CONCEPT NOTE

AFRICAN HEPATITIS SUMMIT 2025

Theme: NO Time to Waste: Act Now!

DATE OF THE SUMMIT:

27-31 October 2025

VENUE:

Kigali convention center/Marriott Hotel (TBD)

Chair:

WHA AFRO Regional Board member.

Co-Chairs:

WHO AFRO Focal Lead HIV, Hepatitis and STI.

Head of Division Disease Control and Prevention at African CDC.

1. BACKGROUND

Viral hepatitis is one of the communicable diseases for which deaths are increasing. Recent WHO data from 187 countries shows that viral hepatitis is a major public health challenge of this decade. An estimated 1.3 million people died from viral hepatitis in 2022, and viral hepatitis is one of the communicable diseases for which mortality is increasing. Of the 1.3 million deaths, hepatitis B caused 1.1 million deaths and hepatitis C 244 000 deaths.

Viral Hepatitis in Africa: Epidemiology and service coverage:

In 2022, nearly 65 million people were living with hepatitis B and nearly 8 million people were living with hepatitis C in the African Region. The African Region accounts for 63% of new hepatitis B infections globally. Less than 5% of people with hepatitis B in the Region have been diagnosed, and only 5% of these have received treatment. An estimated 13% of people with hepatitis C have been diagnosed, and only 3% have received treatment.

Dying from viral hepatitis in Africa is becoming a bigger threat than dying from HIV/AIDS, malaria or tuberculosis. Yet, a new analysis shows that the disease remains neglected in many parts of the continent.

Across majority of African countries, access to viral hepatitis treatment has not yet shifted to a public health approach. Many countries in the region have adopted WHO guidelines, but implementation lags behind and the availability of affordable and simplified regimens is limited, especially in primary health care. The regional coverage of viral hepatitis prevention, diagnosis and treatment is too low, and people living with viral hepatitis and their communities continue to bear the heavy burden of the epidemics.

Across Africa, epidemiology of viral hepatitis B/D and C varies according to locations and local context. However, populations of interest include general to high-risk populations such as People Who Inject Drugs, Sex workers, migrant and refugee, adolescents and young people, men who sleep with men, trans populations and healthcare workers. Pregnant women, their spouses/partners and household contacts are also populations of interest in the region.

HBV EMTCT and Triple Elimination;

About 5% of the general population in the WHO African Region and Western Pacific Region are living with hepatitis B. In the European Region and the Region of the Americas, this prevalence is about 1%.

Among children younger than five years, the hepatitis B prevalence is less than 1% in all regions except the African Region. The African Region accounts for 63% of all new hepatitis B infections, highlighting the importance of a focus on scaling up access to viral hepatitis services in Africa, antenatal screening for HBV along with HIV and Syphilis, implementing hepatitis B birth-dose vaccination and hepatitis B treatment among pregnant women.

With 63% burden of HBV and 18% uptake of hepatitis B birth-dose vaccines in the region, the threat of mother to child transmission of hepatitis B poses a formidable threat to the region and the future of young people and adolescents in Africa.

Access to hepatitis commodities in Africa:

The prices of generic viral hepatitis medicines continue to be low, but many countries are still not accessing generic medicines at these low prices because of policy and access barriers. The prices paid across and within WHO regions vary greatly, and many countries pay higher prices than global benchmarks, even if drugs are off patent or if the countries are included in voluntary licensing agreements or manufacture generic products locally.

Except for a few countries in Africa, majority African nations depend on commodities and drugs from Asia for their populations, leading to instances of stock-outs of drugs for millions of patients and very exorbitant prices, most of which are out of pocket for the patients.

The globally negotiated prices for TDF and DAAs are not readily available across majority of African countries.

Opportunity for Action: The Cairo Declaration;

The highest political declaration on viral hepatitis elimination in Africa is the Cairo declaration and the First Ladies HBV PMTCT commitment.

Egypt in Africa demonstrated the evidence of high-level commitment by political and national governments in Africa in investing in hepatitis elimination. Rwanda, has equally demonstrated high level political support to hepatitis elimination and most recently Malawi, that achieved the award of triple elimination are good examples to leaders in Africa.

The Cairo declaration provides a platform for mobilizing action from African leaders to commit domestic funding into national hepatitis elimination projects, even in the absence of catalytic funding from donors or external partners.

High-impact interventions are available, such as an effective cure for hepatitis C and vaccines for hepatitis B, but access to these interventions must be urgently expanded to save lives and prevent a future generation of new infections, cancers and deaths.

