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PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF VIRAL HEPATITIS

Introduction

1. The Pan American Health Organization (PAHO) Strategic Plan 2014-2019 (1) outlines nine impact goals for the period. The first one explicitly states the necessary steps to be taken to improve health and well-being in the Region 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 6 and 8, which respectively aim to reduce mortality due to communicable diseases and eliminate those diseases that constitute a priority in the Region, 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 needs to be placed on actions designed to protect newborns from infection. These actions are a response to Strategic Plan impact goal 2, 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 the Region of the Americas.
 4. Although viral hepatitis is listed among the priorities in the programmatic structure of the PAHO 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 Organization's goals during 2014-2019 and beyond.
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5. The successful implementation of the Plan of Action for the Prevention and Control of Viral Hepatitis for 2016-2019 will require a multi-programmatic response to efficiently address the complexity of VH in the Region. In addition to category 1 of the PAHO 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 PAHO Strategy for Universal Access to Health and Universal Health Coverage,¹ approved through resolution CD53.R14 (2014) at the 53rd PAHO Directing Council, as well as the Strategy and Plan of Action for Integrated Child Health approved by the 28th Pan American Sanitary Conference in 2012 and PAHO Resolution CD50.R8 (2010) on Health and Human Rights (2, 3).

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 (4). 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

¹ Strategy for Universal Access to Health and Universal Health Coverage.

substantial reductions in new HBV infections a feasible and achievable objective for all of the countries in the Region.

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. In early 2014, to scale up a global response to viral hepatitis, the World Health Organization (WHO) released a call to action that focuses on advocacy and awareness, knowledge and evidence, prevention of transmission, and screening, care, and treatment (10). Furthermore, in May 2014, the 67th WHA endorsed a second landmark resolution (WHA67.6) recommending that Member States and WHO's Director-General take action to ensure and strengthen surveillance, prevention, access to treatment, and control of VH in all countries (11).

Situation Analysis

13. WHO estimates that 1.4 million cases of hepatitis A occur every year. Seroprevalence distribution patterns vary in the Region of the Americas. In the United States and Canada, 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 Caribbean and 70% to 90% in Latin America (12).

14. Hepatitis A is amenable to prevention through environmental sanitary control and vaccination. Universal hepatitis A vaccination in children at 12 months of age, as implemented in Argentina, has demonstrated a drastic reduction (about 80% or more) in disease rates (13, 14). Other countries, such as Brazil, Colombia, Mexico, Panama, the United States and Uruguay, 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, such as the Amazon basin, the HBV carrier rate is over 8%. In regions of low endemicity, including the United States and parts of South America, HBsAg (HBV surface antigen) prevalence is less than 2%. Other areas in Latin America have higher prevalence rates (between 2% and 4%) (5, 6).

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% (7). This means that approximately 13 million

persons in the Americas may be infected with HCV. According to WHO, 350,000 to 500,000 deaths related to HCV occur each year (8). A recent trend analysis shows a 125% increase in HCV-associated liver cancer mortality (15).

17. According to PAHO's mortality database, 3% of all deaths in Latin America and the Caribbean between 2008 and 2010 were due to hepatic cancer, liver failure, chronic hepatitis, acute viral hepatitis, and cirrhosis (16).

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 (8, 17, 18).

19. According to country reports to PAHO, 2013 regional coverage in the Americas 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 PAHO Revolving Fund for Vaccine Procurement.

20. Although vaccination against HBV is a common 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 the Region, which in 2007 was estimated at 22 million (20). 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 (men who have sex with men, transgender persons, 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 the Region 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 (8).

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 in the Region report surveillance data on acute hepatitis B, only 44% report data on chronic cases. With regard to hepatitis C, 74% of the Region's countries have surveillance systems in place to detect and report acute infections, while 37% provide information on chronic infections (20).

Plan of Action (2016-2019)

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 Member States.

