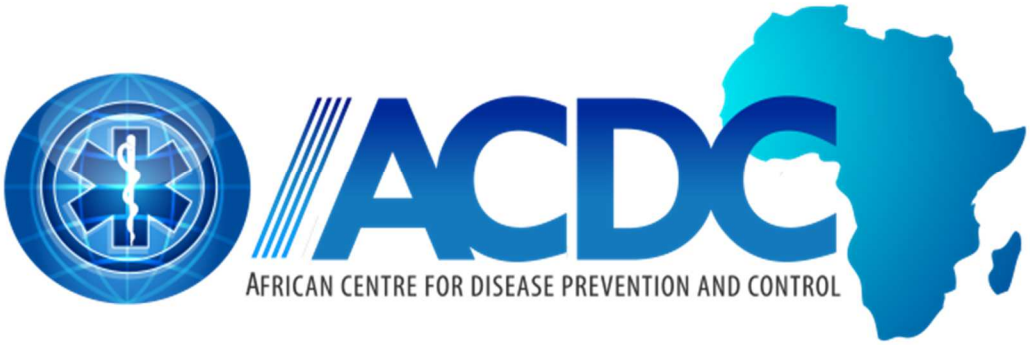
AFRICA HEALTH ORGANISATION

AHO PLAN OF ACTION FOR THE PREVENTION & CONTROL OF VIRAL HEPATITIS

TACKLING HEPATITIS

Partners


ACDC
AFRICAN CENTRE FOR DISEASE PREVENTION AND CONTROL


afrifed
African Females Empowerment & Development
EMPOWERING AFRICAN WOMEN AND GIRLS


AfriChild
AfricanChildren'sFoundation


GMF
GRACIANO MASAUSO
FOUNDATION

Preface

Viral hepatitis occupies a prominent place among communicable diseases because of the large number of infected individuals who face the complications and negative outcomes of the disease, in addition to the heavy financial and social burden associated with VH morbidity and significant rates of mortality across the globe, including in Africa.

Although viral hepatitis is listed among the priorities in the programmatic structure of the AHO Strategic Plan under category 1 (communicable diseases), a broader public health response is needed to address the challenges of VH prevention, treatment, and control. Therefore, a comprehensive Plan of Action, addressing cross-cutting themes in a comprehensive manner, will orient efforts in the health sector response to VH in terms of attaining and maintaining the Organisation's goals during 2020-2030 and beyond.

The successful implementation of the Plan of Action for the Prevention and Control of Viral Hepatitis for 2020-2030 will require a multi-programmatic response to efficiently address the complexity of VH in Africa. In addition to category 1 of the AHO Strategic Plan, implementation of the Plan of Action will require articulation of all of the Strategic Plan categories.

The Plan of Action is in line with and builds upon the principles of the AHO Strategy for Universal Access to Health and Universal Health Coverage, approved through resolution at the AHO Health Council, as well as the Strategy and Plan of Action for Integrated Child Health and on Health and Human Rights.

The Plan of Action will address hepatitis A, B, and C, with special emphasis on hepatitis B and C given their multiple potential negative outcomes (hepatitis D will be addressed along with hepatitis B). It will propose concrete avenues of action to efficiently reduce morbidity, disability, and mortality and to start paving the road to eliminate viral hepatitis as a public health problem in the foreseeable future.

The general objective of the plan is to strengthen national and regional public health responses with respect to the prevention, treatment, and control of viral hepatitis and reductions in VH-related morbidity, disability, and mortality in Africa

Graciano Upenyu Masauso
Founder, President, Director, CEO
Africa Health Organisation (AHO)

Introduction

1. The Africa Health Organization (AHO) Strategic Plan 2020-2030 outlines ten impact goals for the period. The first one explicitly states the necessary steps to be taken to improve health and well-being in Africa and sets the stage for all plans and initiatives that should be in place and implemented during the proposed period, with gender, equity, human rights, and ethnicity included as cross-cutting themes. This entails attaining Strategic Plan impact goals which aim to reduce mortality due to communicable diseases and eliminate those diseases that constitute a priority in Africa, among them viral hepatitis (VH).

2. Given that contracting VH early in life increases the odds of the disease evolving to a chronic form, special emphasis should be placed on actions designed to protect newborns from infection. These actions are a response to Strategic Plan impact goals which emphasizes the crucial importance of ensuring a healthy start for newborns and infants.

