World Hepatitis Day 2019 - celebrations from around the world

Pakistan: ambitious new plan to eliminate hepatitis

Wall of Stories: "I can now proudly say that I have lived with hepatitis C and I have received the cure."

hepinion: Exploring a pioneering catalytic funding mechanism for elimination in Uzbekistan
NOTE FROM OUR CEO

Last month I was in awe of the global celebration of World Hepatitis Day. It was incredible to see the world come together to raise awareness and to help to find the missing millions living with viral hepatitis unaware. The day was a launch pad for many new hepatitis strategies, treatment guidelines and initiatives, and a catalyst for further action. I was in Pakistan at the official WHO event where the government of Pakistan announced the launch of an ambitious new screening and treatment programme to put the country on track to reach elimination. If Pakistan can get the resources needed, then it will be the largest hepatitis elimination programmes in the world. Read the full story starting on page eight.

However you marked the day, I hope that it was successful.

This month we were also pleased that hepatitis will be included in the UN Political Declaration on Universal Health Coverage (UHC). This was made possible through a concerted advocacy effort led by the World Hepatitis Alliance with support from the global hepatitis community. I will be in New York in September at the signing of the declaration at the High Level Meeting on UHC. We will be providing more details about what the declaration means for viral hepatitis elimination in the coming months.

We hope you enjoy this month’s hepVoice. There will be a slight break before the next issue as we give the magazine a bit of a revamp. We will be back in October with the next issue. In the meantime, follow us on social media for all the latest news.

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

**Scotland aims to eliminate hepatitis C in the next five years**

The Scottish Government has announced that it is aiming to eliminate hepatitis C by 2024. This is six years ahead of the World Health Organization’s (WHO) 2030 target.

“Scotland has long been known as a world leader when it comes to tackling hepatitis C, and this ambitious target confirms that we are still leading the way in our mission to effectively eliminate the virus by 2024, six years ahead of the World Health Organization’s expectations”, says Scotland’s Public Health Minister, Joe FitzPatrick.

An estimated 21,000 people are living with hepatitis C in Scotland and, speaking on World Hepatitis Day, Scottish First Minister Nicola Sturgeon said that the Scottish Government must “reach out to thousands of people living with hepatitis C undiagnosed”.

Rachel Halford, chief executive of the UK’s Hepatitis C Trust and European regional board member of the World Hepatitis Alliance (WHA), said: “With highly effective treatments available through the NHS, there is no reason for anyone to be living with hepatitis C. We need to urgently find those still living with an undiagnosed infection and support them to access treatment.”

Read more [here](#).

**Mexico establishes a new elimination strategy**

To achieve the 2030 elimination target, the government of Mexico has announced a new elimination strategy which includes a scheme that will allow people living with hepatitis C in the country to access curative treatment for free.

This plan is expected to treat more than 13,500 patients, identified in four key populations: patients with HIV, injecting drug users, people in prison and people who had surgery or had a blood transfusion before 1990.

The scheme has been made possible through strategic purchasing of medicines. The cost of treating hepatitis C in Mexico is currently 148,000 pesos (approximately $7,500 USD) per person. However, under the scheme the cost will be reduced by 48 per cent to 78,000 pesos (approximately $4,088 USD). Along with the reduction in cost for treatment, the scheme also includes the purchase of 750,000 rapid screening tests.

Senior Officer of the Ministry of Finance and Public Credit (SHCP), Raquel Buenrostro Sánchez, said: “with the same investment, more patients will be treated.”

General Director of the Salvador Zubirán National Institute of Medical Sciences and Nutrition, David Kershenobich Stalnikowitz, has said that he considers Mexico’s new strategy an impactful investment in health, which can help accelerate the concept of equitable universal coverage.

Read more [here](#).

**Punjab launches “identify and treat” programme for hepatitis C in central jails**

During a pre-conference organised under the National Viral Hepatitis Control Programme on World Hepatitis Day, the Indian State of Punjab’s Health and Family Welfare Minister, Balbir Singh Sidhu, announced a new state government programme that aims to identify cases of hepatitis C in central jails, whilst also paying for treatment costs.

The programme will initially take place in nine central jails, and more jails will be connected to the scheme in a phased manner.

Under the National Viral Hepatitis Control Programme, more than 67,000 people living with hepatitis C in Punjab have been put on treatment, with a cure rate of approximately 93 per cent. However, Mr Sidhu expressed that there is still a need to place attention on districts that have a higher prevalence of hepatitis C.

Read more [here](#).

