ICE-HBV launches Global Scientific Strategy to Cure Hepatitis B

hepinion: Patients have an important role to play in the development of a hepatitis B cure

WALL OF STORIES

“I cannot describe the feeling in your soul and your heart when a person can find out about their diagnosis in time”
NOTE FROM OUR CEO

Welcome to hepVoice,

This is my first introduction in this magazine and I am delighted to be the new CEO of WHA. It has been an exciting time to join the Alliance and I was fortunate enough to be able to attend ILC 2019 in my first week to meet some of our members and stakeholders face to face. At ILC 2019 it was striking to see how much of the conversation at the conference was around hepatitis B, in particular the impact of stigma and discrimination; these areas are so often overlooked at these conferences but the impact of them cannot be underestimated.

The Alliance has also been busy assessing the applications for our Find the Missing Millions in-country programme. We had an unprecedented number of applications and we are looking forward to announcing who we will be working with in due course. We are also busy preparing for World Hepatitis Day (July 28) where we will use the Find the Missing Millions theme to highlight the need to find the 290 million people living with viral hepatitis unaware. We will be releasing materials soon including a film which we encourage you to use as part of your activities.

I hope you enjoy this edition of hepVoice; this magazine is here for you so please get in touch if you have ideas for stories for future editions.

*Cary James*

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Want to contribute?

We welcome your contributions so please get in touch at contact@worldhepatitisalliance.org to have your news and stories included in future issues and feel free to share this magazine with your network.

Don’t miss out - receive hepVoice straight to your inbox!
A UNHCR Representative to the Arab Republic of Egypt and to the League of Arab States says, “granting refugees and asylum-seekers access to the public health care system in Egypt on equal footing as Egyptians... reflects Egypt’s long-standing tradition of hospitality towards people seeking protection and safety within its borders”.

WHO representative in Egypt, John Paul Eissa, states that, although Egypt is the country with the most hepatitis C cases, it is also a country that holds the greatest capacity to combat it.

Those who test positive for the disease will be able to undergo further check-ups and will receive free medication.

UNHCR and WHO are working closely with their partners to coordinate this campaign. Egypt sets an example by including foreign residents and refugees in their public health care system. It is expected that the country will see positive results in their fight against hepatitis C.

Read more here.

Screening reveals a third of homeless people in Dublin have hepatitis C

The first large-scale screening of homeless people in Dublin has found that 37% of those screened tested positive for hepatitis C. Part of a Europe-wide study of disease in vulnerable populations, the authors argue that homeless individuals must be proactively targeted by health services for hepatitis C screening and treatment.

70% of the 199 people who tested positive and consented to further study said they were in drug treatment. Nearly half of those diagnosed said they had shared needles, an activity which carries a high risk for the transmission of hepatitis and other diseases.

The study highlights the difficulties homeless people face in accessing treatment. Unstable housing situations, social stigma and imprisonment all deter the high-risk population away from treatment for hepatitis C, and complex physical and mental health issues also act as barriers for many.

One of the study’s authors said: “marginalised injecting drug users, especially those who are without stable accommodation are a hard to reach group and are less likely to access health care due to fear of discrimination, stigma, low health literacy, and health professional misunderstanding of their needs.”

The findings of the study aim to inform HepCare Europe in their development of a community-based model of care in order to engage with homeless people who are affected by or infected with hepatitis C. The study emphasises the importance of understanding the needs of the homeless community to address the prevalence of hepatitis C, and the barriers to accessing treatment.

Read more here.

Cyprus adopts National Action Plan to eliminate hepatitis C by 2030

On 17th April, Cyprus’ Minister of Health, Mr Konstantinos Loannou, presented the country’s National Action Plan for the elimination of hepatitis C.

The national plan was created to provide guidance on managing, controlling and eliminating viral hepatitis within the framework set by the World Health Organisation (WHO).

Representatives from various ministries, bodies and non-governmental organizations all contributed to its creation.

The National Strategy has five key focuses:

1. Reorganising structures and services,
2. Health education, prevention and sensitisation of the population,
3. Screening,
4. Diagnosis and treatment, and
5. Monitoring, rehabilitation and chronic care

Cyprus’ new National Action Plan demonstrates the country’s commitment to creating a positive change, and is expected to help them in their efforts to eliminate hepatitis C by 2030.

