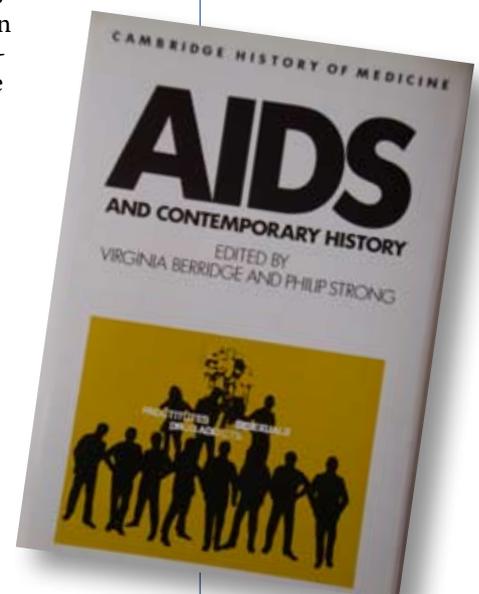




## Viral hepatitis public health policies: what we need

From a retrovirus, lessons for future leader commitment

“You reached agreement on some items that are a real gift to public health, everywhere. Thanks to some all-night efforts” said Dr Margaret Chan, WHO Director-General at the closing ceremony of the Sixty-third World Health Assembly, which brought together Health Ministers and senior health officials from the World Health Organization (WHO) Member States. It was 21<sup>st</sup> May 2010, and the delegates adopted resolutions on a variety of global health issues including the most relevant to us: a resolution on viral hepatitis “as a global public health problem”, with the goal “to stimulate the strengthening of preventive and control measures of this disease in Member States”. A report on hepatitis was performed by patients’ based organizations together with clinicians and scientific society and it was presented to the World Health Assembly: member States accepted the report and adopted a resolution including the celebration of World Hepatitis Day on 28 July. Viral hepatitis (i.e. hepatitis A, B, C, D and E), a combination of diseases that are estimated to kill over 1 million people each year and an estimated 1 in 12 persons are currently infected and have to face a life with liver disease if unrecognized. This endorsement by Member States calls for WHO to develop a comprehensive approach to the prevention and control of these diseases. But the declaration makes pressure on member states in order to define policies that address such a global threat and social burden. The approved document provides a list of conceptual actions that includes: the implementation and/or improvement of “epidemiological surveillance systems in order





to generate reliable information for guiding prevention and control measures”; “to use national and international resources, either human or financial, to provide technical support to strengthen health systems in order to adequately provide local populations with the most cost-effective and affordable interventions that suit the needs of local epidemiological situations”. The celebration of World Hepatitis Day represent a call for action, and for the first time it happened officially last July 28.

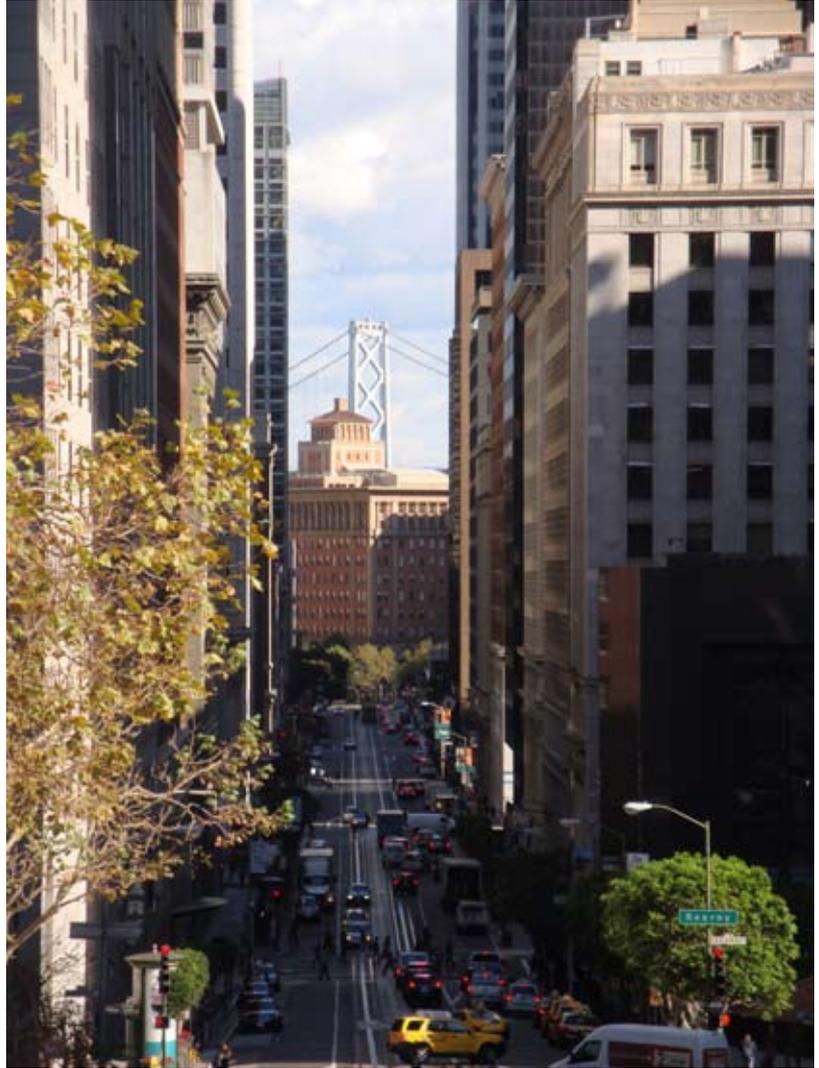
Because of all these considerations, in order to provide an example of how is it possible to mark a difference in setting up policies to address viral hepatitis, we publish here two document. One is the US Presidential Proclamation on Viral Hepatitis Day 2011 issued by Barack Obama: it is impressive to see that the leader of the most powerful State decided to pay attention on viral hepatitis, and we hope it will be an example to be followed for the leaders all over the world.

