



REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

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TECHNICAL MEETING

PREVENTION AND CONTROL OF VIRAL HEPATITIS B AND C: NEW
OPPORTUNITIES FOR SCALING UP NATIONAL EFFORTS

Objectives of the session

The objective of the session is to raise the awareness of Member States of new opportunities for scaling up national efforts to prevent and control viral hepatitis B and C.

Background

Viral hepatitis is a silent epidemic which is a leading cause of death and chronic morbidity around the world. Nearly half a billion people around the world or about 1 in every 12 persons is living today with viral hepatitis, mostly from hepatitis B virus (HBV) and hepatitis C virus (HCV) infection. HBV and HCV infections can become chronic leading to cirrhosis and liver cancer. Such chronic infections are responsible for the majority of cases of liver cirrhosis and primary liver cancer. The global burden of disease due to cirrhosis of the liver and hepatocellular carcinoma accounts for approximately 2% of all deaths. Overall, approximately 1.4 million deaths occur each year due to the various forms of viral hepatitis.

Challenges in the Region

It is estimated that approximately 4.3 million people are infected with HBV and 800 000 people are infected with HCV annually in the Region. The risk of infection with HBV is high in five countries (Afghanistan, Pakistan, Yemen, Sudan and Somalia), and moderate in the remaining 17 countries. The prevalence of hepatitis C is estimated to be 1%–4.6%, with levels as high as 15% and higher than 20% in parts of Egypt and Pakistan, respectively. Overall, an estimated 17 million people in the Region suffer from chronic hepatitis C.

HBV and HCV are important causes of cirrhosis and hepatocellular carcinoma in the Region. The prevalence of HBV and HCV infection among patients with cirrhosis and hepatocellular carcinoma varies by country and generally reflects variable prevalence of these infections in the community. In Egypt, where the prevalence of HCV is high, most patients with chronic liver disease have HCV infection as an underlying cause of disease. HBV infection is frequently found among patients with cirrhosis and hepatocellular carcinoma in other countries of the Region. WHO estimates more than 75% of cirrhosis and hepatocellular carcinoma in the Region is attributable to chronic HBV or HCV infection.

Despite the availability of effective prevention strategies, HBV and HCV transmission occurs throughout the Region. Many of these infections are acquired in the health care setting, particularly in countries with rapidly evolving health systems and increasing demand for health services. Studies are needed to characterize the epidemiology of HBV and HCV

transmission in some countries. Implementation of infection control, injection safety and blood safety programmes remain major challenges.

In the Region, many chronically infected persons are unaware of their infection and its consequences, and they risk transmitting the disease to their families and partners. These people do not have timely access to testing, care and effective treatment services to delay disease progression and prevent morbidity, mortality or disability. Moreover, treatment for chronic viral hepatitis is not accessible for most people in resource-constrained settings.

Scaling up global, regional and national efforts

Advancements in the treatment of viral hepatitis have opened new doors for its control. One of the most significant recent public health developments has been the huge advances in the treatment of chronic hepatitis C. The advent of highly effective, safe, well-tolerated, oral direct-acting antiviral (DAA) therapies offers an unprecedented opportunity to simplify hepatitis C treatment by significantly decreasing diagnostic and monitoring requirements with cure rates of over 90%. Although the production cost of DAAs is low, initial prices set by companies have been very high and likely to impede access even in high-income countries.

Meanwhile, several low- and low-middle income countries, including Egypt and Pakistan, have been successful in negotiating much lower prices. However, major challenges remain in terms of health system capacity and cost for diagnosis and treatment if universal access to treatment is to be achieved. Also, at least one company (GILEAD) started to engage in licensing agreements covering a number of countries, which will allow for the production of generic versions of the DAA Sofosbuvir to be sold. Where necessary, some countries may also consider using the so-called flexibilities under the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights to increase access to the new DAAs.

A global framework for action for hepatitis prevention and control has been developed by WHO to guide evidence-based global, regional and national strategies and interventions, and in March 2014, a regional action plan for 2014–15 was endorsed. New guidelines have also been released for the screening, care and treatment of people with HCV infection and guidelines for the prevention and management of HBV are in preparation.

At the Sixty-seventh Session of the World Health Assembly, Member States adopted a new global resolution to promote a comprehensive response to viral hepatitis. The resolution calls for enhanced action to improve equitable access to hepatitis prevention, diagnosis, and treatment and asks countries to develop comprehensive national hepatitis strategies.

Expected outcomes

It is expected that this session will raise awareness of the impact of viral hepatitis on both society and the health system, and the urgent need for countries to take a comprehensive approach to prevention and control.