3. Viral hepatitis occupies a prominent place among communicable diseases because of the large number of infected individuals who face the complications and negative outcomes of the disease, in addition to the heavy financial and social burden associated with VH morbidity and significant rates of mortality across the globe, including in Africa.

4. Although viral hepatitis is listed among the priorities in the programmatic structure of the AHO Strategic Plan under category 1 (communicable diseases), a broader public health response is needed to address the challenges of VH prevention, treatment, and control. Therefore, a comprehensive Plan of Action, addressing cross-cutting themes in a comprehensive manner, will orient efforts in the health sector response to VH in terms of attaining and maintaining the Organisation's goals during 2020-2030 and beyond.

5. The successful implementation of the Plan of Action for the Prevention and Control of Viral Hepatitis for 2020-2030 will require a multi-programmatic response to efficiently address the complexity of VH in Africa. In addition to category 1 of the AHO Strategic Plan, implementation of the Plan of Action will require articulation of all of the Strategic Plan categories.

6. The Plan of Action is in line with and builds upon the principles of the AHO Strategy for Universal Access to Health and Universal Health Coverage, approved through resolution at the AHO Health Council, as well as the Strategy and Plan of Action for Integrated Child Health and on Health and Human Rights.

7. The Plan of Action will address hepatitis A, B, and C, with special emphasis on hepatitis B and C given their multiple potential negative outcomes (hepatitis D will be addressed along with hepatitis B). It will propose concrete avenues of action to efficiently reduce morbidity, disability, and mortality and to start paving the road to eliminate viral hepatitis as a public health problem in the foreseeable future.

Background

8. Viral hepatitis A, B, and C represent a global public health problem affecting millions of people every year, causing disability and death, and they should be a core topic in the public health agenda. Acute hepatitis may lead to fulminant hepatic failure in approximately 1% of cases. The evolution of hepatitis B to a chronic disease has a strong association with the age at which infection occurs. Approximately 90% of newborns delivered by mothers who are positive for hepatitis B early antigen (HBeAg) will progress to chronic hepatitis. Chronic infection is associated with a 15% to 40% increased risk of the development of cirrhosis, hepatic failure, and hepatocellular carcinoma. The rate of evolution to chronicity is estimated to be 25% to 30% among children below 5 years of age and less than 5% in adults *(5, 6).* Hepatitis C virus (HCV) infection usually progresses slowly over a long period. It is estimated that 85% of HCV cases will develop into chronic infections. In addition, between 5% and 15% of patients with chronic hepatitis C may progress to liver cirrhosis over a period of 20 years. Approximately 4% to 9% of patients with cirrhosis will develop progressive liver failure, and these patients have also a 1% to 4% annual risk of developing primary hepatocellular carcinoma *(7, 8).* Hepatitis B and C infections are common underlying causes of death associated with liver failure, cirrhosis, and liver cancer.

9. These diseases are amenable to prevention and control; there are effective vaccines for hepatitis A and B and state-of-the-art treatments for hepatitis C. Clinical trials and observational studies of hepatitis C patients on direct-acting antiviral drugs demonstrate that a sustainable virologic response, with viral clearance from the system, may be achieved in about 95% of cases *(8).* Ongoing developments in hepatitis B virus (HBV) treatment are also very promising. The availability of an effective vaccine makes substantial reductions in new HBV infections a feasible and achievable objective for all of the countries in Africa.

10. Up-to-date epidemiological information on the magnitude and distribution of VH is still limited, incomplete, and not standardized.

11. In 2010, the 63rd World Health Assembly (WHA), recognizing the severity of the public health problem resulting from viral hepatitis, adopted a resolution (WHA63.18) intended to raise awareness of VH and asked for immediate action related to surveillance, prevention, and control of the disease *(9).*

12. To scale up a global response to viral hepatitis, Africa Health Organization (AHO) released a call to action that focuses on advocacy and awareness, knowledge and evidence, prevention of transmission, and screening, care, and treatment. Furthermore, in May 2014, the 67th WHA endorsed a second landmark resolution (WHA67.6) recommending that Member States take action to ensure and strengthen surveillance, prevention, access to treatment, and control of VH in all countries.

