WHO: Ignoring the health of people in prisons now comes at a high cost for society later

hepinion: 2019, a year to remember

WALL OF STORIES

“I saw how desperately my community needed education about hepatitis B.”
Note from our CEO

Welcome to hepVoice.

We are nearing the end of 2019 and it’s been a busy year here at the World Hepatitis Alliance office in London, and for our members across the world. In my hepinion in this month’s edition I pause to look at our achievements over the past year, and I’d like to encourage you to do the same. It is all too easy when you are busy to forget the impact of your own work, but by taking a moment to reflect on your successes, you can see how vital what you do is. You can read my hepinion on page ten, and if you’d like to tell us your highlight of 2019, do email us on contact@worldhepatitisalliance.org.

At the end of November, the Foundation for Innovative New Diagnostics (FIND) hosted a webinar for us on hepatitis C diagnostics. It is a really informative session that is easy to follow and packed full of useful information. Read more about the webinar and how to view it on page 12. Keep an eye out for future webinars in 2020.

The World Health Organization has released a report on the importance of prison health care. People in prison are often marginalised by health systems and are unable to get access to the health care they need. Yet by engaging with them while they are in prison, organisations can build trust and change lives. Read about how WHA member Waverley Care is doing just that in Scotland’s prisons on page eight.

Finally I would like to wish you all a very happy end of 2019. I hope you have had a wonderful year and I look forward to bringing you hepVoice in 2020.

Cary James

Contents

Regulars

4 hepHeadlines

5 Dates for the diary

Features

6 WHO report: Ignoring the health of people in prisons now comes at a high cost for society later

8 Find the Missing Millions: hepatitis C testing and support in prisons

10 hepinion: 2019, a year to remember

12 Four countries pilot a joint, multisectoral response to tuberculosis (TB), HIV and viral hepatitis

14 Meet WHA’s new board members

16 WHA: 2019 highlights

18 Looking back: NOhep in 2019

20 Wall of Stories: Cinder

Stay connected

www.worldhepatitisalliance.org

contact@worldhepatitisalliance.org

www.facebook.com/worldhepatitisalliance

@Hep_Alliance

@worldhepatitisalliance

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.
Hepatitis C infection rate on the rise in Myanmar

A survey has revealed that rates of hepatitis C infection are on the rise in Myanmar, with six per cent of the population estimated to be living with hepatitis B and two per cent with hepatitis C.

The country’s Ministry of Health and Sports has implemented a national hepatitis control project and has opened hepatitis C treatment centres at seven public hospitals, where people can receive free treatment for the virus.

A Public Health Department official said: “Up to May 2019, we provided medical treatment to 5,000 hepatitis C patients. The result is good because over 90 per cent of the patients were cured. We are planning to open more centres at other hospitals.”

Read more here.

Australian Minister steps in to stop deportation of hepatitis B patient

Australia’s immigration minister, David Coleman, has intervened to halt the deportation of a Vietnamese single mother with hepatitis B, granting her a new temporary visa.

Despite being in good health and no longer needing medication, Sidney Vo’s visa application had been denied because the cost of her potential health treatment was deemed too expensive for Australian tax payers.

Ms Vo’s public plea to have her case reopened in light of recent changes to immigration health rules attracted widespread public support, with more than 32,000 people signing a petition calling for her to be allowed to stay, and medical professionals lobbying the government on her behalf.

Speaking of the support of medical professionals for her case, Vo said: “I feel really thankful for all the support. Without it I wouldn’t have had this outcome.”

Read more here.

Renowned boxer backs hepatitis campaign

Six-time boxing world champion and Olympic medallist M C Mary Kom has committed to helping India deliver a “knockout punch” to viral hepatitis.

Kom is the face of a new awareness-raising campaign launched by the Institute of Liver and Biliary Sciences (ILBS) in New Delhi, and features in a short video which has been released across 250 cinemas in the Delhi-National Capital Region.

She said: “Fighting hepatitis is like fighting in boxing. As part of this campaign, we are all committed to knock hepatitis out of the country. I am happy to be part of this campaign as I am also a mother and I know vaccination is important for children to protect them.”

Read more here.

