World Health Organization

EXECUTIVE BOARD
134th session
Agenda item 10.5

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Hepatitis

Draft resolution proposed by Brazil, Colombia, Costa Rica, Egypt and Moldova

The Executive Board,

Having considered the report on hepatitis,[1]

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:

The Sixty-seventh World Health Assembly,

(PP01) [**Reaffirming**~~Recalling~~ (United States)] resolution WHA 63.18, adopted in 2010 by the World Health Assembly, which recognised 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** (USA)];

(PP02) Recalling also resolution WHA45.17 on immunization and vaccine quality which urged Member States to include hepatitis B vaccines in national immunization programmes and concerned that currently the global hepatitis B vaccine coverage for infants is estimated at 75% and is therefore below the 90% global target;

(PP03) Noting with deep concern that viral hepatitis is now responsible for 1.4 million deaths every year (compared to 1.5 million deaths from HIV/AIDS and 1.2 million deaths from each of malaria and TB), that around 500 million people are currently living with viral hepatitis and some 2 billion have been infected by the hepatitis B virus, and considering that most people infected with chronic hepatitis B or C are unaware of their infection and are at serious risk of developing cirrhosis or liver cancer [(Brazil)]~~and of mother-to-child transmission~~;/[**contributing to global increases in both of these chronic diseases, that millions of acute infections with hepatitis A and hepatitis E occur annually that result in tens of thousands of deaths almost exclusively in lower and middle income countries and often afflict the most vulnerable refugee populations;** (USA)]

[1] Document EB134/36.

(PP04) Considering that while hepatitis C is~~ still~~ not preventable by vaccination, current treatment regimens~~ already~~ offer [**high**~~70%~~ cure rates ~~and these will improve significantly thanks to further therapeutic advances~~ **which are expected to further improve with upcoming new treatments** (Brazil)];/[**will improve significantly in the very near future thanks to recent therapeutic advances and that while hepatitis B is preventable with a safe and effective vaccine, there are 240 million living with hepatitis B virus (HBV) infection and available effective therapies could prevent cirrhosis and liver cancer among many of those infected, and that through generics and other mechanisms access to treatments for both HBV and HCV are becoming increasingly available, but still out reach for most of those living with chronic viral hepatitis, and that therapy will play an increasingly important role in control of viral hepatitis globally, and that elimination of chronic viral hepatitis, with a combination of prevention and treatment strategies should play an important role as it has with HIV control programs;** (USA)]

(PP05) [**Expressing concern** (Egypt)] [**that preventive measures are not universally implemented and that** (EU)~~Acknowledging that~~] access to and availability of reliable,[~~low-cost~~**affordable** (Brazil & USA)] and safe diagnostics and treatment regimens for both hepatitis B and C is lacking in many parts of the world**,** [**particularly in developing countries** (Egypt and USA)]; [~~expressing concern~~**noting** (Brazil)] that [(USA) ~~only~~ less] than half of Member States have a policy to provide hepatitis B vaccine at birth and only 27% of newborns globally received vaccine birth dose;

[**(PP05 bis) 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 2 decades and that hepatitis E vaccine candidates have been developed but not yet certified by the WHO, and that lack of basic hygiene and sanitation promotes the risks of hepatitis A virus (HAV) and hepatitis E virus (HEV) transmission and the poorest countries and most vulnerable populations including refugees and displaced persons do not have this access resulting in repeated epidemics of HEV in refugee camps in recent years;** (USA)]

(PP06) Taking into account that injection overuse and unsafe practices accounts for a substantial burden of death and disability worldwide, with an estimated 21 million hepatitis B infections and 2 million hepatitis C infections occurring in 2000;

(PP07) Recognising 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, which recommended the development of national public services for blood donation, and in resolution WHA58.13, which agreed to the establishment of an annual World Blood Donor Day, and considering that one of the main routes of transmission of hepatitis B and C viruses is parenteral;

(PP08) Further recognising the need to strengthen health systems and integrate approaches and the collaborative linkages between prevention and control measures for viral hepatitis and those for infectious diseases such as HIV and other related sexually transmitted and blood-borne infections, other mother to child transmitted diseases, as well as for cancer and noncommunicable disease programmes;

(PP09) Noting that [**HBV and particularly HCV** (USA)] ~~hepatitis C~~ disproportionally impacts upon people who inject drugs (PWID) and that of the 16 million PWID around the world, an estimated 10 million are living with [**HCV and 1.2 million are living with HBV**~~the~~

~~disease~~, (USA)] and that harm reduction measures to ensure access to sterile injection equipment, opioid substitution treatment and other evidence based treatments are essential components for both [**HBV and HCV**~~hepatitis C~~ (USA)] prevention and aftercare, and that access to these critical components remain limited or absent in many countries of high [**HBV and HCV**~~hepatitis C~~ (USA)] burden;

(PP10) Cognizant of the fact that 4–5 million people living with HIV are coinfected with ~~HIV and~~ [**HCV and over 3 million are coinfected with HBV**~~hepatitis C~~ (USA)] has become a major cause of disability and mortality amongst those taking Highly Active Anti-Retroviral Treatment;

~~(PP11) Taking into account that viral hepatitis is a major problem within indigenous communities and is in some cases a threat to their existence;~~

(PP11) Welcoming the development by WHO of a global strategy, within a health systems approach, on prevention and control of viral hepatitis infection;[1]

