

Viral hepatitis

The Sixty-third World Health Assembly,

Having considered the report on viral hepatitis;¹

Taking into account the fact that some 2000 million people have been infected by hepatitis B virus and that about 350 million people live with a chronic form of the disease;

Considering that hepatitis C is still not preventable by vaccination and around 80% of hepatitis C virus infections become a chronic infection;

Considering the seriousness of viral hepatitis as a global public health problem and the need for advocacy to governments, all parties and populations for action on health promotion, disease prevention, diagnosis and treatment;

Expressing concern at the lack of progress in the prevention and control of viral hepatitis in developing countries, in particular in sub-Saharan Africa, due to the lack of access to affordable, appropriate treatment and care as well as an integrated approach to the prevention and control measures of the disease;

Considering the need for a global approach to all forms of viral hepatitis – with a special focus on viral hepatitis B and C, which have the higher rates of morbidity;

Recalling that one route of transmission of hepatitis B and C viruses is parenteral and that the Health Assembly in resolution WHA28.72 on utilization and supply of human blood and blood products recommended the development of national public services for blood donation and in resolution WHA58.13 agreed to the establishment of an annual World Blood Donor Day, and that in both resolutions the Health Assembly recognized the need for safe blood to be available to blood recipients;

Reaffirming resolution WHA45.17 on immunization and vaccine quality which urged Member States to include hepatitis B vaccines in national immunization programmes;

Considering the need to reduce liver cancer mortality rates and that viral hepatitis are responsible for 78% of cases of primary liver cancer;

¹ Document A63/15.

Considering the collaborative linkages between prevention and control measures for viral hepatitis and those for infectious diseases like HIV and other related sexually transmitted and bloodborne infections;

Recognizing the need to reduce incidence to prevent and control viral hepatitis, to increase access to correct diagnosis and to provide appropriate treatment programmes in all regions;

Further recognizing the need for universal coverage for safe injection practices as promoted through the WHO Safe Injection Global Network,

1. RESOLVES that 28 July or such other day or days as individual Member States decide shall be designated as World Hepatitis Day in order to provide an opportunity for education and greater understanding of viral hepatitis as a global public health problem, and to stimulate the strengthening of preventive and control measures of this disease in Member States;

2. URGES Member States:

(1) to implement and/or improve epidemiological surveillance systems and to strengthen laboratory capacity, where necessary, in order to generate reliable information for guiding prevention and control measures;

(2) to support or enable an integrated and cost-effective approach to the prevention, control and management of viral hepatitis considering the linkages with associated coinfection such as HIV through multisectoral collaboration among health and educational institutions, nongovernmental organizations and civil society, including measures that strengthen safety and quality and the regulation of blood products;

(3) 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;

(4) to strengthen national health systems in order to address prevention and control of viral hepatitis effectively through the provision of health promotion and national surveillance, including tools for prevention, diagnosis and treatment of viral hepatitis, vaccination, information, communication and injection safety;

(5) to provide vaccination strategies, infection-control measures, and means for injection safety for health-care workers;

(6) to use national and international resources, either human or financial, to provide technical support to strengthen health systems in order to provide local populations adequately with the most cost-effective and affordable interventions that suit the needs of local epidemiological situations;

(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;¹

(8) to consider, whenever necessary, using existing administrative and legal means in order to promote access to preventive, diagnostic and treatment technologies against viral hepatitis;

(9) to develop and implement monitoring and evaluation tools in order to assess progress towards reducing the burden from viral hepatitis and to guide evidence-based strategy for policy decisions related to preventive, diagnostic and treatment activities;

(10) to promote the observance of 28 July each year, or on such other day or days as individual Member States may decide, as World Hepatitis Day;

(11) to promote total injection safety at all levels of national health-care system;

3. REQUESTS the Director-General:

(1) to establish in collaboration with Member States the necessary guidelines, strategies, time-bound goals and tools for the surveillance, prevention and control of viral hepatitis;

(2) to provide the necessary support to the development of scientific research related to the prevention, diagnosis and treatment of viral hepatitis;

(3) to improve the assessment of global and regional economic impact and estimate the burden of viral hepatitis;

(4) to support, as appropriate, resource-constrained Member States in conducting events to mark World Hepatitis Day;

(5) to invite international organizations, financial institutions and other partners to give support and assign resources in strengthening of surveillance systems, prevention and control programme, diagnostic and laboratory capacity, and management of viral hepatitis to developing countries in an equitable, most efficient, and suitable manner;

(6) to strengthen the WHO Safe Injection Global Network;

(7) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to affordable treatments in developing countries;

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.”

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

Eighth plenary meeting, 21 May 2010
A63/VR/8

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