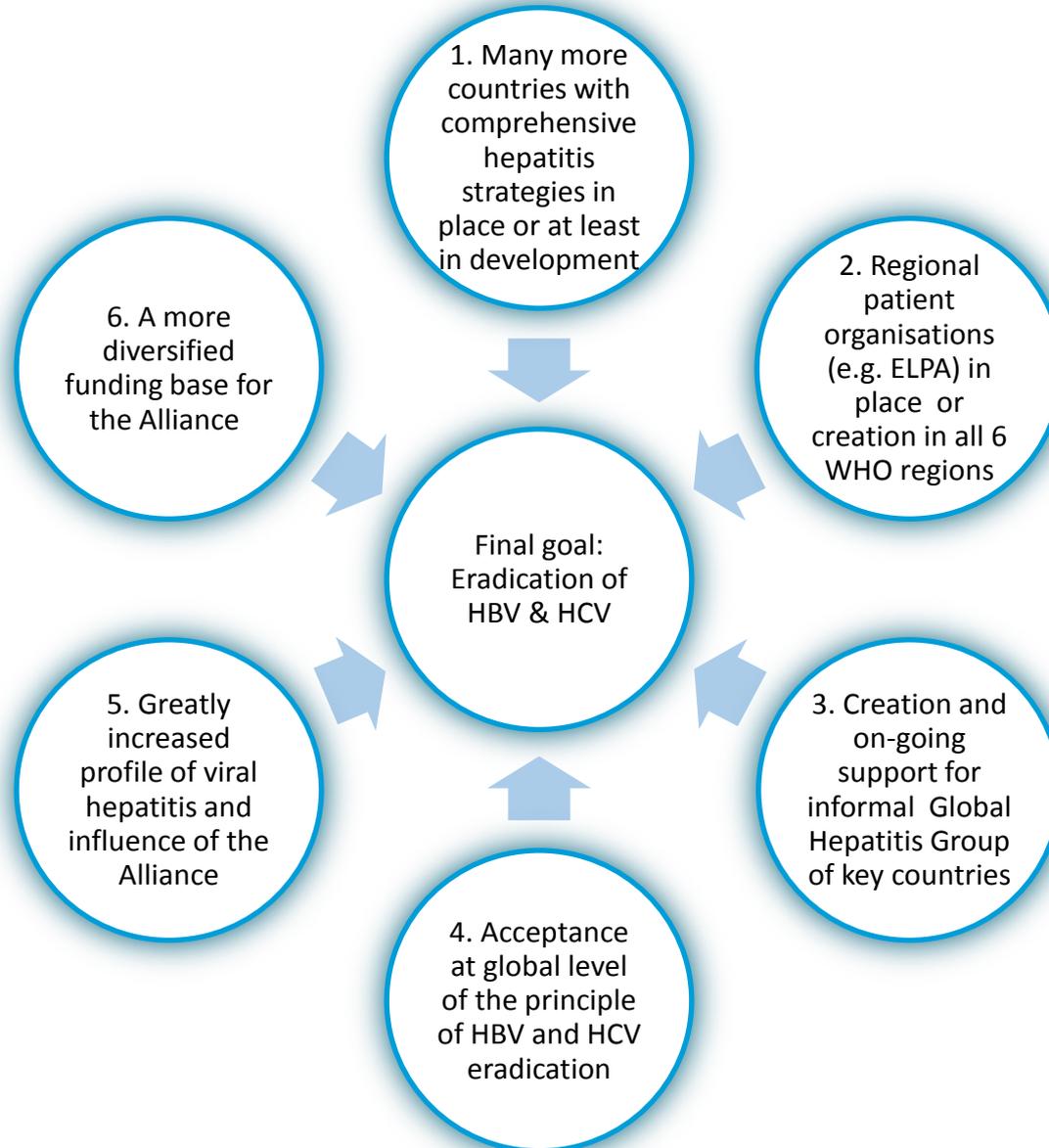


*World Hepatitis Alliance*  
*Strategic plan 2013 – 2015*

January 2013

# Strategic Goals



## STRATEGIC GOAL 1:

Many more countries with comprehensive national hepatitis strategies in place or at least in development.



