

## **Proposal for a supplementary agenda item**

1. In accordance with Rule 10 of the Rules of Procedure of the Executive Board, the Director General has the honour to refer to the following proposal for a supplementary agenda item to be added to the provisional agenda of the Board at its 133rd session.
2. A proposal was received on 27 April 2013 from the Permanent Mission of Egypt to the United Nations and other International Organizations in Geneva, for an additional item for the provisional agenda of the Board to be entitled: “Improving the health of patients with viral hepatitis” (see Annex).
3. This proposal is submitted to the Board for its consideration (see the Appendix for the supporting technical explanation).

ANNEX

**Permanent Mission of the Arab Republic of Egypt  
to the United Nations Office and International  
Organizations in Geneva**

**URGENT**

CHAN, 2013.025

The Permanent Mission of the Arab Republic of Egypt to the United Nations Office and International Organizations in Geneva presents its compliments to the Director-General of WHO. In accordance with the Rules of Procedure of the Executive Board of the World Health Organization, specifically Articles 9 (c) and 10, we have the honour to attach herewith the proposal of the Egyptian Ministry of Health and Population to include an additional agenda item on “Improving the health of patients with viral hepatitis” in the provisional agenda of the 133rd session of the Executive Board of the World Health Organization, to be held in the period 29–30 May 2013. The appendix includes a technical paper prepared by Egyptian Ministry of Health and Population explaining and supporting the proposal. In accordance with the Rules of Procedure of the Executive Board of the World Health Organization, we kindly request the Director-General to include this proposal as a supplementary item on the provisional agenda of the 133rd session of the Executive Board.

The Permanent Mission of the Arab Republic of Egypt takes this opportunity to renew to the Director-General of WHO the assurances of its highest consideration.

(Stamp:

The Permanent Mission of the Arab Republic of Egypt to the United Nations Office and International Organizations in Geneva)

Director-General,  
WHO,  
Geneva,  
Switzerland

## APPENDIX (Extract)

### **Epidemiological situation of viral hepatitis:**

WHO estimates that about 2000 million people have been infected with hepatitis B virus worldwide, of whom more than 350 million are chronically infected, and between 500 000 and 700 000 people die annually as a result of hepatitis B virus infection. Some 130 million–170 million people are chronically infected with hepatitis C virus, and more than 350 000 people are estimated to die from hepatitis C-related liver diseases each year.

In the Eastern Mediterranean Region, WHO estimates that around 4.3 million persons are infected with hepatitis B virus and 800 000 persons are infected with hepatitis C virus each year. It is also estimated that 15 323 deaths due to hepatitis B occurred in 2008. Approximately 10%–20% of infections are acquired at birth due to perinatal hepatitis B virus transmission from mothers with chronic hepatitis B virus infection. It is estimated that approximately 17 million persons in the Region have chronic hepatitis C virus infection.

The situation of viral hepatitis C in Egypt represents a special case since its prevalence is one of the highest around the world. The population health survey in Egypt, 2008, and the blood tests of 11 126 blood samples in the age group 15–59 years, show that 14.7% have antibodies of the disease (ELISA+v, 3rd generation). This means that they had been infected before. Of those, 9.8% have active infection (PCR+vc). Some research estimated that the ratio of new infections is 2 per 1000 every year. This means that there are 100 000–150 000 new cases every year. According to the 2008 survey, the major risk factors are: unsafe injections, unsafe health practices, dental treatment, blood transfusion, earlier administration of the injection given to treat schistosomiasis. One of the problems with viral hepatitis C is that the symptoms may take decades before they appear after infection. Thus, people infected with viral hepatitis may not realize their infection and represent a permanent source of infection to other people. The problem is also exacerbated because they are more vulnerable to liver cirrhosis and tumours.

There are currently 23 centres dedicated to liver treatment nationwide. These centres give treatment to patients based on specific treatment rules. So far, 250 000 cases were treated with Interferon injections and Ribavirin tablets. It is known that the cost incurred by the state to treat this disease is 600 000–800 000 Egyptian pounds per year.

Hepatitis B virus exists in blood and all body fluids infected with the virus. The disease is transmitted via blood, and contaminated equipment if infection control measures are not taken. Infection is also transmitted from mother to infant during delivery; the latter case becomes a chronic infection in 90% of cases. WHO estimates that there are 2 billion persons infected around the world. Chronic cases (15–25%) are at risk of death due to tumours or liver cirrhosis.

A health survey involving 8499 samples was undertaken in 1996, and showed that the prevalence of viral hepatitis B in Egypt was 4.5% in the age group 10–50 years. A study in 2009 showed that the prevalence of viral hepatitis B was 0.1% in the age group 1–15 years. An analysis of disease data in 2012 showed that incidence was 0.7% in centralized laboratories and 0.9% in blood banks.

WHO has recognized viral hepatitis as a global public health problem and highlighted the need for advocacy to both governments and populations for action on health promotion, disease prevention, diagnosis and treatment. In addition, WHO expressed concern at the lack of progress in the prevention and control of viral hepatitis in developing countries, in particular in the sub-Saharan African region, due to the lack of access to affordable treatments as well as an integrated approach to the management of the disease. Therefore, viral hepatitis as a global public health challenge requires a global approach to prevent, diagnose and treat all forms of viral hepatitis – with a special focus on viral hepatitis B and C, which have the higher rates of morbidity.

There is an urgent need to create new opportunities for prevention, including strengthening, reinforcing and tightening goals, specific targets and effective strategy at the global level for disease control, increasing education and promoting screening and treatment of the 500 million or so people already infected with hepatitis B and C viruses.

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