Strategic Goal 1

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

Action 1.1
When no patient groups exist, respond to requests from national governments to support them in the development of effective and funded national plans.

Action 1.3
Work with WHO to develop a monitoring mechanism in line with WHA Resolution 67.6.

Action 1.5
Deliver, in partnership with WHO and in collaboration with the Government of Brazil and partners, the second World Hepatitis Summit.

Action 1.7
In partnership with WHO and the Scottish Government, establish a baseline for countries with effective national strategies either in place or in development.

Action 1.9
Support the policy work focused on the elimination of viral hepatitis in Egypt, Scotland, Mongolia, and Georgia.

Action 1.11
Support WHO with the production, update and dissemination of guidelines, in particular on hepatitis testing and treatment.

Action 1.2
Upon request, work directly with our members to support them in their collaboration with national governments in the development of effective and funded national plans.

Action 1.4
Continue to ensure the voice of patients are at the forefront of high level policy discussions (i.e. address WHO Executive Board and the World Health Assembly, contribute to WHO regional committee meetings, participate in STAC and civil society reference groups, and other key meetings).

Action 1.6
Encourage and promote research into effective scale up interventions through a variety of methods, including the World Hepatitis Summit programme, our affiliation to the Hepatology, Medicine and Policy open access journal and the University of Deusto’s Hub.

Action 1.8
Continue to second a technical officer to WHO EURO to support the development and implementation of a regional action plan.

Action 1.10
Promote the inclusion of civil society in the development of effective and funded plans.

How we have progressed this quarter:

- Action 1.2
- Action 1.4
- Action 1.5
- Action 1.6
- Action 1.8
- Action 1.11

How we have done this:

Regional Hepatitis Summit: Dhaka, Bangladesh (Actions 1.2, 1.4)

On 7 May the World Hepatitis Alliance attended the Regional Hepatitis Summit in Dhaka, Bangladesh to assist with the development and implementation of Bangladesh’s national hepatitis plan. The symposium was attended by the Minister of Health and Minister of Information as well as media and 200 patients. WHA President Charles Gore and the Minister of Health jointly inaugurated the new liver centre and presented awards to doctors who have shown outstanding contribution to tackling viral hepatitis.

Viral Hepatitis in Asia: Collaborating for results: Hong Kong, China (Actions 1.2, 1.6, 4.10)

On 7 – 9 June, the World Hepatitis Alliance attended a meeting organised by Wilton Park, an executive agency of the British Foreign and Commonwealth Office that aimed to highlight the issue of viral hepatitis in Asia. The burden of viral hepatitis in Asia is particularly high, with more than 75% of all people living with hepatitis B and more than 60% of those living with hepatitis C residing in the region. The meeting identified specific actions needed to harness recent policy, research and scientific advances to reverse the epidemic in the Asia-Pacific region. WHA member Yellow Warriors Society Philippines was also in attendance and shared stories of the real impact of living with viral hepatitis, bringing the patient voice to the centre of discussions.

WHO EURO Regional Action Plan meeting: Copenhagen, Denmark (Actions 1.4, 1.8)

On 4 – 5 April, WHA participated at the WHO European Regional Office meeting to help guide new action plans on HIV/AIDS and viral hepatitis for the WHO European Region. The meeting was especially important as it is the first time WHO EURO develops a plan on the prevention and control of viral hepatitis. Following the meeting, the plan...
was presented to the Standing Committee of the Regional Committee for Europe on 21–22 May where the importance of tailoring services to the needs of vulnerable groups was emphasised and the affordability and quality of diagnostics and medicines was identified as a major obstacle. Throughout the development of the plan, we have been in close contact with the WHO EURO hepatitis focal point, who we second to WHO and who has been instrumental to driving progress of the plan.

### WHO SEARO Regional Action Plan meeting: Jakarta, Indonesia (Action 1.4)

On 26–28 April, WHA attended the WHO South-East Asia Regional Office meeting to develop a Regional Action Plan on the prevention and control of viral hepatitis. All 11 countries of the region were represented, and clinical, public health and civil society experts were also in attendance. WHA was asked to deliver some opening remarks from the perspective of the community, to moderate a panel debate on improving access to medicines, especially generics, and diagnostics in the region, present on creating and seizing global and national advocacy opportunities and facilitate a workshop on how to finance national hepatitis plans. One of our key messages, spelt out in our opening remarks, was the critical importance of tackling stigma and discrimination. We also stressed to the country representatives their commitment to the UN Declaration on the Sustainable Development Goals to ‘leave no-one behind’ and this became a theme throughout the meeting.