The second document we decide to publish here is an article written by Ronald O. Valdiserri, Deputy Assistant Secretary for Health, Infectious Diseases, U.S. Department of Health and Human Services, who posted it on the blog of the White House (on the website of the White House you can find also the Obama's proclamation). Many reasons suggested us to include this document in the last 2011 issue of HAART. The first is that Valdiserri gave his speech about the US strategy against viral hepatitis during the Liver Meeting in San Francisco, and the talk was an extended release of the conceptual frame expressed in the document we are publishing. The second is that Valdiserri was a key person in fighting against AIDS and in order to put the experience of AIDS crisis in perspective, in 2003 he edited a book: “Dawning Answers: how the HIV/AIDS Epidemic has Helped to Strengthen Public Health”(1) . The central premise of this book “is that among the many consequences of the HIV/AIDS epidemic have been substantial and ongoing changes in public health theory and practice –both domestically and internationally”. Other authors have underlined the need to put HIV epidemic in historical perspective. In a book published

in 1993 Virginia Berridge (2) listed at least three functions of “historical policy writing”: ‘policy relevant’ history feeding in to current policies or used in forecasting future developments; ‘recreating the past’ for its own sake, academic ‘voyeurism’ or journalism; and “policy analysis”, the understanding of past events according to particular theoretical models and empirical understanding, analysis the past without specific current policy intent (although the insights provided may feed into perceptions of the present). I want to underline that when Berridge wrote this was in 1993, in a pre-HAART era, during the deep dark AIDS crisis. As stated by Valdiserri in his book, he adopts the first function described by Berridge as predominant, because the goal is “to describe and place in context a variety of changes in public health theory and practice that are related, either wholly or in a large part, to unfolding HIV/AIDS epidemic and to exemplify and extrapolate their application to other public health problem”(3). Valdiserri and the others authors in the book declare to assume the Institute of Medicine’s definition of public health’s mission as “fulfilling society’s interest in assuring condition in which people can be healthy”(4). The core functions included in this definition are the assessment of the health of communities and population at risk, the setup of policies that address health threats and the assurance that all population have access to the needed health care and prevention

services.

A recent stories support these consideration, considering the emergence that “the silent epidemic” represents for public health. A study that was presented at The Liver Meeting 2011, the annual meeting of the American Association for the Study of Liver Diseases last November shows that deaths associated with hepatitis C have overtaken deaths caused by HIV. By examining multiple-cause death records, researchers from the Centers for Disease Control and Prevention have determined that deaths from viral hepatitis are insufficiently appreciated and by 2007 were exceeding reported deaths caused by HIV. Approximately 218 million records were included in the study. Those records were examined for mention of hepatitis B or C and for HIV. For the period of 1999 to 2007, deaths associated with hepatitis B remained constant, HIV declined, and hepatitis C increased -- significantly. Almost three-quarters of HCV-related deaths occurred in the 45-64 year-old age group. HIV was one of the comorbidities associated with viral hepatitis, as were chronic liver disease, other hepatitis virus, and alcohol-related conditions. Scott Holmberg, MD, the study’s presenter at the Liver Meeting in San Francisco spoke directly to the conclusion of his team’s study, which states a change



in policy direction to improve detection and access to care for patients with hepatitis is required to decrease mortality associated with hepatitis, “without reducing allocation of resources that have diminished HIV deaths, we think a commitment to detect and treat chronic HCV will markedly improve the growing wave of disability and death from this under-appreciated viral infection”.

“HIV/AIDS has proven to be an unprecedented catalyst to the development of important scientific, technical and policy advances” writes Valdiserri (5). Dealing with HIV has enabled community and scientists to store information that “can be applied for the benefit of future generations in combating this epidemic and other, related challenges to health around the globe”: the experience gained is susceptible to be applied to other public health problems “in the development of new approaches to assessment, policy development and assurance”. Let us add now, as we need it to be done for the hepatitis.

Andrea Giocattoli

- 1 Ronald O. Valdiserri (ed), *Dawning Answers: how the HIV/AIDS Epidemic has Helped to Strengthen Public Health*, Oxford University Press, New York 2003
- 2 Virginia Berridge, *Introduction*, in Virginia Berridge and Philip Strong (eds), *AIDS and Conterporary History*, Cambridge University Press, Cambridge 1993
- 3 Ronald O. Valdiserri, *cit.*
- 4 Institute of Medicine: *Summary and Recommendations*, in Institute of Medicine, *The Future of Public Health*, National Academy Press, Washington DC, 1988
- 5 Ronald O. Valdiserri, *cit.*