SIXTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA67.6**

Agenda item 12.3 **24 May 2014**

Hepatitis

The Sixty-seventh World Health Assembly,

Having considered the report on hepatitis;[1]

Reaffirming resolution WHA63.18, adopted in 2010 by the World Health Assembly, which recognized viral hepatitis as a global public health problem and the need for governments and populations to take action to prevent, diagnose and treat viral hepatitis, and that called upon WHO to develop and implement a comprehensive global strategy to support these efforts, and expressing concern at the slow pace of implementation;

Recalling also resolution WHA45.17 on immunization and vaccine quality, which urged Member States to include hepatitis B vaccines in national immunization programmes, and expressing concern that currently the global hepatitis B vaccine coverage for infants is estimated at 79% and is therefore below the 90% global target;

Recalling further resolution WHA61.21, which adopted the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;

Noting with deep concern that viral hepatitis is now responsible for 1.4 million deaths every year (compared to 1.6 million deaths from HIV/AIDS, 1.3 million deaths from tuberculosis and 600 000 deaths from malaria), that around 500 million people are currently living with viral hepatitis and some 2000 million have been infected with hepatitis B virus, and considering that 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;

Also noting that 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;

Considering that while hepatitis C is not preventable by vaccination, current treatment regimens offer high cure rates that are expected to further improve with upcoming new treatments; and that although hepatitis B is preventable with a safe and effective vaccine, there are 240 million people living with hepatitis B virus infection and available effective therapies could prevent cirrhosis and liver cancer among many of those infected;

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[1] Document A67/13.

Expressing concern that preventive measures are not universally implemented and that equitable access to and availability of quality, effective, affordable and safe diagnostics and treatment regimens for both hepatitis B and C are lacking in many parts of the world, particularly in developing countries;

Recognizing the role of health promotion and prevention in the fight against viral hepatitis, and emphasizing the importance of strengthening vaccination strategies as high impact and cost-effective actions for public health;

Noting with concern that globally the birth dose coverage rate with hepatitis B vaccine remains unacceptably low;

Acknowledging also that, in Asia and Africa, hepatitis A and E continue to cause major outbreaks while a safe effective hepatitis A vaccine has been available for nearly two decades, that hepatitis E vaccine candidates have been developed but not yet certified by WHO, that lack of basic hygiene and sanitation promotes the risks of hepatitis A virus and hepatitis E virus transmission and that most vulnerable populations do not have that access to those vaccines;

Taking into account the fact that injection overuse and unsafe practices account for a substantial burden of death and disability worldwide, with an estimated 1.7 million hepatitis B virus infections and 320 000 hepatitis C virus infections in 2010;

Recognizing the need for safe blood to be available to blood recipients, as established by resolution WHA28.72 on utilization and supply of human blood and blood products, in which the Health Assembly recommended the development of national public services for blood donation, and in resolution WHA58.13, in which the Health Assembly agreed to the establishment of an annual World Blood Donor Day, considering that one of the main routes of transmission of hepatitis B virus and hepatitis C virus is parenteral;

Further recognizing the need to strengthen health systems and integrate collaborative approaches and synergies between prevention and control measures for viral hepatitis and those for infectious diseases such as HIV and other related sexually transmitted and bloodborne infections and other mother-to-child transmitted diseases, as well as for cancer and noncommunicable disease programmes;

Noting that hepatitis B virus, and particularly hepatitis C virus, disproportionally impact people who inject drugs, and that of the 16 million people who inject drugs around the world, an estimated 10 million are living with hepatitis C virus infection and 1.2 million are living with hepatitis B virus infection;

Recalling United Nations General Assembly resolution 65/277 paragraph 59(h) which recommends "giving consideration, as appropriate, to implementing and expanding risk- and harm-reduction programmes, taking into account the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*[1] *in accordance with national legislation*",[2] as important components of both hepatitis B and hepatitis C prevention, diagnosis and treatment programmes and that access to these remain limited or

[1] Available from www.who.int/hiv/pub/idu/targetsetting/en/index.html.

[2] WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization; 2009.

absent in many countries that have a high burden of infection with hepatitis B virus and hepatitis C virus;

Cognizant of the fact that 4–5 million people living with HIV are coinfected with hepatitis C virus and more than 3 million are coinfected with hepatitis B virus, which has become a major cause of disability and mortality among those receiving antiretroviral therapy;

Taking into account the fact that viral hepatitis is a major problem within indigenous communities in some countries;

Welcoming the development by WHO of a global strategy, within a health systems approach, on the prevention and control of viral hepatitis infection;[1]

Considering that most Member States lack adequate surveillance systems for viral hepatitis to enable them to take evidence-based policy decisions;

Taking into account that a periodic evaluation of implementation of the WHO strategy is crucial to monitoring the global response to viral hepatitis and the fact that the process was initiated with the publication in 2013 of the *Global policy report on the prevention and control of viral hepatitis in WHO Member States*;[2]

Acknowledging the need to reduce liver cancer mortality rates and that viral hepatitis is responsible for 78% of cases of primary liver cancer, and welcoming the inclusion of an indicator on hepatitis B vaccination in the comprehensive global monitoring framework adopted in resolution WHA66.10 on the Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases;

Acknowledging the need to fight and to eliminate stigmatization of, and discrimination against, people living with or affected by viral hepatitis and determined to protect and safeguard their human rights,

1. URGES Member States:[3]

(1) to develop and implement coordinated multisectoral national strategies for preventing, diagnosing, and treating viral hepatitis based on the local epidemiological context;

(2) to enhance actions related to health promotion and prevention of viral hepatitis, while stimulating and strengthening immunization strategies, including for hepatitis A, based on the local epidemiological context;

(3) to promote the involvement of civil society in all aspects of preventing, diagnosing and treating viral hepatitis;

[1] Prevention and control of viral hepatitis infection: framework for global action. Geneva: World Health Organization; 2012.

