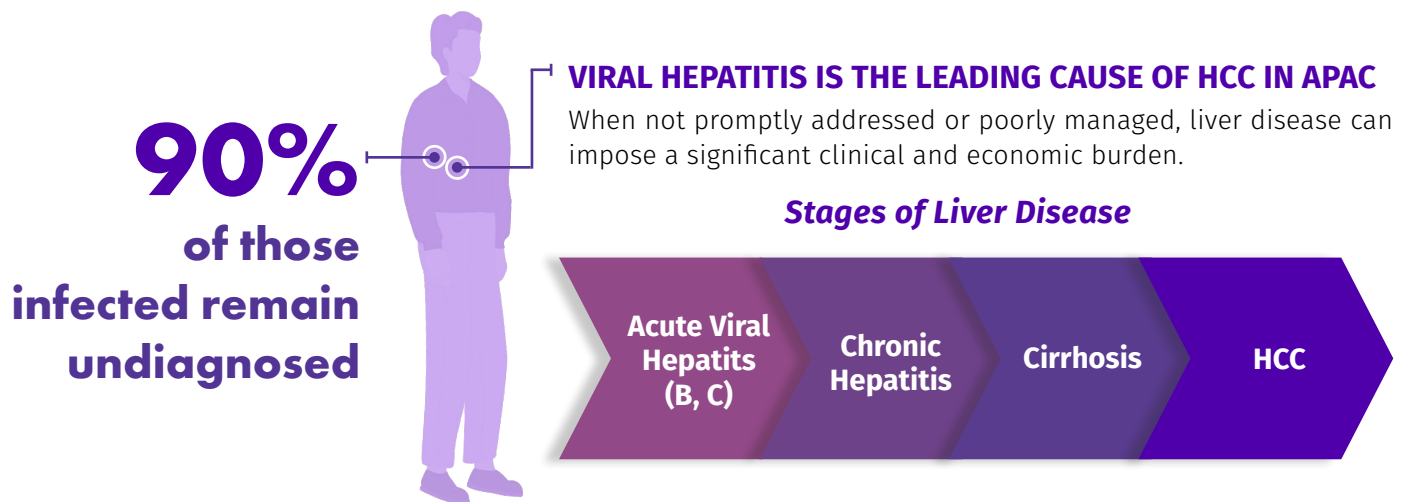
HEPATITIS IN APAC:

Urgent need for elimination

APAC accounts for **63% of global liver disease deaths**, with viral hepatitis and liver cancer (where hepatocellular carcinoma, or HCC, is the most common) being major contributors.



THE SILENT EPIDEMIC: PROGRESS OF LIVER DISEASE



LEADING CAUSE OF MORTALITY AND MORBIDITY WITH SIGNIFICANT ECONOMIC BURDEN

Hepatitis deaths in
APAC have reached

1 million
per year

3 times higher
death rate compared
to HIV/AIDS



Accounting for

63%
of the global
death toll



182 million

people chronically infected
with HBV or HCV from
China and India alone



USD 630-1,949

out-of-pocket spending for HCV
treatment costs \approx 3-6 months of
the average monthly personal
income in Vietnam

