LEGACY DECLARATION

The improvement of management pathways and access to care in sub-Saharan Africa for patients with Hepatocellular Carcinoma

We, the office bearers of the

International Hepato-Pancreato-Biliary Association

African Viral Hepatitis Convention

African Palliative Care Association

have noted with concern, the current unsatisfying state of the management of hepatocellular carcinoma on the sub-Saharan African subcontinent reflected in:

- Sub-Saharan African (SSA) countries having the highest age-standardised incidence rates in the world with as many as 30.83 cases per 100 000 inhabitants diagnosed annually

- almost 85% of global Hepatocellular Carcinoma (HCC) patients estimated to occur in SSA and Eastern Asia
- 95% of patients in SSA currently present with advanced disease that cannot be cured
- a median survival after diagnosis of 2.5 months for patients in SSA diagnosed with HCC
- less than 1% of patients in SSA undergoing curative intended treatment, compared to up to 55% in high-income countries
- lack of appropriate palliative care with more than 88% of patients with HCC dying with untreated moderate or severe pain
- less than 0.1% of palliative patients in SSA will receive treatment with potentially life-prolonging interventional or systemic therapies

Noting further, that multiple factors are contributing to this unfortunate reality, with the major contributors being failure to:

- manage chronic viral hepatitis which is the known major aetiology on the sub-continent, with the African region currently accounting for 66% of new Hepatitis B Virus (HBV) infections, of whom only 4.2% have been diagnosed and only 0.2% of people living with Hepatitis B have been treated
- recognise that Hepatitis B, the leading cause of HCC in SSA, is an entirely vaccine preventable disease as only 18% of SSA countries have introduced timely Hepatitis B birth dose vaccination
- prevent out-of-pocket expenditure for the diagnosis, such as viral diagnostic markers especially molecular diagnostics, and for treatment of viral hepatitis and HCC, thereby contributing to poverty levels

- screen for risk factors and surveillance in high risk populations
- provide HCC directed treatment resources, including systemic therapies, surgical and other interventional procedures, and resources needed for end-of life treatment, in particular adequate pain management

We therefore call on all Member States, partners and stakeholders to:

- prioritise the actions required for the elimination of viral hepatitis as a public health threat in SSA by 2030. These include:

    - Introducing monovalent hepatitis B birth dose vaccination to prevent mother-to-child transmission, as part of the Expanded Programme of Immunisation, in all countries
    - Strengthening and increasing the coverage of universal hepatitis B vaccination in national immunisation programmes to 90%
    - Strengthening linkages to care and the provision of antiviral treatment for people with chronic HBV and HCV infection

- establish screening and surveillance programs for patient groups at risk for developing HCC to enable diagnosis at earlier stages where patients would be eligble for curative-intended treatment
- expand the capacity for curative treatment interventions through systemic therapies and palliative care

We collectively and individually commit ourselves to:

- continue engaging and working with State and non-State actors in Healthcare provision, including but not limited to, policy makers and Ministries of Health, patient advocacy groups in SAA, as well as Biomedical industry to ensure sustainable access to affordable diagnostics and all therapeutic options for Viral hepatitis and HCC including appropriate palliative care

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