New partnership to eliminate hepatitis C in London kicks off

COVID-19 message from WHA President

WALL OF STORIES
“Get tested. Take treatment if you need it and live a full life!”
NOTE FROM OUR CEO

Welcome to the March/April edition of hepVoice.

I hope that you and your loved ones are coping with the COVID-19 pandemic which has swept across the globe in recent months.

The pandemic is unprecedented in our lifetimes. I know it is a worrying time and we must all stand together. I want to reassure you that WHA will do everything it can to support our members and the global hepatitis community. You can read our president, Su Wang’s, message to our members and hepatitis community colleagues on page eight.

Hepatitis elimination efforts have continued even in these challenging times. A new partnership to eliminate hepatitis C in London kicked off at the beginning of March (see page 10). The US has also announced new screening recommendations that urge the testing of all adults in the country for hepatitis C (see page four).

There is no doubt that the COVID-19 pandemic will have a ripple effect that will continue to impact all of our lives for some time. Together, we will continue our fight for hepatitis elimination regardless of the circumstances.

I look forward to keeping up with your work, and taking inspiration from your resolve in challenging times.

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.

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Out now:
World Hepatitis Day 2019
Summary Report

Click here to read
New US guidelines call for most adults to be screened for hepatitis C

A national panel of health experts in the United States of America has released new guidelines calling for most adults in the country to be screened for hepatitis C. The U.S. Preventive Services Task Force’s new guidelines have been issued in response to an almost fourfold increase in the number of hepatitis C cases in the United States, which have been attributed to an increase in opioid and injection drug use over the last decade.

According to federal data, approximately 44,700 new hepatitis C cases were reported in the United States in 2017. The majority of people living with hepatitis C remain unaware of their condition, and those most at risk of contracting the virus may be the least likely to seek testing or treatment.

Previous U.S. guidelines recommended testing for adults born between 1945 and 1965 (the so-called “baby boomer” generation), but by expanding the recommendation to include all adults aged 18 – 79, health officials hope they will be able to increase diagnosis rates and better link people to care and curative treatment. Importantly, adopting a “test all” approach may help to reduce stigma.

Dr Douglas K. Owens, chair of the U.S. Preventive Service Task Force, said: “Some people may not be aware of their risk or they may not want to disclose it to you, so the way to capture more people is to screen everyone. It also helps reduce the stigma.”

Read more.

Researchers discover proteins vital for hepatitis B infection

Researchers have identified five factors and proteins that the hepatitis B virus (HBV) needs for replication of its DNA, providing new insight into the disease. The researchers are hopeful that their discovery could lead to the development of new therapies to treat chronic hepatitis B infection.

When the hepatitis B virus first enters its host’s liver cells, its DNA genome has several gaps and imperfections that must be repaired before the virus can establish itself permanently inside liver cells. To repair itself, the hepatitis B virus uses the DNA repair machinery of its host cell, but the exact components it needs to use for the repair had not been identified.

Researchers Alexander Ploss, associate professor of molecular biology at Princeton University, USA, and postdoctoral fellow Lei Wei tested dozens of DNA repair factors in a lab experiment in an attempt to identify the components required for the hepatitis B virus to repair itself. They discovered that a set of just five factors purified from human cells was needed for the repair process. Removing even one of the factors prevented successful completion of the repair, suggesting that targeting any of the five factors can potentially prevent hepatitis B infection.

The researchers plan to investigate further to find out exactly how the five identified repair factors work together to fix the hepatitis B virus’s genome.

Ploss said: “Our study is an excellent starting point to finally answer the decades-old question of how the stable form of the virus’s DNA is generated. Until we understand the process, which is crucial for HBV persistence, targeted clinical therapies that can completely clear the infection will remain out of reach.”

Read more.
Large investment needed to eliminate hepatitis C in Pakistan could deliver huge health benefits

A new study has revealed that a large investment of at least US$3.9 billion is needed to eliminate hepatitis C in Pakistan, but that the intervention could deliver huge benefits in terms of lives saved and reduced ill health.

The collaborative study revealed that, to achieve elimination by 2030 in line with World Health Organization (WHO) targets, approximately 36 million people would need to be screened or re-screened annually, and about 660,000 people would need to be treated each year. The estimated US$3.9 billion cost equates to approximately nine per cent of Pakistan’s current health expenditure or an investment of US$1.50 per person per year.