Following the meeting a draft Action Plan will be prepared and circulated for comment with the idea that it is presented to the Regional Committee Meeting for endorsement later in the year.

### WHO WPRO Regional Action Plan (Actions 1.4, 1.11)

On 18 May, the Western Pacific Regional Office of WHO (WPRO) released their Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020. Patient groups in the region have now an opportunity to engage their national leadership to advocate for national adaptation or adoption of this document. Also available are the global hepatitis B and hepatitis C treatment guidelines and recently released global hepatitis surveillance guidelines from WHO HQ. To support the launch of the Regional Action Plan and new surveillance guidelines, we promoted the new publications in the May edition of hepVoice, our monthly magazine.

### United Kingdom Global Health Team (World Health Assembly External Partners Meeting): London, UK (Actions 1.4, 4.2)

Ahead of the World Health Assembly, the UK Global Health Team brought together key national, regional and global partners to review the issues on the Assembly agenda. WHA CEO Raquel Peck attended the meeting on 4 May to discuss the GHSS on Viral Hepatitis, represent the patient perspective on the strategy and encourage support from the UK Department of Health and Department for International Development at the Assembly later that month.

### World Hepatitis Summit: Sao Paulo, Brazil (Actions 1.5, 1.6, 2.3)

This quarter preparations continued for the World Hepatitis Summit (WHS), due to take place in Brazil in March 2017. The official WHS website was launched and invites have been sent to key stakeholders including WHA members, ministers of health, policy makers, civil society representatives and public health experts. The theme of the World Hepatitis Summit 2017 is Implementing the Global Health Sector Strategy on Viral Hepatitis (GHSS); Towards the elimination of hepatitis as a public health problem. The programme is now in development and seeks to promote advocacy, encourage the exchange of ideas and facilitate learning to use in the fight against viral hepatitis. The programme has been formed by a Programme Committee and five sub-committees made up of experts in the field of hepatitis and civil society groups. Sub-committees will focus on each strategic direction of the GHSS, including a sub-committee who specifically will look at how effective scale up interventions can be encouraged through the programme.

For more information, visit the World Hepatitis Summit website.

### Attending the EASL International Liver Congress (ILC): Barcelona, Spain

**EASL–WHA joint session (Actions 1.9, 1.10, 4.4)**

WHA CEO Raquel Peck and WHA President Charles Gore led the WHA/ EASL joint session, the first ever policy focused session held at ILC with a patient group. The session attracted an impressive audience of over 400 attendees and featured presentations from the World Hepatitis Alliance, WHO, the government of Georgia and 6 regional overviews, including a presentation on the situation in Africa delivered by WHA Executive Board Member for the African Region, Danjuma Adda. The session provided us with a good
To promote innovative testing projects, WHO held an award ceremony and session at EASL’s International Liver Congress, which showcased the submissions received in their innovative testing project competition. Supporting the initiative, WHA formed part of the contest steering committee.

**EASL testing guidelines session (Action 1.11)**

To promote innovative testing projects, WHO held an award ceremony and session at EASL’s International Liver Congress, which showcased the submissions received in their innovative testing project competition. Supporting the initiative, WHA formed part of the contest steering committee.

**Mongolian Innovative Health Financing Dialogue on Viral Hepatitis: Ulaanbaatar, Mongolia (Actions 1.9, 1.10, 2.6)**

In November 2015 Mongolia committed to a strategy to eliminate hepatitis C by 2030. To support them in achieving this, together with the Mongolian Ministry of Health and Sports and the World Health Organisation Country Office for Mongolia, on 4 – 5 May we convened the Innovative Financing Dialogue for Viral Hepatitis in Ulaanbaatar. Bringing together a wide range of stakeholders including governmental departments, development banks and civil society the purpose of the meeting was to explore a number of financing options and their viability in Mongolia. WHA members Onom Foundation and FIRE also attended the meeting to represent the local patient voice. A report of the meeting will be available on the WHA website shortly.

**Inclusion of civil society in development of effective funded plans (Actions 1.10, 3.8)**

WHA has been highlighting the importance of civil society’s role in the development of national plans by showcasing examples of member organisations influencing the development/implementation of strategies to tackle viral hepatitis. For example, in May’s hepVoice we profiled our members in Australia (Hepatitis Australia) and the US (Hepatitis B Initiative of Washington DC and Charles B. Wang Community Health Center) and in June we covered Argentinean member (Fundación HCV Sin Fronteras) and Canadian member (Canadian Society for International Health) and their strides to work together with their respective governments to advance the national hepatitis agenda. You can access our hepVoice editions [here](#).

