

## Viral Hepatitis: Global Policy

### *Executive Summary*

Chronic viral hepatitis is highly prevalent globally, with some five hundred million people estimated to be currently infected with hepatitis B or C. These two diseases are the cause of significant global mortality and morbidity with approximately 1 million deaths each year attributable to them and their sequelae, liver disease and primary liver cancer.

This report provides an unprecedented analysis and overview of countries' policies and programmes that determine prevention and control of viral hepatitis. Collected through a survey of Ministries of Health across all WHO Member States, these describe the work already underway, the areas in which further action is needed and where assistance is wanted.

The unambiguous message that emerges from the study is the importance now being given to viral hepatitis on national health agendas. Of the 135 countries that responded to the survey, 80% said that they regard hepatitis B and/or C as an urgent public health issue. In the Western Pacific and Eastern Mediterranean regions the figure was 90% and in Africa closer to 100%. And, overall, the results underscore that, while very effective policy and programming exists in some areas, there is huge variation and in much of the world it is either not yet in place or requires significant strengthening.

Hepatitis prevention and control programmes are multi-faceted and may involve immunisation, blood screening, injection safety, public health awareness and education, sexual health programmes, surveillance, drug and alcohol services, and blood testing and treatment access. Strategic planning and coordination are therefore essential. 70% of countries report having a national strategy for the prevention and control of viral hepatitis and 71% national goals. However, from further detail supplied it is clear that some strategies are more a series of uncoordinated programmes than a cohesive strategic approach. That the majority of countries which do, as well as of those which do not, already have goals in place want help from the WHO developing these suggest that many existing goals do not comprehensively address this issue.

Much progress is being made in protecting the next generation from hepatitis B; vaccination policies are in place in almost every country and almost all of these policies include infants. However, other risk groups are often not covered, particularly in lower income countries. 40% of countries would like assistance with the delivery of vaccination, highlighting the need to widen and strengthen vaccination policies and programmes.

The lack of accurate prevalence data on hepatitis is widely recognised as inhibiting more effective prevention and control at both international and national levels. 82% of countries report having hepatitis B and/or C surveillance measures in place, although the components of these differ considerably; one-third of countries report having no prevalence data available and more than two-thirds request assistance with surveillance.

Access to testing and treatment is very variable and across some regions both are extremely limited. Just two in five people live in countries where testing is accessible to more than half of the population and only 4% of low income countries report that testing is accessible. More than half of the population lives in countries with no provision for free testing and 41% in countries where no government funding exists for treatment of hepatitis B or C. Four out of five low income countries and almost one in three high income countries would welcome assistance to increase access to treatment.

In addition to access to testing, improving diagnosis requires awareness of risks and routes of transmission among those who may have been exposed to hepatitis B or hepatitis C. This is also crucial for prevention. However, government-funded public awareness work is rare. Many innovative examples were provided that show how effective this can be in improving prevention and control of viral hepatitis and some two-thirds of governments

would like assistance in initiating or improving awareness raising activities in future, including the majority of those that report having already undertaken some.

The diverse components required for effective prevention and control mean that effective programming can be very complex. Although challenging, this complexity also offers opportunities both to integrate viral hepatitis into existing programmes and to introduce new policies that may positively impact other high priority public health issues such as HIV/AIDS and intravenous drug use, therefore serving to strengthen the health system as a whole. In light of the many dimensions to prevention and control, it is perhaps not surprising that the majority of governments do not choose to tackle hepatitis alone: almost three quarters report collaborating with non-state organisations. Of the 60 countries that gave details on this, 44 report working with the WHO and more than 9 out of 10 would like further assistance. This underlines the importance of the WHO's technical expertise to an effective global response to viral hepatitis.

This report clearly shows the disparities that currently exist across the world and therefore how much work needs to be done to begin addressing viral hepatitis in a coordinated global manner. It also shows, however, that there is widespread agreement on the need to start this process and that the political will exists for this to be done.