



Address by  
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to the  
**FIRST MEETING OF THE NATIONAL FOCAL POINTS FOR HEPATITIS**

**Cairo, Egypt, 8–10 June 2015**

Ladies and Gentlemen,

It gives me great pleasure to welcome you to the First Meeting of the National Focal Points for Hepatitis. I would like to welcome our colleagues from regional and international partner agencies, representatives from civil society and academia and donor organizations and to thank our friends and colleagues from Geneva, Dr Hirnschall Gottfried and Dr Hande Harmanci, for their valuable support.

We are here today to discuss a disease that has been neglected far too long. 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.

It is estimated that approximately 4.3 million people are infected in the Region every year with hepatitis B virus and 800 000 people with hepatitis C virus. HCV prevalence is estimated to be between 1% and 4.6%, with levels reaching more than 10% in Egypt. An estimated 17 million people in the Region suffer from chronic HCV infection.

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 we can have a more reliable and accurate view of the real situation.

Many Member States have made progress in hepatitis B vaccination coverage, early diagnosis through hepatitis B and C screening programmes and strengthening their infection control programmes. However, viral hepatitis is still placing a heavy burden on the health care system because of the costs of treatment of liver failure and chronic liver disease. Combating hepatitis means addressing issues related to the chronic conditions of the disease, such as organ donation and transplantation and cancer of the liver. But it also means addressing issues related to sexually

transmitted diseases, HIV/AIDS, vulnerable groups, access to screening and treatment, alcohol consumption and research for new treatments.

In October last year, a technical session on hepatitis was held on the day preceding the Sixty-first 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, following the example of Egypt.

This meeting will provide 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. We will have the opportunity to learn from the experiences of different countries with hepatitis strategic plan development.

As the world looks to 2030, and prepares to meet the challenges of an ambitious set of new sustainable development goals, WHO is developing three related global health sector strategies: HIV, viral hepatitis and sexually transmitted infections. The 2016–2021 strategies will follow a similar structure, seek to ensure critical linkages across, and synergies between, these important health areas, and will be finalized for consideration by the 69th World Health Assembly in May 2016. While the draft strategies for HIV and sexually transmitted infections build on previous strategies, the strategy for hepatitis will be the first ever global health sector strategy for this disease.

In order to provide Member States, as well as our regional experts, with the opportunity to engage in the development of the global hepatitis health sector strategy 2016–2021, this meeting will discuss the draft global strategy and, in view of this strategy, challenges and priorities in the Region.

The world needs a revitalized effort if it is to change the trajectory of the response to viral hepatitis. Your inputs to the 2016–2021 strategy will help ensure that regional challenges and priorities are reflected and that we have a robust strategic framework in place to guide the global health sector response.

Our common goal here is to help reduce morbidity and mortality related to viral hepatitis, and thus its socioeconomic impact. The WHO is 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 our region.

I thank you for your attention, and wish you fruitful discussions and a pleasant stay in Cairo.