What we lack in Africa is national political champions to lead national and regional campaigns on hepatitis elimination. The global and regional response is off-track towards 2030 goals. If action is taken now, universal access to viral hepatitis interventions will have a major public health impact – reducing incidence by 90%, mortality by 65% and the costs of achieving global targets by 15%.

Regional priorities to eliminate viral hepatitis by 2030 in Africa include:

- Increase visibility and awareness of viral hepatitis at high-level political and government leadership and community settings across Africa.
- Scaling up access to viral hepatitis testing as an entry point to expand access to treatment and care;
- Leveraging HIV and primary health care services, and strengthening linkage with maternal and child health services to promote triple elimination of mother-to- child transmission of HIV, HBV and syphilis in the Region;
- Continuing to advocate for greater domestic funding for the viral hepatitis response in the context of universal health coverage and leveraging external funding opportunities such as from the Global Fund in the context of eliminating mother-to-child transmission and HIV and hepatitis co-infection and from Gavi for hepatitis B vaccination as important entry points to expand the viral hepatitis response;
- Accelerating the registration of viral hepatitis medicines and commodities in the Region;

The African Hepatitis Summit 2025: <u>NO time to Waste: Act NOW</u>

The African Hepatitis Summit started over 10 years ago is being transitioned to hold after every two years. Driven by community and patient groups in the region in collaboration with national government, WHA, WHO, CHAI, Africa CDC and other global leading organizations

like the CGHE, CDA and Hepatitis B Foundation.The summit brings together every voice in the space of viral hepatitis in AFRO.

The health and political community have a golden opportunity to eliminate viral hepatitis. Now is the time to seize the moment, expand efforts, formalise funding, and raise national and international attention. The 2030 targets are a challenge, but they are within reach. It is time to press for them. The AHS is a flagship event by members of the World Hepatitis Alliance in AFRO region.

The Choice of Rwanda:

The government of Rwanda has demonstrated high level political commitment towards hepatitis elimination in sub-Saharan Africa, second to Egypt on the African continent, which serves as a shining example to other leaders in Africa to demonstrate similar high-level commitment towards viral hepatitis elimination.

OBJECTIVES

The main objective of the African Hepatitis Summit 2025 is to provide an African led platform for government, academic, private sectors, civil society, funding partners and other stake holders to share and discuss innovative measures and policies aim at building political will, development and implementation of strategies required for viral hepatitis elimination in Africa.

Specifically, the meeting will address the following objectives;

1. Engage the broader stakeholders on how to implement the actions of the AU declaration on Viral Hepatitis;
2. Mobilize African political leadership, including the new African Parliamentary Network on Viral Hepatitis and Liver Disease towards increased domestic financing of hepatitis elimination across Africa.
3. Mobilise various stakeholders to share best practice examples, learnings and experiences.
4. Provide an African-led platform for learning and sharing on innovative policy measures and programme implementation for viral hepatitis prevention and control in Africa;

5. Provide a scientific and public health program on viral hepatitis that is purely tailored to the needs of the African region.
6. Provide guidance for leveraging and integration of hepatitis elimination into existing HIV and STIs programs/strategy with focus on triple elimination of HIV, syphilis, and hepatitis B.
7. Provide practical ways to operationalize the recently updated WHO Hepatitis B guidelines in the African region.

MEETING ORGANIZATION

AHS 2025 will be held for **three days** (3) and will bring together community groups of people living with and affected by hepatitis and HIV, civil society organizations, policy makers, medical professionals and other stakeholders working in the field. The event provides a unique opportunity for all stakeholders' consultations towards elimination. Additional pre-summit and side events may be organized by other external groups and organizations.

The AHS 2025 is driven by WHA AFRO regional member organizations, and hosted by Government of Rwanda in partnership with WHO Geneva and AFRO, African Union, and World Hepatitis Alliance, via a host organization in Rwanda and with support of other stakeholders and organizations. Stakeholders, including those within the African region and foreign partners, will be invited to join a steering committee to provide strategic input into AHS 2025. This steering committee will help develop the programme, including social activities and side meetings.

Expected numbers of Participants:

The AHS 2025 will bring together over 400 in-person delegates from across Africa and the rest of the world to Kigali, Rwanda, for the duration of the event and another 400 are expected to attend virtually.

