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Summary report on the
**Strategic and technical
consultation on viral
hepatitis in the
Eastern Mediterranean
Region**

Casablanca, Morocco
25–27 April 2016



**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 World Health Organization (WHO) Eastern Mediterranean Region, with hepatitis B and C causing more deaths than HIV, malaria or tuberculosis. Hepatitis B and C are preventable, hepatitis B is manageable and hepatitis C is curable – yet the prevention and control of viral hepatitis is largely being neglected, with the exception of hepatitis B childhood vaccination.

The WHO draft global health sector strategy for viral hepatitis 2016–2021 was finalized, for endorsement at the Sixty-ninth Session of the World Health Assembly in May 2016. The Regional Office for the Eastern Mediterranean, in consultation with key stakeholders, is developing a regional action plan (2017–2021) for implementation of the global health sector strategy for viral hepatitis.

WHO recently issued evidence-based guidelines to promote public health approaches for the prevention and control of hepatitis B and C, and to advocate for better access to new and more effective hepatitis medicines. In this context, the WHO Regional Office for the Eastern Mediterranean convened a strategic and technical consultation on viral hepatitis in the Region, held in Casablanca, Morocco from 25 to 27 April 2016. The objectives of the meeting were:

- to receive inputs from countries and partners to the draft regional action plan for viral hepatitis;
- to orient participants on new WHO guidance on the prevention and control of viral hepatitis;
- to discuss strategies for enhancing access to new hepatitis C medicines.

The consultation was attended by national hepatitis focal points from 10 countries as well as regional and global experts, persons affected by the disease and representatives of civil society, private sector and regional and global partner organizations.

Dr Yves Souteyrand, WHO Representative in Morocco, delivered a message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Alwan underlined that viral hepatitis represents a considerable public health challenge in the Eastern Mediterranean Region. He stressed the crucial role of participants in the finalization of the draft regional action plan for viral hepatitis 2017–2021 for implementation of the global health sector strategy. He reaffirmed WHO's commitment to supporting all Member States in their viral hepatitis response, from strategic planning to implementation, monitoring and evaluation.

2. Summary of discussions

Viral hepatitis is a leading cause of mortality and morbidity worldwide, despite the existence of effective prevention and treatment options. However, global momentum to prevent and treat viral hepatitis is building, driven by the emergence of new hepatitis C virus drugs that will save lives and future costs.

In the WHO Eastern Mediterranean Region, viral hepatitis represents a considerable public health challenge with hepatitis B and C causing more deaths than HIV, malaria or tuberculosis. Every year, around 800 000 people are infected with hepatitis C virus in the Region and an estimated 17 million people currently suffer from chronic hepatitis C.

However, there is insufficient information on the magnitude of viral hepatitis in most of the countries in the Region due to the lack of

adequate surveillance systems. Countries thus need to take steps to introduce, expand and/or strengthen surveillance systems for viral hepatitis.

Monitoring the epidemiology of viral hepatitis will be an important undertaking at the national level. It will require systematic epidemiological assessments, and implementation of effective responses with strong monitoring and evaluation programmes. There is a need for WHO to provide technical support to countries to enable them to review their monitoring and evaluation strategies with meaningful and measurable indicators tailored to country needs. National implementation plans need to be updated to reflect the objectives and expected outcomes in respective countries and at the regional level.

Hepatitis response is still neglected in several countries in the Region, excepting hepatitis B vaccination. Although vaccination programmes are being implemented, coverage is inadequate, particularly in populations most at risk such as sex workers, men who have sex with men and people who inject drugs. Concerted effort by the Regional Office is needed, in terms of advocacy and technical support, to improve targeted population coverage and to expand the scope of interventions for the prevention and control of viral hepatitis.

Egypt and Pakistan reported on the challenges they still face in infection control. In Pakistan, almost all hepatitis C infection occurs in health care settings through improper screening of blood donated for transfusion, or unsafe injections, syringe-reuse and improperly sterilized medico-surgical devices.

Three countries (Egypt, Morocco and Pakistan) shared their experiences in improving access to new viral hepatitis C direct-acting

antiviral drugs. These countries have succeeded in producing direct-acting antivirals locally in generic form and accordingly have reduced the cost of these medicines. However, the countries acknowledged challenges in linking patients to care and keeping them in treatment. Countries in the Region need to have a defined treatment programme that coordinates viral hepatitis treatment from strategies, guidelines, monitoring and evaluation through to patient follow-up. Otherwise, medicines could flood in without control of use. Countries were strongly encouraged to strengthen patient monitoring and to develop national key performance indicators to assess the treatment programmes.

Persons affected by the disease had the opportunity to stress their role in viral hepatitis prevention and control; this was especially highlighted by the Moroccan nongovernmental organization while sharing their experience during the meeting.

Member States debated strategies to achieve affordability of new hepatitis C treatment with direct-acting antivirals. Challenges related to intellectual property rights issues and price reduction strategies were discussed. WHO will continue working closely with the International Treatment Preparedness Coalition to improve access to new hepatitis medicines in countries in the Region.

The regional action plan for implementation of the global strategy for viral hepatitis 2017–2021 was presented and discussed. Participants agreed that the focus of the action plan was chronic hepatitis B and C, as the vast majority of viral hepatitis morbidity and mortality is associated with chronic hepatitis B and C infection. Participants endorsed the vision, goal and targets of the regional plan, which are aligned with those of the global strategy. Accordingly, the vision is: “An Eastern Mediterranean Region free of new hepatitis infections

and where people living with chronic hepatitis have access to care and affordable and effective treatment”. The goal is to eliminate viral hepatitis as a major public health threat by 2030. Targets seek a 10-fold reduction in new infections and a 3-fold reduction of deaths from chronic hepatitis by 2030. These targets will require a radical change in the hepatitis response, and will mean that hepatitis is elevated to a higher priority in public health.

The five strategic directions were presented and discussed, and participants had the opportunity to provide inputs on each strategic direction. Relevant comments and suggestions will be taken into account during the finalization of the regional action plan.

3. Recommendations

To Member States

1. Work closely with national patent offices to start assessing the patent landscape for key direct-acting antiviral medicines, and develop appropriate strategies to improve access to treatment with best-reduced prices, including the use of TRIPS flexibilities where appropriate.
2. Work with drug regulatory authorities to assess the registration status of direct-acting antivirals. Quality assurance of key direct-acting antiviral medicines should be prioritized and fast-track registration procedures should be encouraged when available/possible.
3. Ensure that viral hepatitis is mainstreamed in national health plans.
4. Develop or update national action plans in line with the draft regional action plan, including monitoring and evaluation.

5. Work in partnership with civil society organizations and the private sector in all aspects of the hepatitis response, from planning to implementation, monitoring and evaluation.

To WHO

6. Revise the draft regional action plan according to comments and suggestions made during the consultation.
7. Share the revised draft action plan with participants, and other reviewers not represented in the consultation, for review and finalization.
8. Assist countries in developing, adapting and implementing national plans in line with the regional action plan and national priorities.
9. Allocate or mobilize sufficient human and financial resources to support implementation of the regional action plan.
10. Assist countries in developing strategies for hepatitis treatment price reductions, and improve access to treatment.



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