Read more here.

Participating in a hepatitis-related activity or have an event planned? Email us or contact us on social media.

Hepatitis is regularly making the news thanks to the efforts of WHA members. Here are a few highlights.

Egypt includes foreign residents and refugees in campaign to eliminate hepatitis C by 2023

The Red Sea Health Directorate in Egypt has announced comprehensive hepatitis C screening for foreign residents and refugees. This is the last phase of the “100 million healthy lives” initiative.

Topping the list for the highest number of people with hepatitis C in the world, Egypt is now responding to this crisis to ensure the health of millions. According to WHO, hepatitis C kills an estimated 40,000 Egyptians every year, and at least 1 in 10 of the population aged 15-59 are infected.
**Dates for the Diary**

Upcoming events and activities taking place in the coming months.

**17 - 24 May 2019**

**Spring European Testing Week**

European Testing Week is an European campaign that encourages partner organisations—in community, health care and policy institutions-- throughout Europe to unite for one week to increase testing efforts and promote awareness on the benefits of earlier hepatitis and HIV testing. This initiative has progressed since its start in 2013 and has grown to be a widely recognised European event with hundreds of organisations participating every year. Now in its seventh year, the European Testing Week initiative will hold its second Spring European Testing Week!

Join in the conversation on social media using #SpringTestingWeek and find out more [here](#).

**25-26 May**

**8th Asian Conference on Hepatitis and AIDS (ACHA)**

This year’s ACHA is taking place in Shanghai, China. The meeting aims at bridging the gap between the knowledge that is shared among experts in the field and the knowledge of researchers and clinicians in daily practice. Furthermore, this meeting provides a much-needed educational platform for researchers and clinicians involved in daily clinical management of HBV, HCV and HIV-infected patients. Find out more [here](#).

**20-28 May**

**The World Health Assembly**

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland. Find out more about the upcoming 72nd Session [here](#).

**18-20 June**

**African Hepatitis Summit**

The first ever African Hepatitis Summit will take place in June in Kampala, Uganda. The summit will bring together patient representatives, ministers of health, policy makers, civil society, international organizations, global funders and public health specialists under one roof to provide regional effects to tackle viral hepatitis. This summit will support hepatitis elimination efforts by providing a platform that allows African Member States to learn from other countries, gain access to technical advice from WHO’s Global and Regional Hepatitis Programme as well as discuss the implementation of an intensified national response to the disease with key stakeholders in the field.

Find out more at [www.africanhepatitissummit.com](http://www.africanhepatitissummit.com)

Together, we can find the missing millions who are unaware they are living with viral hepatitis

More than 325 million people worldwide are living with viral hepatitis - but 9 in 10 of them (290 million) have no idea they are living with a deadly disease in their blood.

On World Hepatitis Day, 28 July, join us to find the missing millions.

Campaign materials – including an exciting new video – will be available soon to help you raise awareness of this silent killer.

Already planning a World Hepatitis Day event? Add it to our interactive map to let the world know what you are doing at [www.worldhepatitisday.org](http://www.worldhepatitisday.org)
FIND AND THE WORLD HEPATITIS ALLIANCE TEAM UP TO AMPLIFY ADVOCACY FOR HEPATITIS C DIAGNOSIS

The Foundation for Innovative New Diagnostics (FIND) and the World Hepatitis Alliance (WHA) join forces to co-ordinate and strengthen advocacy and communications efforts for hepatitis C diagnostics through joint initiatives nationally, regionally and globally.

FIND and WHA have announced their collaboration to co-ordinate and strengthen advocacy and communication efforts for hepatitis C diagnostics, through joint initiatives nationally, regionally and globally. The commitment was formalized in a Memorandum of Understanding (MoU), signed on 11 April 2019 during the EASL International Liver Congress™, in Vienna, Austria.

