

CALL TO ACTION TO SCALE UP GLOBAL HEPATITIS RESPONSE

GLOBAL PARTNERS' MEETING ON HEPATITIS (Convened by WHO in March 2014 in Geneva)

Background

Viral hepatitis is now responsible for 1.4 million deaths every year (compared with 1.6 million deaths from HIV/AIDS, 1.3 million from tuberculosis and 0.6 million from malaria). Approximately, 500 million people are currently living with viral hepatitis and some 2 billion 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 these chronic diseases.

Millions of acute infections with hepatitis A virus and hepatitis E virus occur annually and result in tens of thousands of deaths almost exclusively in lower and middle-income countries.

Hepatitis C is not preventable by vaccination, however, current treatment regimens offer high cure rates, which are expected to further improve with newer medicines. Such treatments must be made accessible to people who need them at affordable prices. Hepatitis B is preventable with a safe and effective vaccine, however, there are 240 million people living with chronic hepatitis B infection and available effective therapies could prevent cirrhosis and liver cancer among many of those infected.

Preventive measures are not universally implemented, and equitable access to and availability of quality, effective, affordable and safe diagnostics and treatments for hepatitis B and C are lacking in many parts of the world, particularly in developing countries.

The WHO Global Partners' Meeting on Hepatitis united stakeholders as a global platform for better communication and collaboration to support a public-health, rights-based approach to viral hepatitis. Viral hepatitis impacts on the general population, but disproportionately affects key populations including people who inject drugs, men who have sex with men, prisoners, sex workers, health-care workers and people who receive blood products.

The meeting emphasizes that
World Hepatitis Day
(July 28) presents an important opportunity to advance this call to action.

Action points

The meeting calls on the global community to take immediate and concerted action to:

Advocacy and awareness

- Raise awareness concerning viral hepatitis amongst the general population, policy makers, health-care workers, and key populations.
- Mobilize national and international resources appropriate and commensurate with the burden for a more effective global response.
- Promote social and legal environments that enable an equitable response to viral hepatitis.
- Stop stigmatization, discrimination and criminalisation against people living with or at risk of viral hepatitis.
- Promote development of global, measurable targets for the implementation of viral hepatitis prevention and treatment interventions.

Knowledge and evidence

- Support countries to develop evidence-based national policies and plans to respond to viral hepatitis. Such programs should include adequate surveillance programs and indicators to measure the disease burden and effectiveness of interventions.
- Increase access to accurate, reliable, high-quality, affordable diagnostic tools produced under good manufacturing processes.
- Develop a well-funded public health research agenda to address knowledge gaps and improve the public health response to viral hepatitis.

Prevention of transmission

- Promote universal birth dose (within 24 hours) HBV vaccination and the completion of the primary immunization series to move towards the global elimination of hepatitis B.
- Scale-up access to, and provision of, affordable HBV vaccination. Prioritize key populations including: newborns, children, adolescents, health-care workers, people who inject drugs, persons with HIV infection, men who have sex with men, prisoners, and sex workers.
- Invest in evidence-based harm-reduction programmes with proven effectiveness in stopping the transmission of viral hepatitis in people who inject drugs.
- Support countries to institute effective blood safety and infection prevention and control measures, including the provision of safe injections, to prevent the spread of viral hepatitis.
- Support countries to strengthen water, sanitation and hygiene, and food safety programs.
- Scale-up access to, and the provision of, affordable HAV vaccination to reduce the impact of enteric viral hepatitis, informed by country-specific disease patterns.
- Support the establishment of voluntary testing programs for viral hepatitis, to increase the number of persons diagnosed, referred for care and treated for chronic hepatitis infection, as well as increasing demand for services and informing the national response.

Screening, care and treatment

- Prioritise key populations for inclusion in screening, care and treatment programs informed by country-specific disease transmission patterns.
- Promote access to safe, effective and affordable diagnostics and treatment to facilitate comprehensive care for all, using all possible means, including the use of flexibilities contained in the World Trade Organization Agreement on trade-related intellectual property rights (TRIPS) to remove any trade related and intellectual property barriers, the use of voluntary licensing and other means to promote generic competition.

Institutions, networks and other partners represented

Government and country programmes:

Agence Nationale de Recherche sur le Sida et ICS hepatitis virales - France, Chinese Center for Disease Control, Egypt National Hepatitis Committee, Infectious Diseases, AIDS and Clinical Immunology Research Center - Georgia, Medical Research Council - Gambia, Medical Research Council - Pakistan, National Hepatology and Tropical Medicine Research Institute - Egypt, US Centers for Disease Control and Prevention. MINISTRY OF HEALTH REPRESENTATIVES from Bahrain, Brazil, Cameroon, Egypt, Georgia, Germany, Indonesia, Italy, Nigeria, Republic of Korea, Russian Federation, Senegal, Slovenia, Switzerland, Tanzania.

Non-governmental organizations and civil society:

ACT UP Basel, amFAR/Treat ASIA, Asia and Pacific Alliance to Eliminate Viral Hepatitis, Australian Injecting and Illicit Drug Users League, BalkanHep, Coalition to Eradicate Viral Hepatitis in Asia-Pacific, Correlation Network Hepatitis C Initiative, Eurasian Harm Reduction Network, European Liver Patients Association, International Planned Parenthood Federation, Foundation for Innovative New Diagnostics, Hepatitis B and C Public Policy Association, International HIV/AIDS Alliance, International Network of People Who Use Drugs, ITPC Mena, Médecins du Monde, Médecins Sans Frontières, Medicines Patent Pool, Treatment Action Group, Union for International Cancer Control, Viral Hepatitis Prevention Board, World Hepatitis Alliance.

Academic institutes and professional organizations:

Asia Pacific Association for the Study of the Liver, Asian Association of Transfusion Medicine, Cairo University - Egypt, Centre for Health and Infectious Disease Research, University of Copenhagen - Denmark, Centre for Population Health, Burnet Institute - Australia, Department of Global Health and Social Medicine, Harvard Medical School - USA, Eijkman Institute - Indonesia, European Association for the Study of the Liver, Hospital Universitario Austral - Argentina, Institute for Liver and Biliary Sciences - India, International AIDS Society, Latin American Association for the Study of the Liver, South African Medical Association, Sanjay Gandhi Postgraduate Institute of Medical Sciences - India, The New England Journal of Medicine, University of Malaya - Malaysia, University of São Paulo - Brazil, World Gastroenterology Organization.

Multilateral and development agencies:

Clinton Health Access Initiative, European Centre for Disease Prevention and Control, Global Alliance for Vaccines and Immunization, Qatar Foundation, The Global Fund to Fight AIDS, Tuberculosis and Malaria, The OPEC Fund for International Development, United States Agency for International Development, ZeShan Foundation.

United Nations Agencies:

International Agency for Research on Cancer, International Labour Organisation, Joint United Nations Programme on HIV/AIDS (UNAIDS), UNITAID, United Nations Development Programme, United Nations High Commissioner for Refugees, United Nations International Children's Emergency Fund, World Bank, World Health Organization.