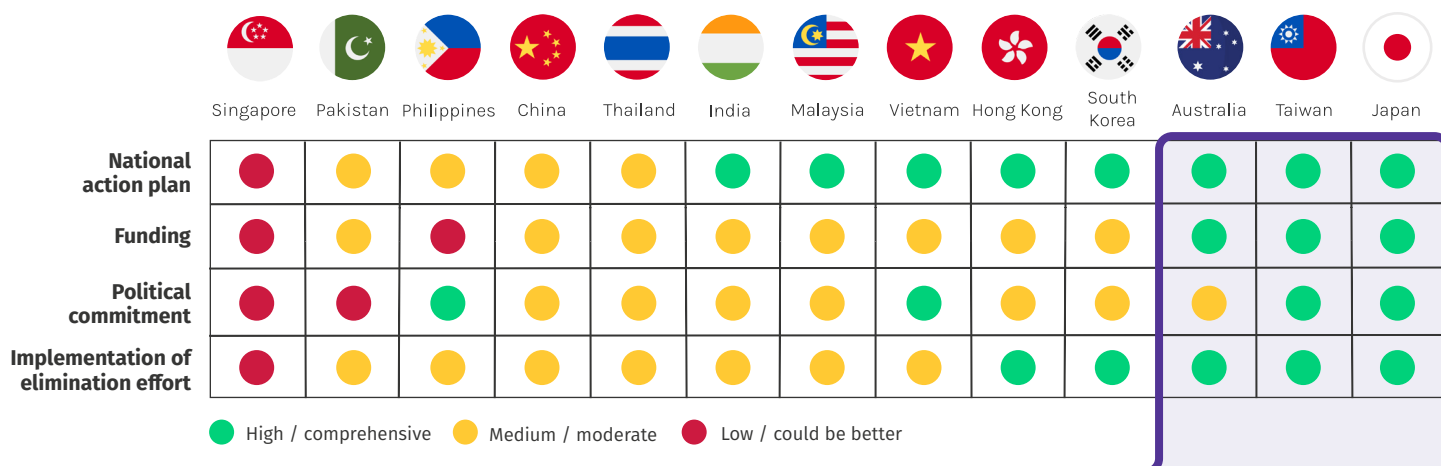


AUD 26 billion

in lost productivity due to
HCV-related absenteeism,
presenteeism, and
premature deaths

CURRENT STATE OF HBV AND HCV ELIMINATION

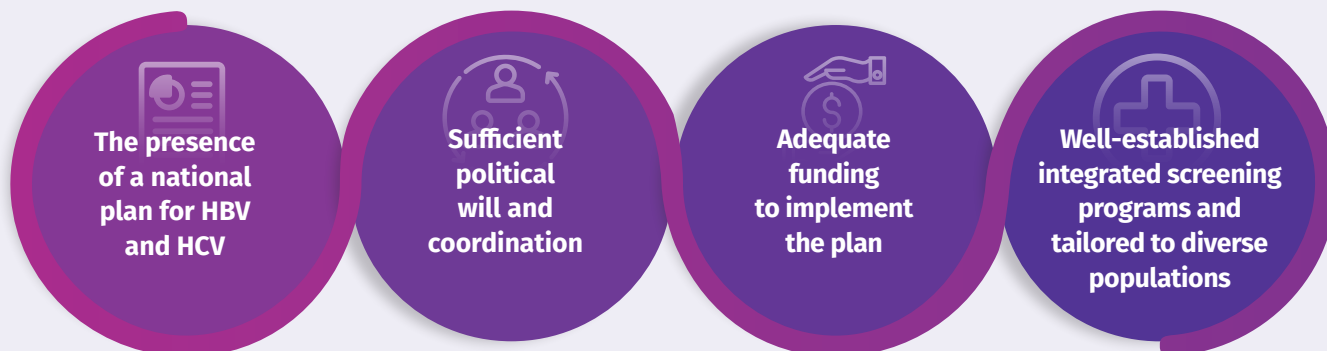
Most APAC territories are **not on track** to achieve the WHO target of eliminating hepatitis by 2030.



Australia, Taiwan and **Japan** have made commendable progress, through which

4 factors

have been identified to be the key to hepatitis elimination



ELIMINATING HEPATITIS IS NOT ONLY ACHIEVABLE BUT ALSO ECONOMICALLY BENEFICIAL

There is compelling evidence demonstrating cost savings by scaling up screening, diagnosis and treatment efforts.



By 2035, every USD 1 spent on HBV elimination in Philippines and Vietnam will return

USD 2.23

USD 1.70



Investing USD 163 million in Australia to achieve WHO HCV elimination targets by 2030 will yield an additional net benefit of minimum **112% return**



In Pakistan, HCV elimination scale-up activities will require additional investment of USD 1.45 billion; but by 2050, it will yield a net economic benefit of **USD 9.1 billion**



HEPATOCELLULAR CARCINOMA IN APAC

Urgent need for comprehensive management

Hepatocellular carcinoma (HCC), the predominant type of liver cancer, is the fifth most common cancer and the second deadliest one in APAC.



LEADING CAUSE OF EARLY DEATH, PRIMARILY CAUSED BY HBV/HCV, CARRIES SIGNIFICANT BURDEN



610,000

new cases of liver cancer

in APAC, accounting for a staggering **73%** of the total incidence of liver cancer worldwide in 2020.



72%

of the total HCC deaths

worldwide were attributed to APAC alone, with a harrowing number of **566,000** reported cases.



PREMATURE MORTALITY

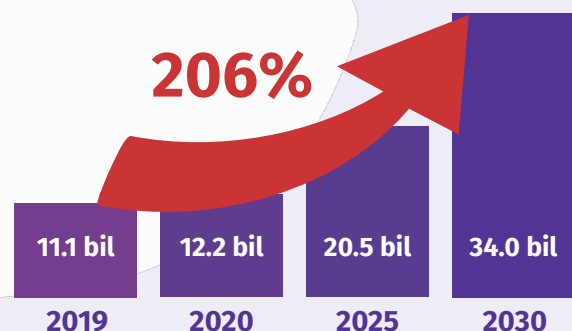
is a common outcome

as **80%** of the HCC cases in APAC are diagnosed at an advanced stage, posing significant challenges to treatment outcomes