Hepatitis C is one of the world’s most common infectious diseases, usually contracted through unsafe healthcare or injection drug use. Globally, more than 71 million people are chronically infected, over 80% of whom live in low- and middle-income countries (LMICs) – but only one in five people know they have the disease. The World Health Organization (WHO) estimates that 2.3 million people with the virus are also coinfected with HIV. Around 400,000 people die every year, and the mortality rate is increasing, making it a global health priority: WHO has targeted viral hepatitis for elimination by 2030.

In order to reach this ambitious goal, LMICs need to be able to expand and accelerate access to diagnostics. Key strategies include simplifying the diagnostic pathway, and establishing hepatitis C diagnostic capacity within HIV programmes – in order to link people to care and translate the promise of new hepatitis C therapies into action.

FIND’s work in this area is being conducted through the Hepatitis C Elimination through Access to Diagnostics (HEAD-Start) project, funded by Unitaid, to improve diagnosis of hepatitis C. The project aims to make hepatitis C diagnostics more affordable and more widely available to those in need, with a focus on serving people co-infected with HIV.

“WHA is an organization led and driven by patients, which greatly complements our product development and delivery focus,” said Zachary Katz, Chief Access Officer at FIND. “Joining our voices together to amplify the efforts of both organizations in the countries where we work will increase engagement with relevant stakeholders and ensure hepatitis C diagnosis is on the agenda. These activities are critical to driving awareness so that those who don’t yet know their status can be linked to care.”

“Millions of people living with viral hepatitis remain undiagnosed; and we will not reach the elimination of this global killer without a dramatic increase in access to diagnostics and testing,” said Michael Ninburg, President of WHA. “We are delighted to be collaborating with FIND, whose vast experience in the field is a perfect complement to our work to find the missing millions and link them to care.”

The two organizations will work through communication campaigns and advocacy activities, engaging multiple stakeholders with demand creation activities, as well as strengthening knowledge-building and coordination among community-based organizations. They will also share learnings with the wider global health community via academic publications and conferences.
The World Health Organization (WHO) reports that more people are receiving life-saving services for viral hepatitis; however, a more ambitious global investment is needed to attain the elimination targets by 2030.

The report was presented at the largest conference of global hepatitis specialists: the International Liver Congress 2019. The conference was organized by the European Association for the Study of the Liver (EASL) and took place in Vienna, Austria on 10-14 April.

While the global hepatitis response is gaining ground – with more countries reporting progress on increasing prevention, testing, treatment and care services – it is also facing complex challenges, such as shortages in funding.

We have seen good news on the prevention front, with the proportion of children under five years with hepatitis B infection declining from 1.3% in 2015 to 0.8% in 2017.

More lives have also been saved through hepatitis C cure, with 5 million people treated with direct-acting antivirals (DAAs) by the end of 2017, according to data compiled by WHO and the Center for Disease Analysis.

Globally, price barriers for DAAs have reduced dramatically. Developing countries can now procure pangenotypic hepatitis C curative therapy for as little as $89 through the United Nations Development Programme. Developing countries are home to 62% of all people living with hepatitis C.

Uptake of hepatitis B treatment has also been increasing, having reached 4.5 million people by the end of 2016. Innovations such as the new global scientific strategy to cure hepatitis B – launched by International Coalition to Eliminate Hepatitis B (ICE-HBV) at the International Liver Conference – provide renewed hope and commitment in accelerating global progress towards the elimination targets.

An increasing number of countries are taking action to address hepatitis. Of the 194 countries that signed the elimination strategy, 124 have developed or are in the process of developing national hepatitis plans, as of February 2019.

A persistent challenge in the global hepatitis response is the lack of focus on harm reduction and prevention services for people who inject drugs. This population group accounts for the highest number of new infections – 23%.

This is also the area where we have seen the least progress – only half of countries report some syringe distribution or one or more clinics providing opioid substitution therapy. At the end of 2017, 33 safe syringe needle sets were attributed per person who inject drugs per year – just over one tenth of the global target of 300.

“Funding remains a key barrier”

Despite efforts, most people living with viral hepatitis lack access to hepatitis testing, treatment and care. Funding remains a key barrier. Only 58% of countries included domestic funding for hepatitis scale-up.

