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4. Technical matters

4.1 The growing threats of Hepatitis B and C in the Eastern Mediterranean Region: a call for action

Agenda item 6 (a), Document EM/RC56/3, Resolution EM/RC56/R.5

Dr Ezzedine Mohsni, Coordinator, Disease Surveillance, Eradication and Elimination, presented this technical paper. He said that the global burden of disease due to cirrhosis of the liver and hepatocellular carcinoma was high (causing approximately 2% of all deaths) and was expected to increase over the next two decades. Studies indicated that more than 75% of cirrhosis and hepatocellular carcinoma in the Region was attributable to hepatitis B virus (HBV) or hepatitis C virus (HCV) infection. Despite the availability of effective prevention strategies, HBV and HCV transmission occurred throughout the Region. WHO estimated that around 4.3 million persons are infected with HBV and 800,000 persons with HCV in the Region each year. Many of these infections were acquired in the health care setting, particularly in countries with rapidly evolving health systems and increasing demand for health services. Studies were needed to characterize the epidemiology of HBV and HCV transmission in some countries. Implementation of infection control, injection safety and blood safety programmes were major challenges in this regard.

The Regional Office had recognized the need to raise awareness regarding the burden of disease related to viral hepatitis and the need for urgent action to prevent hepatitis B virus and hepatitis C virus transmission in the Eastern Mediterranean Region. Based on current treatment guidelines, the cost of treating 50% of potential candidates with chronic HCV infection in the Region was estimated to be over US$ 125 billion and was expected to increase over time as additional persons became infected. The cost to treat patients with chronic HBV or HCV infection far outweighed the cost of implementing prevention programmes. A comprehensive strategy was urgently needed to prevent transmission of these blood-borne pathogens.

Recommended strategies included sustainable HepB vaccination of all infants including administration of a birth dose within the first 24 hours of life. Protection of health care workers was crucial. Legislation was needed to ensure that all persons with occupational exposure to blood were vaccinated and educated about the risk of blood-borne pathogen transmission within the health care setting. Schools for health care professionals should ensure all students are vaccinated with HepB vaccine prior to clinical rotations and educate all students about the risk of blood-borne pathogen transmission in the health care setting. Urgent efforts were needed to ensure patient safety, injection safety, safe dental care and quality assurance in health care.

While strategies to prevent blood-borne pathogen transmission were universal, he noted, the epidemiological situation and resource capacity in different Member States demanded flexibility in setting prevention strategies. Studies and enhanced surveillance activities were needed to characterize the epidemiology of disease, using a unified protocol to enable comparison of data between countries, and assess the impact of prevention strategies. Ministries of Health needed to take a leadership role in raising parliamentary awareness of the problem and the actions needed, such as legislation and regulations, as well as financial allocation, to ensure proper implementation of all the recommended strategies and sustainable intervention to prevent HBV infection. Adoption of a regional target of reduction in the
prevalence of chronic hepatitis B virus infection to <1% among children under 5 years of age by 2015 was recommended.

Discussions

The Representative of Saudi Arabia pointed out that viral hepatic diseases were among the most important health issues that worried international health institutions due to the huge numbers of patients affected by the diseases. There were approximately 500 million people with hepatitis B and about the same number with hepatitis C. These two diseases were responsible for most hepatic carcinoma cases that were the third leading cause of cancer deaths around the world. Consequently, in 1991, the Ministry of Health of Saudi Arabia had introduced hepatitis B immunization into the Expanded Programme on Immunization in the Kingdom. This had led to a reduction in infection rate among those under 18 years of age and their immunization. He added that the Ministry had adopted measures to guarantee the safety of blood supplies and the use of non-reusable and auto-destruct syringes for injection safety. He said that the Ministry was screening pregnant women for hepatitis B and immunizing children born to infected mothers at birth. As well, all candidates for marriage were systematically screened for hepatitis B and C; and all hepatitis B sero-negative health workers were routinely vaccinated, in line with the WHO strategies. He recommended that work be pursued in order to develop reagents or tests conducive to the early detection of hepatitis B and C, to intervene in the acute phase prior to the chronic phase, provided that those tests were within reach of most countries, in addition to adoption of early detection policies and the early treatment of cases to preclude the occurrence of complications.

The Representative of Palestine underscored the need to adhere to preventive measures to reduce hepatitis, such as imposing stricter control on dentists, recommending the use of steam autoclaves to sterilize the tools they used, screening and immunizing patients with chronic diseases such as blood diseases, renal failure, etc., focusing on genotyping test and training medical cadres in all countries of the Region in the use of therapeutic measures.

