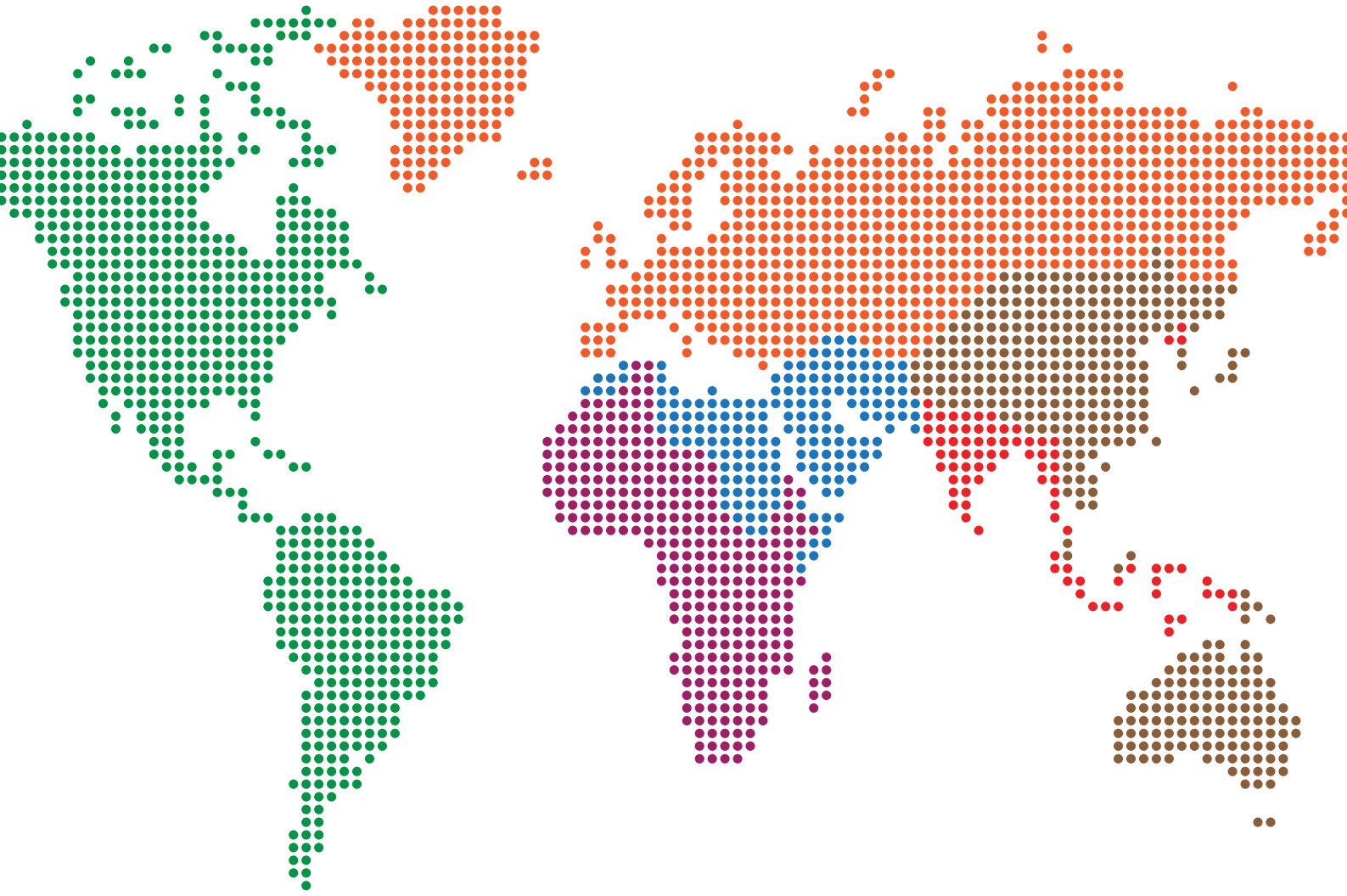
Global policy report on the prevention and control of viral hepatitis

IN WHO MEMBER STATES



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FOREWORD

The five viruses that cause infections of the liver are responsible for a widely prevalent and growing disease burden. No country, rich or poor, is spared. These viruses are important as they cause infectious diseases in their own right. Hepatitis A and E viruses are major foodborne and waterborne infections, which cause millions of cases of acute illness every year, with several months sometimes needed for full recovery. But viral hepatitis also makes a substantial contribution to the burden of chronic diseases and the premature mortality they cause. Worldwide, infections with hepatitis B and C viruses cause an estimated 57% of cases of liver cirrhosis and 78% of cases of primary liver cancer. The availability of a vaccine that confers lifelong protection against infection with the hepatitis B virus gives public health a rare opportunity to prevent a leading cause of cancer, especially in low- and middle-income countries.

The significance of these challenges and opportunities was formally acknowledged in 2010, when the World Health Assembly adopted its first resolution on viral hepatitis. That resolution, which called for a comprehensive approach to prevention and control, opened a new era of awareness about the magnitude of disease caused by viral hepatitis and the need for urgent action on several fronts.

As attention to viral hepatitis continues to build, so has recognition of the many strategies available for prevention and control in all resource settings. Control measures for viral hepatitis fit well with the current drive to strengthen health systems, especially as many measures touch on the fundamental capacities of a well-functioning health system. These include reaching every child with immunization programmes that include hepatitis B vaccine, protecting against mother-to-child transmission of the virus, and ensuring the safety of blood, transfusion services, organ donation, and injection practices. The broad social and environmental determinants of viral hepatitis further call for improvements in housing, sanitation, and food and water safety. The fact that many infections are silent, causing no symptoms until there is irreversible damage to the liver, points to the urgent need for universal access to immunization, screening, diagnosis, and antiviral therapy.