Situation Analysis

13. AHO estimates that 1.4 million cases of hepatitis A occur every year. Seroprevalence distribution patterns vary in Africa. In upper income countries like Botswana, by the age of 19 years, about 10% of the general population has serological evidence of anti-HAV (hepatitis A virus) immunity. In contrast, the corresponding rates (in the same age group) are approximately 50% in the middle income countries and 70% to 90% in low income countries.

14. Hepatitis A is amenable to prevention through environmental sanitary control and vaccination. Universal single-dose hepatitis A vaccination in children at 12 months of age, as implemented in some countries, has demonstrated a drastic reduction (about 80% or more) in disease rates. Other countries like Namibia also have included HAV vaccine in their immunization programs.

15. WHO estimates that there are more than 2 billion HBV-infected people worldwide, of whom about 240 million are chronic carriers. Approximately 4 million new HBV infections and 780,000 HBV-related deaths occur each year. Hepatitis B is not distributed homogeneously. In highly endemic areas, the HBV carrier rate is over 28%. In areas of low endemicity, HBsAg (HBV surface antigen) prevalence is less than 12%. Other areas in Africa have higher prevalence rates.

16. With respect to hepatitis C virus, WHO estimates that approximately 130 to 150 million people may be living with chronic infection, with 3 to 4 million new cases occurring each year. In the Western Hemisphere, HCV prevalence among the general population is estimated to be 1% to 2.9%. This means that approximately over 13 million persons in Africa may be infected with HCV. According to WHO, 350,000 to 500,000 deaths related to HCV occur each year. A recent trend analysis shows a 125% increase in HCV-associated liver cancer mortality.

17. According to AHO's mortality database, 5% of all deaths in Africa between 2008 and 2010 were due to hepatic cancer, liver failure, chronic hepatitis, acute viral hepatitis, and cirrhosis.

18. People living with HIV who are co-infected with either hepatitis B or C virus need to be given priority attention, given that HIV co-infection accelerates the progression of liver disease. Of the 35 million people living with HIV worldwide, some 3 to 6 million are estimated to have hepatitis B infection and 4 to 5 million to have hepatitis C infection.

19. According to country reports to AHO, 2013 coverage in Africa for the third dose of hepatitis B vaccine (pentavalent) was 90% among children less than 1 year of age *(19).* A significant contribution to the current high immunization coverage rates has been the continuous availability of safe, efficacious, and quality vaccines at affordable and sustainable prices, which has been achieved by consolidating regional demand and procurement through the AHO Fund for Vaccine Procurement.

20. Although vaccination against HBV is recommended practice among the health care workforce, important gaps persist. Between 2007 and 2011, 11 countries held immunization campaigns during which 350,000 health care workers were vaccinated. This number is well below desirable standards in view of the size of the health care workforce in Africa, which in 2007 was estimated at 22 million. Data on immunization practices among the pre-service health care workforce (students) are insufficient.

21. Although national policies in various countries make explicit mention of expanded access to hepatitis B vaccine for key populations and vulnerable groups (sex workers, indigenous populations, drug users, prison inmates), data on coverage among such populations are limited. It can be assumed that, in many countries, these populations still need to be reached with respect to vaccination as well as screening for asymptomatic hepatitis. The economic, cultural, geographic, and social barriers that impede access to health services in these groups should be addressed.

22. Significant advances have been made in establishing and implementing policies for notifying possible exposures to HBV and HCV resulting from needle-stick injuries or other occupational exposures. Yet, across the Region, there is still a need to achieve complete coverage of vaccination and other protection practices among health care workers (both formal and informal).

23. New medicines have altered the approach to treating hepatitis C, with innovation leading to the licensing and commercial availability of curative treatments, and it is anticipated that the number of medicines for the treatment of HCV will continue to grow in the coming years. Nonetheless, access to these newly licensed HCV medicines remains a challenge in Africa due to the lack of a structured public health approach for prevention, diagnosis, treatment, and care of chronic hepatitis C. Among the challenges in expanding access to treatment are the absence of up-to-date and standardized care and treatment guidelines, lack of inclusion of new medicines in national essential medicine lists and formularies, and the elevated costs of direct-acting antiviral drugs.

24. Surveillance and other health information systems are not able to generate systematic, standardized, and timely data on the magnitude and distribution of VH and the response to the disease. Although 89% of the countries report surveillance data on acute hepatitis B, only 44% report data on chronic cases. With regard to hepatitis C, 74% of the countries have surveillance systems in place to detect and report acute infections, while 37% provide information on chronic infections.