Through making this investment and achieving WHO’s elimination targets, Pakistan could prevent 5.8 million new hepatitis C infections and 390,000 hepatitis C-related deaths by 2030.

Dr Saeed Hamid, professor and department chair of medicine at Aga Khan University in Karachi, said: “The amount of investment needed to reduce new hepatitis C infections to WHO elimination levels will be substantial, but equally so are the benefits to patients and the community.”

Dr Huma Qureshi, national lead for the prevention and control of viral hepatitis in Pakistan and former executive director of the Pakistan Health Research Council, added: “Alongside screening and treatment, we also need to raise public awareness on viral hepatitis and educate people on the risk factors and how hepatitis can be spread. These prevention efforts can help speed up our elimination efforts.”

Read more.

Dates for the Diary

Upcoming events and activities taking place in the coming months.

7 APRIL
World Health Day
World Health Day 2020 will focus on the vital role played by nurses and midwives in providing health care around the world. Nurses and midwives can play a key role in preventing and treating viral hepatitis, Celebrate their immense contribution to eliminating viral hepatitis using #WorldHealthDay and #SupportNursesAndMidwives, and find out more on the World Health Organization website.

23 - 30 APRIL
World Immunization Week
The theme of this year’s World Immunization Week is #VaccinesWork for all, and the campaign will focus on how vaccines - and the people who develop, deliver and receive them – are heroes by working to protect the health of everyone, everywhere. The hepatitis B vaccination developed by Dr Baruch Blumberg was the world’s first-ever “cancer vaccine” and is thought to have prevented more cancer-related deaths than any other intervention in medical history. Despite the availability of this life-saving vaccine, millions of children worldwide still miss out on its protection. During World Immunization Week, celebrate the work of Dr Blumberg and call for improved access to the hepatitis B vaccine.

10 - 12 SEPTEMBER
Conference on Liver Disease in Africa (COLDA) 2020
Organised by Virology Education in close collaboration with local societies, COLDA 2020 aims at empowering African healthcare professionals to diagnose, prevent, treat and achieve a cure for liver diseases for the benefit of patients in Africa. Virology Education continue their goal to create a platform that provides a unique opportunity for clinicians, researchers, policymakers, industry representatives, and other healthcare professionals in the African region. Together with support from an international community of experts, attendees at the third COLDA will exchange knowledge on the latest clinical developments and updates on ongoing and new trials related to liver disease. Find out more on Virology Education’s website.
Dear Colleagues,

As the COVID-19 (Coronavirus) pandemic spreads across the globe, it is affecting all of our lives. WHA members have always worked passionately with some of the most marginalised and underserved communities in the world and these communities will also be disproportionately affected by COVID-19.

I know every one of our members will be working around the clock to minimize the impact of this pandemic on their communities and fight for the rights of their patients.

Many people affected by viral hepatitis are concerned about potential additional risks they may face if they contract COVID-19. While the advice for hepatitis patients is being developed, we will monitor the situation and share all relevant information with you as soon as possible.

I understand how challenging this time will be for your organisations. The stark reality is that many WHA members face suspending vital prevention, testing and treatment services. We recognise that restrictions may have financial implications which will put a strain on organisations.

WHA stands with you and is working hard to adapt so we can support you, patients, and the hepatitis elimination community during this pandemic.

We will provide the latest hepatitis-related information via social media and create a digital space to share experiences and promote innovative solutions to the new challenges we all face. We will be actively amplifying the voices of patients who may feel left behind and organisations striving to meet their needs.

I know that our members are creative and resourceful, and your work will inspire others trying to continue their essential work.

"I know that our members are creative and resourceful, and your work will inspire others trying to continue their essential work."

We are planning a range of digital interventions to support your work including live broadcasts and expert blogs. We will also be developing the best approach to delivering World Hepatitis Day in light of potential ongoing restrictions on events and gatherings.

If there is anything WHA can do to help you, please let us know. Please also share your stories and experiences of overcoming the challenges of the current situation. You can email us on contact@worldhepatitisalliance.org.

I would like to personally thank you for your untiring work and commitment to the patients and communities you serve. You are a constant inspiration to me and I know the WHA family of members around the world will make it through this crisis together.

Best wishes,

Su Wang

COVID-19 message from Su Wang, World Hepatitis Alliance President

The World Hepatitis Alliance has launched a COVID-19 resource hub for people living with viral hepatitis. The hub will be updated regularly with relevant information about COVID-19 and emerging news about how it specifically impacts people living with viral hepatitis.