Similarly in our Tools for Change webinar series, we featured member success stories, highlighting the crucial role civil society should play in building/implementing national strategies.

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**Adoption of the Global Health Sector Strategy (GHSS) on Viral Hepatitis at the World Health Assembly: Geneva, Switzerland (Action 1.10)**

On 28 May, 194 Member States made a historic commitment to eliminate viral hepatitis by 2030. At the 69th World Health Assembly, governments unanimously voted to adopt the first ever Global Viral Hepatitis Strategy, signalling the greatest global commitment in viral hepatitis to date.

The Strategy sets a goal of eliminating hepatitis B and C by 2030 and includes a set of prevention and treatment targets which, if reached, will reduce annual deaths by 65% and increase treatment to 80%, saving 7.1 million lives globally.

For the World Hepatitis Alliance and its members, this was a momentous occasion. After rallying together around the vision of a world without viral hepatitis for the past decade, all of these years of efforts paid off. The hepatitis community played a central role in securing the Strategy’s adoption, from lobbying governments and raising awareness through the media to shaping and ensuring the adoption of previous resolutions on the disease that have led to the Strategy.

Although the adoption of the GHSS demonstrates considerable political will, more work will be needed to make the elimination of viral hepatitis a reality. As of February 2016, 36 countries had viral hepatitis national plans in place and 33 had plans in development. That means 125 WHO Member States don’t have national strategies to tackle this global killer. A dramatic scale up in resources and prioritisation is vital.

The World Hepatitis Alliance and its 230 member states will continue to work to ensure that countries honour their commitment and that they implement measures to reach the elimination targets.
Strategic Goal 2
Increased access to diagnostics, vaccines and new therapies for hepatitis

Action 2.1
Strengthen partnerships with key stakeholders such as MSF, DNDI, Coalition plus, FIND and CHAI to maximise efforts in this area

Action 2.2
Provide advice as part of the MPP’s recently formed Expert Advisory Board for hepatitis

Action 2.3
Deliver, in partnership with WHO and in collaboration with the Government of Brazil and partners, the second World Hepatitis Summit

Action 2.4
Work with governments and the pharmaceutical industry to ensure rapid registration of technologies and medicines

Action 2.5
Conduct an annual survey of access to affordable medicines and diagnostics

Action 2.6
Host two pilot meetings in different countries to explore innovative funding solutions for hepatitis

Action 2.7
Support discussions with our African members and partners focusing on the creation of an African structure focused on access to medicines and diagnostics

Action 2.8
Continue to promote our access to treatment open letter

Action 2.9
Elevate the access issue through external media statements, including blog posts, website statements and monthly magazines

Action 2.10
Educate our members around access to diagnostics and medicines

How we have progressed this quarter:
✓ Action 2.1
✓ Action 2.3
✓ Action 2.6
✓ Action 2.9

How we have done this:
Knowledge for Change webinar series (Actions 2.1, 2.9, 3.1)

In June WHA launched the Knowledge for Change webinar series aimed at educating patient representatives and members about relevant topics in the area of viral hepatitis. Exploring access to diagnostics in the viral hepatitis landscape, the first webinar featured presentations from experts from the World Health Organization, Clinton Health Access Initiative (CHAI) and FIND. In collaborating with such organisations, we are able to further strengthen our partnerships with key stakeholders working within the access landscape. We further elevated the access issue by promoting the webinar series through hepVoice and our website.

Statement of support for programme to improve access to medicines (Actions, 2.1 2.2)

In April, we issued a statement of support to CHAI and AmeriCares for initiating a new programme that aims to treat 10,000 co-infected HIV and hepatitis C patients in Africa and Asia with new hepatitis C treatment Daklinza (daclatasvir).

International Roundtable Summit on Funding for Elimination of Viral Hepatitis: Hong Kong, China (Action 2.6)

On 20–21 June, the World Health Organization, US Center for Disease Control and the Zeshan Foundation, a private philanthropic foundation, organised a meeting to examine the idea of establishing a fund of US$50–100 million to provide grants to projects that help countries take a public health approach to tackling viral hepatitis. WHA President Charles Gore delivered a presentation on the gaps and needs across WHO’s viral hepatitis elimination Strategy. The meeting decided that a global fund should be set up that originally concentrates on Asia-Pacific due to the high burden in the region. The need for particular support in advocacy and awareness and testing was also highlighted. Following the meeting, a revised position paper will be developed with the aim to have the fund operational by World Hepatitis Day 2017.
Strategic Goal 3

Increased influence of the World Hepatitis Alliance and its members through capability building programmes

Action 3.1
Create a capacity/capability building hub initially in the areas of advocacy, access to medicines and diagnostics and communications to be hosted on our website.