Plan of Action (2020-2030)

25. The general objective of the plan is to strengthen national and regional public health responses with respect to the prevention, treatment, and control of viral hepatitis and reductions in VH-related morbidity, disability, and mortality in Africa.

Strategic Lines of Action

26. This Plan of Action is based on the following strategic lines of action:

a) Promoting an integrated comprehensive response.

b) Fostering equitable access to preventive care.

c) Fostering equitable access to clinical care.

d) Strengthening strategic information.

e) Strengthening laboratory capacity to support diagnosis, surveillance, and a safe blood supply.

27. The proposed strategic lines of action and objectives are in line with the five strategic lines of action and objectives of the AHO framework on viral hepatitis: partnerships, technical support, and resource mobilization; surveillance, data collection, and formulation of policies; prevention and control of transmission; screening, care, and treatment; and a strategic research agenda. The adjustments hereby proposed are intended to achieve specific regional goals and targets in the short term.

Strategic Line of Action 1: Promoting an integrated comprehensive response

28. Member States, in collaboration with AHO will support:

a) Scaling up of comprehensive public health responses against VH by mainstreaming the topic through existing national health plans, programs, and services. In addition, Member States will foster interprogrammatic synergies and activities, optimize efficient use of existing resources and mobilize additional funds, and facilitate the engagement of relevant partners and stakeholders. Given the significant investments made in HIV treatment programs, many countries have developed a strong health infrastructure to provide care and treatment in response to the specific needs of people living with HIV, including key populations (men who have sex with men, transgender persons, sex workers, drug users). This framework could be expanded to include people with viral hepatitis.

b) Establishment of a regional platform of technical expertise, in partnership with national institutions, clinicians, medical associations, universities and researchers, representatives of civil society, and development partners, to support the implementation of a public health response to viral hepatitis in AHO Member States. This would include the creation of a Technical Advisory Group for VH.

c) Promotion of advocacy and awareness at the regional, subregional, and national levels. The health authorities and other sectors involved will periodically inform the general public and vulnerable populations about the presence and severity of the problem as well as necessary preventive measures. It is suggested that, if campaigns cannot be conducted periodically, World Hepatitis Day be observed in a very visible manner.

Objective	Indicator	Baseline	Target 2030
1.1 Promote integration of viral hepatitis prevention, surveillance, diagnosis, care, and control interventions and services within the health sector and implement them in a concerted and effective manner with relevant partners and stakeholders	**1.1.1** Number of countries that have a structured and budgeted national strategy or plan related to prevention, treatment, and control of viral hepatitis	0	12
1.2 Promote the development and implementation of coordinated public health policies and interventions with the aim of eliminating hepatitis B and hepatitis C in AHO Member States by 2030	**1.2.1** Number of countries with goals of elimination of hepatitis B and hepatitis C as public health problems	0	15
	1.2.2 Number of countries with goals of elimination of mother-to-child transmission of hepatitis B	0	17
1.3 Implement information and communication activities and campaigns at the regional, subregional, national, and local levels to raise awareness of the existence, severity, and routes of transmission of viral hepatitis and measures to prevent and control the disease	**1.3.1** Number of countries that commemorate World Hepatitis Day through awareness campaigns or major thematic events	0	20

Strategic Line of Action 2: Fostering equitable access to preventive care

29. Member States, in collaboration with AHO, will support:

a) Maintenance of high and widespread hepatitis B vaccine coverage in the routine vaccination schedule for children below the age of 1, as well as adherence to the AHO recommendation to administer a birth dose of Hep B vaccine to newborns within first 24 hours of life to prevent vertical transmission of HBV and chronicity.

b) Vaccination against HBV among in-service and pre-service health care providers and other key populations and vulnerable groups (injection drug users, transgender persons, prison inmates, people living with HIV, indigenous people, sex workers, haemodialysis patients, transplant patients).

c) Policies calling for notification of possible exposures to HBV and HCV and provision of prophylactic and follow-up care for needle-stick injuries or other occupational exposures. Post-exposure prophylactic care should also be provided in cases of sexual exposure, including sexual violence.

d) Promotion of prevention, treatment, rehabilitation, and related support services that take into account the national context and priorities, and that are aimed at reducing the negative health and social consequences of illicit drug use.