Visit the hub by clicking here.
On Monday 2 March, charities, doctors, nurses, addictions specialists, peer support workers and public health leads from across London, UK, came together to kick off plans for a ‘Routemap to eliminating hepatitis C in London’. This set the direction for London to become the first global city to eliminate hepatitis C, ahead of the World Health Organization’s target of 2030.

Hepatitis C affects over 14,000 Londoners, many of whom will be living with the virus unaware. Hepatitis C can cause liver disease and cancer unless treated (curative tablet treatments are now available) and disproportionately affects some of the most vulnerable and marginalised communities in London.

The Mayor of London, Sadiq Khan, is supporting the Routemap to hepatitis C elimination as part of his commitment to reducing health inequalities in the capital. The Routemap brings a wide range of health professionals, local government and charities together from across the city to join up and improve initiatives to find and treat anyone at risk of hepatitis C, and to support anyone living with the virus through treatment.

The Routemap is being coordinated by the London Joint Working Group of Substance Use and Hepatitis C (LJWG) and led by a steering group of leaders from across different health and care sectors in London. The group has published ‘Routemap to eliminating hepatitis C in London: The Opportunity’, which details the key areas where the partnership plans to make progress.

The Mayor of London said: “Every Londoner deserves access to quality healthcare and this Routemap will – for the first time – unite key partners in the fight against this damaging but treatable disease.

“Only by working together can we succeed in eliminating hepatitis C in London, creating a healthier city for us all.”

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Dr Emily Finch, Co-Chair of the LJWG and Consultant Addiction Psychiatrist at the South London and Maudsley

(continued on next page)
people in prison, people experiencing homelessness and migrants, by nature of their situation often sit outside the healthcare system. Outreach services, peer workers and cross-organisation working are therefore essential if we are to engage people living with hepatitis C. We now have a phenomenal opportunity to eliminate hepatitis C in London and across the UK, as long as we work together and cement a system that works for patients."

Professor Kevin Fenton, Director of Public Health, London Borough of Southwark and Co-Chair of Fast-Track Cities London, said: "HIV and hepatitis C remain major public health concerns in London, with both infections having a persistent and disproportionate effect on some of the city’s most vulnerable communities.

"Excellent progress is now being made in the prevention, diagnosis, treatment and control of these infections, reflecting the hard work of local communities, clinical teams, the voluntary sector, local authorities and the NHS. However, if we are to end their transmission in the next decade, we need to do things differently and at scale. This means working in innovative partnerships, strengthening our outreach and testing programmes, and maximising opportunities for collaboration and integration.

"There is much to learn from our past successes in controlling both HIV and hepatitis C, and even more to gain by working together moving forward."

Find The Missing Millions

Inspiration from around the world

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. This month, we are highlighting the efforts of United Way Mumbai in India

By Anil Parmar - Director, United Way Mumbai

As India has one-fifth of the world’s population, it holds a large percentage of the world’s hepatitis B virus carriers. It is estimated that India has around 40 million hepatitis B carriers and three to nine million people have active hepatitis C virus.

The programme, SEHAT (Health in Hindi), aims at targeted medical interventions with high-risk groups (HRGs) or those ‘very vulnerable’ for hepatitis B and hepatitis C infections, such as people who inject drugs (PWID), men who have sex with men (MSM), sexual minorities (LGBT+), female sex workers (FSW), single male migrants, and truck drivers in the communities.

Carrying out the project involves engaging with a large group of people from within the same communities. This is to ensure outreach to the families and relatives of the HRG members and to create greater sensitivity and a supportive ecosystem.

The strategy involves educating people from HRGs with information on hepatitis infections, as well as providing testing facilities for timely diagnosis of hepatitis B and C, as well as immunization and referral for treatment in case of infection. It is required that those who test positive should be empowered with useful information about the virus and the treatment available. Further, those who test positive need to be followed up with to ensure they complete the full course of prescribed treatment.

The project team executes a two-pronged strategy to identify and mobilise HRGs in the targeted geography. They start by collaborating with non-government organisations (NGOs) and community based organisations (CBOs) already working with HRG community members in project target areas. This way the project team leverages existing infrastructure and engages other organisations to facilitate project intervention with the HRGs.

The projects team also identifies and screens people who are at high risk of infection at community healthcare
inspirations from around the world (continued from previous page)

outlets such as sexually transmitted infection (STI) clinics run by the government of India. For this, the project team consults and officially partners with the government authorities. This is done by reaching out to the relevant government officials and consulting them on high-risk populations under their jurisdiction. A primary assessment of the communities with such populations is carried out by community health volunteers.