Just a handful of countries currently have such strategies. Without government commitment little progress is possible and the clearest sign of that commitment is a comprehensive national hepatitis strategy that covers everything from awareness and prevention through to treatment. Strong patient advocacy will be critical for this goal and patient group involvement with governments will be crucial to the development of *good* strategies. Currently patient groups are engaged with governments in some form in about 30 countries.

### ACTION PLAN

**Action 1.1:** We will promote greater involvement of Governments in **World Hepatitis Day**, which is an extremely useful lever to push for more action and ultimately a national strategy. This will include setting up a campaign theme, liaising with the community and governments as well as WHO.

**Action 1.2:** We will ensure **regional strategies** are in place through our work with WHO and their regional offices. This will include advocacy work with countries ahead of relevant Regional Committee meetings.

**Action 1.3:** We will devise and implement a **strategy blueprint** on how to develop national strategies. This will be a web-based tool that allows countries to build an evidence-based strategy best suited to their particular situation (GDP, health system, epidemiology, etc)

**Action 1.4:** We will monitor each government's action on hepatitis, including community engagement, on a regular basis through a biennial **Alliance/WHO Viral Hepatitis: Global Prevention & Control report**. We will support our members in using the report in their advocacy work.

**Action 1.5:** We will **second a full-time staff member** to WHO EURO to be the hepatitis focal point for the 53 countries of the region and to produce a regional hepatitis strategy.

**Action 1.6:** We will continue to **second a staff member** to WHO's Global Hepatitis Programme team, and assist them with running the **Global Hepatitis Network** which will produce a series of technical norms for countries.

*Cont.*

## STRATEGIC GOAL 1:

Many more countries with comprehensive national hepatitis strategies in place or at least in development.



### ACTION PLAN *Cont.*

**Action 1.7:** We will continue to support patient advocacy groups in their **advocacy work** and, where necessary, can send a task force on an ad hoc basis to a particular country where significantly more progress could be achieved with our support.

**Action 1.8:** We will build a **new website** in 7 languages that will support patient groups by sharing best practice and allowing groups, for example, to offer to carry out pilot projects for governments based on what has worked elsewhere, particularly those involving working with marginalised communities such as drug users and immigrants that governments may not be able to reach.

**Action 1.9:** We will continue to engage with key actors working in the field of **access to treatment** in order to advocate for affordable drugs, while respecting the principle of incentivization of innovation. We will also support efforts regarding the inclusion of hepatitis in programmes led by the Global Fund, PEPFAR, the Gates Foundation, etc.

#### Key performance indicators:

2013

- 60 governments participating in World Hepatitis Day.
- 25 countries with national strategies either in place or in development.
- The Alliance and/or patient advocacy groups engaged with government in 40 countries (as evidenced by the *Viral Hepatitis: Global Prevention & Control* report, reports from groups or Alliance work).
- Regional Committees in the Americas and South East Asia have adopted regional strategies.

## STRATEGIC GOAL 1:

Many more countries with comprehensive national hepatitis strategies in place or at least in development.



### Key performance indicators - cont:

#### 2014

- 75 governments participating in World Hepatitis Day.
- 35 countries with national strategies either in place or in development.
- The Alliance and/or patient advocacy groups engaged with government in 50 countries.
- Regional Committees have adopted regional strategies in two additional regions.

#### 2015

- 90 governments participating in World Hepatitis Day.
- 50 countries with national strategies either in place or in development.
- The Alliance and/or patient advocacy groups engaged with government in 60 countries.
- Regional Committees have adopted regional strategies in the last two regions.