e) Establishment of specific strategies for prevention of transmission of hepatitis B and C in key populations and vulnerable groups. These strategies, which take into account national contexts and priorities, include outreach and educational interventions as well as promotion of treatment, rehabilitation, and support services to reduce the negative health and social consequences of illicit drug use. These interventions should also encourage health-seeking behaviors (e.g., screening for asymptomatic infections) and utilization of care and treatment services.

f) Elimination of gender, geographical, economic, sociocultural, or organizational barriers that prevent universal equitable access to comprehensive health services, (following the AHO Strategy for Universal Access to Health and Universal Health Coverage).

g) Encouragement of countries' efforts to conduct epidemiological, burden of disease, and cost-effectiveness analyses in support of evidence-based decisions related to the introduction of hepatitis A vaccine. Many countries have experienced epidemiological transitions that leave people at risk for hepatitis A infection and may increase the benefits of use of the hepatitis A vaccine. Burden of disease and economic analysis studies are necessary if middle-income countries are to make informed decisions with respect to introducing hepatitis A vaccination.

Objective	Indicator	Baseline	Target 2030
2.1 Maintain and expand HBV immunization programs in order to increase coverage for all children and for members of key populations and vulnerable groups	**2.1.1** AHO maintain high HBV coverage as part of the routine childhood vaccination schedule (below 1 year of age)	0	95% or above
	2.1.2 Number of countries that have included immunization of newborns against HBV within the first 24 hours in their vaccination programs	0	21
2.2 Encourage countries to conduct epidemiological, burden of disease, and health technology assessment, such as cost-effectiveness analyses to support evidence-based decisions regarding the introduction of hepatitis A vaccine	**2.2.1** Number of countries that have conducted HAV epidemiological, burden of disease, and health technology assessment, such as cost-effectiveness analyses to inform vaccine introduction	0	20
2.3 Strengthen the capacity of the health sector to conduct the necessary actions to promote the strictest application of norms, protocols, and recommendations to prevent viral hepatitis infections in health care settings	**2.3.1** Number of countries with measures for the prevention of hepatitis B among health workers	0	22
2.4 Strengthen the capacity of the health sector to develop and implement policies and strategies to prevent viral hepatitis infections among people who use drugs and other key populations	**2.4.1** Number of countries with viral hepatitis prevention and control strategies, such as HBV vaccine, targeting key populations	0	25

Strategic Line of Action 3: Fostering equitable access to clinical care

30. Member States, in collaboration with AHO, will support: the development of policies, norms, and capacity at the country level to diagnose and treat viral hepatitis according to evidence-based normative guidance developed by AHO. This includes ensuring that national essential medicine lists and formularies progressively incorporate drugs included in the regimens recommended in national guidelines for viral hepatitis treatment. Additionally, countries should promote access to VH-related diagnostics, equipment, and medicines through price reduction and negotiation processes and regional procurement mechanisms such as those offered by AHO's und for Strategic Public Health Supplies.

Objective	Indicator	Baseline	Target 2030
3.1 Adapt and implement norms and standards for screening, diagnosis, care, and treatment of viral hepatitis	**3.1.1** Number of countries that have developed guidelines for prevention, care, and treatment of hepatitis B in line with latest AHO recommendations	0	15
	3.1.2 Number of countries that have developed guidelines for screening, diagnosis, care, and treatment of hepatitis C in line with latest AHO recommendations	0	12
	3.1.3 Number of countries that have started offering publicly funded HBV diagnosis and treatment	0	21
	3.1.4 Number of countries that have started offering publicly funded HCV diagnosis and treatment	0	20
	3.1.5 Number of countries that include in their national essential medicine lists and/or formularies one or more drugs recommended in AHO guidelines for HBV treatment	0	13
	3.1.6 Number of countries that include in their national essential medicine lists and/or formularies one or more drugs recommended in AHO guidelines for HCV treatment	0	12
3.2 Adapt and implement norms and standards for treatment of viral hepatitis (B and C) in HIV co-infected patients	**3.2.1** Number of countries that have updated their antiretroviral treatment criteria, including the recommendation of initiating antiretroviral therapy (ART) regardless of CD4 count in HIV patients with severe HBV-related chronic liver disease	0	10

Strategic Line of Action 4: Strengthening strategic information

31. Member States, in collaboration with AHO will support:

a) Utilization of standardized and innovative methods and metrics by national surveillance and monitoring systems in order to have up-to-date, timely data from different sources, for decision-making and to monitor progress toward targeted goals.

b) Regular publication of national reports on viral hepatitis based on AHO guidance and frameworks incorporating VH-related strategic information.

