

Summary report on the

Ad hoc meeting of the Regional Validation Committee for hepatitis B control, elimination of viral hepatitis B and C and elimination of mother-to-child transmission of HIV, syphilis and viral hepatitis B

Cairo, Egypt
3 March 2026



**World Health
Organization**

Eastern Mediterranean Region

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Virtual meeting
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1. Introduction

A virtual ad hoc meeting of the Regional Validation Committee (RVC) for hepatitis B control, elimination of viral hepatitis B and C and elimination of mother-to-child transmission of HIV, syphilis and viral hepatitis B took place on 3 March 2026.

The meeting was attended by members of the RVC and the WHO Secretariat. See the Annex for the members of the RVC review panel.

The purpose of the meeting was to review the supplemental evidence submitted by the Ministry of Health, Saudi Arabia, following the request of the RVC at its meeting on 12–13 November 2025, and determine Saudi Arabia's validation status for hepatitis B control.

2. Background

During its 12–13 November 2025 meeting, the RVC reviewed Saudi Arabia's hepatitis B virus (HBV) control submission. The review resulted in conditional validation, pending submission of additional supporting evidence.

The RVC recognized Saudi Arabia's strong programme performance, including high coverage of hepatitis B vaccination (HepB3 and timely hepatitis B birth dose), high coverage of maternal screening for HBV markers, planned post-vaccination serology testing – anticipated to start in 2026 – and proposals to document progress towards elimination through the triangulation of data sources.

The RVC requested Saudi Arabia to provide:

- detailed results, including 95% confidence intervals, for serosurveys conducted in 1997 and 2008; and
- full details of data inputs and assumptions used in modelling to generate recent HBV estimates, including clarity on what was included in model outputs.

Where feasible, the RVC also encouraged exploration of available stored specimens, such as serology banks of children's specimens, as a possible alternative to a new serosurvey as a source of evidence.

On 24 February 2026, the General Directorate of Communicable Diseases Control at the Saudi Arabian Ministry of Health submitted additional documentation and requested an expedited review. The Secretariat circulated the submission to RVC members on the same day.

Panel members reviewed the documentation in advance, shared written observations with the Chair and Secretariat, and met virtually on 3 March 2026 to consolidate findings and agree on conclusions and feedback.

3. Proceedings

Following welcome remarks from Dr Osama Mere, Acting Coordinator, Life Course Immunization, WHO Regional Office for the Eastern Mediterranean, the meeting was opened by Dr Hinda Ahmed, Chair of the RVC.

The RVC review panel reviewed:

- additional documentation from two historic hepatitis B surface antigen (HBsAg) serosurveys (1997 and 2008), including statistical details; and
- clarification on the modelling approach, model inputs and interpretation of model outputs for recent HBV estimates.

4. Key findings

The review panel concluded that the supplemental evidence addressed the RVC's outstanding requests.

The panel agreed:

- the additional serosurvey documentation provided the needed details, including confidence intervals; and
- the modelling clarifications improved transparency on inputs, assumptions and outputs, indicating HBsAg seroprevalence below 1%. The evidence was considered alongside sustained high immunization performance over two decades.

5. Decision

Based on the evidence reviewed, including historic serosurvey results, clarified modelling outputs indicating HBsAg seroprevalence < 1% and sustained high vaccination coverage over 20 years, the RVC validates that Saudi Arabia has achieved the Eastern Mediterranean Region's hepatitis B control target of HBsAg prevalence < 1%.

6. Recommendation

- The RVC congratulates Saudi Arabia on achieving validated hepatitis B control and encourages continued documentation of progress towards elimination of HBV as a public health problem and the elimination of mother-to-child transmission (EMTCT) of HIV, syphilis and HBV.

7. Next steps

To strengthen future submissions, including for EMTCT validation, the RVC advises Saudi Arabia to:

- provide more recent seroprevalence estimates of children under 5 years for EMTCT validation of HBV through one of the following options:
 - existing programmatic platforms, such as specimen testing linked to school enrolment or other systems capturing the screening of children under 5 years of age, where available; or
 - conduct an HBsAg seroprevalence survey among children under 5 years;
- include numerators and denominators for all key indicators in dossier tables to support interpretation and assessment of completeness; and
- for antenatal screening and care cascade reporting, present screening coverage for HBsAg and treatment coverage for those testing positive.

Note to the Secretariat

The RVC notes that policies in Gulf countries on mandatory pre-marital testing for infectious diseases and the screening of expatriate workers in order to obtain work visas have been brought up as a human rights issue by the Global Validation Committee (GVAC) and require further discussion in the context of elimination validation, as almost all Gulf countries are preparing to submit evidence for elimination of hepatitis B. The RVC requests that advice be provided to countries, noting that such policies impact hepatitis B prevalence and mother-to-child transmission rates.

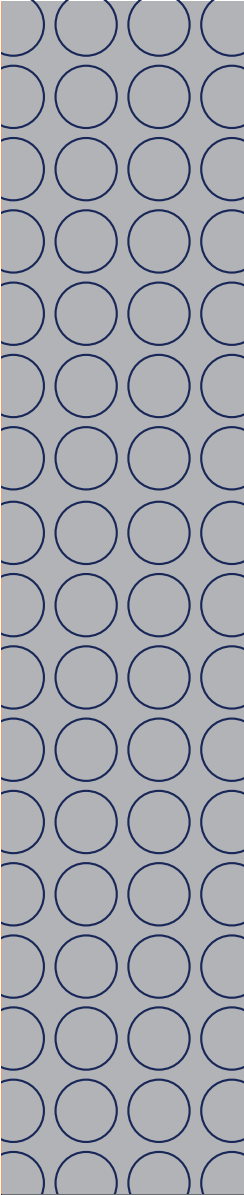
8. Closure of meeting

The Chair closed the meeting following agreement on the validation decision and requested the Secretariat share the report with other RVC members for comments.

The conclusions of the meeting were endorsed by 10 out of 13 RVC members through email message, with no response from three members.

Annex. Members of the RVC review panel assigned to review submissions from Saudi Arabia

Dr Hinda Ahmed (Chair), Dr Ivana Bozicevic, Dr Eric Mast, Dr Rania Thome, and Dr Laith Jamal Abdu-Raddad (who sent his assessment result and apologies).



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