This is the second in a series of three articles on eliminating viral hepatitis.

**Global health sector strategy on viral hepatitis 2016–2021**

The World Health Organization (WHO)’s “Global health sector strategy on viral hepatitis 2016–2021” describes the contribution of the health sector to combating viral hepatitis, towards its elimination as a public health threat. It promotes synergies between viral hepatitis and other health issues, and aligns the hepatitis response with other global health and development strategies, plans and targets. It positions the response to viral hepatitis within the context of universal health coverage—an overarching health target of the 2030 agenda for Sustainable Development Goals. The strategy outlines a way ahead, and provides:

- A vision of a world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective care and treatment.
- A goal of eliminating viral hepatitis as a major public health threat by 2030.
- A set of targets aiming to reduce the incidence of chronic hepatitis infection and to reduce deaths from chronic hepatitis.

Achieving these targets will require a radical change in hepatitis response, and will mean that hepatitis is elevated to a higher priority in public health responses.

The strategy must exploit new opportunities, including: increasing public awareness; advances in hepatitis medicines; diagnostics and other technologies; and strengthening commitment to achieve health equity.

**The strategy has five components**

1. **Towards eliminating viral hepatitis**. This reviews the current status of viral hepatitis epidemics and responses, identifies opportunities and challenges for the future, and argues the case for adequate investment in the health sector response to viral hepatitis.

2. **Framing the strategy**.
   This component describes the three organizing frameworks for the strategy (universal health coverage, the continuum of hepatitis services and public health approach).

3. **Vision, goal, targets and guiding principles**

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It presents a set of impact and service coverage targets for 2020 and 2030 to drive the response (refer first article of the series).

4. Strategic directions and priority actions

It recommends actions to be taken both by countries and WHO under each of five strategic directions. Priority actions are organized under five strategic directions.

Strategic direction 1 – Information for focused action: developing a strong strategic information system to understand viral hepatitis epidemics and focus the response.

Strategic direction 2 – Interventions for impact: defining essential, high-impact interventions on the continuum of hepatitis services that should be included in health benefit packages.

Strategic direction 3 – Delivering for equity: strengthening health and community systems to deliver high-quality services to achieve equitable coverage and maximum impact.

Strategic direction 4 – Financing for sustainability: proposing strategies to reduce costs, improve efficiencies and minimize the risk of financial hardship for those requiring the services.

Strategic direction 5 – Innovation for acceleration: promoting and embracing innovation to drive rapid progress.

5. Strategy implementation

Leadership, partnerships, accountability, monitoring and evaluation outline key elements of strategy implementation, including strategic partnerships, monitoring and evaluation and costing.

The strategy is based on a public health approach that is concerned with preventing infection and disease, promoting health, and prolonging life among population as a whole. It aims to ensure the widest possible access to high-quality services at population level, based on simplified and standardized interventions and services.

Many of the actions required are comparatively simple to undertake and will profoundly impact on elimination of hepatitis. Countries have to prepare their own plans, using global strategy according to the country situation and available resources, to contribute to the global goal ‘eliminate viral hepatitis by 2030’.

Resources:

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Epidemiology Unit, Ministry of Health.
Sri Lanka
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**Table 1:** Selected notifiable diseases reported by Medical Officers of Health 03rd-09th June 2017 (23rd Week)

**Source:** Weekly Returns of Communicable Diseases (WRCD).
### Table 2: Vaccine-Preventable Diseases & AFP

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<th>Disease</th>
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<th>Number of cases during same week in 2016</th>
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<th>Total number of cases to date in 2016</th>
<th>Difference between the number of cases to date in 2017 &amp; 2016</th>
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### Key to Table 1 & 2

**Provinces:**
- W: Western
- C: Central
- S: Southern
- N: North
- E: East
- NC: North Central
- NW: North Western
- U: Uva
- Sab: Sabaragamuwa

**RDHS Divisions:**
- CB: Colombo
- GM: Gampaha
- KL: Kalutara
- KD: Kandy
- NE: Nuwara Eliya
- GL: Galle
- HB: Hambantota
- MT: Matara
- JA: Jaffna
- KN: Killinochchi
- MN: Mannar
- VA: Vavuniya
- MB: Mullaitivu
- BT: Batticaloa
- AM: Ampara
- TR: Trincomalee
- KM: Kalmunai
- KR: Kurunegala
- PU: Puttalam
- AP: Anuradhapura
- PO: Polonnaruwa
- BD: Badulla
- MO: Moneragala
- RP: Ratnapura
- KG: Kegalle

**Data Sources:**
- Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps, Rubella, CRS
- Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
- CRS** = Congenital Rubella Syndrome

### Dengue Prevention and Control Health Messages

*Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them*

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**ON STATE SERVICE**

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