IT ALSO CARRIES A SIGNIFICANT ECONOMIC BURDEN

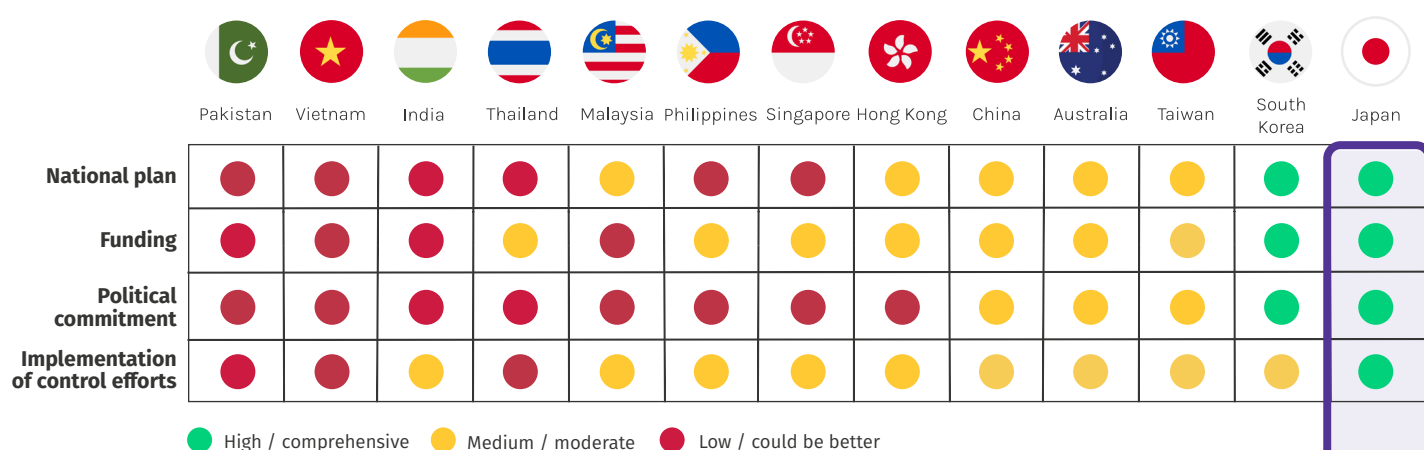


In China, economic burden of liver cancer was estimated at **USD 11.1 billion in 2019**, equivalent to 0.047% of the local GDP, and is projected to increase rapidly to **2030**.



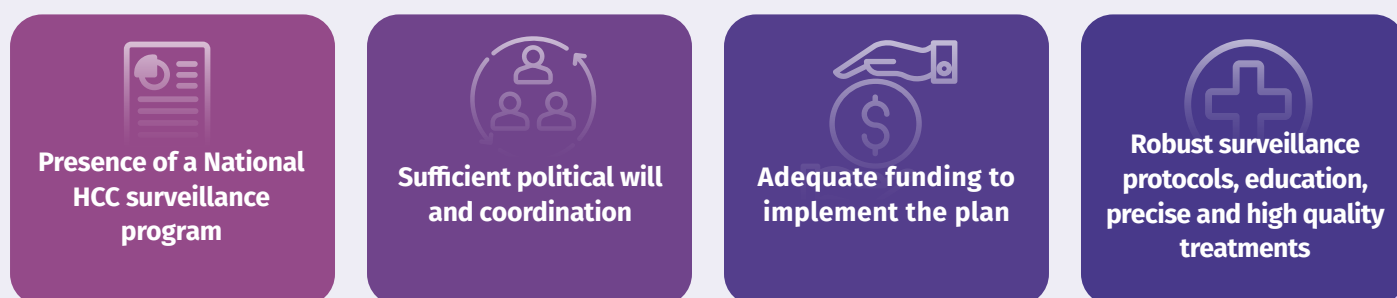
CURRENT STATE OF HCC MANAGEMENT

Most APAC territories **can do more to better manage** hepatocellular carcinoma (HCC)

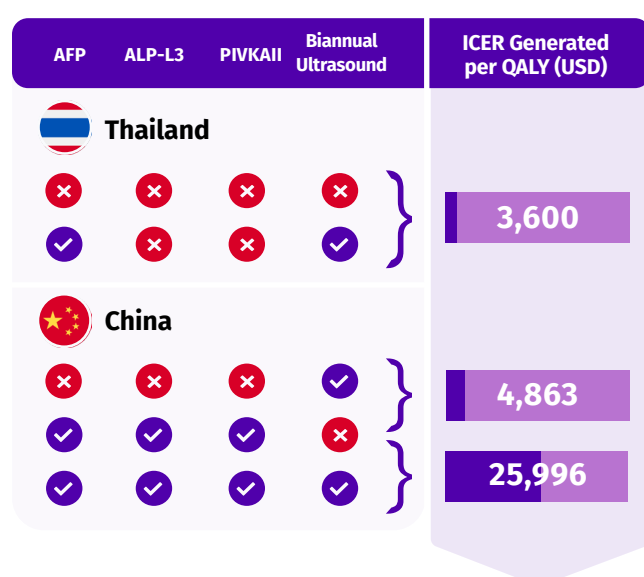


Japan stands out in performance and is perceived as an exemplar in HCC surveillance and management, through which

