



مَنْظَرُ الصَّحَّةِ الْعَالَمِيَّةِ

قَرَار

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## Resolution

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REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN

EM/RC56/R.5  
October 2009

Fifty-sixth Session

Agenda item 6 (a)

### **The growing threats of hepatitis B and C in the Eastern Mediterranean Region: a call for action**

The Regional Committee,

Having reviewed the technical paper on the growing threats of hepatitis B and C in the Eastern Mediterranean Region<sup>1</sup>;

Recalling resolutions WHA28.72 Utilization and supply of human blood and blood products, WHA45.17 Immunization and vaccine quality, WHA58.13 Blood safety: proposal to establish World Blood Donor Day, WHA58.22 Cancer prevention and control, and WHA60.26 Workers' health: global plan of action, and resolution EM/RC52/R.5 Substance use and dependence;

Concerned at the high prevalence of chronic HBV infection, ranging from 2%–3% in several countries to 7%–10% in two countries, and resulting in an estimated 4.3 million persons infected with hepatitis B virus in the Region each year, and concerned also that an estimated 800 000 persons are infected with hepatitis C virus in the Region each year and that 17 million persons are suffering from chronic hepatitis C infection;

Recognizing that more than 75% of cirrhosis and hepatocellular carcinoma in the Region is attributable to hepatitis B virus or hepatitis C virus infection;

Acknowledging that prevention is far more cost-effective than treatment of patients with chronic hepatitis B or hepatitis C infection;

Concerned also that most hepatitis B and C infections in the Region are health care-

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<sup>1</sup> Document no. EM/RC56/3

associated and that safety of transfused blood is still not guaranteed in several countries;

Further concerned about the current and future high burden of chronically infected persons and the role they play in sustaining high transmission in some countries, and the resulting future burden of liver cirrhosis and hepatocellular carcinoma;

Noting the availability of new and effective treatments that can significantly delay progression of liver disease, prevent the onset of liver cancer and reduce deaths, and commending the efforts of the Member States in strengthening hepatitis B control programmes and expanding treatment of chronic hepatitis C;

Emphasizing that continued efforts are required to strengthen surveillance of viral hepatitis and to monitor impact of preventive strategies through serosurveys;

1. **ENDORSES** adoption of a regional target of reduction in prevalence of chronic hepatitis B virus infection to less than 1% among children below 5 years of age by 2015;
2. **URGES** Member States to:
  - 2.1 Develop a national strategy to reach the regional target related to reducing the prevalence of chronic hepatitis B virus infection to less than 1% among children below 5 years of age by 2015, if they have not yet done so;
  - 2.2 Develop and implement a comprehensive national strategy for prevention and control of blood-borne pathogens, supported by necessary legislation and regulations;
  - 2.3 Expand hepatitis B vaccination programmes to include providing a birth dose of vaccine to all infants within the first 24 hours of life, vaccination of all persons with occupational exposure to blood and body fluids, and vaccination of other high-risk populations, including injecting drug users;
  - 2.4 Promote infection control, through adoption of national guidelines and an accreditation process to monitor compliance, and ensure that all injections are safe;
  - 2.5 Ensure transfusion safety through promoting safe blood donation, strengthening national regulatory activities related to quality assurance and safety of blood products and related in-vitro procedures;
  - 2.6 Establish education and communication programmes to increase awareness among the public and health-care workers on the mode of transmission of and opportunities to prevent viral hepatitis;
  - 2.7 Rapidly scale up harm reduction services for injecting drug users;
  - 2.8 Expand treatment services for the chronically infected;
  - 2.9 Improve epidemiological surveillance systems, develop a hepatitis registry and implement sero-surveys in order to produce reliable data to guide prevention and control measures and monitor impact of preventive strategies;

3. **REQUESTS** the Regional Director to:
  - 3.1 Continue providing technical support to Member States to develop national strategies and plans of action to reach the regional target of reduction in prevalence of chronic hepatitis B virus infection to less than 1% among children below 5 years of age by 2015, and for prevention and control of transmission of blood-borne pathogens;
  - 3.2 Facilitate transfer of technology to support local production of necessary medicines and vaccines, where appropriate;
  - 3.3 Support national studies/surveillance activities in order to better understand the epidemiology of hepatitis C in selected countries;
  - 3.4 Assist Member States to secure needed medicines at affordable prices.

WORLD HEALTH  
ORGANIZATION



ORGANISATION MONDIALE  
DE LA SANTE

منظمة الصحة العالمية

Regional Committee for the Eastern Mediterranean

Fifty-sixth session

**Report on administrative and financial implications for the Secretariat  
of resolutions proposed for adoption by the Regional Committee**

**1. Resolution title: The growing threats of Hepatitis B and C in WHO Eastern Mediterranean Region: a call fo action**

**2. Linkage to programme budget: VPI**

**Strategic objective: SO1**

**Regional expected result:** 01.01.EM01 Supporting countries in better utilizing HepB vaccine and 01.004.EM02 Developing/updating national action plans and improving surveillance

**(Briefly indicate the linkage with expected results, indicators, targets, baseline)**

The project includes several components with some of them under different strategic objectives. However, it will be coordinated, for the first period at least (2010-2011) by the Vaccine Preventable Diseases and Immunization programme. Required activities include supporting countries in better utilizing HepB vaccine (RER 01.01.EM01) and developing/updating national action plans and improving surveillance (RER 01.04.EM02).

**3. Financial implications**

**a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)**

Cannot be estimated to 2015 because of length of the “life-cycle” and because of the lack of some key information about the disease burden in Member States

**b) Estimated cost for the biennium 2010–2011 (estimated to the nearest US\$ 10 000, including staff and activities)**

US\$ 880 000

**c) Of the estimated cost noted in (b) what can be subsumed under existing programmed activities?**

US\$160 000

**4. Administrative implications**

**a) Implementation locales (indicated the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)**

Regional Office and all country offices

**b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)**

Half P4 staff needed (epidemiologist)

**c) Time-frames (indicate broad time frames for implementation and evaluation)**

On-going