WHO data show that if hepatitis elimination was added to WHO’s ambitious universal health coverage plan, the global health price tag would increase by 1.5%. The return on this investment, however, would be far greater, including a reduction of about 5% in deaths and an increase of about 10% in healthy life years by 2030.

If hepatitis elimination was added to WHO’s UHC plan...
Spreading the Word About NOhep at ILC 2019

We welcomed hundreds of people to the NOhep stand at the ILC2019 conference in Vienna, and signed up over 100 new NOhep Medical Visionaries to lead the way in the fight against viral hepatitis!
ICE-HBV launches Global Scientific Strategy to Cure Hepatitis B

Worldwide efforts to eliminate hepatitis B have been boosted today by the launch of a Global Scientific Strategy to Cure Hepatitis B by the International Coalition to Eliminate Hepatitis B (ICE-HBV), a global group of researchers, patient representatives and health organisations.

Today, more people die from chronic hepatitis B virus infection than from malaria. Chronic hepatitis B causes almost 40 per cent of hepatocellular carcinoma, which is the second leading cause of cancer-related mortality worldwide.

“Some 900,000 people dying unnecessarily of hepatitis B every year is simply unacceptable,” said Professor Peter Revill, ICE-HBV Chair and Royal Melbourne Hospital Senior Medical Scientist at the Doherty Institute. “Inexplicably, despite the huge human and economic toll of chronic hepatitis B, hepatitis B research remains largely underfunded, to the point of being compared to a neglected tropical disease. Hepatitis B cure research could make all the difference and prevent adverse outcomes in all people infected with the virus, allowing them to live treatment-free, fully productive lives and reduce the stigma associated with this chronic infection.”

If we have a vaccine and drugs for treating hepatitis B why do we need to research a cure?

A safe and effective vaccine to prevent hepatitis B infection exists and its universal delivery is essential for the elimination of hepatitis B as a public health threat. Lifelong treatment is also needed for those already chronically infected but currently is only accessed by some eight per cent of the millions of people who need it, partly due to the complexity of disease monitoring. The ICE-HBV Strategy argues strongly for the need for appropriate cure research and preparedness to complement the World Health Organization’s global elimination strategy, the hepatitis B vaccine and the well-tolerated but poorly-accessed therapy.

The current treatment regime helps keep hepatitis B under control, but it is not a cure because it cannot completely clear the virus from infected cells. Even with ongoing treatment, people are still at a higher risk of developing liver cancer, particularly those with underlying cirrhosis due to chronic hepatitis B. It raises issues of medication adherence and requires considerable investment for ongoing monitoring, adding to the challenges of achieving elimination.

Twin-pronged approach

To achieve the goal of hepatitis B cure, the ICE-HBV Strategy proposes and describes in detail two main approaches; curing of hepatitis B infection without killing infected cells, and inducing immune control to safely eliminate infected cells. The ICE-HBV Strategy argues that each of these approaches will need to be underpinned by coordinated clinical studies to advance HBV cure. The ICE-HBV Strategy also cites emerging evidence that the hepatitis B disease ‘time-clock’ commences ticking earlier than previously appreciated and that hepatitis B DNA integrations are associated with liver cancer – hence treatment might be advisable at a much earlier stage than currently recommended.

New collaborations are key. “Curing hepatitis B is not a pipe dream and should not be thought of as such,” said Dr Su Wang, Hepatitis B Foundation Board Member and President-elect of the World Hepatitis Alliance. “The 257 million of us living with hepatitis B are desperate for this to be reality to stop the needless suffering and deaths. We applaud the ICE-HBV Strategy as a sign of the commitment to scale up the necessary research and collaboration to get us there.

“We believe if the same kind of fervour and investment is given to hepatitis B that was poured into hepatitis C therapeutic development, we would dramatically expedite the timeline to a cure. The ICE-HBV Strategy is important in how it details a multi-pronged plan to attack and eliminate deadly hepatitis B with virological and immunological approaches. “But it is also landmark because it not only includes renowned scientists and clinicians, it values the contribution of the hepatitis B patient community. People living with hepatitis B have the central stake in a cure and should be included as a partner on this road to cure.”