Action 3.2
Produce an advocacy webinar series and a user guide and tools that focus on developing advocacy capacity to effectively engage policy makers, share policy developments and opportunities, share/train advocates on new surveys, tools etc.

Action 3.3
Make the outcomes from the WHO/WHA monitoring mechanism available to members to inform their advocacy efforts.

Action 3.4
Strengthen the visibility and influence of our member groups at high profile conferences such as EASL and AASLD.

Action 3.5
Connect our members with strategic partners such as WHO country and regional offices and equip them to build a strong advocacy voice at a national level.

Action 3.6
Partner with professional medical societies to set up new patient groups in target countries using our Patient Advocacy Creation Tool (PACT).

Action 3.7
Deliver capacity/capability building workshops for our members during the second World Hepatitis Summit in Brazil.

Action 3.8
Build member’s capability to promote their inclusion in the development of effective and funded national plans in line with resolution WHA67.6.

Action 3.9
Establish a baseline for members that are involved in the development and implementation of effective and funded hepatitis plans.

Action 3.10
Conduct a survey to identify the levels of stigma and discrimination in different countries.

How we have progressed this quarter:

- Action 3.2
- Action 3.4
- Action 3.5
- Action 3.7
- Action 3.8
- Action 3.9

How we have done this:

Tools for Change (Actions 3.1, 3.2, 3.8, 4.1, 4.2, 4.6)

From February – April, WHA produced Tools for Change, a three-part webinar series aimed at educating and upskilling viewers on various aspects of advocacy and the tools needed to effectively lobby for change. A number of panelists, including representatives from the World Health Organization, national governments and WHA member organisations, convened to share their perspectives and insights on how patient advocates can best engage with policy makers, the media and key stakeholders to effect real, on-the-ground change.

Click here to access the recordings.

HCV Quest media launch (Actions 3.2, 4.6)

To leverage media attention around EASL’s International Liver Conference and to launch the HCV Quest resource hub we orchestrated a global media launch on the 13 April and supported our members’ media activities by providing a template press release. The release was picked up in 18 outlets in 6 countries. The media launch success was made possible by the members who disseminated the release in their countries and uploaded it to their websites.

EASL International Liver Conference Opening Session (Action 3.4)

WHA CEO Raquel Peck spoke at the opening ceremony to an audience of 11,000 people and reinforced the importance of multi-stakeholder commitment to achieve the elimination of viral hepatitis.
### Strategic Goal 1

**EASL Transforming HCV Care Session** (Action 3.4)

The EASL Transforming HCV Care Session included presentations from a variety of European stakeholders spearheading initiatives to transform hepatitis C care. WHA opened the session by providing an overview of the current environment of hepatitis C care.

### Strategic Goal 2

**Hepatitis C: Before and Beyond Cure: Kaohsiung, Taiwan** (Actions 3.4, 4.4)

The Asian Pacific Association for the Study of the Liver (APASL) held a single topic conference looking at hepatitis C on 10 – 13 June. Evidence of their commitment to strengthening patient–doctor relations, APASL and the Taiwanese Association for the Study of the Liver kindly provided us with an exhibition booth. Eye catching signs and a prize draw drew delegates to the booth where they were able to find out about our work. WHA President Charles Gore also co-chaired a session at the event, gave a talk at Kaohsiung Medical University Hospital and spoke at a press conference in Taipei to pressure the government to start reimbursing DAAs.

### Strategic Goal 3

**hepVoice** (Actions 3.8, 4.12)

Launched at the beginning of 2016, hepVoice, our online magazine, continued to grow its readership base this quarter, being read by more than 1000 people across the world each month. The magazine provides monthly updates on the work of the World Hepatitis Alliance and its members and is available in French, Spanish and English. You can view it here.

