Implementing resolution WHA67.6 on hepatitis

This document is presented to the Regional Committee for Europe to update Member States on progress towards accelerating the pace of action on hepatitis prevention and treatment at global, regional and country levels. The Regional Committee is invited to review the information document and comment on the implications of resolution WHA67.6 on hepatitis for the WHO European Region.
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1. Viral hepatitis is a global public health problem. All parts of the world are affected and an estimated 1.44 million people die each year from complications of hepatitis infection. Around 500 million people are currently living with viral hepatitis and some 200 million have been infected with hepatitis B virus. Most people with chronic hepatitis B or C are unaware of their infection and are at serious risk of developing cirrhosis or liver cancer, contributing to global increases in both of those chronic diseases.

2. Hepatitis B and C are the most prevalent types in the WHO European Region, where an estimated 13.3 million people live with hepatitis B and 15 million with hepatitis C. Of those infected, over 120 000 die every year (hepatitis B causes an estimated 36 000 deaths and hepatitis C, 86 000 deaths). Two thirds of the people in the Region with hepatitis B and C live in central Asia and eastern Europe. Prevalence of both hepatitis B and C is considerably higher in some key populations, particularly persons who inject drugs and men who have sex with men, although nosocomial transmission is also reported in central Asia and eastern Europe. Co-infection of hepatitis C and HIV is common, especially among persons who inject drugs.

3. Despite the magnitude of the problem there has until recently been limited response globally. The situation is changing, in large part because of the introduction of very effective new medicines for hepatitis C infection that can cure almost all those who receive treatment. With increased recognition, better diagnostic capacities and more effective treatment, countries are giving more attention to hepatitis. Greater awareness and global momentum is reflected in the WHO response, notably at the Sixty-seventh World Health Assembly in May 2014 through the adoption of resolution WHA67.6 on hepatitis that will intensify efforts to prevent, diagnose, and treat viral hepatitis.

4. A strengthened global WHO response includes:
   • establishing a Strategic and Technical Advisory Committee on Viral Hepatitis (STAC-Hepatitis) and convening its first meeting in Geneva, Switzerland (24–26 March 2014);
   • convening a meeting of Global Hepatitis Partners that brought together representatives of more than 90 governmental and nongovernmental organizations working on hepatitis in Geneva, Switzerland (24–26 March 2014) and a resulting Call to Action;
   • publication of WHO Guidelines for the screening, care and treatment of persons with hepatitis C infection\(^1\) in April 2014;
   • convening a meeting with hepatitis pharmaceutical and diagnostic companies to begin a dialogue with the goal of improving access to hepatitis diagnostic tests and medicines;
   • establishing a Strategic Advisory Group of Experts (SAGE) Working Group on Hepatitis E in October 2013 to report on the safety, immunogenicity, efficacy and cost-effectiveness of the licensed hepatitis E vaccine; SAGE will convene and report in October 2014;
   • launching a manual for tackling outbreaks of hepatitis E in July 2014; and
   • developing new guidelines for the prevention and management of hepatitis B.

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5. Resolution WHA67.6 presents an opportunity to accelerate the pace of action on hepatitis prevention and treatment at global, regional and country levels. 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. Comprehensive action by WHO is required to facilitate access to affordable treatment, to provide technical assistance to countries and to improve monitoring and evaluation systems that estimate the global burden of viral hepatitis and the associated economic impact. Elements of the resolution concern improving hepatitis B birth-dose coverage and expanding harm reduction programmes for persons who inject drugs, improving the quality of strategic information on hepatitis, assuring equitable access to comprehensive preventive and treatment services, assessing the economic impact of hepatitis epidemics and resources needed to respond, and developing national hepatitis strategies with time-bound goals.

6. The Secretariat started actions to implement the resolution WHA67.6; engaging relevant WHO departments and coordinating the development of a Global Hepatitis Strategy. This will be a significant undertaking that will involve several consultations, including at the regional level. Specific activities include:
   - development of a “toolkit” that will assist countries in developing comprehensive national hepatitis plans, a consultation is planned for November 2014;
   - finalization of hepatitis surveillance guidance and development of a hepatitis strategic information action plan;
   - initiation of a new global policy initiative on injection safety, with the goal of reducing the risk of hepatitis infection due to unsafe injection by promoting the introduction of non-reusable injection equipment for all therapeutic injections; and
   - a field manual for hepatitis B birth-dose vaccination.

7. Regarding hepatitis treatment, WHO is finalizing hepatitis B treatment guidelines and starting the development of consolidated hepatitis guidelines that will provide recommendations on screening, management of end-stage liver disease and operational guidance. New hepatitis medicines will be assessed for inclusion in the WHO Model List of Essential Medicines. Expression of interest letters will be issued for prequalification of hepatitis medicines. A patent landscape for hepatitis C drugs is being finalized as part of a broader effort to make the currently very expensive hepatitis medicines more affordable and accessible. This information will list relevant patents and countries where the products are patent protected and will be useful to civil-society organizations in considering strategies to improve access such as patent oppositions.

8. The WHO Regional Office for Europe has been fully engaged in WHO’s global response by actively participating in STAC-Hepatitis, the Global Hepatitis Partners meeting and the preparation of WHO guidelines on hepatitis treatment. It has also contributed to global strategic information including European Region data to the Global policy report on the prevention and control of viral hepatitis in WHO Member States. The Regional Office has strengthened collaborative relationships with the World Hepatitis Alliance and other international nongovernmental organizations and advocated for treatment and prevention of hepatitis particularly for key populations. A WHO Collaborating Centre on HIV and Viral Hepatitis was established at the University of Copenhagen (Denmark) in September 2013 and estimates of the burden of hepatitis B and C in the European Region have been provided.

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9. It is estimated that a total of US$ 33.1 million will be needed to implement resolution WHA67.6 globally in the 2016–2017 programme budget and implementation is challenged by limited available resources and the budget envelope for hepatitis.

**Discussion**

10. The Regional Committee is invited to review this information document and provide comments regarding:

- the implications of resolution WHA67.6 on hepatitis for the WHO European Region;
- how best to engage Member States, partners and relevant regional stakeholders to support implementation of resolution WHA67.6 in the Region;
- regional input for the development of a global hepatitis strategy; and
- the support required for developing comprehensive national hepatitis strategies in the Region.

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