*From 2014 we will co-host, with WHO and US CDC, an annual or biennial [Global Viral Hepatitis Summit](#) that will showcase effective public health interventions and provide a forum for countries to interact with both WHO technical officers from HQ and the regions and the pharmaceutical industry (please note the budget for this project is not included in the overall budget).*

## STRATEGIC GOAL 2:

### Regional patient organisations (e.g. ELPA) in creation/place in all 6 WHO regions



The six Regional Offices of WHO have great autonomy. They have their own annual Regional Meetings that adopt Regional Resolutions (the Eastern Mediterranean Regional Committee adopted a viral hepatitis Resolution in 2009, the year before the World Health Assembly Resolution WHA63.18). They should also have their own regional hepatitis strategies. The Alliance wishes to set up regional organisations along the lines of ELPA in Europe in the other five regions to mirror the WHO structure and complement the Alliance's global advocacy with regional advocacy. Equally important these organisations will eventually be able to take over capacity-building work in the region, both in upskilling existing members and in creating new member organisations. As with ELPA, members of the regional organisations would also be members of the Alliance and would all be invited to the Global Hepatitis Summit.

### ACTION PLAN



**Action 2.1:** ELPA's policy director and ELPA's first president (current Alliance president) will present **ELPA's experience** of creating a regional organisation to the Alliance Board Q1 2013

**Action 2.2:** The Alliance Board member in each region except Europe will **scope the legal, geographical, organisational requirements** to establish a regional patient organisation

**Action 2.3:** We will discuss with CEVHAP how to create **patient organisations in the Western Pacific and in SE Asia** that will be complementary not competitive

**Action 2.4:** We will organise a **meeting of our African members** (currently 16 voting and 9 non-voting)

## STRATEGIC GOAL 2:

Regional patient organisations (e.g. ELPA) in creation/place in all 6 WHO regions



### ACTION PLAN *Cont.*



**Action 2.5:** We will develop a **training program for clinicians** to help them create new patient groups with support from the Alliance

**Action 2.6:** We will focus on creating **new patient groups in the Eastern Mediterranean and SE Asia regions**

**Action 2.7:** We will carry out in 2014 a pilot program to **create a new patient group in Vietnam** (chosen because of its very high viral hepatitis burden and the new willingness of its Government to address it)

#### Key performance indicators:

2013 – Scoping exercise performed

2014 – 1 regional group in formation

2015 – 1 regional group created, a second in formation

## STRATEGIC GOAL 3:

# Creation and on-going support for informal Global Hepatitis Group of key countries

We believe that in order to help us drive action at global level, in particular through World Health Assembly Resolutions, we need a group of countries with whom we can work closely and continuously. This informal Global Hepatitis Group will be able to help us pass Assembly Resolutions, mobilise resources and raise the profile of viral hepatitis. Such an informal working group has been set up by interested countries in other disease areas such as influenza

## ACTION PLAN

**Action 3.1:** We will identify a potential country to lead the **Global Hepatitis Group** (we are currently in discussions with Brazil)

**Action 4.2:** We will work with the leading country to set up the first meeting at the **2013 World Health Assembly**, agreeing on an agenda and a list of participant countries

**Action 4.3:** We will work with the Group on a program for the next three years, including **World Health Assembly Resolutions**

**Action 4.4:** We will work with the Group in particular to mobilise resources for hepatitis, including the engagement of **global donors**

### Key performance indicators:

2013 – First meeting of Global Hepatitis Group at World Health Assembly. Agreed program of work

2014 – Meeting of Global Hepatitis Group at World Health Assembly. Possible Resolution

2015 – Meeting of Global Hepatitis Group at World Health Assembly

## STRATEGIC GOAL 4:

### Acceptance at global level of the principle of HBV and HCV eradication



The very effective vaccine coupled with increasingly effective treatment for hepatitis B makes it a prime candidate for global eradication. The rapid improvements in hepatitis C are now making it too a candidate for global eradication. An acceptance that both these viruses should and could be eradicated, thereby relieving the world of an annual mortality burden as great as that of HIV/AIDS (2012 Global Burden of Disease), would be an important step towards mobilising global resources. This would align the global community with the Alliance's ultimate goal.