Community health volunteers help in mobilising the HRGs for testing and vaccination camps. Such a partnership enables infrastructure and human resources to be leveraged to mobilise community members for these interventions.

The following interventions are undertaken as part of this strategy:

Focused outreach and education:
- We organise community-based activities for one-to-one health enquiries, preventive education sessions, home visits and door-to-door interactions on key aspects related to hepatitis B and C among HRGs.

Identification of people with hepatitis B or C:
- We screen people from HRGs during outreach activities.

Vaccination for people who test negative for hepatitis B
- We ensure HRG community members who test negative for hepatitis B receive three doses of the hepatitis B vaccine.

Medical management of people who test positive for hepatitis
- We refer community members who test positive for viral hepatitis to the Public Hospital - Lokmanya Tilak Municipal General Hospital (LTMGH) - Sion Hospital where free treatment for the disease is available for community members as part of the government’s efforts to eliminate viral hepatitis.

- Our project team accompanies patients to hospital visits and assists them with any paperwork (as most of the community members from target groups have low levels of education), and provides psychological support. This helps ensure they are registered properly for treatment, and ensures better treatment compliance.
- We also provide patient counselling as psychological support is an important factor in managing hepatitis B and C patients.

Social and peer support
- The project team is trained to train and co-ordinate community health volunteers from the Municipal Corporation, community volunteers from NGOs and CBOs operating in the project area, to promote awareness.
- We involve local youth groups, women in "Self Help Groups" and other CBOs to transfer information and solicit support for the awareness campaign.

Click here to read the full case study, including top tips and lessons learned, on the Find the Missing Millions online advocacy resource
The World Hepatitis Alliance welcomed five new members in March, strengthening our alliance and bringing our global membership to 299 organisations in 95 countries.

**KnowHep Foundation, Sierra Leone**

Sierra Leone KnowHep Foundation was founded in 2019 by a pharmacist who saw the need for a community-based organisation to help tackle the rising number of cases of viral hepatitis in Sierra Leone. The organisation’s vision is to eliminate viral hepatitis in Sierra Leone through strategic partnerships with relevant stakeholders, by mobilising resources and promoting NOhep through the media and community outreach, and conducting advocacy and vaccination campaigns. Find out more on their website, and follow them on Facebook.

**Budi Lukmanto Foundation, Indonesia**

The Budi Lukmanto Foundation is a non-profit and volunteer-led social foundation which aims to combat the spread of hepatitis B through immunisation and awareness. They focus on vaccinating children aged five to 15, especially those from families that would be unable to afford the cost of hepatitis treatment. The foundation conducts mass screening and immunisation activities. They provide advice to children living with hepatitis B to help them live healthier lives and manage the progression of the virus. They also work to raise awareness of hepatitis B among the general population, and provide information and support to adults living with hepatitis B. Find out more on their website, and follow them on Facebook and Instagram.

**Save Liver Association of Patients (SLAP), North Macedonia**

North Macedonia-based SLAP aim to maintain and improve the mental and physical health of those living with liver disease. They support patients socially and professionally, and support and protect patients’ families from viral hepatitis by developing preventive programs. They conduct awareness-raising activities, provide testing, organise educational lectures, work with doctors and negotiate with the government for improved access to new hepatitis C treatments, and work to eliminate stigma and discrimination surrounding viral hepatitis. Follow them on Facebook and Twitter.

**National Hepatitis Association, The Gambia (NAHA), the Gambia**

NAHA was founded in 2016 by a group of medical professionals in partnership with hepatitis B patients and their families. NAHA organise community screening and hepatitis B sensitisation activities, and promote their work on local television and radio stations. They train members of the community and health workers on how to test for hepatitis B. All of their members attend capacity-building workshops in order to improve their knowledge of hepatitis. NAHA also provide counselling services for the families of those living with hepatitis B. They mark World Hepatitis Day each year, working in partnership with the Gambian government and Ministry of Health and other stakeholders. Find out more on their website and follow them on Facebook and Twitter.