[2] Global policy report on the prevention and control of viral hepatitis in WHO Member States. Geneva: World Health Organization; 2013.

[3] And, where applicable, regional economic integration organizations.

(4) to put in place an adequate surveillance system for viral hepatitis in order to support decision-making on evidence-based policy;

(5) to strengthen the system for collection of blood from low-risk, voluntary, non-remunerated donors, for quality-assured screening of all donated blood to avoid transmission of HIV, hepatitis B, hepatitis C and syphilis, and for good transfusion practices to ensure patient safety;

(6) to strengthen the system for quality-assured screening of all donors of tissues and organs to avoid transmission of HIV, hepatitis B, hepatitis C and syphilis;

(7) to reduce the prevalence of chronic hepatitis B infection as proposed by WHO regional committees, in particular by enhancing efforts to prevent perinatal transmission through the delivery of the birth dose of hepatitis B vaccine;

(8) to strengthen measures for the prevention of hepatitis A and E, in particular the promotion of food and drinking water safety and hygiene;

(9) to strengthen infection control in health care settings through all necessary measures to prevent the reuse of equipment designed only for single use, and cleaning and either high-level disinfection or sterilization, as appropriate, of multi-use equipment;

(10) to include hepatitis B vaccine for infants, where appropriate, in national immunization programmes, working towards full coverage;

(11) to make special provision in policies for equitable access to prevention, diagnosis and treatment for populations affected by viral hepatitis, particularly indigenous people, migrants and vulnerable groups, where applicable;

(12) to consider, as necessary, national legislative mechanisms for the use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to specific pharmaceutical products;[1]

(13) to consider, whenever necessary, the use of administrative and legal means in order to promote access to preventive, diagnostic and treatment technologies against viral hepatitis;

(14) to implement comprehensive hepatitis prevention, diagnosis and treatment programmes for people who inject drugs, including the nine core interventions,[2] as appropriate, in line with the *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to*

[1] The WTO General Council in its Decision of 30 August 2003 (i.e. on Implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health) decided that "'pharmaceutical product' means any patented product, or product manufactured through a patented process, of the pharmaceutical sector needed to address the public health problems as recognized in paragraph 1 of the Declaration. It is understood that active ingredients necessary for its manufacture and diagnostic kits needed for its use would be included."

[2] Needle and syringe programmes; opioid substitution therapy and other drug dependence treatment; HIV testing and counselling; antiretroviral therapy; prevention and treatment of sexually transmitted infections; condom programmes for people who inject drugs and their sexual partners; targeted information, education and communication for people who inject drugs and their sexual partners; vaccination, diagnosis and treatment of viral hepatitis; prevention, diagnosis and treatment of tuberculosis.

HIV prevention, treatment and care for injecting drug users,[1] and in line with the global health sector strategy on HIV/AIDS, 2011–2015, and the United Nations General Assembly resolution 65/277, taking into account the domestic context, legislation and jurisdictional responsibilities;

(15) to aim to transition by 2017 to the exclusive use, where appropriate, of WHO prequalified or equivalent safety-engineered injection devices including reuse-prevention syringes and sharp injury prevention devices for therapeutic injections and develop related national policies;

(16) to review, as appropriate, policies, procedures and practices associated with stigmatization and discrimination, including the denial of employment, training and education, as well as travel restrictions, against people living with and affected by viral hepatitis, or impairing their full enjoyment of the highest attainable standard of health;

2. CALLS upon all relevant United Nations funds, programmes, specialized agencies and other stakeholders:

(1) to include prevention, diagnosis and treatment of viral hepatitis in their respective work programmes and work in close collaboration;

(2) to identify and disseminate mechanisms to support countries in the provision of sustainable funding for the prevention, diagnosis and treatment of viral hepatitis;

3. REQUESTS the Director-General:

(1) to provide the necessary technical support to enable Member States to develop robust national viral hepatitis prevention, diagnosis and treatment strategies with time-bound goals;

(2) to develop specific guidelines on adequate, effective and affordable algorithms for diagnosis in developing countries;

(3) in consultation with Member States, to develop a system for regular monitoring and reporting on the progress in viral hepatitis prevention, diagnosis and treatment;

(4) to provide technical guidance on cost-effective ways to integrate the prevention, testing, care and treatment of viral hepatitis into existing health care systems and make best use of existing infrastructure and strategies;

(5) to work with national authorities, upon their request, to promote comprehensive and equitable access to prevention, diagnosis and treatment of viral hepatitis, with particular attention to needle and syringe programmes and opioid substitution therapy or other evidence-based treatments for people who inject drugs, in national plans, taking into consideration national policy context and procedures and to support countries, upon request, to implement these measures;

(6) to provide technical guidance on prevention of transfusion-transmitted hepatitis B and C through safe donation from low-risk, voluntary, non-remunerated donors, counselling, referral and treatment of infected donors, and effective blood screening;

[1] WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization; 2009.

(7) to examine the feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C with a view to potentially setting global targets;

(8) to estimate global, regional and domestic economic impact and burden of viral hepatitis in collaboration with Member States and relevant organizations, taking into due account potential and perceived conflicts of interest;

(9) to support Member States with technical assistance in the use of the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights when needed, in accordance with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;

(10) to lead a discussion and work with key stakeholders to facilitate equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics;

(11) to assist Member States to ensure equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics, in particular in developing countries;

(12) to maximize synergies between viral hepatitis prevention, diagnosis and treatment programmes and ongoing work to implement the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;

(13) to report to the Sixty-ninth World Health Assembly, or earlier if needed, through the Executive Board, on the implementation of this resolution.

Ninth plenary meeting, 24 May 2014
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