The Representative of Oman said that the presentation represented a good road map for countries since combating hepatitis represented a contribution to hepatic carcinoma control. He said that catch-up campaigns should be encouraged, especially after the huge drop in the prices of vaccines. He underscored the importance of the dose given at birth. Hepatitis registers should be established for this purpose and should be linked with cancer registries.

The Representative of Iraq said that there had been an increase in the number of registered hepatitis B and C cases and clinical viral hepatitis cases due to improvements in epidemiological surveillance activities due to the improved security situation in the country. He added that he expected an increase in the number of registered cases after the enhancement of laboratory techniques for detecting all types of viral hepatitis at the Ministry of Health laboratories. He added that blood bottles were screened in order to ensure that they were not contaminated and that the vaccine against hepatitis was administered in three doses during the first year of life; and that same vaccine was given to high-risk adults. Coordination was under way with the relevant authorities to ensure food safety, provide safe water, take appropriate measures to ensure safe injections, sterilize surgical tools and dentistry apparatuses, conduct pre-marital screening, provide maternal and child care services, prevent sexually transmitted infections and enhance health education and incorporate all of these activities into primary health care services. He underscored the importance for WHO of
building health workers’ and institutional capacity, and scaling-up their efficiency in accordance with modern techniques in this field.

The Representative of the Islamic Republic of Iran noted that hepatitis B virus infection early in life placed infected persons at risk of premature death from liver cancer in later life. He noted that his country had introduced hepatitis B vaccination in its national immunization programmes in 1993. In the Islamic Republic of Iran, hepatitis B vaccine was fully integrated into the primary health care services. The first dose of hepatitis B vaccine was administered at birth, and according to the latest information available, 98% of infants were fully immunized against hepatitis B virus before reaching their first birthday. Persons at risk routinely received pre-exposure hepatitis B immunization. Since the Islamic Republic of Iran was among the countries with intermediate and low hepatitis B virus endemicity, immunizing infants alone would not substantially lower disease incidence, since most infections occur among adolescents and young adults. Aiming for elimination of hepatitis B virus transmission, the Islamic Republic of Iran had launched a vaccination strategy for adolescents born during the period 1989 to 1992 and by the end of 2009, all Iranian children and adolescents under age of 21 years would be immune from hepatitis B virus. Referring to the problem of blood-borne pathogen transmission in health care settings, he emphasized the importance of injection safety, infection control, safe transfusion and harm reduction. The Islamic Republic of Iran was the only country in the Region to implement a comprehensive package of harm reduction interventions targeting drug users, including opioid substitution therapy and needle and syringe programmes. He said that his country would be pleased to share its experience with other countries.

The Representative of Bahrain stated that Bahrain totally endorsed the draft resolution on hepatitis B and C and agreed with the goal of reducing the prevalence of chronic infection, as it was the target adopted by the Ministry of Health in Bahrain. She also emphasized that her country adhered to all points related to the commitments of Member States except item 2.3 concerning expanding immunization programmes, as all babies born to hepatitis B-positive mothers, or to mothers whose immunization status was unknown, were vaccinated immediately after birth, while other children were routinely immunized at the second, fourth and sixth months. She proposed that the draft resolution might take these procedures into account.

The Representative of Pakistan said that hepatitis was a major public health problem, a recent seroprevalence study of 50 000 individuals having shown the prevalence of hepatitis B virus at 3% and HCV at 3.7%. Pakistan had worked hard in the past year to address the issue. He noted that as yet Pakistan was not giving a birth dose of hepatitis B vaccine but was waiting to see whether prevalence could be reduced below 1% without it. He acknowledged that Pakistan had not given sufficient attention to vaccination of health care workers in the past but was now working to integrate it within the routine immunization programme and was also now targeting students. Legislation had also been drafted in this regard. Pakistan was also looking, he said, at injection practices since unsafe injections were the main cause of infection. It was planned to review all injections and eliminate all those that were not necessary, and to mandate the use of auto-destruct syringes only. Steps were being taken to educate health practitioners and patients, and the Ministry of Health was now also being proactive in regard to tackling infection control in order to improve health services overall. It also intended to improve surveillance and diagnostic networks, and to apply electronic distance services to improve health services in rural areas.
The Representative of the Syrian Arab Republic said that her country was among the first to introduce the hepatitis B vaccine into the Expanded Programme on Immunization and had established the national hepatitis control committee which developed the strategy for hepatitis prevention and control, hepatitis treatment protocol and the establishment of the national cancer registry. She added that the Ministry of Health provided patients with free medication following diagnosis at Ministry laboratories. She referred to preventive measures that included integrating the hepatitis B and C diagnosis programme into the AIDS programme, testing foreign workers and food-processing workers for hepatitis, controlling transfusion procedures, dentistry devices and dialysis instruments. She also referred to the study on identifying the genotype of hepatitis B and C undertaken in collaboration with WHO and requested WHO to expand rehabilitation and training programmes in epidemiological surveillance and diagnosis.