**The Coalition for Global Hepatitis Elimination launches new interactive dashboard**

On 26 July, two days ahead of World Hepatitis Day, The Coalition for Global Hepatitis Elimination (CGHE) launched a new online hub to help catalyse progress toward achievement of the global goals for viral hepatitis elimination.

The new website presents a credible evidence base of up-to-date hepatitis statistics, including country-specific information about the burden of viral hepatitis. It also brings together technical expertise and examples of good practice from around the world that can be drawn upon in different country contexts to help achieve hepatitis elimination globally.

Visit the website at [www.globalhep.org](http://www.globalhep.org)

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**The Correlation Network releases report on interventions by harm reduction organisations in Europe**

The Correlation European Network on Social Inclusion and Health has released its findings from researching and collecting good practice examples of hepatitis C harm reduction interventions in Europe.

The report provides a thorough overview of the collaboration of harm reduction and community organisations working under different legal and socio-economic conditions across Europe. It presents overviews of the data collected through an exploratory survey and of the services identified during the project, a set of recommendations, and good practice examples from 14 programs.

Read the report [here](#).
Upcoming events and activities taking place

6 - 8 September
Conference on Liver Disease in Africa (COLDA) – Cairo, Egypt
COLDA is a platform which brings together liver disease experts from around the world in an interactive conference setting. It is aimed at empowering African stakeholders for the benefit of patients. It attracts healthcare professionals, researchers, public health experts and policy makers involved in the diagnosis, management and prevention of liver diseases. Civil society will also be attending. The conference will be held in Cairo, Egypt. Find out more here.

11 - 13 September
International Symposium on Hepatitis in Substance Users – Montreal, Canada
Hosted by International Symposium on Hepatitis in Substance Users (INHSU), the conference covers the latest advances in epidemiology, management and treatment of viral hepatitis among people who use drugs, with a specific focus on hepatitis C. Through the dissemination of scientific knowledge, the conference aims to contribute to the World Health Organization’s goal of eliminating hepatitis C by 2030.

The conference has a truly international focus attracting delegates from around the world, including health professionals (doctors, nurses and allied health), researchers, representatives from community organisations, people who use drugs and policy makers. Join in the conversation on social media using #INHSU19 and find out more here.

23 September
UN High-Level Meeting on Universal health coverage (UHC) – New York, United States
On 23 September 2019 a high-level meeting on universal health coverage will be held at the United Nations General Assembly. The meeting, ‘Universal Health Coverage: Moving Together to Build a Healthier World’, will bring together heads of state, political and health leaders, policy-makers, and universal health coverage champions to advocate for health for all. Join in the conversation using #HealthForAll and find out more here.

Thank you to everyone who helped make the day such a success!
At an event held to mark World Hepatitis Day (WHD) on 28 July, the government of Pakistan announced Prime Minister Imran Khan’s ambitious new plan to eliminate viral hepatitis B and C infections in the country by 2030. The programme – the largest test and treat hepatitis programme ever attempted anywhere in the world – aims to provide leadership and coordination to provincial programmes in scaling up hepatitis prevention, testing and treatment services.

Dr Arif Alvi, Honourable President of the Islamic Republic of Pakistan, lauded international partners and key national health policymakers for their commitment. “The Prime Minister’s plan is a step forward toward improving healthcare in the country and achieving the United Nations’ Sustainable Development Goals in the long run,” he said.

In support of the Prime Minister’s initiative, the Ministry of Health Services, Regulations and Coordination (NHSRC) also announced new national plans for injection safety, safe blood transfusion, and national infection control guidelines. The implementation will be overseen by the newly created National Task Force of the Ministry.

“Every one of us has a role to play in eliminating hepatitis in Pakistan. We have political will and policy tools to stop hepatitis at its roots, particularly, by improving the state of poor injection safety through implementing the new policies launched today,” said Dr Zafar Mirza, Special Assistant to the Prime Minister on Health. “Turning this into success will require partnerships and collaboration, and I hope our global, regional and local partners will join Pakistan in investing to eliminate hepatitis.”

Although Pakistan produces affordable medicines to cure hepatitis C, with a cost of just US$20 per cure, very few people in the country know of their infection, and therefore, do not access testing and treatment services.

Because of this low level of awareness, patients could require repeated hospitalisation, expensive medicines and liver transplants, causing major financial burdens on their families as well as health systems.


A new study released by WHO shows that investing in eliminating hepatitis can bring cost savings, because instead of paying for long-term care required for liver cirrhosis and cancer, people would access hepatitis testing, treatment or cure while they are healthy.

