WHA members inspire during COVID-19 pandemic

hepinion: What COVID-19 teaches us about infectious diseases and what we can learn from viral hepatitis

World Hepatitis Day website and campaign materials launched

WALL OF STORIES
“My passion for preventing hepatitis B will live on even after I die”
NOTE FROM OUR CEO

Welcome to hepVoice.

I hope that you and your loved ones continue to remain safe and well during the ongoing COVID-19 pandemic. The pandemic has had an unprecedented impact on all of us, as well as the many vital services delivered by hepatitis organisations around the world. However civil society and community-led organisations are remarkably resilient, and I have been inspired by the ways in which many of you have adapted to continue serving your communities at an incredibly challenging time. You can read about some of our members’ recent activities on page 10. This is purely a snapshot of the brilliant work that has been taking place around the world. I am sure all of you have been doing all you can to support your communities.

World Hepatitis Day (WHD) is now just around the corner. While there is no doubt that this year’s WHD will be very different to those of the past, it is as important as ever that we raise our voices and join together to find the missing millions. Read more about our new open letter, which will be sent to every Ministry of Health in the world after World Hepatitis Day, on page 12. You can also find out more about the many other ways you can get involved and make the most of the day on page 20. I look forward to hearing about your WHD activities soon; please let us know what you have planned by getting in touch.

Cary James

Contents

Regulars

4 hepHeadlines

8 Dates for the diary

Features

10 WHA members inspire during COVID-19 pandemic

12 NOhep launches World Hepatitis Day open letter

14 WHA hosts COVID-19 webinars

16 hepinion: What COVID-19 teaches us about infectious diseases and what we can learn from viral hepatitis

20 World Hepatitis Day: time to #FindTheMissingMillions

22 New estimates highlight need to step up response to hepatitis D

24 Find the Missing Millions in-country programme update

26 Find the Missing Millions: inspiration from Egypt

28 Wall of stories: Alice’s story

Stay connected

www.worldhepatitisalliance.org
contact@worldhepatitisalliance.org
www.facebook.com/worldhepalliance
@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.
Inventor of hepatitis C cure wins prestigious award

Dr Michael J Sofia, the medicinal chemist who devised the antiviral drug sofosbuvir, has been awarded the prestigious University of Edinburgh Cameron Prize for Therapeutics.

Dr Sofia developed sofosbuvir, which works by stopping the hepatitis C virus from reproducing, in 2007 and the drug was approved for use in 2013. It is thought that more than 95 per cent of people living with the most common form of hepatitis C can be cured by the treatment.

Expressing his deep honour for being selected for the award, Dr Sofia said: “It is humbling to be counted among those who have transformed medicine over the years.”

Dr Sofia’s focus is now on discovering, developing a cure for chronic hepatitis B.

Read more here.

Infant immune system may be able to fight off hepatitis C in the womb

A new study conducted by researchers in Sweden indicates that the immune systems of babies born to mothers living with hepatitis C may be able to kill off the virus during gestation. This could explain why only five per cent of infants born to mothers who have hepatitis C contract the virus, a relatively small proportion compared to the percentage of babies who contract hepatitis B from their mothers during pregnancy or birth.

Researchers compared the immune systems of babies born to mothers with hepatitis C who had not themselves contracted the virus to the immune systems of babies who had. Both sets of babies had adaptations in their B lymphocytes, immune cells that produce antibodies that can identify and root out foreign pathogens.

Study author Niklas Björkström said: “The immune system of the healthy babies shows similar changes to that in babies infected with hepatitis C. This could suggest that the immune cells have encountered the virus in the womb and managed to eliminate it before birth.”

Researchers are hopeful that this discovery could lead to improvements in hepatitis C treatment and prevention.

Read more here.
Spike in hepatitis E deaths in Namibia

Informal settlements in Namibia have been hit by a sharp increase in hepatitis E cases and deaths, with more than 7,500 suspected infections.

Describing the outbreak, Namibian health minister Kalumbi Shangula said: “The cumulative total of hepatitis E cases currently stands at 7,587, of which 1,937 are laboratory-confirmed, while 4,410 are epidemic-linked, and 1,240 are still being treated as suspected cases. To date hepatitis E deaths stand at 65, of which 26 are maternal deaths.”