As hepatitis viruses show great diversity in their prevalence and modes of transmission in different parts of the world, policies and strategies for prevention and control need to be tailored to the specific national or sub-national context. The 2010 World Health Assembly resolution urged Member States to generate reliable information as a foundation for building prevention and control measures that match the local epidemiological profile and health system capacities.

This report is a contribution to that objective. It sets out the results of a survey conducted in mid-2012 by the World Health Organization and the World Hepatitis Alliance. The survey aimed to gather country-specific baseline data on hepatitis policies in WHO Member States in all six regions. Survey data also offer insight into conditions in specific countries that may have hindered past efforts to achieve hepatitis policy objectives. Gaps that need to be filled are identified, as are specific areas of policy development where WHO assistance is needed. Such baseline data will serve as a solid benchmark as countries, supported by WHO and its partners, seek to make the "silent" epidemic of viral hepatitis more visible – and more manageable.

Dr Margaret Chan
Director-General
World Health Organization

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This document was written by Jeffrey V. Lazarus, Kelly Safreed-Harmon and Ida Sperle from the University of Copenhagen in coordination with the World Health Organization's Global Hepatitis Programme and the World Hepatitis Alliance.[a]

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The questionnaire was reviewed by members of the WHO Viral Hepatitis Action Group: Diana Chang-Blanc, Jesus Maria Garcia-Calleja, Ana Maria Henao-Restrepo, Selma Khamassi, Neelam Dhingra-Kumar, Ana Maria Padilla-Marroquin, Anita Sands, Andreas Ullrich, Annette Verster, Marco Vitoria and Krisantha Weerasuriya.

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[a] The World Hepatitis Alliance is an umbrella nongovernmental organization with 166 patient group members in 67 countries. It was admitted into Official Relations at EB130 and is partnering with WHO in the delivery of materials for World Hepatitis Day.

ABBREVIATIONS AND ACRONYMS

AFRO	World Health Organization Regional Office for Africa
AIDS	acquired immune deficiency syndrome
AMRO	World Health Organization Regional Office for the Americas
EMRO	World Health Organization Regional Office for the Eastern Mediterranean
EURO	World Health Organization Regional Office for Europe
GDP	gross domestic product
HBsAg	hepatitis B surface antigen
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IDU	injecting drug user
NGO	nongovernmental organization
PAHO	Pan American Health Organization
PPP int $	purchasing power parity in international dollars
SEARO	World Health Organization Regional Office for South-East Asia
STD	sexually transmitted disease
STI	sexually transmitted infection
WHO	World Health Organization
WPRO	World Health Organization Regional Office for the Western Pacific

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Executive summary

Viral hepatitis is a group of infectious diseases that affects hundreds of millions of people worldwide, causing serious illness and death from acute hepatitis infection, liver cancer and liver cirrhosis. Although there are effective tools and strategies for the prevention and treatment of hepatitis, low awareness of hepatitis has limited their impact. Given the variation in how the five main types of hepatitis (A, B, C, D and E) manifest across and within countries, global prevention and control efforts need to be transformed into national and sub-national prevention and control strategies.

In 2010, the World Health Assembly adopted resolution WHA 63.18 in recognition of viral hepatitis as a global public health problem. The World Health Organization (WHO) followed up on the resolution by crafting a strategy that addresses four axes: awareness-raising, partnerships and resource mobilization; evidence-based policy and data for action; prevention of transmission; and screening, care and treatment.

The periodic evaluation of implementation of the WHO strategy requires an initial baseline survey of all Member States. In mid-2012, WHO, in collaboration with the World Hepatitis Alliance, conducted such a survey, asking Member States to provide information relating to the aforementioned four axes of the WHO strategy. In particular, Member States were asked whether key prevention and control activities are being conducted. This report presents the results. The first chapter provides an introduction to viral hepatitis and to the global response to this group of diseases. The second chapter provides a global overview of the survey findings. Chapters three through eight present findings from the six WHO regions, including summaries of data from all responding countries. Additional survey data, study methodology information and the survey instrument can be found in Annexes A–E.

One hundred and twenty-six Member States submitted the survey for a response rate of 64.9%. The regional response of a broader health-planning document. Only 37.3% of responding Member States reported the existence of such a plan. Even fewer (28.6%) had a governmental unit dedicated to addressing hepatitis prevention and control. Furthermore, the number of government staff working full-time on hepatitis-related activities is small; more than half of the countries reported having no more than two employees.

Almost three fourths of responding Member States reported that they had a viral hepatitis prevention and control programme that included activities targeting specific populations. The populations most commonly targeted were health-care workers, including health-care waste handlers (86.0% of responding Member States within this subset), and people who inject drugs (54.8% of responding Member States within this subset).

National governments can play an important role in making their citizens aware of the importance of viral hepatitis, how to avoid getting infected and how to seek care. World Hepatitis Day (28 July), which was established in 2010 as part of the World Health Assembly resolution 63.18, is an important means of raising awareness about hepatitis. Two years after the passage of the resolution, almost 40% of responding Member States reported that they had engaged in activities to mark World Hepatitis Day. However, it is important for the remaining Member States, particularly where the burden of viral hepatitis is high, to organize World Hepatitis Day activities. Civil society organizations can play a significant role in further publicizing health messages for World Hepatitis Day and throughout the year. However, less than half of responding Member States reported that they collaborated with civil society groups within their countries to develop and implement the governmental viral hepatitis prevention and control programme.

Obtaining reliable data is important for planning and monitoring the implementation of hepatitis control activities. Most