(PP12) Considering that most Member States lack adequate surveillance systems [**for viral hepatitis** (Chile)] to enable them to take evidence-based policy decisions;

(PP13) Taking into account that a periodic evaluation of implementation of the WHO strategy is crucial to monitor the global response to viral hepatitis and that the process was initiated with the 2013 publication of the *Global policy report on the prevention and control of viral hepatitis in WHO Member States*;

(PP14) Acknowledging the need to reduce liver cancer mortality rates and that viral hepatitis are 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 WHA 66.10 on noncommunicable diseases**; (USA)]

(OP) 1. URGES Member States:[2]

(1) to develop and implement [**integrated/coordinated** (Chile & EU)] multisectoral national strategies for [~~combating~~ **preventing and controlling** (EU & USA)] viral hepatitis;

(2) to promote the involvement of civil society in all aspects of the [~~response~~ **preventing and controlling** (EU)] to viral hepatitis;

(3) to put in place an adequate surveillance system [**for viral hepatitis** (Chile)] to support decision-making on evidence-based policy;

(4) to [~~strengthen the control on the use of blood that has not been screened for~~**ensure the universal screening of blood for** (EU)] HIV, hepatitis B, hepatitis C and syphilis;

[1] "Prevention and control of viral hepatitis infection: framework for global action".

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

(5) ~~to aim~~ to reduce [**the prevalence of** (New Zealand)] chronic hepatitis B infection to less than 2% in children by 2021, or some earlier date as may be proposed by WHO Regional Committees, as an interim milestone towards a global goal of less than 1%;[1]

(6) to make special provision in policies for the [**equitable** (USA)] prevention, diagnosis and treatment of viral hepatitis for indigenous people and other vulnerable populations;

[ALT (6) to incorporate in their specific contexts the policies, strategies and tools recommended by WHO in order to define and implement preventive actions, diagnostic measures and the provision of assistance to the population affected by viral hepatitis including migrant and vulnerable populations (Egypt)**;**]

(7) 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;[2] (USA)]

[**(7bis) to consider, whenever necessary, using existing administrative and legal means in order to promote access to preventive, diagnostic and treatment technologies against viral hepatitis;** (USA)]

(8) to establish national harm reduction policies based on [WHO standards;[3] (EU)]

(9) to aim to ensure [~~that less than 50% of~~**where appropriate** (Brazil)] all therapeutic injections are [**given by syringes that prevent reuse on patients (RUPs) by 2017**, **as an interim milestone towards the global use of both reuse prevention and needle stick injury prevention syringes**~~given by syringes capable of multi-use by 2021 as an interim milestone towards the complete elimination of their use~~; (Brazil)]

(10) to give viral hepatitis due consideration in the discussions of the post-2015 development agenda [**to include increased access to effective therapies for HBV and HCV infection**. (USA)]

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[1] WHO Hepatitis B Position Paper (2009) states: "All regions and associated counties should develop goals for hepatitis B control appropriate to their epidemiologic situations. At Regional level, several Regions have adopted elimination goals: In October 2013, Western Pacific Region has adopted the goal of reducing hepatitis B infections in children to less than 1% by 2017; Eastern Mediterranean Region 2009 Resolution (RC56.R5) for HBV control "reduction in prevalence of chronic HBV infection to less than 1% among children below 5 years of age by 2015".

[2] 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."

[3] Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS 2009.

(OP) 2. REQUESTS the WHO's Director-General:

(1) to provide the necessary technical support to enable countries to develop robust national [**hepatitis prevention and control** (USA)] strategies with time-bound goals;

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

(3) [**in consultation with Member States, to develop a system for regular monitoring and reporting on the progress in hepatitis prevention and control** (EU & Brazil)~~ to conduct a biennial survey of Member States to measure the response to viral hepatitis~~;]

(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 appropriate national authorities to ensure commitment to needle and syringe programs and OST or other evidence-based drug treatment in national plans, and to assist in assessment and removal of policy or programmatic barriers to these services;

(6) to examine the feasibility of and provide technical guidance for the [~~eradication~~ **control and elimination** (USA)] of both hepatitis B and hepatitis C;

(7) to improve the assessment of global and regional economic impact of viral hepatitis;

(8) to support Member States with technical assistance in the use of TRIPS Flexibility when needed [**in accordance with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and in consultation with relevant international organizations including the WTO and WIPO**; (USA)]

(9) to lead a discussion with key stakeholders, to facilitate [~~affordable~~ access to **quality, safe, efficacious, and affordable** (USA)] ~~the best~~ hepatitis[**B and** C (USA)] treatments as well as to necessary diagnostic tests and[~~hepatitis B treatments and in the interim~~ to assist Member States to **promote** (EU)] [**affordability and to improve access for the poorest populations**(USA)~~to achieve medicine cost reductions~~;]

(10) to prepare an assessment on the burden of viral hepatitis on domestic and economic growth;

(11) to report to the Sixty-ninth World Health Assembly, through the Executive Board, on the implementation of this resolution.

[(12) **to incorporate fully viral hepatitis prevention priorities into ongoing work to implement the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020;** (USA)]

(OP) 3. CALLS upon all relevant United Nations funds, programmes**,**~~ and~~ specialized agencies [**and other stakeholders** (Brazil)]:

(1) to include viral hepatitis in their respective work programmes and work in close collaboration with agencies

(2) to identify mechanisms to assist countries in the provision of sustainable funding for diagnostics and treatment of viral hepatitis.

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