A more universal health coverage approach

Recent scientific progress and the momentum created by the discovery of a cure for the hepatitis C virus has created a sense of hope to find a cure for hepatitis B. ICE-HBV is calling for increased investments in hepatitis B cure research and cure preparedness to save the lives of the 257 million people living with chronic hepatitis B worldwide, most of whom are unaware of their infection.

While ICE-HBV supports both the World Health Organization global health sector strategy on viral hepatitis and the World Hepatitis Alliance’s ‘Find the Missing Millions’ campaign, it urges a more universal health coverage approach to the hepatitis B response.

“We strongly believe that public health and research agencies need go beyond the existing objectives and work together to discover and ensure access to curative treatment regimens for people living with hepatitis B,” said Professor Fabien Zoulim, ICE-HBV Deputy Chair, Vice-president of the scientific advisory board and head of the HBV cure programme at the French National Agency for Research on HIV and Viral Hepatitis (ANRS) in Paris, France.

Read the recommendations here and the full strategy here.
EASL Continues to Push for Hepatitis C Elimination By 2030

Treatment of hepatitis C infection with direct acting antiviral (DAA) therapy is one of the major clinical advances in recent times. In many countries, however, treatment has been restricted to a minority of the infected population, in large part due to the initial very high cost of DAA therapy and, to a lesser extent, to capacity issues related to the large number of known, untreated patients. Many hepatitis C infected individuals have not yet been diagnosed or are diagnosed, but not linked to treatment and care.

Given the ability to cure hepatitis C, in 2014 the World Health Assembly adopted Resolution 67.6, calling on all countries to develop a comprehensive viral hepatitis national strategy. Two years later, in 2016, the World Health Organization (WHO) adopted its first Global Health Sector Strategy on Viral Hepatitis and the WHO Action Plan for the health sector response to viral hepatitis in the WHO European Region (2017).

EASL recommends that:

- All European countries develop a comprehensive hepatitis C national strategy or action plan to: increase awareness throughout the population and to ensure appropriate preventive measures; offer testing; provide linkage to care, treatment and follow-up of patients in line with the WHO Global Health Sector Strategy on Viral Hepatitis and the WHO Action Plan for the health sector response to viral hepatitis in the WHO European Region (2017);
- All European countries adopt EASL recommendations on the management of hepatitis C where it is stated that every hepatitis C patient should be considered for treatment, and that treatment should be initiated with DAAs;
- DAAs be globally available at reasonable prices, to avoid any further reimbursement restrictions, and to allow governments to implement comprehensive elimination strategies.

Read the full statement here

Spotlight On: Cary James

I am thrilled to have joined the World Hepatitis Alliance this month as CEO, and look forward to using my skills and experience to champion our members and the people affected by viral hepatitis. I wanted to take this opportunity to introduce myself to you and tell you a little about my career to date.

Through a successful career in journalism, I discovered the power of communications as a force for good. This lead me to join the grassroots HIV advocacy movement where we fought tirelessly to ensure that people living with the condition were at the centre of public policy and that the needs of marginalised groups were the foundation of service design and delivery. This passion for health equality and the vital role of civil society and patients in public health has burned brightly in me ever since.

I went on to become Head of Health Improvement Programmes at the Terrence Higgins Trust (THT), one of Europe’s largest HIV and sexual health organisations. There I was fortunate enough to lead HIV Prevention England – the official government funded national HIV prevention programme. Its work included behaviour change campaigns, sector development and a vibrant partnership of community organisation delivering services across the country.

Through a whole system approach and innovation in prevention, testing, diagnostics and treatment, during my time in post we saw a 20% increase in HIV testing and a 35% decrease in new HIV diagnoses - the first decrease in UK history and a turning point in the epidemic.

My experience in viral hepatitis has run throughout my career. I worked closely with Public Health England on the delivery of outbreak responses. I am the former chair of European [Hepatitis/HIV] Testing Week and am currently an advisory board member of INTEGRATE a project to integrate early diagnosis and linkage to prevention and care of viral hepatitis, HIV, TB and STIs in Europe. This experience has made me acutely aware of the essential efficiencies of integration, but also the undeniable need and importance of a strong hepatitis-specific response.

For the past year I have also been working with the International Society on Thrombosis and Haemostasis, coordinating a global advocacy programme for the prevention of hospital-associated blood clots.