Objective	Indicator	Baseline	Target 2030
4.1 Increase and strengthen countries' capacity to develop and implement strategies for the surveillance, prevention, control, and/or elimination of viral hepatitis	**4.1.1** Number of countries that report cases of acute and chronic hepatitis B	0	25
	4.1.2 Number of countries that report cases of hepatitis C infection	0	25
	4.1.3 Number of countries conducting surveys on prevalence of viral hepatitis B or C in general population and/or key populations	0	24
4.2 Increase countries' capacity to analyze, publish, and disseminate national data on viral hepatitis and impact of responses disaggregated by age, gender, and cultural diversity	**4.2.1** Number of countries that have published a national report on viral hepatitis	0	15

Strategic Line of Action 5: Strengthening laboratory capacity to support diagnosis, surveillance, and a safe blood supply

32. Member States, in collaboration with AHO, will support:

a) National and regional laboratories in enhancing their ability to adequately support clinical and public health activities aimed at reducing the burden of disease of VH.

b) Blood services networks in establishing, monitoring, and evaluating the achievement of 100% screening for HBV and HCV to ensure the safety of blood, blood components, and blood products.

Objective	Indicator	Baseline	Target 2030
5.1 Implement innovative technologies for laboratory diagnosis and monitoring of treatment responses	**5.1.1** Number of countries that implement standardized and effective technologies for HBV patient monitoring,	0	12
	5.1.2 Number of countries that implement standardized and effective technologies for HCV confirmation, including serology, genotyping, and patient monitoring	0	10
5.2 Implement norms to improve the safety of blood supplies and blood components	**5.2.1** Number of countries that screen 100% of blood transfusion units for HBV and HCV	0	11

Evaluation and Monitoring

33. The achievements of this plan can be measured via indicators that have a baseline and a target for 2030, the final year of the plan. Data will be collected from such sources as national information systems, regional reports, and ad hoc surveys. A mid-term review of this Plan of Action will be performed in 2025 to assess progress toward the goals and, if necessary, to incorporate adjustments. Monitoring and analytic reports will be submitted to AHO's Executive Management at the end of each biennium, and in 2030 a report will be prepared for the Organization's Governing Bodies.

Financial Implications

34. The total estimated cost of implementing the plan of action from 2020 to 2030, including expenses for staffing and activities, is US$ 25,783,260.

Action by the Health Council

35. The Health Council is invited to review the Plan of Action for the Prevention and Control of Viral Hepatitis for 2020-2030, offer any recommendations it deems pertinent, and consider approving the corresponding proposed resolution.

AHO resolves:

1. To urge Member States, taking into account their national context and priorities, to:

a) prioritize viral hepatitis as a public health issue, promoting an integrated comprehensive response and establishing specific targets to face the challenges entailed by this infectious disease;

b) foster interprogrammatic synergies and activities within and outside of the health system, engaging all relevant partners and stakeholders, including civil society, in the response to viral hepatitis;

c) optimize the efficient use of existing resources and mobilize additional funds to prevent and control viral hepatitis;

d) strengthen and develop strategies for awareness campaigns to commemorate World Hepatitis Day with the goal of increasing access to prevention, diagnosis, care, and treatment services;

e) maintain or expand hepatitis B virus vaccine coverage in children less than 1 year of age and adopt the policy of vaccination of newborns during the first 24 hours after birth;

f) review vaccination policies and support their implementation to expand coverage

of available vaccines among members of key populations and vulnerable groups;

g) establish specific strategies for prevention of transmission of hepatitis B and C in key populations and vulnerable groups, including outreach and educational interventions as well as promotion of treatment, rehabilitation, and related support services that take into account national context and priorities to reduce the negative health and social consequences of illicit drug use;

h) support strategies for preventing transmission of hepatitis B and C within and outside of health care settings;

i) support the development of health-related policies, regulations, norms, and capacities at the country level for screening, diagnosis, care, and treatment of viral

hepatitis (according to evidence-based normative guidance developed by AHO) and ensure their implementation;

j) promote inclusion of diagnostics, equipment, and medicines related to viral hepatitis in national essential medicine lists and formularies, and promote their access through price negotiation processes and national and regional procurement mechanisms such as AHO's Fund for Strategic Public Health Supplies;

k) strengthen countries' capacity to generate and disseminate timely and quality strategic information on viral hepatitis, disaggregated by age, gender, and ethnic group;

l) strengthen national policies, guidance, and practices related to blood safety and vaccination programs;

m) eliminate gender, geographical, economic, sociocultural, legal, and organizational barriers that prevent universal equitable access to comprehensive health services, following the PAHO Strategy for Universal Access to Health and Universal Health Coverage.