With guidance for both medical professionals and people at risk of or living with hepatitis C, PRIME®’s practical hepatitis C toolkit is a useful resource for helping practitioners and patients work together for the best outcome in hepatitis prevention, screening and treatment. The toolkit is available in six languages and is designed for use in a range of settings, from primary care clinics to prisons. Find out more and download the toolkit at http://bit.ly/2lxoxB9

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

Hepatitis is regularly making the news thanks to the efforts of WHA members. Here are a few highlights.
A new report from the World Health Organization (WHO) has revealed that people in prison suffer from poorer health outcomes and limited access to health care, which can impact them and their communities even after release. However, prisoners’ health is not being monitored well, and there is a lack of evidence to inform policy making to improve the health of prison populations.

The “WHO status report on prison health in the WHO European Region” presents an analysis of data collected on the health status of people in prison and prison health systems for 39 countries in the region. The WHO survey collected data from Member States between 2016 and 2017 to enable monitoring and surveillance of health in prisons.

The report reveals that the general state of monitoring and surveillance systems for health in prisons is poor. This affects the development of evidence-based policies that effectively target the needs of the prison population.

“‘We only have data from 39 countries, but the data that we have indicates an enormous difference in the general health of people in prison compared to those in the outside world. Collecting this data is essential to enable the integration of prison health policies into the broader public health agenda benefiting the entire society,’ says Dr Carina Ferreira-Borges, Programme Manager for Alcohol and Illicit Drugs at the WHO Regional Office for Europe.’

“From prison release to life in the community”

An estimated six million people are incarcerated each year in the region. After release, rates of reoffending and returning to prison are high. The report points out that this cycle between prison and community often leads to disjointed and ineffective healthcare outside of prison.

During the early days of a person’s release, the risk of suicide, self-harm and drug overdose is increased. This means that continuity of care during this transition is critical. Gaps in care during this period have significant negative public health implications and can constrain a country’s ability to address inequalities.

“A large proportion of people in prison return to the community every year, so viewing prison as a setting for public health opens an opportunity for public health actions and for improving health literacy to support and protect vulnerable populations,” says Dr Bente Mikkelsen, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course at the WHO Regional Office for Europe.

“A prison sentence takes away a person’s liberty; it should not also take away their health and their right to health,” she adds.

An opportunity for better health

Prisons and other places of detention have an opportunity to deliver preventive and risk-reduction interventions and treatments to a population that previously may have lacked or had limited access to health care and a healthy lifestyle.

According to the report, prisons must be seen as settings in which health interventions can address existing health conditions and contribute to positive lifestyles and behaviour changes. Time in prison can also be used to improve people’s skills to help them find a job after release and reintegrate into society.

“‘The prison population, with its disproportionate disease burden, is one that cannot be forgotten in WHO’s pursuit of the United Nations Sustainable Development Goals. To achieve universal health coverage and better health and well-being for all, as in WHO’s vision, it is vital that prisons are seen as a window of opportunity to change lifestyles and ensure that no one is left behind,” emphasizes Dr Mikkelsen.”

What the report revealed about hepatitis prevention and testing

• Only 11 countries provided prevalence data on hepatitis C and eight on hepatitis B.
• Of the 36 Member States that provided data on screening for hepatitis B, 83 per cent reported testing is available but not mandatory.
• Eighty-three per cent of the 35 Member States that provided data on screening for hepatitis C reported that testing is available but not mandatory.
• A full vaccination course against hepatitis B is not available in 31 per cent of the 35 countries that provided data on the availability of hepatitis B vaccinations.

Read the full report and WHO’s recommendations here.
Through the Find the Missing Millions campaign, we are highlighting best practice and innovations in screening and testing so that other organisations can learn and develop their national activities. Each month we profile a successful diagnosis initiative in hepVoice. This month, we are highlighting the efforts of Waverley Care in the United Kingdom.

By Jennifer Goff, Waverley Care

One in five people in Scottish prisons has hepatitis C. Sadly, many do not receive the support needed to finish a full course of treatment to clear their infection and many more remain unaware of their status.

HMP Low Moss is a low category prison near Glasgow. It is one of the prisons that we engage with as part of our Prison Link Service’s induction sessions. Our Prison Link Services work aims to increase awareness of blood borne viruses (BBVs), including viral hepatitis, in Scottish prisons. We work to increase prisoners’ knowledge to stop onward transmission, scale-up diagnosis and provide in-prison support to people who are diagnosed with BBVs.

Our outreach work at Low Moss was developed following interventions from a number of professionals working there, including prison staff, a health improvement officer and the prison’s clinical staff. They felt there was a need to increase testing, treatment and awareness surrounding BBVs to scale-up new diagnosis and treatment uptake. Having been made aware of our work through our Prison Link Service sessions in HMP Barlinnie, North-East Glasgow, they got in contact with us.