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 WHO 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 the Pan American Sanitary Bureau (PASB), 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 PAHO Member States. This would include the creation of a Regional 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 (2019)
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	10 in 2015 ^a	20
1.2 Promote the development and implementation of coordinated public health policies and interventions with the aim of eliminating hepatitis B in PAHO Member States by 2030	1.2.1 Number of countries with goals of elimination of hepatitis B as a public health problem	0 in 2015 ^a	6
	1.2.2 Number of countries with goals of elimination of mother-to-child transmission of hepatitis B	1 in 2012 ^b	5
1.3 Implement information and communication activities and campaigns at the regional, subregional, national, and local	1.3.1 Number of countries that commemorate World Hepatitis Day through awareness	10 in 2015 ^a	20

Objective	Indicator	Baseline	Target (2019)
levels to raise awareness of the existence, severity, and routes of transmission of viral hepatitis and measures to prevent and control the disease	campaigns or major thematic events		

^aSource: Reference 29.

^bSource: Reference 21.

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

29. Member States, in collaboration with PASB, will support:
- 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 2009 WHO 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.
 - Vaccination against HBV among in-service and pre-service health care providers and other key populations and vulnerable groups (injection drug users, transgender persons, men who have sex with men, prison inmates, people living with HIV, indigenous people, sex workers, hemodialysis patients, transplant patients).
 - 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.
 - Promotion of safe injection practices and harm reduction programs that follow the recommendations of WHO for people who use drugs.
 - Promotion of outreach and educational interventions for members of key populations and vulnerable groups designed to help them develop skills to reduce their exposure to fluids and tissues potentially contaminated with VH virus. These interventions should also encourage health-seeking behaviors (e.g., screening for asymptomatic infections) and use of care and treatment services.
 - Elimination of gender, geographical, economic, sociocultural, or organizational barriers that prevent universal equitable access to comprehensive health services, (following the PAHO Strategy for Universal Access to Health and Universal Health Coverage).
 - 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 (2019)
2.1 Maintain and expand HBV immunization programs in order to ensure coverage for all children and for members of key populations and vulnerable groups	2.1.1 Number of countries that maintain high HBV coverage (95% or above) as part of the routine childhood vaccination schedule (below 1 year of age)	15 in 2013 ^c	25
	2.1.2 Number of countries that have included immunization of newborns against HBV within the first 24 hours in their vaccination programs	18 in 2013 ^c	25
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	5 in 2013 ^d	10
2.3 Strengthen the capacity of the health sector to conduct the necessary actions to ensure 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	13 in 2015 ^a	26
2.4 Strengthen the capacity of the health sector to develop and implement policies and strategies to prevent viral hepatitis infections in key populations	2.4.1 Number of countries with viral hepatitis prevention and control strategies targeting key populations	8 in 2015 ^a	20

^cSource: Reference 19.

^dSource: References 24-28.

^aSource: Reference 29.

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

30. Member States, in collaboration with PASB, 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 WHO. 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 PAHO's Regional Revolving Fund for Strategic Public Health Supplies.

Objective	Indicator	Baseline	Target (2019)
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 WHO recommendations	16 in 2012 ^b	25
	3.1.2 Number of countries that have developed guidelines for screening, diagnosis, care, and treatment of hepatitis C in line with latest WHO recommendations	6 in 2015 ^a	15
	3.1.3 Number of countries that have started offering publicly funded HBV treatment	11 in 2015 ^a	20
	3.1.4 Number of countries that have started offering publicly funded HCV treatment	6 in 2015 ^a	10
	3.1.5 Number of countries that include in their national essential medicine lists and/or formularies one or more drugs recommended in WHO 2015 guidelines for HBV treatment	10 in 2015 ^a	15

Objective	Indicator	Baseline	Target (2019)
	3.1.6 Number of countries that include in their national essential medicine lists and/or formularies one or more drugs recommended in WHO 2014 guidelines for HCV treatment	8 in 2015 ^a	15
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	24 in 2014 ^e	30

^aSource: Reference 29.