To request the Director to:

a) maintain an interprogrammatic task force on viral hepatitis that can establish a permanent dialogue with Member States;

b) support the implementation of the Plan of Action, especially with respect to strengthening services for screening, diagnosis, care, and treatment of viral hepatitis as part of the expansion of universal health coverage in Africa;

c) provide technical assistance to Member States to increase the evidence base of viral hepatitis-related prevention, care, and treatment and for the implementation

of the measures proposed in this Plan of Action, in keeping with national priorities;

d) support Member States to increase access to affordable viral hepatitis commodities, including price negotiation processes and other mechanisms for sustainable procurement;

e) continue documenting the feasibility of elimination of viral hepatitis B and C in Africa, including setting targets and milestones towards the AHO 2050 elimination goals;

f) continue to prioritize the prevention of viral hepatitis, with an emphasis on immunization programs for hepatitis B in infants and key populations and on access to life-saving hepatitis C drugs, considering the future foreseeable goal of elimination of hepatitis B and C in Africa;

g) promote strategic partnerships and technical cooperation among countries in carrying out the activities included in this Plan of Action.

Report on the Financial and Administrative Implications of the Proposed Resolution for AHO

1. Agenda item: 3.10 - Plan of Action for the Prevention and Control of Viral Hepatitis 2020-2030

2. Financial implications:

a) Total estimated cost for implementation over the life cycle of the resolution (including staff and activities):
The estimated cost of this plan is US$615,128,580 (approximately $600,610,000 for activities and $15,128,580 for staff).

b) Estimated cost for the 2020-2021 biennium (including staff and activities):
The estimated cost for the biennium is $50,650,260 (approximately $40,550,000 for activities and $10,100,260 for staff).

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

3. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:
The work will be carried out at the country, subregional, and regional levels.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):
For the implementation of this Plan it will be crucial to guarantee the current technical staff at regional and subregional level, as well as to ensure HIV/STI dedicated focal points in high impact and priority countries.

c) Time frames (indicate broad time frames for the implementation and evaluation):
The proposed plan will cover 2016-2021 and requires support from AHO, partnerships, and Member States. The final evaluation will be completed in 2031 and presented to the Governing Bodies in 2032.

References

1. Lee MW. Recent developments in acute liver failure. *Best Pract Res Clin Gastroenterol* [Internet]. 2012 Feb [cited 2015 Jan 12];26(1):3-16. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3551290/pdf/nihms360245.pdf

2. Franco E, Bagnato B, Marino MG, Meleleo C, Serino L, Zaratti L. Hepatitis B: Epidemiology and prevention in developing countries. *World J Hepatol* [Internet]. 2012 Mar 27 [cited 2014 Nov 10];(3):74-80. Available from: http://www.ncbi.nlm.nih.gov/pubmed/22489259

3. World Health Organization. Hepatitis B [Internet]. Geneva: WHO; 2014 (Fact sheet No 204) [cited 2014 Nov 6]. Available from: http://www.who.int/mediacentre/factsheets/fs204/en/

4. World Health Organization. Hepatitis C [Internet]. Geneva: WHO; 2014 (Fact sheet No 164) [cited 2014 Nov 6]. Available from: http://www.who.int/mediacentre/factsheets/fs164/en/

5. World Health Organization. Guidelines for the screening care and treatment of persons with hepatitis C infection [Internet]. Geneva: WHO; 2014 [cited 2014 Nov 20]. Available from: http://apps.who.int/iris/bitstream/10665/111747/1/9789241548755_eng.pdf?ua=1&ua=1

6. World Health Organization. The global prevalence of hepatitis A. Virus Infection and susceptibility: a systematic review

7. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013: a systematic analysis for the global burden of disease study 2013. *The Lancet*

8. Soriano V, Puoti M, Peters M, Benhamou Y, Sulkowski M, Zoulim F, et al. Care of HIV patients with chronic hepatitis B: updated recommendations from the HIVhepatitis B Virus International Panel