This wide experience has given me unique insight into the WHO and the UN in the fields of both communicable and non-communicable diseases (NCDs) as well as Universal Health Coverage (UHC) which will be vital at this time of change and competing priorities.

I currently live in East London and enjoy the rich cultural diversity of the area.

I am looking forward to working with WHA members and patients all over the world to make our dream of viral hepatitis elimination a reality.
Patients have an important role to play in the development of a hepatitis B cure

By Dr Su Wang, WHA President-elect

In April ICE-HBV launched the ‘Global Scientific Strategy to Cure hepatitis B’, setting out a roadmap for the global scientific community to discover a cure for hepatitis B. I spoke at the launch in my dual roles as a medical professional, who sees the impact of hepatitis B on patients every day, and as someone living with hepatitis B myself.

This strategy should be welcomed by those of us affected by hepatitis B (HBV), and we need to be involved in the process to find a cure. Across the globe, 257 million people live with hepatitis B, with 900,000 people dying every year from the disease. We have a preventative vaccine for the disease and effective treatments exist that are relatively low cost, but patients, myself included, hope for a cure. Research is underway, but the pace is slow.

The ICE-HBV strategy calls for more research to accelerate the development of a cure. It’s shocking how little we know about this global killer due, in part, to a lack of research funding for hepatitis B. In the USA last year $4 billion was spent on HIV research; in the same period only $47 million was spent on hepatitis B research. Patients, the affected community and civil society have an important role to play in advocating for more money to be allocated to hepatitis B research. Our collective voices and stories can call on research institutions, funders and governments to prioritise hepatitis B funding. We also need to use our voices to ensure that countries and health systems do not neglect the need for a cure for hepatitis B. It is tempting for health systems to continue the status quo, but it also effectively condemning a generation to a life with limitations.

In 2015, of the 257 million people living with HBV infection, only 9% (22 million) knew their diagnosis. Of those diagnosed, the global treatment coverage was only 8% (1.7 million). Lack of access to viral load testing (HBV DNA) is a major barrier to many people globally. This means patients do not know their disease severity and whether they need medications based on professional guidelines, so we must continue to advocate for availability of diagnostics and simplified guidelines. We have had effective hepatitis B vaccines for decades, yet we fall shockingly short in administering the crucial birth dose which reaches only 38% of babies born worldwide. This means we will not be the last generation of people living with hepatitis B, a lost opportunity. A cure will become an important tool to make the elimination of hepatitis B a reality.

We are seeing the results of research – a ‘functional cure’ for hepatitis B is on the horizon, with some organisations saying it may be available within the next decade. A functional cure would mean virus production is suppressed and there is a loss of the Hepatitis B surface antigen (HBsAg), the marker currently used to screen and diagnose people with hepatitis B infection. However, in the functional cure, particles of the virus called covalently closed circular DNA (cccDNA) will remain in the liver. This scenario is also the case in the millions of people who have also naturally resolved hepatitis B infection, leaving them with a small chance of disease reactivation under immune suppression; remember, 2 billion people in the world have had hepatitis B infection at some point, though 357 million are currently infected. A ‘sterilizing cure’ is eradication of cccDNA and for many in the scientific community, would be the true cure. This is a much higher task to achieve. Because cccDNA is not detectable by current tests, there is little awareness about it. The wider patient community is desperate for the loss of HBsAg which is currently the ‘scarlet letter’ (identifier) leading to stigma and discrimination they face.

It’s important for the community to understand that the hepatitis B virus is much more complicated than the hepatitis C virus, and thus cure will not be as simple. The hepatitis B virus has a complex interplay with the immune system, and current thinking is that it will take both a direct acting antiviral and another modality to boost the immune system to achieve control over the virus. Regimens to achieve functional and sterilizing cure may be a combination of oral medications and injections. There is much unknown about the virus and significant research still needs to be done to know what will work. At this time, there are a number of therapies in early stage clinical trials with the furthest along in phase 2.