Following a number of meetings between staff at HMP Low Moss and our outreach teams, it was agreed that our prison link worker would provide sessions on BBVs, including viral hepatitis, during new prisoner inductions. It would then be the prisoner’s choice if they wanted to get tested or not. It was also agreed that all prisoners who decide to participate would then be referred on to the HMP Low Moss’ resident nurse for testing.

Since we started delivering this service at HMP Low Moss, 712 people have attended our induction sessions and 316 people who have attended these sessions have been referred on for testing.

Examples from around the world

Our in-prison support has also enabled prisoners and ex-prisoners to get access to full courses of treatments. One example that we find particularly pertinent is James (not his real name). James was diagnosed with hepatitis C during a previous prison sentence. Despite wanting to receive treatment, he was refused because he was due to be liberated soon. This was a major blow. Following his re-admission to HMP Low Moss prison after re-offending, he got in contact with us through his induction session. He is now being supported by our prison link worker and is due to commence treatment before he is liberated again.

Working with HMP has been fantastic. We have been able to work together to fill a gap in identifying people who are living with or are at risk of viral hepatitis and other BBVs.

Top tips for success

- Prisoners are incentivised to get involved in induction sessions upon entering prison. This is because the inductions are part of a monetary incentivised scheme, alongside gym passes.
- The service fills a gap identified by prison staff. Through delivering the sessions we are linking prisoners with clinical services from when they enter prison to when they are liberated. This builds a consistent care pathway from the start to end of someone’s journey within the criminal justice system.
- Coming into the prison as an outside organisation significantly reduces any barriers to engagement prisoners may have with prison staff. Our prison link worker can better connect with people, encouraging them to know their status, get tested and treated.
2019, a year to remember

By Cary James, World Hepatitis Alliance CEO

We have come to the end of another year and I believe it’s important that we take time to pause and briefly reflect on the achievements of the past year.

We have had many highlights at WHA. One of the key moments of 2019 was the inclusion of viral hepatitis within the United Nations Political Declaration on Universal Health Coverage (UHC). To achieve this took a truly united effort by WHA and its members, stakeholders and other partners – without all partners working together we would not have been able to achieve this historic commitment to hepatitis elimination at a global political level.

The inclusion of hepatitis within the UHC declaration is an example of successful advocacy, something we are invested in at WHA. This year we launched our Find the Missing Millions in-country advocacy programme where we are working with five WHA members to develop and initiate advocacy programmes to help overcome one or more of the barriers to diagnosis in the participants’ countries. We are delighted by the work being developed by the five members and we will continue to report on their progress over the coming months.

NOhep has also had an exciting 2019. The movement mobilised twice this year, firstly to campaign to Google to make an awareness-raising Google Doodle for World Hepatitis Day, and then to urge the Global Fund to actively encourage the integration of hepatitis elimination into their existing programmes. NOhep has grown to be a movement of over 5,000 people from across the world, and being able to mobilise them and to bring their voices to the global stage will help make change happen. We have also seen the growth of the NOhep Medical Visionaries programme, which has developed into a network of more than 500 medical professionals from 60 countries. This year we brought the Medical Visionaries together at the European Association for the Study of the Liver (EASL)’s International Liver Congress and the American Association for the Study of Liver Diseases (AASLD)’s The Liver Meeting so that they could share their work to achieve elimination.

World Hepatitis Day was another highlight – it is always motivating to see the global community unite to raise awareness. The film and other resources WHA produced were used worldwide to help raise awareness, with the resources being translated and used by members across the globe. WHA members are key to helping spread the message and raise awareness, and your events, meetings and advocacy efforts on the day – and throughout the year – are an inspiration.

On a global level, many of the conversations in global health have turned their attention to UHC, integration and decentralisation. It is vital that viral hepatitis is included in these conversations; eliminating the viruses can help achieve global health priorities, making health systems stronger and more efficient and, crucially, saving more lives. We now have just ten years left to reach elimination and while some countries are on track to make that happen, the majority are not. There is hard work to be done, at a crucial time. We have exciting plans for keeping hepatitis high on the global health agenda in 2020 – it will be another busy but exciting year and we look forward to working with our members, stakeholders and other partners to move ever closer to the elimination of viral hepatitis. For now, we can look back at 2019 with a sense of achievement.
Four countries pilot a joint, multisectoral response to tuberculosis (TB), HIV and viral hepatitis

Following the launch in 2018 of the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration, Belarus, Georgia, Portugal and Tajikistan agreed to lead the way on adopting an intersectoral approach in their response to the three diseases.

