

WHO-EM/STD/205/E

Summary report on the

**Consultation on findings of
the midterm review of the
implementation of the global
health sector strategy and
regional action plan for viral
hepatitis**

Lahore, Pakistan
3–5 December 2019



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	3
3.	Closing session	5
4.	Recommendations.....	6

1. Introduction

In May 2016, the World Health Assembly endorsed the WHO global health sector strategy on viral hepatitis 2016–2021. The global health sector strategy aims to inspire countries to eliminate viral hepatitis as a public health threat by 2030, reducing new infections by 90% and mortality by 65%. Accordingly, the WHO Eastern Mediterranean Region developed the regional action plan for the implementation of the global health sector strategy on viral hepatitis 2017–2021, with a vision, goal and targets aligned with those of the global strategy. The purpose of the regional action plan is to provide a roadmap and priority actions to achieve an Eastern Mediterranean Region free of new hepatitis infections and where people living with chronic hepatitis have access to affordable and effective prevention, treatment and care. It seeks progress towards the elimination of viral hepatitis as a major public health threat by 2030, including a 90% reduction of new infections and a 65% reduction of deaths from chronic viral hepatitis B and C infection.

Between September and December 2019, a midterm review of the implementation of the global health sector strategy and regional action plan took place to assess the response to viral hepatitis at the regional and national levels, measuring progress towards the 2018 milestones of the regional action plan and identifying gaps in order to guide future efforts to strengthen the response towards achieving targets for 2021. The midterm review included a desk review of global, regional and country reports, as well as a survey that was sent to countries.

Following this, the WHO Regional Office for the Eastern Mediterranean organized a regional consultation on the findings of the midterm review in Lahore, Pakistan, on 3–5 December 2019. The consultation was attended by participants from countries of the Region, including Egypt, Oman, Pakistan, Palestine, Saudi Arabia, Syrian Arab

Republic and Tunisia, as well as representatives from global partner and civil society organizations, and staff from WHO.

The objectives of the consultation were to:

- review and validate the findings of the midterm review of the implementation of the global health sector strategy and the regional action plan for viral hepatitis;
- identify impediments to progress towards national, regional and global targets, as well as identifying challenges and sharing best practices and lessons learned; and
- develop a roadmap for accelerated action towards achieving the 2021 targets and sustaining action towards hepatitis elimination by 2030.

The meeting was opened with a message from Dr Ahmad Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, delivered by Ms Joumana Hermez, Regional Advisor for HIV, Hepatitis and STIs. In his address, Dr Al-Mandhari, welcomed participants and thanked the Government of Pakistan for hosting the meeting. The Regional Director emphasized the importance of stepping up the fight against viral hepatitis, noting that the burden of viral hepatitis and its impact was a considerable public health challenge in the Region. He pointed out that hepatitis B and C caused more deaths than HIV, malaria or tuberculosis in the Region, with more than 21 million people estimated to be chronically infected with hepatitis B and 15 million with hepatitis C. Dr Al-Mandhari highlighted some ambitious country examples of initiatives to eliminate viral hepatitis, in particular Egypt where the country had screened 60 million people and treated more than 3.5 million for hepatitis C infection, and Pakistan where the Prime Minister's initiative to scale up hepatitis testing and treatment aimed to screen 140 million people within the next few years.

The Punjab Health Minister, H.E Professor Dr Yasmeen Rashid, welcomed participants on behalf of the Government of Punjab and thanked WHO for its support for their hepatitis programme, in particular the micro-elimination project in Nankana district. The Minister expressed the commitment of the Government of Punjab to eliminating viral hepatitis as a public health problem, with a focus on the most affected populations.

2. Summary of discussions

Epidemiology of viral hepatitis in the Eastern Mediterranean Region

Participants reviewed the burden of viral hepatitis in the Region by country, as well as progress towards the global elimination targets and the milestones of the regional action plan. Gaps were identified including the need to strengthen key interventions such as hepatitis B birth dose, harm reduction and scaling up testing and treatment for both hepatitis B and C infection. Egypt's experience with hepatitis elimination was discussed, highlighting the country's efforts from the establishment of a national committee for viral hepatitis in 2006 up to the recent mass campaign to screen 60 million Egyptians and treat more than 3.5 million for hepatitis C infection. Key aspects of the campaign were highlighted, including the multisectoral approach adopted, establishment of new platforms (strategic information platforms and a referral website) and the phased scaling up of testing and treatment.

Preliminary findings of the midterm review of the regional hepatitis action plan

The methodology of the midterm review was presented. This included a desk review and questionnaire sent to countries to measure progress towards the 2018 milestones. It was noted that the discussion and

validation of the preliminary findings during the consultation meeting will feed into the overall findings of the review. Examples of successful implementation of the action plan in countries were also given.

During discussion, gaps and challenges were highlighted for each strategic direction of the regional action plan. The main challenges identified for leadership, good governance and advocacy for a coordinated and integrated response, included a lack of structured coordination bodies and mechanisms in countries to ensure joint ownership of targets and joint accountability among stakeholders. It was noted that countries still suffer from data gaps, including the fragmentation of data and an inability to capture data from the private sector and nongovernmental organizations and identify data sources for all 10 core key indicators for viral hepatitis. Country findings and the discussion indicated that the scale up of hepatitis testing and treatment is still insufficient, except in certain countries such as Egypt.