Shangula said that the government is looking at a multisectoral and multifaceted response to contain the disease. Most informal settlements in the country are at risk of outbreaks of the virus due to poor sanitation and a lack of access to safe drinking water.

Efforts to improve sanitation and water facilities, including health education on hand washing and the use of alcohol-based sanitisers, have been intensified. Shangula is hopeful that such efforts will not only help combat hepatitis E, but also COVID-19.

Read more here.

A new collaborative research paper which examines the lived experience of people diagnosed with chronic hepatitis B has revealed the extent to which living with the virus impacts them.

From fear and anxiety to stigma and discrimination, the paper highlights the psychosocial impact of chronic hepatitis B on patients.

The paper also spotlights the roles that the research community can play in taking into account and mitigating these factors, and highlights how to the development of a cure for chronic hepatitis B could go a long way towards alleviating many of the psychosocial impacts of the virus.

Read more here.

NOhep launches new website

NOhep, the global movement to eliminate viral hepatitis by 2030, has a brand new website to help you kick-start your journey towards helping achieve NOhep and saving lives.

The site is packed with information, materials, top tips and case studies to help you raise awareness and advocate for the elimination of viral hepatitis in your country.

Visit the site now at www.nohep.org
Dates for the Diary

Upcoming events and activities taking place in the coming months.

28 JULY

World Hepatitis Day
28 July is the biggest day in the hepatitis calendar – it’s World Hepatitis Day! Worldwide, 290 million people are living with viral hepatitis unaware. Without finding the undiagnosed and linking them to care, millions will continue to suffer, and lives will be lost. On World Hepatitis Day we call on people from across the world to take action and raise awareness to find the "missing millions".

Visit the World Hepatitis Day website to find out more and learn how you can get involved. Don’t forget to use #WorldHepatitisDay on social media to help us reach as many people as possible!

9 AUGUST

International Day of the World’s Indigenous Peoples
There are an estimated 370 million indigenous people in the world, living across 90 countries. They make up less than five per cent of the world’s population, but account for 15 per cent of the poorest. Indigenous peoples are also disproportionately affected by viral hepatitis, and may be up to 10 times more likely to be living with viral hepatitis than the general population in their respective countries. Use #IndigenousDay to raise awareness and to call for no one – including indigenous peoples – to be left behind in the race to eliminate viral hepatitis.

27 – 29 AUGUST

The Digital International Liver Congress
Given the continuing impact of the COVID-19 pandemic and resulting restrictions, the European Association for the Study of the Liver (EASL) has decided to transition the onsite International Liver Congress 2020, planned for 25–28 August, to a digital event – The Digital International Liver Congress 2020, which will be held between 27–29 August 2020.

The Digital International Liver Congress 2020 will be an innovative and engaging digital event for the liver community to connect and learn via cutting-edge content. Find out more here.

10–12 SEPTEMBER

Conference on Liver Disease in Africa (COLDA) 2020
The Conference on Liver Disease in Africa (COLDA) is going virtual! COLDA 2020 aims at empowering African healthcare professionals (HCPs) to diagnose, prevent, treat, and achieve a cure for liver diseases for the benefit of patients in Africa.

Please visit the meeting website for more information on abstract submission and discounted registration fees: www.COLDA.org

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 or visiting www.worldhepatitisalliance.org/COVID-19
WHA members inspire during COVID-19 pandemic

World Hepatitis Alliance members around the world have been working tirelessly to support their communities during the COVID-19 pandemic. Below is a tiny snapshot of activity - if you would like to tell us about your activities please email us on contact@worldhepatitisalliance.org.

Keeping medicines accessible

UK - The Hepatitis C Trust have been using their testing and outreach van to deliver hepatitis C medication.

Uganda - Great Lakes Peace Center have been delivering hepatitis medication on foot, by bicycle and by motorbike.

Providing essentials to the community

India - RANN Foundation have been delivering essential supplies including food and sanitary items to vulnerable people.

USA - Berkeley Free Clinic’s outreach team have been installing hand hygiene facilities and other essentials to people experiencing homelessness.

Raising awareness of COVID-19

South Africa - TB HIV Care provided HIV and COVID-19 testing to the community.

North Macedonia - Hepar Centar Bitola continued to provide hepatitis testing during European Testing Week.

Australia - Hepatitis Australia have been providing information about helplines and have produced a fact sheet for people living with viral hepatitis.