Methodology of the AHS:

- Abstract presentations
- Plenary sessions
- Side events

- Posters presentation

Role of AHS 2025 Host country

The host country, Rwanda, shall provide high level political commitment to make the AHS 2025 an event to change the political landscape of hepatitis in Africa. The government shall in addition to other commitments ensure the following:

- Motivate high level political commitment from the top-level leadership of the Rwandan government.
- Enhance the visibility of the AHS in Rwanda and Africa as a whole.
- Ensure adequate security of lives and properties during the summit.
- Collaborate with Local chairs, and Planning committee to secure summit venue that meets international standards.
- Provide in-kind or financial support for the success of the summit. Example is securing the venue for the summit and or hotel accommodations for delegates.
- Ensure delegates have no visa delays for all eligible delegates that meet the requirement and eligibility criteria for Rwandan visa.

AHS Secretariat:

The AHS secretariat, to be responsible for local coordination of the event in Rwanda, which includes, venue preparation, hotel and accommodation, security and other logistics preparation for the summit shall be independent contractors hired and or assigned the role and operate under clearly defined terms of reference. However, the host government or other partners might decide to delegate personnel to serve on the secretariat on pro-bono basis on the same terms as the hired contractors.

The WHA AFRO board member, Advocacy for the Prevention Hepatitis (APHIN) shall be responsible for funds, (either as grants or donations to the WHA AFRO) allocation and reporting and this includes responsibility for all fund-raising efforts by the WHA.

All funds collected by WHA AFRO for the AHS will be sent to two independent accounts managed by APHIN on behalf of the secretariat.

The working languages of the meeting will be English and French.

AHS Planning Committee:

The AHS 2025 shall have a planning committee to be led by experienced regional and global leaders in viral hepatitis and liver disease, HIV, research and clinical practice. The Planning committee shall be responsible for developing the summit agenda, identifying speakers and reviewing and accepting abstracts and delivery of the summit.

Local Organizing Committee:

The AHS shall identify highly motivated leaders in health or in the political space in the host country to be assigned the roles of Local Chairs and co-chairs of the event. This is to drive local ownership, political commitment and visibility of the summit in Rwanda and across Africa.

AHS Chair and Co-Chairs:

The African Hepatitis Summit, 2025 will have WHA AFRO Board member as Chair and two co-chairs. The two co-chairs are the WHO AFRO Focal Point for HIV, Viral Hepatitis and STIs and Head of Division, Disease Control and Prevention at the African CDC.

AHS Cost drivers:

The AHS will be organized through a co-sponsorship approach by WHA AFRO, WHO AFRO and the African CDC, including other regional collaborators, partners and institutions. Sponsorship proposals shall be sent to industry, individuals and organizations with interest in hepatitis for sponsorship, around the following areas:

- Venue Hire including publicity and communications facilities.
- Feeding for participants
- Accommodation for delegates
- Travels and flights for sponsored delegates
- Protocol and Security

POTENTIAL PARTNERS FOR AHS 2025

1. WHO Country office Rwanda: WHO GENEVA
2. CHAI
3. CGHE
4. HEPATITIS B FOUNDATION
5. CDA
6. UC Berkeley
7. CDA Foundation

POTENTIAL SPONSORS FOR AHS 2025

1. ABBOTT
2. ROCHE
3. GILEAD
4. VIATRIS
5. CEPHEID
6. The HEPATITIS FUND
7. MUSLIM LEAGUE WORLD
8. OTHER LOCAL SPONSORS IN RWANDA
9. PRIVATE FOUNDATIONS/HIGH NET-WORTH INDIVIDUALS
10. FAMILY FOUNDATIONS/TRUST

CONTACT PERSONS: For any clarifications on the AHS 2025, please contact;

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AHS 2025 Timeline

	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25
Notification/Engagement with key partners for endorsement													
Letter to Host Government for endorsement, date and venue confirmation													
Notification/engagement of sponsors/sponsorship package													
Set up of planning committee and communication to members/organisations/Institutions													
Planning committee induction meeting/Introductory call													
Social media publicity/save the date notification to the public/website update													
Speakers/moderators/content development													
List of delegates and logistics (hotel, flight etc) arrangements													
Call for Abstracts													
Invitation of abstract review committee													
Review of submitted abstracts													
Announcement/Invitation of selected abstracts													
Venue inspection by LOC													
Faculty/Speakers finalization and Dry run for all invited speakers													
AHS pre-summit visit by Chairs and Planning													
Main event													
Post event evaluation/report dessemination													