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Editorial

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Over the past few years, we have seen remarkable developments in the global commitment to address viral hepatitis. In May 2016, 194 countries of the World Health Assembly unanimously adopted the first-ever Global Health Sector Strategy on viral hepatitis, 2016–2021 (1). Through these high-level strategies, countries made a commitment to eliminate viral hepatitis as a public health threat by 2030. Unfortunately, Egypt has one of the highest global burdens of hepatitis C virus (HCV) infections; it is estimated that prevalence of HCV is around 4.5% to 6.7% (2).

Egypt had recognized the enormous health, social and economic burden of hepatitis infection, which was the driver to establish national response to fight the disease. It has become clearer that the root causes, as well as catalysts of transmission of HCV and hepatitis B (HBV), are strongly associated with healthcare-related malpractices. There was an ever-growing need to establish a comprehensive Infection Prevention and Control programme in the Egyptian Ministry of Health and Population (MoHP). Such a programme was successfully launched in 2001 and has succeeded in improving adherence to infection prevention and control practices and developing the national infection control guidelines.

This was followed by the establishment of the Egyptian National Committee for Control of Viral Hepatitis (NCCVH) (3) in 2006, which started to treat patients using interferon regimen. By October 2014, the NCCVH introduced the first approved highly effective direct antiviral agent (DAAs) for nationwide treatment of HCV infection at 1% of its international price at that time; this medication has been shown to cure over 90% of those receiving such treatment. Subsequently, the MoHP introduced other approved DAAs consecutively during 2015 and 2016, in addition to encouraging the local manufacturers to produce highly effective generic medicines to effectively implement the elimination programme in the shortest possible time. In 2014, the MoHP in Egypt launched the “Plan of Action for the Prevention, Care and Treatment of Viral Hepatitis” (4), which focuses on seven main components for viral hepatitis prevention and control, namely surveillance, infection prevention and control, blood safety, hepatitis B vaccination, care and treatment, communication, and research.

This large national programme to treat patients with HCV infection was found to be feasible and manageable. Scaling up of the treatment programme was possible with the availability of more medications, with greater affordability through allocating more resources and decreasing costs, along with the decision to treat all stages of fibrosis and removing the requirement of a strict fibrosis assessment.

Although the MoHP has announced more than one date to achieve HCV elimination, we can still see that HCV elimination in Egypt is achievable ahead of the 2030 target for the following reasons: the high political support from the Egyptian president as well as the government has made all needed resources possible; commitment from MoHP to accomplish this task in collaboration with all other stakeholders; and presence of coordinated health civil society organizations working hand in hand with health authorities to identify cases from different geographical areas, thereby adding more hope to treat more people living with HCV.

Since 2014, when the Egyptian programme started using DAAs, around 1.8 million cases have been successfully treated, mainly using locally produced effective generic medicines. The

national financing scheme covered the cost of treatment for all cases and supported the enrollment of more patients. Hence, despite the high prevalence of hepatitis as an old and long-standing disease in Egypt, the resultant health workforce is well trained to manage such illnesses, utilizing those skilled healthcare workers dealing with liver diseases for decades and building upon their capacities.

Egypt has an ambitious goal of eliminating hepatitis; this goal is guided by a clear political vision from the Egyptian president. The country is planning to screen 45 million citizens in one year starting 1 October 2018, respecting the WHO core testing principles of providing consent, confidentiality, counseling, correct results and connection to treatment for all people who will be discovered positive. The aim is to treat all identified cases from the screening.

Meanwhile, international partners such as the World Health Organization (WHO), USAID, Centers for Disease Control and Prevention (CDC) and the World Bank (5) are working closely with the Government of Egypt to technically and financially support the optimistic goal of eliminating HCV. Building national capacities in managing huge data influx is very crucial to achieve such a target.

In 2016, the World health Assembly approved the first global health sector strategy on viral hepatitis; a strategy that contributes to the achievement of the 2030 Agenda for Sustainable Development (1). Egypt is working towards achieving elimination, as a pioneering country, through real political leadership, and there are ongoing activities to implement the needed strategic directions to achieve global targets, such as eliminating hepatitis by 2023. Thus, WHO is working closely with the Government of Egypt to support this goal. As Dr Tedros Adhanom Ghebreyesus, WHO Director-General, stated: “We have a historic opportunity to make transformational improvement in world health. Let us make universal health coverage a reality for many more people” (6).

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