**Reach 52, Cambodia**

Reach52 radically transforms service delivery models for primary care services in rural and remote areas of low- and middle-income countries using a digital public health approach. They aim to improve access to affordable healthcare services in communities where access is low to non-existent. They are currently working on a project in the Philippines which will provide healthcare worker training, as well as community screening, diagnostic, and treatment services for hepatitis B. The project is targeted at community members on a low income who currently lack access to hepatitis B services due to financial or geographic barriers. Find out more on their website and follow them on Facebook and Twitter.
APASL 2020 - a success

Despite reduced attendance due to the global COVID-19 (coronavirus) outbreak, the Asia Pacific Association for the Study of the Liver (APASL)’s annual conference was successfully held in Bali at the beginning of March.

World Hepatitis Alliance (WHA) CEO, Cary James, and Jessica Hicks, WHA Head of Programmes, attended the event, which was packed with fascinating presentations and insights from hepatologists and experts from around the world.

A number of WHA members from the Asia-Pacific region also attended, including representatives from Indonesia-based Yayasan Koalisi Satu Hati (YKSH).

YKSH’s managing director, Caroline Thomas, presented a poster outlining the organisation’s microelimination project, which has focussed on eliminating hepatitis C in seven prisons in the Indonesian capital, Jakarta.

Through this project, YKSH concluded that breaking down larger elimination goals into smaller and more achievable goals makes elimination less daunting and complex. They hope their project will build national momentum towards eliminating hepatitis C by producing small victories that inspire more ambitious efforts.

WHA executive board member for the Eastern Mediterranean region, Professor Gamal Shiha, was also recognised with the prestigious Sollano-Lesmana Great Mentor Award at the event, though he was not able to attend the conference.

WHA also convened a lively meeting of NOhep Medical Visionaries, during which the visionaries examined how hepatitis elimination efforts can be accelerated. Speakers included Professor Rosmawati Mohamed from the University of Malaya in Kuala Lumpur, and Dr Khin Pyone Kyi from WHA member, the Myanmar Liver Foundation.

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Together, our stories can change the way the world sees viral hepatitis.

Each month we share the story of someone whose life has been affected by viral hepatitis. This month, we hear from Arman from Armenia, who was diagnosed with hepatitis C, HIV and tuberculosis at the same time.

I was a successful sportsman in Ukraine when I was younger. When I stopped practising sport, I got acquainted with some people and started to use drugs and steal things. I injected drugs for many years. I have four convictions.

I returned to Armenia in 2009. After a few months I became very ill and was diagnosed with tuberculosis (TB), HIV, and hepatitis C which had progressed to cirrhosis. I was hospitalised in a TB dispensary.

I was in a critical condition, dying, because I never got tested, never even thought about it. But in reality I have three diseases. And by “helping” each other they made me critically ill.

Doctors were hopeless. My relatives were told that I had only a few days to live. My wife left me, taking my child. My parents were not in Armenia, and I didn’t want to worry them. I really needed someone near me, to give me strength, to tell me that everything would be fine, but there was no one.

“I was dying, because I never got tested, never even thought about it.”

Luckily, I began to recover. I left the hospital after six months and continued treatment at an ambulatory.

If I was smart and had been tested earlier, I would never have been in that critical condition. Today I urge others to get tested; many complications can be avoided through early diagnosis, especially given that treatment for HIV, tuberculosis and hepatitis C in the Republic of Armenia is now completely free.

Thank God, I have now overcome hepatitis C and tuberculosis but I am still living with HIV.

Today, I work with Positive People Armenian Network, a non-governmental organization, to support people living with TB, hepatitis and HIV. This is a place where you are not afraid of disclosing your status, not afraid you will be hired or fired because of it.

I often visit Abovyan TB dispensary, where I was lying close to death, and try to give patients the support I didn’t have.

I share with them their pain, their happiness. Patients trust me as I am also living with HIV.

We see stigmatising attitudes towards our patients, even among medical professionals. We have worked hard over many years and have managed to ensure our patients aren’t rejected from hospitals, but the attitude is the same.

Their attitudes only shift when we are with our patients. Sometimes, the only option is for us to be near our patients all the time, not even to go home, to make sure the patients are OK.

I meet patients who are newly diagnosed, and it is very strange for them when they hear that they will need to take pills for the rest of their lives. But I have been taking my pills conscientiously for eight years and thanks to that, I now have a new family. I have a healthy wife, and a health baby girl.

Life goes on. I am living a full life. I don’t differentiate myself from other people. I don’t pose a danger to society.

“Get tested. Take treatment if you need it and live a full life!”

Don’t be scared! Get tested. Take treatment if you need it and live a full life.