Read more here.
PRIME® Launches a Practical Toolkit Aligning Patients and Providers in the Prevention and Treatment of Hepatitis C

PRIME® launch Practical Toolkit for Building a Successful Partnership with High-Risk Hepatitis C Patients.

Leading healthcare education and research company PRIME® has launched a practical toolkit aimed at aligning patients and providers in the prevention and treatment of hepatitis C. They have partnered with the World Hepatitis Alliance (WHA), the Achieve Coalition, British Viral Hepatitis Group, British Association for the Study of the Liver (BASL), Grupo de Ativistas em Tratamentos (GAT), and Prometheus in an effort to reach global elimination of the virus by 2030.

The practical toolkit was created to fill a gap in accessible and user-centric guidance on the testing and treatment of hepatitis C. It has been designed to support patients – including those from marginalised populations – and medical practitioners in effectively engaging in testing, linkage, and treatment through coproduction to motivate patients toward self-care and positive health behaviours, including testing, treatment initiation, adherence, and risk reduction. Dr. Stephan Walcher, member of the Board of Directors for the European Opiate Addiction Treatment Association and Director of CONCEPT – Center for Addiction Treatment, said: “A lot of evidence has been compiled since the release of the first direct-acting antivirals, leading to adapted or newly issued guidelines. However, there has been a lack of simple, practical, and user-targeted handouts—something that both health care providers and patients can really work with”.

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The toolkit contains step-by-step guides to facilitate overcoming stigma and increasing patient engagement in screening, treatment, and self-care. It also includes a brief overview of hepatitis C treatment for key groups, including people who inject drugs (PWID), men who have sex with men (MSM), people in prison (PIP), and migrants. It is available in English, French, German, Italian and Spanish to maximise its accessibility and use across a variety of settings in Europe, including primary care clinics, drug treatment centres, medically supervised injecting centres, street-based outreach programs, prisons, and criminal justice settings.

“Patient-centred communication is fundamental in eliminating hepatitis C, and I expect that these new tools will play an important role in engaging patients in effective conversations that foster strategic action toward hepatitis C testing, treatment, adherence, and risk reduction,” said Professor Jeffrey V Lazarus, PhD, MIH, MA, Faculty of Medicine, Barcelona Institute for Global Health (ISGlobal).

Read more and download the toolkit here
EXPLORING A PIONEERING CATALYTIC FUNDING MECHANISM FOR ELIMINATION IN UZBEKISTAN

By Rick Dunn and Homie Razavi, CDA Foundation

In Uzbekistan around 5,300 people die each year from liver disease and cancer related to hepatitis B or C. The tragedy is that almost all of these deaths are preventable. Uzbekistan, like many other low- to middle-income countries, faces a huge economic and social burden because of viral hepatitis. With no global funder present to help them to tackle the disease, new innovative models of financing need to be explored to make hepatitis elimination a reality.

At the Centre for Disease Analysis Foundation (CDAF) we have been working with the government in Uzbekistan to pilot an innovative new model to test and treat for viral hepatitis. We are testing a scalable and sustainable funding mechanism that will make hepatitis treatment affordable to all. In our pilot model, all participants will receive free screening and diagnosis, and four out of five patients diagnosed with hepatitis will pay for treatment (at a reduced rate to what is currently available). This in turn will subsidise payment for the one out of five who cannot afford treatment.

In the pilot, which was launched on World Hepatitis Day, we will initially focus on 250,000 people in the Uzbekistan capital Tashkent. All participants will receive free screening and diagnosis. The 80 per cent of infected patients who pay for treatment will pay a fraction of the market prices for the drugs they need (50 per cent less for their treatment than what patients pay today in Uzbekistan). This has been made possible by CDAF’s Global Procurement Fund (GPRO), created in 2017.

Once the costs of screening and diagnosis have been included, the price paid by each patient would be less than $10 per month for hepatitis B treatment (which would be ongoing) and less than $95 per month for hepatitis C treatment (for three months, which would be curative).

“Our research suggests that patients are able to – and do – pay for hepatitis treatment as long as it is at a reasonable cost.”

Our research suggests that patients are able to – and do – pay for hepatitis treatment as long as it is at a reasonable cost. Patients in low- and middle-income countries already pay for most of their own healthcare costs. If the prices are kept low, the majority of the population will be able to afford to pay for their own treatment and subsidise those who cannot pay – self subsidised healthcare (SSH).