^bSource: Reference 21.

^cSource: Reference 22.

Strategic Line of Action 4: Strengthening strategic information

31. Member States, in collaboration with PASB, will support:
- a) Utilization of standardized and innovative methods and metrics by national surveillance and monitoring systems in order to inform the needs of and necessary actions for persons with VH, with a particular emphasis on persons with chronic evolution of the disease, as well as to monitor progress toward targeted goals.
 - b) Regular publication of national reports on viral hepatitis based on PAHO/WHO guidance and frameworks incorporating VH-related strategic information.

Objective	Indicator	Baseline	Target (2019)
4.1 Increase 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	8 in 2015 ^a	16
	4.1.2 Number of countries that report cases of hepatitis C infection	13 in 2015 ^a	26

Objective	Indicator	Baseline	Target (2019)
	4.1.3 Number of countries conducting surveys on prevalence of viral hepatitis B or C in general population and/or key populations	11 in 2015 ^a	18
4.2 Increase countries' capacity to analyze, publish, and disseminate national data on viral hepatitis disaggregated by age, gender, and cultural diversity	4.2.1 Number of countries that have published a national report on viral hepatitis	8 in 2015 ^a	15

^aSource: Reference 29.

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

32. Member States, in collaboration with PASB, 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 (2019)
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,	10 in 2015 ^a	20
	5.1.2 Number of countries that implement standardized and effective technologies for HCV confirmation, genotyping, and patient monitoring	8 in 2015 ^a	15
5.2 Implement norms to improve the safety of blood supplies and hemoderivates	5.2.1 Number of countries that screen 100% of blood transfusion units for HBV and HCV	39 in 2014 ^f	41

^aSource: Reference 29.

^fSource: Reference 23.

Evaluation and Monitoring

33. The achievements of this plan can be measured via indicators that have a baseline and a target for 2019, 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 2017 to assess progress toward the goals and, if necessary, to incorporate adjustments. Monitoring and analytic reports will be submitted to PASB's Executive Management at the end of each biennium, and in 2020 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 2016 to 2020, including expenses for staffing and activities, is US\$ 5,783,260.

Action by the Executive Committee

35. The Executive Committee is invited to review the Plan of Action for the Prevention and Control of Viral Hepatitis for 2016-2019, offer any recommendations it deems pertinent, and consider approving the corresponding proposed resolution (Annex A).

Annexes

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Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas

156th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 22-26 June 2015

CE156/18
Annex A
Original: English

PROPOSED RESOLUTION

PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF VIRAL HEPATITIS

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Plan of Action for the Prevention and Control of Viral Hepatitis* (Document CE156/18);

RESOLVES:

To recommend that the 54th Directing Council adopt a resolution along the following lines:

PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF VIRAL HEPATITIS

THE 54th DIRECTING COUNCIL,

(PP1) Having examined the *Plan of Action for the Prevention and Control of Viral Hepatitis* for 2016-2019 (Document CD54/__);

(PP2) Considering that the World Health Organization has provided an overarching framework to address the challenge of viral hepatitis at the global level;

(PP3) Considering Resolutions WHA63.18 (2010) and WHA67.6 (2014), the “Call to Action to Scale up Global Hepatitis Response,” and other documents published with a focus on advocacy and awareness, knowledge and evidence, prevention of transmission and screening, care and treatment;

(PP4) Considering the Strategy and Plan of Action for Integrated Child Health (Resolution CSP28.R20 [2012]), and the concept paper on Health and Human Rights (Resolution CD50.R8 [2010]);

(PP5) Acknowledging the impact of viral hepatitis on morbidity and mortality in the Region of the Americas, especially among key populations and vulnerable groups;

(PP6) Recognizing that disease and death caused by or associated with viral hepatitis imposes a substantial social and financial burden on the countries of the Region;

(PP7) Recognizing that VH accentuates inequities in coverage of health services by affecting populations at the fringes of society;