The Common Position, signed by 14 United Nations agencies, addresses the social, economic and environmental determinants of the three epidemics through action in areas outside the health sector. It builds on what works in each context to address unmet needs, while systematically advancing all Sustainable Development Goals.

The four pilot countries have already developed some forms of cooperation between sectors, particularly with the social sector, local governance and non-governmental organisations (NGOs) that provide different forms of support to patients living with these diseases or under long-term treatment. These range from providing financial aid and food aid to ensuring patients’ protection in social networks and, in some cases, supporting family members as well.

Civil society organisations are playing an increasingly important role in supporting patients, advocating for patient rights, and quality of care. Global Fund grants, where available, provide significant support to NGOs and to initiatives addressing key populations.

Addressing common challenges

Together with national counterparts and in consultations with representatives of other sectors involved, the World Health Organization (WHO) and Common Position partners have mapped ongoing intersectoral activities and made recommendations for next steps to address common challenges. These include:

- building bridges between programmes on HIV, TB and viral hepatitis that were previously vertical (for example, joint one-stop testing and treatment initiatives);
- strengthening cooperation with the education sector and the media for better education in sexual and reproductive health;
- collecting more in-depth evidence on successful approaches for key populations;
- strengthening cooperation with the employment sector on creating flexible solutions to ensure employment and income generation for people who are unable to work full-time in order to break the cycle of poverty and ill-health;
- ensuring that the legal framework does not create obstacles to accessing health care.

In addition, WHO and partners are highlighting the importance of increasing public understanding that children’s health and education have a significant impact on their development. They will focus on conveying two key messages in particular:

- good health and healthy lifestyles start with a good childhood and equal opportunities for development, education and the building of competencies and skills;
- spending in these areas is a necessary investment to build a socially cohesive society that is well equipped to cope with infectious diseases and epidemics when they occur.

Read more on the World Health Organization Regional Office for Europe website.

Catch up on our webinars

To help you find the missing millions living with viral hepatitis unaware in your community, we have launched a series of webinars to equip you with the knowledge and tools you need to increase diagnosis rates and advocate for change.

Our first webinar with WHA’s Head of Programmes Jessica Hicks focuses on the Find the Missing Millions online advocacy resource, and how to make the most of it. Catch up with Jessica’s presentation on Facebook.

In the second of the series, Sonjelle Shilton, Deputy Head HCV Access at the Foundation for Innovative New Diagnostics (FIND), takes you through the basics of diagnosing hepatitis C. Her presentation is packed with useful and accessible information and explanations, as she explores in detail the different types of tests and technologies available for diagnosing hepatitis C. Catch up on our website.

Find The Missing Millions.

Diagnostics for hepatitis C: what do we know? Watch later → Share.

Our first webinar with WHA’s Head of Programmes Jessica Hicks focuses on the Find the Missing Millions online advocacy resource, and how to make the most of it. Catch up with Jessica’s presentation on Facebook.

In the second of the series, Sonjelle Shilton, Deputy Head HCV Access at the Foundation for Innovative New Diagnostics (FIND), takes you through the basics of diagnosing hepatitis C. Her presentation is packed with useful and accessible information and explanations, as she explores in detail the different types of tests and technologies available for diagnosing hepatitis C. Catch up on our website.
Meet WHA’s new board members

The World Hepatitis Alliance recently held elections for board members to represent the AFRO, EMRO and WPRO regions. Congratulations to our new board members, and a big thank you to our outgoing board members, Kenneth Kabagambe (AFRO), Dr Ammal Metwally (EMRO), and Dee Lee (WPRO), for their hard work and dedication during their time on the board.

AFRO: Dr Alioune Coulibaly (Mali)
Dr Coulibaly is the president of the Association Pour La Promotion de La Sante et le Developpement (APSAD) in Mali.

He has initiated a range of viral hepatitis programmes in Mali, including a project to prevent the mother-to-child transmission of hepatitis B. APSAD has screened many Malians, including pregnant women, and administered the hepatitis B birth dose vaccine to hundreds of babies free of charge. It is currently working with the National Direction of Health to put in place a national hepatitis control plan.

Dr. Coulibaly has also worked internationally, and acted as the representative of Malians of Washington DC at the Nationa Viral Hepatitis Roundtable (NVHR) in the USA.

