

Summary report on the

First meeting of national hepatitis focal points

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Cairo, Egypt
8–10 June 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Viral hepatitis represents a considerable public health challenge in the WHO Eastern Mediterranean Region, with hepatitis B and C causing more deaths than HIV, malaria or tuberculosis. Viral hepatitis has long been neglected. However, hepatitis B and C are preventable, hepatitis B is manageable and hepatitis C is curable.

In October 2014, a technical session on hepatitis was held on the day preceding the 61st Session of the WHO Regional Committee for the Eastern Mediterranean. The objective of the session was to raise the awareness of new opportunities for scaling up national efforts to prevent and control viral hepatitis B and C. Member States considered it a priority to develop comprehensive national prevention and control action plans.

As the world looks to 2030, and prepares to meet the challenges of an ambitious set of Sustainable Development Goals, WHO is developing three global health sector strategies to cover HIV/AIDS, viral hepatitis and sexually transmitted infections. The strategies will cover 2016–2021 and will be finalized for consideration by the Sixty-ninth World Health Assembly in 2016. The strategy for hepatitis will be the first-ever global health sector strategy for this disease. Meanwhile, WHO will focus its efforts on supporting countries to develop their national strategies and action plans in line with the existing global framework for action.

In this respect the WHO Regional Office for the Eastern Mediterranean convened a first meeting of national hepatitis focal points in Cairo, Egypt from 8 to 10 June 2015. The objectives of the meeting were to present and discuss the draft global hepatitis strategy 2016–2021 with national hepatitis focal points, regional experts and

regional and global partner organizations, and to provide an opportunity to familiarize participants on the global guidance on hepatitis strategic planning, update them on the new global hepatitis guidelines for surveillance, diagnosis and treatment and care and facilitate experience exchange between countries.

The meeting brought together national focal points on viral hepatitis, regional experts, international and regional partner organizations and participants representing international and regional civil society organizations.

During his opening address, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, stressed the importance of this first meeting for advancing the hepatitis response in the Region, and assured participants that regional challenges, priorities and experience would be reflected in the final global hepatitis strategy. He said that WHO was committed to working jointly with ministries of health, and with national, regional and international partners, in order to address the challenges of preventing and controlling hepatitis in the Region.

2. Summary of discussions

Globally, viral hepatitis is responsible for an estimated 1.5 million deaths each year, mainly as a result of chronic hepatitis B and chronic hepatitis C infection. In the WHO Eastern Mediterranean Region viral hepatitis is one of the most common and serious infections. Every year, around 4.3 million people are infected with hepatitis B virus and 800 000 with hepatitis C virus. By the age of 15, half the children in the Region will have been exposed to hepatitis A. Hepatitis E prevalence is also high in some countries, yet the disease has been neglected for many years by most countries.

Most Member States lack strategic information on the local epidemiology of viral hepatitis. Accordingly, countries need to take the necessary measures to improve their hepatitis surveillance system at national level so that they can have a more reliable and accurate view of the real situation.

Considerable morbidity and mortality globally and regionally is attributable to viral hepatitis as there are unmet needs for diagnosis and treatment. However, it is also recognized that transmission of viral hepatitis B and C continues due to poor infection control and unsafe injections in health care settings.

There have been great strides with the implementation of hepatitis B vaccine. Regional coverage for the third dose was 83% in 2013; however, more efforts are needed to improve coverage of hepatitis B birth dose vaccine.

During their country presentations, both Egypt and Pakistan acknowledged challenges in infection control, and steps taken to improve the coverage of birth dose of hepatitis B vaccine. On access to hepatitis C treatment, Egypt leads the way in the Region with a robust programme which can enroll 10 000 new patients on treatment per month, and with plans for further expansion.

During the meeting participants had the opportunity to have a lively debate on access to new hepatitis C drugs and the availability and quality of generic drugs in the Region.

WHO continues with its efforts to develop evidence-based guidelines, advocate for better access to new drugs and support countries develop strong national hepatitis response. One of the guided principles of the WHO guidelines is the use of public health approach, which

recommends simple standardized treatment to facilitate procurement and rapid scale-up.