The Representative of the United Arab Emirates said that the hepatitis B vaccine had been introduced in 1991 for the immunization of all newborn infants, a second dose was given in parallel with a vaccination programme at school entry, for six consecutive years. Other age groups were added including school children, students and other high-risk groups. He said that a vertical programme to fight the disease had been developed based on confirmatory laboratory tests. He pointed out that the vaccine coverage rate now reached 95% and underscored the importance of developing efficient strategies in order to check the spread of hepatitis B and C.

The Representative of Jordan emphasized the importance of adopting a regional target to reduce transmission of infection with hepatitis B and C, especially in children. He said that his country was committed to realizing this target and that a national control strategy had been developed by a committee established for this purpose. He added that the Ministry of Health had introduced hepatitis B vaccine for children in the Expanded Programme on Immunization, as a strategy of prevention. This was in addition to administering the vaccine to health personnel and nursing staff. He further added that committees for infection control had been established and commissioned to monitor patients among groups exposed to nosocomial infection.

The Representative of the Libyan Arab Jamahiriya emphasized the importance of the topic of hepatitis B and C and requested that a resolution be taken to support the control of this disease. He said that the hepatitis B vaccine was available in the country. The vaccine was introduced in 1993 and was given in four doses; one at birth and three as a continuation. He added that a national survey comprising a sample of 65,760 people was conducted and that the findings would be provided to WHO. He further added that hepatitis B catch-up immunization campaigns were being conducted to narrow immunity gaps.

The Representative of the National Council for Children and Motherhood stressed the seriousness of this disease in Egypt and noted that no recent studies were available in this area. She emphasized the importance of taking prompt action to reduce transmission of blood-borne diseases in health care settings.

Dr Mohsni, in reply to points made by Member States, stressed that a birth dose was more cost-effective than screening of mothers for seropositivity for hepatitis B. In countries with a low rate of institutional delivery, providing a birth dose to children born in hospitals would nevertheless reduce the risk of mother-to-child transmission.
The Assistant Director-General, Noncommunicable Diseases and Mental Health, highlighted the importance of prevention and emphasized that hepatitis B vaccination was one of the most affordable and cost-effective means of liver cancer control.

### 4.2 Strategy for cancer prevention and control in the Eastern Mediterranean Region

*Agenda item 6 (b), Document EM/RC56/4, Resolution EM/RC56/R.4*

Dr Haifa Madi, Director, Health Protection and Promotion, presented the strategy for cancer prevention and control in the Eastern Mediterranean Region. She said that in May 2005, the World Health Assembly had adopted a resolution on cancer prevention and control (WHA58.22), which called on Member States to intensify action against cancer by comprehensively developing and reinforcing cancer control programmes. Because of the wealth of available knowledge, all countries could, in accordance with their resources, implement the six basic components of cancer control – prevention, early detection, treatment, palliative care, registry and cancer research – and thus avoid and cure many cancers, as well as palliate the suffering from cancer.

Cancer was already an important public health problem in the Eastern Mediterranean Region and would become increasingly important, not only in terms of rank order as infections were better controlled, but also in terms of incidence and mortality, which would both increase as populations continued to grow and age, and as risk factors for cancer associated with greater affluence increased. Cancer was the fourth ranked cause of death in the Region, after cardiovascular diseases, infectious/parasitic diseases and injuries. It was estimated that cancer killed 272,000 people each year in the Region. In addition, the largest increase in cancer incidence among the WHO regions in the next 15 years was likely to be in the Eastern Mediterranean Region, with projection modelling predicting an increase of between 100% and 180%.

At present, resources for cancer control in the Region as a whole were not only inadequate but directed almost exclusively to treatment. This approach was suboptimal because full advantage was not taken of the impact of preventive measures on incidence, while the lack of approaches to earlier diagnosis reduced the value of therapy. Furthermore, in the majority of countries, cancer was generally diagnosed at a relatively advanced stage when cure was improbable, even with the best treatments.

The purpose of this paper was to present a regional strategy for prevention and control that will minimize the growing impact of cancer in the Region over the coming period (2009–2013). Although the most common cancers were breast cancer among females and lung cancer among males, there were variations in the incidence of the various cancers in the Region. Each country would have to adapt the regional strategy to their own needs, according to their cancer priorities and available resources.

Countries were at different stages of development with regard to their national cancer control strategies and plans. The regional strategy for cancer control was intended to provide a foundation for the development of a comprehensive coordinated national approach to cancer that was resource-oriented. An important function of the regional strategy resided in its twin goals of sensitizing national health authorities to the need to control cancer more effectively, while at the same time providing technical guidance and a foundation for cooperation in this