EMRO: Gamal Shiha (Egypt)
A graduate with honors of the Faculty of Medicine, Mansoura University, Gamal Shiha is an internal medicine doctor and has been practising since 1982.

He founded the Association of Liver Patients’ Care (ALPC) in Dakahlia, Egypt, in 1992, and is head of the organisation. He is also the founder and CEO of the Egyptian Liver Research Institute and hospital, and was recently elected Head of Education and Scientific Research Committee in the Egyptian parliament.

In 2015, Gamal and colleagues started the Village Free from Hepatitis campaign, a community-based outreach model for the prevention, diagnosis and treatment of hepatitis C and B. Through the project, 250,000 villagers have been screened and 35,000 hepatitis patients have been offered treatment.

WPRO: Lien Tran (Australia)
Lien is a Vietnamese epidemiologist and PhD scholar at the WHO Collaborating Centre for Viral Hepatitis - Doherty Institute, Australia.

Her current research is on improving engagement in care and treatment of people living with viral hepatitis in Primary Care. She is an active community advocate at state and national level. Her advocacy is grounded on personal and professional experience with constant exposure to affected community, health professionals, researchers, and policy makers.

In addition to the involvement with Hepatitis Victoria, Lien currently moderates two online support groups for people living with viral hepatitis, one in Australia and one in Vietnam.

Read Gamal’s full profile
Read Dr Coulibaly’s full profile
Read Lien’s full profile
What a year 2019 has been for WHA! Here are just a few of the highlights - don’t forget to get in touch and tell us what your highlight was.

- 21 new members joined our global alliance
- Members tested and diagnosed hundreds of thousands of people
- We welcomed a new CEO, Cary James
- World Hepatitis Day messages potentially reached more than 2 billion people
- Members took to TV, radio, the press and social media to raise awareness of viral hepatitis
- Members held countless awareness-raising events and reached millions of people with life-saving information
- Together, we successfully advocated for the inclusion of viral hepatitis in the political declaration on UHC
- Five members are participating in the Find the Missing Millions in-country programme
- WHA partnered with new organisations including FIND, IAPAC and UNITE

What a year 2019 has been for WHA!
Looking back: NOhep in 2019

In 2019...

- 720 NOhep supporters called on Google to commemorate Dr Baruch Blumberg with a Google Doodle.
- Almost 1,000 NOhep supporters added their names to an open letter urging the Global Fund to join the fight for hepatitis elimination.
- NOhep reached 32,000,000 people online on World Hepatitis Day.
- NOhep supporters organised countless events and activities around the world!
Wall of Stories
Cinder

My husband Manny and I had our children on Chuuk, a small island in Micronesia. Life was simple and health services were limited. People in Chuuk would say, “if you’re a real man, you bear the pain”. So when my husband was sick, he said, “no need to see the doctor”.

After we moved to Hawaii, he became a huge advocate for our Micronesian community. He liked to serve; he did interpretation and was a senior pastor in our language. I liked working in the background as an accountant. Everyone called me “Manny’s wife”.

In 2010, we learned he had cirrhosis and liver cancer. Still he said, “no need to see the doctor”. One day he was so sick I had to call an ambulance.

At the hospital, the nurse asked: “does he understand English?” I said, “Are you kidding me? He’s one of the best known interpreters for our Chuukese people”.

But at that moment, he just couldn’t take it all in. It was a moment I had always feared. I had to interpret for him and he was dependent on me.

During the next two years, I cared for him at the medical centre. He asked me to sing to him early every morning. I hadn’t wanted to sing out loud before, but I did it.

The month our son graduated from elementary school, I lost my husband.

“When my husband was sick, he said, ‘no need to see the doctor’.”

Everything changed. I started serving the church and interpreting for the community. I saw how desperately my children, grandchildren and community needed education about hepatitis B and how to prevent liver disease, and I started helping our people enrol for health insurance.

Singing has become my way of coping with my grief and my fears. Now I can’t wait to go up to the podium every week to sing my lungs out.

“I saw how desperately my children, grandchildren and community needed education about hepatitis B and how to prevent liver disease.”

I am not known as Manny’s wife anymore. I’m known as Cinder.

See more stories and submit your own at www.worldhepatitisalliance.org/wall-stories

Thank you to the Hepatitis B Foundation for allowing us to share Cinder’s story.

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 Cinder from Micronesia and Hawaii, whose husband died as a result of hepatitis B.