

Impact of the hepatitis resolution adopted by the World Health Assembly (WHA 63.18)

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World Health
Organization



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WHA63.18

- 28 July designated as World Hepatitis Day
- Member States: improve surveillance, strengthen lab capacity, support integration, incorporate policies, strategies and tools recommended by WHO, strengthen national health systems, protect health-care workers, provide access to preventive, diagnostic and treatment technologies against viral hepatitis; implement monitoring and evaluation tools; observe World Hepatitis Day, promote injection safety

WHA63.18

- WHO: establish guidelines, strategies, time-bound goals and tools for surveillance, prevention and control of VH; support research, assess global and regional economic impact and burden; support events to mark World Hepatitis Day; strengthen surveillance, prevention and control programmes, diagnostic and laboratory capacity, and management of VH, enhance access to treatments in developing countries; strengthen SIGN; report to 65th WHA on the implementation

Resource Needs

- US\$ 30 million are needed for the next five years
- Technical units may need additional resources
- HQ: two additional professional and 1 general service staff
- One additional professional staff in each of regional offices
- Dedicated national staff in at least 10 countries
- Expansion into African, European, and Eastern Mediterranean regions and then into remaining regions

Six Months and Counting

- Establish global hepatitis programme in WHO
- Draft comprehensive strategy through consultation
 - HQ internal: Nov 16, 2010
 - Regional internal: Jan 10, 2011
 - External: Jan 11/12, 2011
- Mobilize resources
 - Interest from US, Germany, Qatar, others
- Implement, implement, implement
- Monitor and evaluate

Prevent

- Immunization against hepatitis B
 - HepB birth dose, increase HepB3
 - Increase coverage older children, MARPs, HCWs
 - Set and achieve control goals
- Safe healthcare to prevent blood-borne pathogen transmission
 - Safe blood, safe injection, community awareness
- Immunization, safe food and water to prevent hepatitis A

Identify and Treat

- Develop evidence and policy basis for screening and treatment of viral hepatitis
- Formulate guidelines for treatment of chronic viral hepatitis, especially for resource-constrained settings;
- Expand care and treatment services for people chronically infected with hepatitis viruses.

Integrate

- Integrate interventions for the prevention, treatment and care of HBV/HCV into existing services for those at risk for HIV and STI infections and for IDUs
 - access to sterile needles and syringes
 - hepatitis B vaccination
 - antiviral treatment
- Integrate viral hepatitis prevention and control into national cancer control programmes
- Services and programmes can provide good entry points for both infected and most-at risk people, and coordination can promote synergies.



Innovate

- Prioritize new preventive strategies to prevent chronic liver disease and liver cancer, including;
 - development of vaccines for hepatitis C and E
 - technologies for vaccination: use of vaccine out of cold chain, needle free delivery, etc
 - technologies for screening
 - technologies for safe health care



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Internal Consultation

- Inventory of current activities by functional areas
- Gap analysis
 - Coordination of hepatitis-related activities in WHO
 - Coordination with other stakeholder
 - Advocacy activities
 - Resource mobilization
 - Case definitions
 - Screening guidelines
 - Risk groups prevention
 - Core indicators
 - Treatment strategies

Existing Strategy for Global Hepatitis Prevention and Control

Identify & treat those at risk

HIV prevention & treatment (in context current focus on MSM, PWID, CSU)

Identifying a problem of hepatitis
 Developing screening of risk
 Access to treatment
 Indicators: percentage of drug users being screened for hepatitis
 ART guidelines being revised to include opportunistic infections (HIV, HCV)

Identify & treat those at risk

Consultation identified 3 key areas
 WHO and G.D recently released a joint statement
 G.D. has been seen at risk group but not addressed
 secondary & tertiary prevention for those infected

Prevention

Identify & treat those at risk

Prevention

Treatment

Integration

Monitoring & evaluation

Research

Policy

Advocacy

Capacity building

Communication

Governance

Financing

Legal

Ethics

Quality

Safety

Security

Health

Environment

Society

Culture

Religion

Politics

Economics

Technology

Innovation

Leadership

Collaboration

Partnership

Engagement

Involvement

Participation

Empowerment

Enablement

Facilitation

Support

Assistance

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Core Indicators

- Exist for key prevention activities
- Need development for surveillance, screening, care & treatment, integration, innovation

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Regional Progress

- Western Pacific: Expert Review Panel reactivated
- Eastern Mediterranean: Focus on assessing progress
- Africa: Hepatitis TAG—Oct, TFI—Dec, RC—2011
- South-East Asia: Consultation—June
- Europe: ?
- Americas: ?

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