

Summary report on the

Consultation on establishing robust integrated national reporting systems for viral hepatitis

WHO-EM/STD/201/E

Casablanca, Morocco
10–11 December 2018



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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1. Introduction

Viral hepatitis is a considerable public health threat in the World Health Organization (WHO) Eastern Mediterranean Region, with hepatitis B and C causing more deaths than either HIV, malaria or tuberculosis. The Region is one of the most affected regions in the world, with more than 15 million people chronically infected with hepatitis C and 21 million with hepatitis B. However, there is insufficient information on the magnitude of viral hepatitis in most countries of the Region due to a lack of data and weak surveillance systems in some countries.

The global health sector strategy on viral hepatitis 2016–2021 has the goal of eliminating viral hepatitis as a public health problem by 2030. To guide its implementation in the Region, a regional action plan for the implementation of the strategy has been developed and endorsed by Member States. Both strategy and regional action plan contain strategic directions in the area of information to understand the viral hepatitis epidemic and response, and for use as a basis for advocacy, political commitment, national planning, resource mobilization and allocation, and programme implementation and improvement.

In support of the strategy, WHO has developed guidance for epidemiological surveillance and programme monitoring, detailing a set of 37 hepatitis programme monitoring indicators, and identifying the global top 10 key indicators to monitor the inputs, outputs, outcomes and impact of the hepatitis response. This will enable evidence-based planning and management of national hepatitis programmes and the monitoring of global progress in achieving targets for hepatitis.

A new global reporting tool for viral hepatitis was launched in 2018, with countries in the Region reporting on viral hepatitis for the first time. Although countries were very keen to report their data, there

were some difficulties and challenges in collecting data at the national level. Reliable strategic information for viral hepatitis is urgently needed to generate data for advocacy, target setting, and planning in low resource settings, as well as for monitoring progress and impact. Countries therefore need to take steps to introduce, expand and/or strengthen their surveillance systems for viral hepatitis.

To support this effort, the WHO Regional Office for the Eastern Mediterranean organized a consultation on establishing robust integrated national reporting systems for viral hepatitis that was held on 10–11 December 2018 in Casablanca, Morocco.

The objectives of the meeting were to:

- strengthen hepatitis strategic information in countries;
- orient national focal points and experts on newly developed WHO tools and guidance on hepatitis strategic information; and
- consult on the reporting tool for viral hepatitis and on coordination between national programmes, civil society and related programmes (for example, blood safety, vaccination programmes and cancer registries) for better reporting at the national level.

The meeting was attended by national hepatitis programme managers, experts and civil society organizations from countries in the Region, including Egypt, Islamic Republic of Iran, Morocco, Pakistan, Qatar and Sudan.

In the opening session, Dr Hoda Atta, Coordinator, HIV, TB, Malaria and Tropical Diseases, WHO Regional Office for the Eastern Mediterranean, welcomed participants, highlighting the burden of hepatitis B and C in the Region and lack of adequate data on viral hepatitis in most countries. She stressed the importance of hepatitis elimination for progress on the Sustainable Development Goals,

universal health coverage and WHO's regional vision 2023, and the need to strengthen and monitor country-level responses.

2. Summary of discussions

Presentations were made on global and regional hepatitis B and C epidemics, with a focus on high-burden countries such as Egypt and Pakistan, and on the global health sector strategy and global monitoring and evaluation framework for hepatitis elimination. Participants highlighted the importance of standardizing national indicators to be in line with the 10 core key indicators, and noted the need for greater focus on strengthening mortality data for hepatitis B and C.

WHO shared the tools and guidance available to strengthen strategic information for viral hepatitis in countries, including the District Health Information Software 2 (DHIS2) module for viral hepatitis. Pakistan's experience in implementing the module and integrating it in the national health information system was presented, including a roadmap for implementing the module in provinces, the steps taken so far and the role of different stakeholders in its implementation. Additional tools and guidance for acute hepatitis and biomarker surveys were presented, as was the WHO protocol to estimate mortality from viral hepatitis. Participants felt that DHIS2 could be used as a platform for hepatitis surveillance where other platforms do not exist or as a dashboard for viewing progress using aggregate data where other electronic systems are in place.