Pakistan - Back to the Life Foundation held a COVID-19 awareness workshop and distributed face masks and gloves for free.

Sierra Leone - Knowhep Sierra Leone delivered a COVID-19 and hepatitis B sensitisation and prevention session to people who use drugs.

Australia - Hepatitis Australia have been providing information about helplines and have produced a fact sheet for people living with viral hepatitis.

South Africa - TB HIV Care provided HIV and COVID-19 testing to the community.

North Macedonia - Hepar Centar Bitola continued to provide hepatitis testing during European Testing Week.

Australia - Hepatitis Australia have been providing information about helplines and have produced a fact sheet for people living with viral hepatitis.

Pakistan - Back to the Life Foundation held a COVID-19 awareness workshop and distributed face masks and gloves for free.

Sierra Leone - Knowhep Sierra Leone delivered a COVID-19 and hepatitis B sensitisation and prevention session to people who use drugs.

Providing testing

Switzerland - Arud Zentrum fur Suchtmedizin have been delivering opioids to patients and continuing some adjusted face-to-face services.

USA - Hep Education Project have been continuing essential harm reduction clinics, taking new precautions to protect staff and clients from COVID-19.

Australia - Hepatitis Australia have been providing information about helplines and have produced a fact sheet for people living with viral hepatitis.

Pakistan - Back to the Life Foundation held a COVID-19 awareness workshop and distributed face masks and gloves for free.

Sierra Leone - Knowhep Sierra Leone delivered a COVID-19 and hepatitis B sensitisation and prevention session to people who use drugs.
In 2016, every government in the world made a commitment to eliminate viral hepatitis by 2030. With less than 10 years to go, only a handful of countries are on track to eliminate hepatitis C, and progress towards eliminating hepatitis B is lagging globally.

**Now, it’s up to us to hold our governments to account and urge them to keep their promise to eliminate viral hepatitis.**

That’s why **NOhep**, the global movement to eliminate viral hepatitis by 2030, has launched a new open letter, which will be sent to every Ministry of Health in the world after World Hepatitis Day. Now, we need YOU to add your voice to our call for action.

It’s really easy to get involved; simply visit the NOhep website, add your name and email address and click “Add your name”. Then, share the campaign on social media and encourage your friends, family, colleagues and networks to support it!

Together, we CAN make the elimination of viral hepatitis a reality!

You can read the full letter and add your name [here](#).

**Sign the letter now**
WHA hosts COVID-19 webinars

To answer some of the most common questions people living with viral hepatitis have about COVID-19 and to explore the impact of the pandemic on hepatitis services worldwide, WHA hosted a webinar and a global town hall meeting.

The first webinar brought together medical professionals to examine the clinical aspects of COVID-19 and what it means for people living with viral hepatitis. The global town hall brought together WHA members, civil society organisations and global health experts to discuss and share experiences of the impact of COVID-19 on hepatitis services.

Watch the webinars at www.worldhepatitisalliance.org/COVID-19

World Hepatitis Day Digital programme

We have a series of informative and engaging webinars and virtual events planned, including:

- An in-depth look at the impact of COVID-19 on harm reduction services and people who inject drugs
- The prevention of mother-to-child transmission
- The impact of COVID-19 on progress towards hepatitis elimination

Want to be the first to know when further details about these events are released? Sign up to the World Hepatitis Day mailing list and you’ll receive full details closer to the time. We will also be publishing details of the events on our Facebook and Twitter profiles.

Watch the COVID-19 and viral hepatitis webinar with medical professionals

Watch the COVID-19 and viral hepatitis global town hall
What COVID-19 teaches us about infectious diseases and what we can learn from viral hepatitis

By Dr Su Wang, hepatitis B patient and WHA President

COVID-19 has spread across continents and countries. We are seeing unprecedented global attention focused on one disease, leading to drastic actions to limit its spread and reduce its death toll.

Too many lives will still be lost and the effects of the pandemic will be visible for years. What’s remarkable is the singular focus of governments, scientists, and the healthcare sector to combat COVID-19 and the overwhelming response.

“Many are already all too familiar with the devastating impact of global infectious diseases.”

The strategies being used for COVID-19 are already the same for many other diseases, including viral hepatitis – identification (screening), containment (prevention), and treatment. But it is the urgency of action that makes COVID-19 stand out, due to the nature of the many unknowns about its transmission, natural course, and effective treatments or vaccines.