### ACTION PLAN



**Action 4.1:** We will work with **WHO Regional Offices** initially to gain acceptance of the concept of regional elimination (AMRO has already expressed interest in targets for HBV elimination)

**Action 4.2:** We will work with the Global Hepatitis Network to assemble the data and do the **necessary modelling**

**Action 4.3:** We will work to persuade the **Global Hepatitis Group** to accept the concept

**Action 4.4:** We will work to promote a **World Health Assembly Resolution** that specifically calls for HBV and HCV eradication

### Key performance indicators:

2014 – Modelling done to show what eradication would require

2015 – Acceptance by the Global Hepatitis Group that HBV and HCV eradication is possible

2015 – At least one WHO region has a target for elimination of HBV and/or HCV

## STRATEGIC GOAL 5:

# Greatly increased profile of viral hepatitis and influence of the Alliance

We will work to promote viral hepatitis as a major public health issue and to promote the Alliance in order to increase our influence with governments and other key global health stakeholders.

## ACTION PLAN

**Action 5.1:** We will employ from 2013 a **full-time communications manager** to promote hepatitis as a global issue and raise the profile of the Alliance.

**Action 5.2:** We will work to **increase our membership** by ensuring that all existing hepatitis patient groups become members and by supporting the creation of new groups.

**Action 5.3:** We will attend / be visible at **high profile conferences** (other than viral hepatitis).

**Action 5.4:** We will work with medical societies such as EASL, APASL, AASLD and ALEH and have **booths at their main liver meetings**.

**Action 5.5:** We will **work with IARC** (WHO's cancer research arm) to ensure that tackling viral hepatitis is seen as a key component of cancer prevention.

**Action 5.6:** We will work to convince **international donors** such as the Global Fund, the World Bank, the Gates Foundation, USAID, DFID, etc that they should fund measures to prevent and control viral hepatitis.

**Action 5.7:** We will work to embed hepatitis in all the developing **global health trends** and to include them, if appropriate, in the new Sustainable Development Goals from 2015.

## STRATEGIC GOAL 5:

Greatly increased profile of viral hepatitis and influence of the Alliance



### ACTION PLAN *Cont.*



**Action 5.8:** We will obtain **consultative status with the UN**.

**Action 5.9:** We will expand our interaction and **partnership work** with NGOs in related areas, such as Thalassaemia International Federation, International AIDS Society and Union for International Cancer Control.

**Action 5.10:** We will expand our interaction and **partnership work** with relevant inter-governmental organisations, such as ASEAN, MERCOSUR, APEC and CICA.

#### Key performance indicators:

Attendance at six international meetings per year, at least two of them non-hepatitis related.

2014 - Achieve consultative status with the UN

2015 - Partnership with five international non-hepatitis organisations

Membership - 10 new members each year

## STRATEGIC GOAL 6:

### A more diversified funding base for the Alliance.



For a number of reasons it is desirable to greatly reduce the Alliance's reliance on pharmaceutical industry funding. However, the very lack of awareness that the Alliance was established to correct means that obtaining funding from global donors (the Alliance does not wish to compete for national funding with its members) requires considerable awareness-raising first.

### ACTION PLAN



**Action 6.1:** We will employ from 2013 a **full-time Alliance fundraiser** who will continue our engagement with organisations such as the Gates Foundation, DFID, Bloomberg and the coffee industry, as well as develop new relationships. The fundraiser will also be responsible for developing an information pack to engage those who are not familiar with hepatitis.

**Action 6.2:** We will create an **innovative web-based interactive fundraising application** to raise funds from hitherto untapped sources.

#### Key performance indicators:

**2013 - 10% of funding from non-pharmaceutical sources.**

**2014 - 15% of funding from non-pharmaceutical sources.**

**2015 - 20% of funding from non-pharmaceutical sources.**