(PP8) Acknowledging that interventions conducted early in life may drastically change the pattern of chronic hepatitis B in the Region;

(PP9) Acknowledging that hepatitis B is a risk for the health care workforce in the Region;

(PP10) Acknowledging that access to curative treatments for hepatitis C can be a reality through concerted efforts in the Region;

(PP11) Considering that elimination of hepatitis B and C is possible in the foreseeable future,

RESOLVES:

(OP)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 safe injection practices and harm reduction programs for people who use drugs;
- h) support strategies for preventing transmission of hepatitis B and C in health care settings;
- i) support the development of policies and health-related regulations, norms, and capacities at the country level to screen for, diagnose, and treat viral hepatitis (according to evidence-based normative guidance developed by WHO) and ensure their implementation;
- j) ensure 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 PAHO's Regional Revolving 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 cultural diversity;
- l) strengthen national policies and practices related to blood safety;
- 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.

(OP)2. 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 in order to maintain collaboration between PASB and Member States 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 the Region of the Americas;
- c) provide technical assistance to Member States in 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 the Region, including setting targets and milestones towards the WHO 2030 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 the Americas;
- g) promote strategic partnerships and technical cooperation among countries in carrying out the activities included in this Plan of Action.

CE156/18
Annex B

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

1. Agenda item: 4.9 - Plan of Action for the Prevention and Control of Viral Hepatitis
2. Linkage to Program and Budget 2016-2017: <ul style="list-style-type: none"> a) Categories: Category 1 – Communicable Diseases b) Program areas and outcomes: 1.1 HIV/AIDS and Sexually Transmitted Infections
3. Financial implications: <ul style="list-style-type: none"> a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): The estimated cost of this plan is US\$ 5,783,260 (approximately \$2,380,000 for activities and \$3,403,260 for staff). b) Estimated cost for the 2016-2017 biennium (including staff and activities): The estimated cost for the biennium is \$2,891,630 (approximately \$1,190,000 for activities and \$1,701,630 for staff). c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities? It is estimated that the current unit chief (professional level P5), two advisors (P4-level) on care/treatment and strategic information, and four subregional staff will contribute 25% of their time to the implementation of this plan, equivalent to approximately \$331,412 funded by other sources each year (\$1,325,646 for the four-year period 2016-2019). However, additional human resources dedicated fully to VH are required, as described in 4b below.

4. 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):

It is necessary to create two professional posts related to viral hepatitis, one P4 and one P3, to support the implementation of this plan, as well as one general services (G5-level) administrative assistant position.

c) Time frames (indicate broad time frames for the implementation and evaluation):

The proposed plan will cover 2016-2019 and requires support from the Pan American Sanitary Bureau, partnerships, and Member States.

CE156/18
Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.9 - Plan of Action for the Prevention and Control of Viral Hepatitis
2. **Responsible unit:** Communicable Diseases and Health Analysis (CHA)/HIV, Hepatitis, Tuberculosis and Sexually Transmitted Diseases Unit
3. **Preparing officers:** Dr. Marcos Espinal and Dr. Massimo Ghidinelli
4. **Link between Agenda item and Health Agenda for the Americas 2008-2017:**
N/A
5. **Link between Agenda item and the amended PAHO Strategic Plan 2014-2019:**

Category 1: Communicable Diseases

Program area 1.1: HIV/AIDS and Sexually Transmitted Infections
6. **List of collaborating centers and national institutions linked to this Agenda item:**
Brazilian Ministry of Health
Centers for Disease Control and Prevention (CDC)
7. **Best practices in this area and examples from countries within the Region of the Americas:**
 - High coverage (90%) of the third dose of hepatitis B vaccine among children less than 1 year of age.
 - According to the Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States, nine countries have a strategic plan to strengthen viral hepatitis activities.
 - Some countries, such as Brazil and the United States of America, have prepared new guidelines for hepatitis C treatment.
8. **Financial implications of this Agenda item:** The estimated cost of the plan is US\$ 5,783,260.