We as the affected community need to be educated and involved in the development process – we can actually help accelerate the process to cure. We are a part of raising awareness to show there is a great demand and need for these therapies. We need to make sure that policy makers, funders, payers all see the importance and urgency of relieving the burden of this disease. We welcome collaborative efforts like the new ICE-HBV strategy as a sign of the commitment to scale up the necessary research and collaboration to get us there. The inclusion of the patient community in the ICE-HBV strategy is also an important example of partnering with patients on the road to hepatitis B cure. It’s imperative for patients to use our voices and lived experiences to inform the process. Our input is important so that the drugs developed to cure us actually work for us and are accessible to all of us.”
Social Media Snapshot

HepatitisSA @hep_sa - Apr 16
$51 billion needed to eliminate hepatitis C worldwide by 2030 but elimination will bring economic benefits of $19 billion by 2030, increasing thereafter. #NoHep buff.ly/2v6VbkJ

Rick Dunn @RickDunn
1 #Hep death every 20 seconds. Scratch that, too sterile. One human being - a partner, spouse, friend, neighbor, son, daughter, brother, sister... dies *unnecessarily* every 20 seconds. And what financial resources are we putting towards the available solutions...? #ILC2019

HepCarestream @HepCarestream - Apr 2
Here on Capitol Hill with my niece and Lisa Catalli, the NP who cured me of HCV. Representing AASLD to talk about funding for liver disease #HepCarestream #lucaHOC1990 #NoHep #AASLD

Outbled Hirschell @Outbled - Apr 13
An #Hep elimination #Heptag will require an ambitious scale-up: The #EndingHepatitis movement and government working to create health #SDG investments. #ILC2019

Change Goes Live @nielsenprogress - Mar 27
We’ve working on a hepatitis C eradication project in East Sussex. With #HepUK, a local GP & a #HepC nurse, we have completed the first phase – blood borne virus testing. Next, we will be providing treatment at a local GP surgery. #NoHep #NHFHealthAction

Vaccinate on time every time
Talk to your health care provider and make sure your vaccines are up to date. #NHCPVAXNETWORK

See Translation
Together, our stories can change the way the world sees viral hepatitis. The stories of those living with or impacted by viral hepatitis can help educate and raise awareness, provide support and inspiration, tackle stigma and discrimination, and highlight the true impact of this global disease.

Each month we share the story of someone whose life has been affected by viral hepatitis. This month, we hear from Yary Laudith Torres Ramirez, an activist from Colombia.

"When I was working as an HIV/AIDS activist I first met Helena. She was in a hospital, her diagnosis was HIV-hepatitis C (HCV) coinfection, and it was in a terminal stage.

Nobody wanted to see her and nursing staff rarely came into her room; not even her family came. One day she asked me with her already broken voice to call her family, she wanted to see her mother and her daughter. I called them, but the response from the other side of the telephone line was totally negative. I was never able to tell Helena.

One afternoon she asked me to read Psalm 23 from the Bible that I had brought in at her request and, as I read it, she faded until she passed away.

Helena stayed with me. I could do a lot for her on the issue of HIV/AIDS, like help her to receive her antiretrovirals and give her attention, but I could not do anything about hepatitis C; I did not know much about it.

I know that there are many, many “Helenas” dying because of misinformation, a lack of awareness and a lack of information about how to prevent infection.

I started my hepatitis activism because of Helena. I have been able to comfort myself because I have been able to help and empower many people by educating them on the subject of hepatitis, but more than that I’ve been able to help them get timely medical attention, to access medicines through legal action, and to receive comprehensive care.

I cannot describe the feeling in your soul and your heart when a person can find out about their diagnosis in time, and can control the disease or is able to be cured. There are many of us around the world doing the same work with “Helenas”.

Little by little the awareness of viral hepatitis is being achieved. Hepatitis B and hepatitis C will be known and spoken about all over the world.

The slogan that we once had in a campaign “no more silence with the silent disease” has taken effect thanks to the efforts of many organizations, activists, patients and professionals that have sown the seeds of difference. There is now real hope that we are able to eliminate these diseases."

"There is now hope of being able to eliminate these diseases."

See more stories and submit your own at www.worldhepatitisalliance.org/wall-stories
“I no longer feel shame, guilt or fear. I have found acceptance, empowerment and hope.”