Parenteral viral hepatitis today constitute one of the most pressing and difficult problems of public health at the global level, entailing high morbidity and mortality due to terminal stages of liver disease. According to the WHO estimates, 57% of cases of liver cirrhosis and 78% of cases of primary liver cancer are caused by hepatitis B and C. The number of patients with chronic hepatitis B in the world exceeds 350 million people and each year 500 - 700 thousand people die as a result of the infection. Around 130-170 million people worldwide suffer from chronic hepatitis C and 350 thousands of them die each year due to liver disease.

Ukraine experiences hidden parenteral viral hepatitis epidemic, and official statistics do not reflect its actual size. However, according to the Hromashevksiy Institute of Epidemiology and Infectious Diseases under MOH of Ukraine, the number of people chronically infected with parenteral viral hepatitis can exceed 270 thousand, of which 160-180 thousand people have HCV and 90-110 thousand people - HBV infection.

Patients with chronic viral hepatitis are an extremely heavy burden for the health system, while measures to combat the epidemic in Ukraine today are inadequate, are fragmented and require strengthening. If control of hepatitis B virus can be achieved through implementation of immunization programs, control of hepatitis C epidemic requires more comprehensive response of integrated prevention, diagnostics and treatment, as well as high level intersectorial cooperation and coordination of efforts among organizations involved.

In order to develop common strategies and tactics in combating the spread of parenteral viral hepatitis in Ukraine, in particular - hepatitis C, on May 19, 2010 WHO Office Ukraine / WHO Regional Office for Europe, Ministry of Health of Ukraine and International Renaissance Foundation conducted Roundtable "12 asks on overcoming the epidemic of viral hepatitis in Ukraine" with participation of 75 representatives of national and international governmental and non-governmental organizations, leading medical and scientific research institutions.

The round table participants recognized parenteral viral hepatitis as the priority which requires immediate strengthening of national response. The participants recommended the following priority measures for implementation during the 2010-2011 biennium in order to achieve a significant immediate success in control of parenteral viral hepatitis epidemic in Ukraine:

1. The problem of viral hepatitis should be publicly recognized as an urgent public health problem in Ukraine which anticipates development and adoption of viral hepatitis control strategy by the MOH;
2. Within the MOH of Ukraine a separate specialized unit and official responsible for coordination of hepatitis response at the national level should be defined and viral hepatitis working group as consultative and advisory body established and supported and involvement of civil society and other stakeholders in decision-making process in this area should be ensured;
3. A comprehensive national program for hepatitis control which would anticipate interventions for the general population as well as targeted interventions for MARPs is to be developed and its implementation supported with the corresponding funding;
4. High level actions should be initiated to reduce prices and provide access to quality medicines at a affordable price for the treatment of chronic hepatitis C according to international standards and evidence-based medicine;
5. Interventions for prevention, diagnostics and treatment of chronic hepatitis C should be included in the Proposal of Ukraine to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 10;
6. Local and regional hepatitis control programs anticipating hepatitis C prevention, diagnosis and treatment according to international standards should be developed and implemented;
7. Registration and surveillance system for parenteral chronic viral hepatitis is to be improved in order to obtain reliable and complete strategic information for effective planning of response to parenteral hepatitis and consensus baseline data defined;
8. National guidelines on chronic hepatitis C diagnosis and treatment based on international standards and evidence base are to be developed and adopted and their implementation into routine clinical practice ensured;
9. Improved knowledge of physicians and nurses on hepatitis issues is to be ensured through corresponding training and other capacity building interventions;
10. Education and mobilization of civil society in combating viral hepatitis needs to be ensured.

These actions should be coordinated by the MOH of Ukraine and implemented in cooperation including with involvement of technical assistance from other organizations, in particular – international agencies, civil organizations based on partnership and close intersectorial cooperation.