One day of the meeting was dedicated to discuss the draft global health sector strategy for viral hepatitis 2016–6021 with the aim of providing regional perspectives to inform the development of the strategy. The strategy describes the priority actions that countries need to take and the support that WHO will provide in order to scale up a global response to viral hepatitis, with the aim of eliminating viral hepatitis as a major public health concern.

Dr G. Hirnschall, Director HIV/Hepatitis, WHO headquarters clarified global targets for the global strategy as well as the vision and targets for elimination. During discussion, some participants felt that global targets are relevant for high burden countries, but that it would be unrealistic to expect low burden countries to aim for the same targets.

The five draft strategic directions of the global strategy are: 1) information for focus; 2) interventions for impact; 3) delivering for equity; 4) financing for sustainability; and 5) innovations in technologies, services and systems. For WHO, the benefit of a global strategy is that all countries can see it as a commitment. Given the number of partners working on viral hepatitis, there is a need for good coordination between the partners, donors, WHO and countries. WHO values the collaboration of the US Centers for Disease Control and Prevention (CDC) as both a donor and a technical partner.

With regard to the five strategic directions, participants focused on the challenges and priorities in the Region. Accordingly they made recommendations to rework strategic directions 2 and 3 to support a more coherent flow along the continuum of care. In particular, it was felt that the global strategy should make a strong case for prevention

and not focus on solely on treatment and also that there should be clear interventions that address key populations.

Participants were assured that the regional feedback will be considered in the preparation of the final document. The global health sector strategy will be presented to the 137th WHO Executive Board in January and at the Health Assembly in May 2016. WHO urges countries to discuss the draft strategy at country level and to raise awareness of policy-makers within the Ministry of Health before global WHO meetings.

This meeting provided a platform to present and discuss the WHO guidance on hepatitis programme reviews and the development of national plans for a public health response to viral hepatitis, as an integral part of the national health systems.

During this session, participants were briefed on WHO guidance on programme reviews and strategic planning. Several countries shared their experience and challenges in developing viral hepatitis national plans. Most participants felt that countries need to work on mechanisms to ensure better governance of the hepatitis response. While some felt that a hepatitis programme is needed at national level for advocacy, there was a call for caution from others against setting yet another vertical programme. All participants felt that there is a need for more partners and donors if countries are to achieve the global hepatitis targets.

National viral hepatitis strategies or plans remain rare, and few countries have designated units and budgets within their health ministries to lead, guide and coordinate their responses. WHO is urging all countries to designate a national hepatitis focal point.

3. Recommendations

To Member States

1. Establish a national hepatitis prevention, diagnosis and treatment coordination mechanism that includes all relevant stakeholders including civil society and representatives of people living with hepatitis.
2. Appoint a focal point/unit for coordinating national hepatitis prevention, diagnosis and treatment efforts.
3. Develop a national strategy and costed action plan for acceleration of viral hepatitis prevention, diagnosis and treatment with aspirational but feasible targets in line with WHO guidance. National plans need to link to broader health system structure and resources.
4. Fill gaps in the national hepatitis surveillance and information systems in order to determine the burden of disease, which populations are most affected and where new hepatitis infections are coming from.
5. Ensure the involvement of civil society organizations including patient associations in all aspects of planning, implementation, monitoring and evaluation, with special focus on advocacy and demand creation for services.

To WHO

6. Further pursue strongly putting hepatitis on the agenda of global bodies and donors.
7. Develop a viral hepatitis action plan for the Region for the implementation of the global hepatitis health sector strategy 2016–2021 and submit it to the Regional Committee for endorsement in 2016.

8. Support advocacy, strategic planning and implementation in countries through country missions and technical assistance.
9. Develop guidance for indicators and national target-setting for viral hepatitis prevention, diagnosis and treatment.
10. Expedite prequalification of hepatitis medicines, diagnostics and vaccines.
11. Facilitate experience sharing between countries.

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