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**THIRD MEETING OF THE SPECIALISED TECHNICAL  
COMMITTEE ON HEALTH,  
POPULATION AND DRUG CONTROL  
(STC-HPDC-3)  
CAIRO, EGYPT  
29 JULY- 2 AUGUST 2019**

STC/EXP/HPDC/3(...)

***Theme: "Increased Domestic Financing for Universal Health Coverage and Health Security for All African Citizens- Including Refugees, Returnees and Internally Displaced persons"***

**DRAFT CAIRO DECLARATION ON VIRAL HEPATITIS IN AFRICA**

**Cairo, Egypt, 2 July 2019**

**We**, the Ministers of Health of the African Union Member States, meeting at the 3rd Specialized Technical Committee on Health, Population and Drug Control in Cairo, Egypt from 1<sup>st</sup> to 2<sup>nd</sup> August 2019 convened by the African Union Commission under the theme ***“Increased Domestic Financing for Universal Health Coverage and Health Security for All African Citizens- Including Refugees, Returnees and Internally Displaced persons”***, reviewed the progress and challenges on Viral Hepatitis prevention and control in Africa;

**RECALLING the African Union Heads of State and Government decision Assembly/AU/14(XXIII) to accelerate effective implementation of the Abuja Commitments on AIDS, Tuberculosis, Malaria , Viral hepatitis as well as other as well as other -infections**

**RECALLING ALSO the two World Health Assembly Resolutions (WHA63.18 and WHA67.6) of 2010 and 2014 recognizing Viral Hepatitis as a public health problem and the need for governments and population to prevent, diagnose and treat viral hepatitis; and the Global Health Sector Strategy (GHSS) on viral hepatitis 2016-2021 which calls for the elimination of viral hepatitis as a public health threat by 2030 adopted by Resolution WHA 69.22**

**RECALLING FURTHER the Sustainable Development Goals (SGDs) target 3.3 which calls for combating hepatitis alongside eliminating of the HIV, Tuberculosis and Malaria epidemics;**

**NOTING WITH CONCERN that there is an inadequate continental response to viral hepatitis elimination and only 18 African countries have formulated a National Hepatitis Strategic Plan and of these countries, only 3 country plans are funded.;**

**NOTHING ALSO WITH CONCERN that the number of deaths from viral hepatitis B and C has increased by 31% since 2000 thus causing significant negative impacts on health the socioeconomic development; and recognizing that over 71 million Africans are living with chronic hepatitis B or C;**

**ACKNOWLEDGING that including testing and treatment for viral hepatitis to an ambitious Universal Health Coverage package would increase resource use by about 1%, while decreasing deaths by 5% and improve healthy life years by 10% leading to direct and indirect economic benefits;**

**ACKNOWLEDGING ALSO that investing in viral hepatitis elimination requires strengthening health systems; as well as ensuring the availability of adequate, sustained financial resources and trained and motivated human resources to conduct hepatitis-specific activities;**

**Hereby collectively and individually commit ourselves:**

1. Ensure Government Leadership of the hepatitis response and officially appoint a hepatitis focal point/programme manager, preferably within an existing programme

with access to adequate resources to ensure national and sub-national co-ordination;

2. Implement the hepatitis programme using the Framework for Action for the Prevention, Care and Treatment of Viral Hepatitis in Africa as a contribution to achieving and ensuring the universal health coverage;

Develop a budgeted Viral Hepatitis National Strategic Plan and ensure the inclusion of hepatitis programme into the broader national health plan, with targets and priorities, adopting a public health approach and promoting synergies and linkages with other disease programs in line with the Africa Health Strategy (2016-2030) and the 2030 agenda for sustainable development.

3. 4. Establish a strong viral hepatitis strategic information and surveillance system ensuring integration of core indicators within national health information systems to improve planning and monitoring of the national and continental response;
4. Integrate viral hepatitis screening, and treatment activities into existing disease programs (such as HIV/AIDS) to improve co-ordination and optimize resource allocation and strengthen infrastructure. In this regard, national regulatory authorities should develop effective country specific testing algorithms that align with WHO recommendations, and scale up access to quality, effective, safe diagnostics, services and treatment and making them affordable at the country level;
5. Raise awareness on viral hepatitis and promote social and behaviour change communication including commemorating the World Hepatitis Day on 28 July each year by organizing high level events engaging political leaders, champions and communities;

Strengthen the use of hepatitis B vaccine within the national immunization and introduce universal monovalent birth dose vaccine to prevent mother-to-child transmission of the hepatitis B virus

6. Provide access and ensure scale-up of care and antiviral treatment for people with chronic viral hepatitis B and C infection as well as ensuring availability of adequate domestic financial resources and trained human resources in order to prevent deaths in the short and medium term;
7. Address the inequity in Hepatitis B care and treatment that prevents access to essential life-saving medication of Tenofovir to mono-infected hepatitis B patients while providing free access only for patients with HIV/Hepatitis B co-infection. In addition to the introduction and scale-up of curative DAA treatment for all patients with Hepatitis C infection.
8. Strengthen and sustain infection prevention and control measures in all health care settings blood transfusion services, ensure counselling and linkage to care and

provide access to care for key and vulnerable population including comprehensive harm reduction services for people who inject drugs (PWID);

9. Call upon all partners and encourage public-, private partnerships including drugs manufacturers and pharmaceutical companies to support the implementation of this Declaration and to synergize their efforts in mobilizing national and international resources to strengthen national Viral Hepatitis Programmes;
10. Involve non-governmental organizations (NGOs), professional organizations, civil society and organized patients' activists networks in supporting advocacy at policy and community levels
11. Accelerate regulatory approval for WHO prequalified products or those approved by stringent regulatory authorities, in parallel to adopting a systematic approach to strengthen national regulatory authorities and expertise in Africa;
12. Request the African Union Commission, Africa CDC and the World Health Organization (WHO) to develop capacity of Member States, define priorities for innovation and facilitate operational research; as well as promote and encourage South-to-South collaboration to share experiences in the implementation of this declaration;
13. Request also the African Union Commission and WHO to follow up the implementation of this Declaration and report back regularly.