The cost of this program to the government is zero. They agree to provide existing healthcare workers to support screening and treatment efforts. In addition, the government has agreed to help with preventing price mark-ups in the supply chain. These prices for treatments are 50 per cent lower than what patients pay in Uzbekistan today, and this money would cover the cost of screening and laboratory tests for all, and free treatment for 20 per cent of the population who will not be able to afford to pay at any price. Because the prices are kept affordable and patients contribute to the cost, the funding mechanism can be scaled up or down to match the prevalence of the virus in any given country.

The Uzbekistani government has announced it would like to eliminate hepatitis B and C as per the World Health Organization (WHO)’s targets (through a Presidential Decree), but it lacks the resources to fund it alone. The government has waived the import taxes for the treatments needed for the pilot, and its Research Institute of Virology will be coordinating availability of government facilities (polyclinics) across Tashkent, as well as the healthcare workers needed for screening, the lab resources and personnel for running confirmatory tests, and doctors as needed. They will also provide awareness and education materials including a media campaign encouraging people to come forward for screening and treatment.

Although this is a pilot within a single country, the suppliers and pharmacy partners that work with GPRO have agreed to provide the tests and medications at volume discount prices to show countries around the world what can be achieved in a national elimination program.

“Low- and middle-income countries desperately need a new system to pay for diagnosis, screening and treatment of hepatitis B and C across their populations.”

Low- and middle-income countries desperately need a new system to pay for diagnosis, screening and treatment of hepatitis B and C across their populations. Without innovative, scalable and sustainable funding strategies to help them, these countries will not make the WHO elimination targets for many decades, let alone by 2030, and millions of people will die from a preventable, curable disease in the case of hepatitis C, or a preventable or manageable condition in the case of hepatitis B. The new approach in our pilot represents a paradigm shift in funding global health programs. It can be the basis of universal healthcare using patient co-funded programs for a wide range of disease areas, not just for hepatitis. Our hope is that we can prove that the Uzbekistan model is sustainable and replicable around the world.

Pictured: Homie (second from right) and Rick (right) at the press announcement for the pilot
WHA Members All Over The World Mark World Hepatitis Day!

Do you have photos from your WHD activities? Email them to us!
NOhep on World Hepatitis Day
I was diagnosed with hepatitis C seven years ago when I started opioid agonist treatment (OAT). I contracted the virus while using intravenous substances on the street in North End, Halifax. I remember exactly where I was when I contracted it and exactly where I was when I was diagnosed. I was diagnosed after a nurse at the OAT clinic suggested that I get tested.

I was scared and uneducated on what I may have. I knew I was using unsafely, sharing syringes, cookers and other supplies.

I tested positive for hepatitis C. I really didn't know much about it and didn't think I would live to see the age of 30. I pretended I wasn't worried about the diagnosis but deep down I was scared. "I pretended I wasn't worried about the diagnosis but deep down I was scared."

I ended up getting about a year substance free under my belt, except for my methadone. I was working full-time making fairly good wages. After talking to the health care practitioner at my work, I decided I wanted to seek treatment. I was referred to the hepatology clinic and things were looking positive. It was just after the Interferon era and this new expensive treatment was on the market.

At the time my liver wasn't damaged enough for our healthcare system to cover it, but luckily for me my private insurance, which I got through work, did. All I needed was a family doctor to complete follow up and look over my blood work.

No big deal, right? Think again.

Where I'm from in Atlantic Canada, there is a lot of stigma around former or current substance users. I called between 40-50 doctors to take me on as a patient. The nicest answer I got was 'call me back after you're off of methadone'. A lot of physicians wouldn't take my phone call, some thought I was seeking substances, and some even hung up on me. This lead me in a downward spiral, eventually causing me to lose my job, overdose multiple times, and end up in jail.

In 2018, after I got out of jail, I started on a pathway to recovery. After about six months of living healthily I sought out treatment again and the results were completely different. I had an amazing nurse who guided me every step of the way and a wonderful infectious diseases specialist who treated me like a human being. I got cured in early 2019 and have never felt better. I've learned a lot about hepatitis C and don't want to get re-infected.

I ended up getting involved in volunteer work, advocacy work, and was hired in the harm reduction field as an outreach worker. I am currently a member of the Halifax Area Network of Drug Using People, peers assisting and lending support. I’m an outreach worker at Mainline Needle Exchange and even work as an outreach worker at the Hepatitis Outreach Society of Nova Scotia.

I recommend to everyone that they get tested sooner than later. It’s very easy, just a little finger prick. The treatment is not what it once was. I had zero side effects. I can now proudly say that I have lived with hepatitis C and I have received the cure. Treatment is prevention!"

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.
"I no longer feel shame, guilt or fear. I have found a way out of depression and despair. I have found acceptance, empowerment and hope."

www.worldhepatitisalliance.org