### Strategic Goal 4

**Greatly increased profile and priority of viral hepatitis**

| Action 4.1 | Run a consultation with the community and develop, launch and host a global hepatitis movement with elimination as the theme |
| Action 4.2 | Ensure that the WHO Global Health Sector Strategy for viral hepatitis, together with its targets on diagnosis and treatment, is adopted at the World Health Assembly 2016 |
| Action 4.3 | Continue to support our members’ efforts to raise awareness of hepatitis through the promotion of World Hepatitis Day |
| Action 4.4 | Work with healthcare professionals to strengthen their partnerships with patient groups and to further the SDGs and GHSS agenda |
| Action 4.5 | Continue to fight stigma through our work with the media |
| Action 4.6 | Utilise the findings of our HCV Quest to educate the hepatitis community, healthcare professionals and the general public about the impact of hepatitis C |
| Action 4.7 | Examine replicating the concept of the HCV Quest by undertaking a survey on the impact of hepatitis B on patients |
| Action 4.8 | Hold a World Indigenous Peoples meeting at APASL to promote engagement in the region ahead of the second World Indigenous Peoples Conference on hepatitis to be held in Brazil, September 2017 |
| Action 4.9 | Work to raise the profile of hepatitis within the field of global health through our ECOSOC consultative status, participation on NCD consultation and UNGASS events |
| Action 4.10 | Highlight the inclusion of hepatitis in the SDGs to the wider global health community |
| Action 4.11 | Engage non-traditional supporters through strategic corporate partnerships |
| Action 4.12 | Elevate the profile viral hepatitis by systematically reviewing and creating new website content and collaterals |
Strategic Goal 4

Organisation updates

How we have progressed this quarter:

- Action 4.1
- Action 4.2
- Action 4.3
- Action 4.4
- Action 4.6

How we have done this:

Celebration of World Hepatitis Day and launch of a global elimination movement, Nohep (Actions 4.1, 4.3, 4.12)

On 29 April, the World Hepatitis Day 2016 (WHD2016) website was launched and the theme for this year’s WHD2016 was elimination. To elevate the theme and to celebrate WHD a global movement was be launched on WHD2016. To provide supporters with information and details on the launch of NOhep, on 9 May, we hosted a special World Hepatitis Day webinar.

A full summary of the World Hepatitis Day 2016 will be available in Q3.

World Health Assembly media outreach (Action 4.1)

Gaining media coverage before, during and after the World Health Assembly was central to ensuring the adoption of the GHSS on viral hepatitis. Ahead of the Assembly, we provided our members with a variety of materials to support both their media outreach and policy work, including a template press release, sample social media posts and a template letter to ministers. At WHA we secured placement in a number of top tier media outlets, such as Al Jazeera and Devex, and high profile global health blogs, highlighting the importance of the Strategy and the pivotal moment the Assembly represented.

Hepatology Academy (Action 4.4)

On 29 April, WHA president Charles Gore and CEO Raquel Peck, together with Anton Basenko, Senior Programme Officer at the Alliance for Public Health and INPUD’s board member, co-hosted a workshop at the inaugural meeting of the Hepatology Academy. The Academy is an initiative which aims to upskill the next generation of liver leaders in different areas such as policy and advocacy, and provide training in best practice patient care.

United Nations General Assembly held a Special Session (UNGASS) (Action 4.5, 4.9)

Following the annual meeting of the Commission on Narcotic Drugs in Vienna in March, the United Nations General Assembly held a Special Session (UNGASS) in New York in April to discuss the global drug policy. The meeting showed that a number of countries remain opposed to renegotiating the three global treaties underpinning the policy. The reality is that drug policy has been much more driven by the law enforcement agenda. This is not helpful to our attempts to ensure greatly increased use of harm reduction measures to cut the rate of new hepatitis infections amongst people who use drugs.

The UNGASS outcomes document showed some progress towards a more health-oriented approach but only some. Knowing that this was likely and because hepatitis really did not feature at all in the first draft of the outcomes document, our very limited aim for UNGASS was to ensure that, whenever HIV was mentioned, then so was viral hepatitis. To this end we wrote to key Ministries of Health and made a personal intervention with this request at the WHO Executive Board meeting in January. Happily, countries listened to us and viral hepatitis has been included in the agreed final document, as we requested.

Collaborating with partners to bring hepatitis to the wider global health community (Action 4.10)

Throughout this quarter we continued to work closely with other organisations working in global health including the United European Gastroenterology and CEVHAP to ensure viral hepatitis is at the fore of global health discussions.

Engaging strategic corporate partnerships (Action 4.11)

Building relationships with new partners will be key to achieving our goals. Despite the significant progress in raising the profile of hepatitis politically, general awareness of the disease remains incredibly low so the area remains vastly neglected and unfunded. This quarter we have been working with an external agency who are providing expertise and assistance in approaching corporates.
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