4 factors have been identified to be the key to HCC management



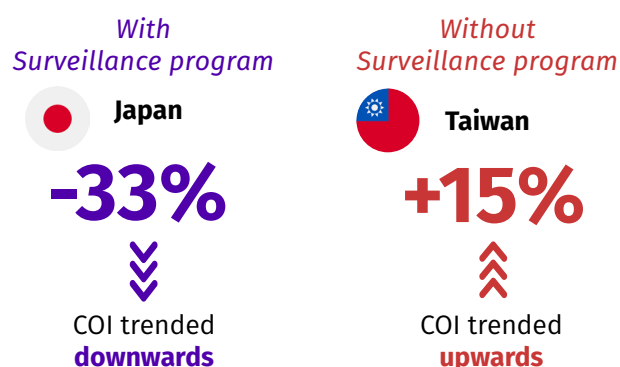
Investing in a well-funded HCC surveillance program is crucial for effective management of the disease, offering significant cost-effectiveness.

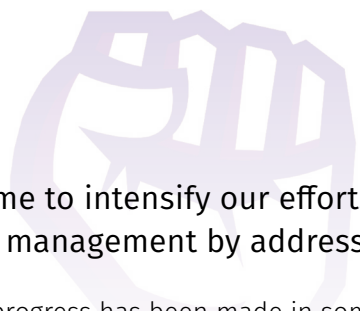


Surveillance is considered cost-effective if it costs **<USD 50,000** per year of life gained.

An examination using the cost of illness (COI) framework suggested that the economic burden of HCC is lower and downward trending in Japan than Taiwan, owing to the presence of a National surveillance program

Comparing COI between 2002 and 2014





ACT NOW !

It's time to intensify our efforts towards hepatitis elimination and Hepatocellular carcinoma (HCC) management by addressing them **TOGETHER**

While progress has been made in some APAC territories, the goal of eliminating hepatitis and reducing HCC burden is far from being achieved, and much work still lies ahead.

A comprehensive and integrated policy response addressing both Hepatitis and HCC is absolutely crucial.



1.

Hepatitis national action plans need to be more comprehensive

- **Set clear elimination goals** and targets and actively track progress.
- **Leverage resources** to support budget-based planning and implement localized strategies
- **National actions plans need to be costed and funded** under local budgets or utilize catalytic funding to kick-start
- **Set up a national steering committee** to track progress of elimination in line with targets set.



2.

Expand hepatitis screening and treatment, integrated within existing health systems and tailored to the needs of affected populations in various settings

- **Adopt the recommended stepwise approach** (4-steps) to develop a national hepatitis screening strategy.
- **Integrate hepatitis initiatives** into existing health systems, broader health initiatives and infrastructure to improve linkage to care.



3.

Governments can secure greater funding by integrating hepatitis and HCC into broader health initiatives and employing blended financing models

- **Frame funding** as part of the universal health coverage to advocate for domestic resources.
- **Leverage catalytic funding from global funding bodies** to kickstart programmes by implementing micro elimination strategies



4.

Implement a comprehensive national HCC surveillance program and ensure timely access to treatment for HCC and hepatitis

- **Learn from Japan's gold standard:** a sustainably financed and thoughtfully implemented HCC surveillance program.
- **Amplify surveillance efforts** among high-risk populations to accelerate access to care.



5.

Increase awareness and identify policy champions to drive political commitment

- **Launch public awareness activities** to promote health equity and combat stigma.
- **Secure buy-in and mobilize support** from policy champions and seize policy windows to generate momentum for action.



CALL TO ACTION

At the APAC Liver Disease Alliance, we call upon every stakeholder in the ecosystem, from Ministries of Health, policymakers and funders, industry and providers, or physicians, caregivers and patients to work together to ensure that the recommendations are implemented and tackle the problems faced.

We believe each group has something to offer, and something to gain.

ALLIANCE DETAILS AND CONTACT INFORMATION

APAC Liver 
Disease Alliance

The APAC Liver Alliance is a multi-lateral group which aims to unite all stakeholders on the mission to counter the rising liver diseases epidemic in the APAC region.

To find out more about their work or to get involved, please contact:

info@apacliverdiseasealliance.org