Participants were also introduced to the Hep C Calculator, an interactive tool developed to evaluate the cost-effectiveness of direct acting antiviral drugs for the treatment of hepatitis C virus. The tool can support the investment case for hepatitis elimination through the savings in health care costs from prevented cases of cirrhosis and liver cancer.

In group work discussion, participants reviewed the current strategic information capacity for viral hepatitis in their countries, identifying different data sources for the 10 core key indicators. They highlighted gaps and challenges in existing surveillance systems and data quality in countries, and identified means to strengthen them, including the need for mortality data to better assess the impact of hepatitis elimination and more complete data on testing and treatment, and the importance of assessing treatment outcomes.

WHO introduced the new global reporting system for viral hepatitis and the rationale behind data generation from countries, and how the data can be used to monitor country progress towards elimination. The benefit of the reporting tool for countries to better guide care interventions was outlined. Egypt, Morocco and Pakistan presented their experiences of reporting on viral hepatitis. They described how different stakeholders, including civil society, related health programmes, such as those on blood safety, public health laboratories and cancer registries, and others involved in the hepatitis response, can work together at the national level to ensure more complete, accurate and comprehensive data.

During a panel discussion involving national programmes and civil society, panellists discussed the role of the civil society in providing services, especially for key groups. They outlined the challenges in obtaining data due to the lack of standardized national indicators, and ways to find better coordination mechanisms to ensure more comprehensive national data.

Another panel discussion focused on the role of related health programmes, such as those for blood safety, cancer registries, public health laboratories and vaccination programmes, in sharing data with national hepatitis programmes. Panellists discussed how hepatitis key

indicators fit into the work of programmes, such as the hepatitis mortality indicator for cancer registries and hepatitis B birth-dose vaccination coverage for vaccination programmes. The means of data-sharing between programmes were discussed and it was felt that joint and integrated work is essential for monitoring the hepatitis response. Both panel discussions highlighted the need to establish or strengthen technical advisory groups that include the different stakeholders in each country for the sharing and validation of data to enable more complete and reliable national reporting.

In a final group work session, participants identified the immediate actions needed in countries to strengthen their strategic information capacities for viral hepatitis and to better monitor progress towards hepatitis elimination. They discussed the way forward for enhancing surveillance of new infections, acute infections and mortality, and the next round of global reporting. Participants outlined the role of WHO in supporting Member States in strategic information, developing tools and guidelines, and conducting advocacy with policy-makers.

3. Conclusions

- Strategic information on hepatitis is essential for focusing the hepatitis response, prioritizing action and monitoring progress.
- To improve data availability and quality, there is a need for integrated and coordinated action by the relevant different health departments, civil society, academia and the private sector.
- WHO guidance and tools are useful in developing national surveillance, monitoring and evaluation systems.
- Further efforts are needed to enhance country capacity to collect, analyse and utilize hepatitis strategic information.

4. Recommendations

To Member States

1. Conduct regular surveillance reviews for the continuous improvement of strategic information availability and quality.
2. National hepatitis programmes should ensure better coordination mechanisms with other related health departments, in addition to the private sector and civil society, for better oversight and data availability.
3. National hepatitis programmes and other stakeholders should identify existing data sources for use in generating additional data through estimations and modelling in order to achieve more comprehensive reporting at national and global levels.
4. National hepatitis programmes should ensure regular data analysis and use for decision-making, future planning and advocacy.

To WHO

5. Provide focused technical support on strategic information to countries, such as through holding national strategic information workshops, to strengthen surveillance systems and improve estimates for incidence and mortality.
6. Provide technical support to countries in conducting biomarker surveys.
7. Conduct advocacy for the establishment of hepatitis units at the national level for countries lacking structures and programmes.
8. Expand DHIS2 to other countries.

The image features a minimalist, abstract design composed of several rectangular blocks. A large teal block occupies the top right and bottom right portions. A grey block is positioned in the top left. A horizontal grey band runs across the middle. A dark grey block is located in the bottom left. The bottom of the image is a solid grey bar containing white text.

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