Additionally, some key interventions and the coverage of services were identified as being far from meeting their targets, including those for harm reduction and birth dose coverage. Furthermore, while some countries in the Region, such as Egypt and Pakistan, have achieved prices reductions for direct-acting antivirals for hepatitis C virus, others still face difficulties in accessing generic medicines. It was also noted that the price of diagnostics varies between countries, ranging from > US\$ 10 to US\$ 100 per polymerase chain reaction assay for example, presenting a common challenge to ensuring equitable access to services.

Field visit to the Nankana micro-elimination project

During the meeting, a field visit was organized by the hepatitis control programme in Punjab to the hepatitis micro-elimination project in Nankana Sahib District to see first-hand the programme's efforts in

community engagement, testing, linkage to treatment and monitoring of treatment outcomes.

Moving forward and leaving no one behind

A panel discussion by global and national partners, including the Association for Social Development, Coalition for Global Hepatitis Elimination and World Hepatitis Alliance, examined the role of partners in supporting country efforts to eliminate hepatitis, including in the areas of data visualization, modelling exercises, advocacy and price transparency. The panel was followed by presentations from civil society organizations highlighting the importance of prioritizing key populations, particularly people who inject drugs, in the hepatitis response. This included examples from Pakistan of hepatitis testing and treatment in rural settings and integrating hepatitis control in harm reduction for people who inject drugs.

In a group work session, participants discussed and identified a set of key interventions and recommendations for each of the strategic directions of the regional action plan, based on the gap analysis presented earlier. This included identifying the role of WHO and other partners in supporting interventions in countries.

3. Closing session

As the meeting drew to a close, H.E. Dr Zafar Mirza, Special Advisor to the Prime Minister of Pakistan on Health, acknowledged the role of WHO in supporting country efforts to fight hepatitis, including for the micro-elimination projects in Punjab, advocacy and strategic planning. He described the Government of Pakistan's ambition to conduct a massive testing campaign, addressing multiple diseases, which would be integrated within the existing health system infrastructure.

Dr Palitha Mahipala, WHO Representative in Pakistan, thanked participants for attending the meeting and applauded the commitment of the Government of Pakistan to combating hepatitis. He emphasized the readiness of WHO to provide the technical support needed to eliminate viral hepatitis.

4. Recommendations

The following recommendations were made during the meeting regarding the strategic directions of the regional action plan for the implementation of the global health sector strategy on viral hepatitis 2017–2021.

Strategic direction 1: Leadership, good governance and advocacy for a coordinated and integrated response

1. Member States should designate focal points for national and subnational coordination of their hepatitis response, as well as technical advisory groups with clear terms of reference to assist in identifying data sources and the review of strategies.
2. Member States should identify national targets and indicators.
3. WHO and partners should provide technical support to Member States, including for policy dialogue, advocacy and guidance.

Strategic direction 2: Information for focused action

4. Member States should develop centralized national databases for hepatitis testing and treatment that include both the private and public sectors.
5. Member States should standardize tools for hepatitis screening and treatment that are linked to the surveillance system.

6. Member States should undertake the measurement and estimation of the prevalence and incidence of viral hepatitis, and assess the available cascade of services.
7. WHO and partners should share experiences and best practices in health information and provide technical support to Member States as required.

Strategic direction 3: Interventions for impact

8. Member States should establish robust infection control measures and the use of auto-destructive syringes, including for key populations and in harm reduction services.
9. Member States should strengthen the role of civil society in the hepatitis response and increase community engagement.
10. Member States should scale up hepatitis B virus testing for pregnant women and 3-dose vaccination for infants.
11. WHO and partners should establish standards, norms and definitions, and develop guidelines, for the screening, diagnostic testing and treatment of viral hepatitis.
12. WHO and partners should share best practices in hepatitis response, including for governance and access to testing and treatment, with Member States, including those involving community action.

Strategic directions 4 and 5: Systems strengthening for equitable access and financing for sustainability

13. Member States should develop national hepatitis guidelines and testing algorithms, and enhance laboratory quality.
14. Member States should ensure that hepatitis services are covered within health insurance schemes.

15. Member States should expand access to the continuum of hepatitis care for key populations and other vulnerable populations, including those aged over 60 years and spouses of key populations.
16. Member States should seek to use generic hepatitis medicines to bring the price of treatment down.
17. Member States should allocate and disburse funding for the hepatitis response from national budgets in a timely manner and mobilize additional resources.
18. Member States should conduct regular reviews of the achievements and cost-effectiveness of their hepatitis response.
19. Member States should include private sector companies, philanthropists and international partners in financing the hepatitis response, especially large companies as part of their corporate social responsibility.
20. WHO and partners should provide technical support to Member States for their hepatitis response, including for developing norms and standards, price negotiation, advocacy and resource mobilization.



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