In contrast, we know how viral hepatitis is transmitted and have the diagnostic tools to identify patients accurately with ease and at low cost. We also have cures for hepatitis C, effective medications for hepatitis B, and research is ongoing for a hepatitis B cure. Effective, safe, and affordable vaccines for hepatitis B are game-changers and have dramatically reduced rates of transmission.

Like COVID-19, viral hepatitis is a global health problem, but awareness is low

Many are already all too familiar with the devastating impact of global infectious diseases. For example, viral hepatitis is the world’s second deadliest infectious disease, affecting more than 325 million people worldwide and claiming 1.4 million lives each year – more than HIV and malaria combined. Yet unlike COVID-19, public awareness is shockingly low and the global response is paltry.
“As we advocate for testing, care, and treatment for COVID-19, let us not forget that these same interventions exist for many diseases, including viral hepatitis, yet remain out of reach for many.”

As we advocate for testing, care, and treatment for COVID-19, let us join together in this battle against infectious diseases.

Sharing stories
I have since learned that telling my story and the stories of others affected by hepatitis (many of whom feel they have no voice) is critical for increasing awareness, and this is a key lesson for the COVID-19 response. The stories of those impacted by COVID-19 are painfully familiar to the global hepatitis-affected community.

Not having access to testing, feeling alone and isolated, not knowing where to go for help, and not being able to obtain potentially life-saving therapies are all barriers that resonate with us. We ache when we hear stories of people facing stigma and discrimination, because many of us hide out of that fear as well.

These stories must be shared, and the patient voice elevated. The human impact is what compels decision makers to remove barriers to testing, care, and treatment. It is what drives development of innovations that can change the trajectory of a disease.

While we learn lessons for combatting COVID-19, let us join together in this battle against infectious diseases.

“Why do we remain apathetic to the many lives lost to hepatitis, when these deaths are entirely preventable?”

When I was diagnosed with hepatitis B in college, I was afraid to tell anybody. I went through medical school and residency only letting a few of my closest friends know. Living with an infectious disease is very different from living with a non-infectious disease, as many with COVID-19 are now experiencing. You live with guilt and self-stigma, and a constant worry that you could transmit the disease to loved ones.

A global goal
With all these tools, viral hepatitis can be eliminated. In 2016, countries were tasked with developing national plans to meet the World Health Organization’s goal of eliminating viral hepatitis by 2030. While some plans exist, they are often not supported with funding or resources, and only five countries are on target for elimination. Why do we remain apathetic to the many lives lost to hepatitis, when these deaths are entirely preventable?

“Why do we remain apathetic to the many lives lost to hepatitis, when these deaths are entirely preventable?”

When I was diagnosed with hepatitis B in college, I was afraid to tell anybody. I went through medical school and residency only letting a few of my closest friends know. Living with an infectious disease is very different from living with a non-infectious disease, as many with COVID-19 are now experiencing. You live with guilt and self-stigma, and a constant worry that you could transmit the disease to loved ones.

This article was originally featured in Media Planet’s Infectious Diseases campaign. Click here to view the campaign.
New 2020 campaign website and materials launched

The World Hepatitis Alliance (WHA) is pleased to share with you the brand new World Hepatitis Day website and 2020 campaign materials.

While COVID-19 is understandably dominating the headlines, it is important that we try our best and make the most of World Hepatitis Day to raise life-saving awareness and find the missing millions who are unaware they are living with viral hepatitis.

Campaign materials

Based on feedback from our 2019 World Hepatitis Day survey and consultations with you, our members, we have designed a new suite of materials to help you raise awareness this World Hepatitis Day.

The materials are available to download in Arabic, Chinese, English, French, Portuguese, Russian and Spanish, or you can customise any of the materials into your language using our new customisation tool. You can also use this tool to add your own messaging, background, and logo to the materials.

World Hepatitis Day in light of COVID-19

We understand that, in light of COVID-19, you may not be able to hold some of the events and activities you were planning for World Hepatitis Day this year.

To ensure that World Hepatitis Day is still impactful and engaging, we are planning a series of virtual events and a range of digital activities you can participate in. You’ll find a programme of virtual events on page 15.

What do you have planned?

We know how creative our members are, and we are sure that many of you have come up with innovative solutions and activities to mark World Hepatitis Day. We’d love to hear more about them, so please contact us and let us know what you have planned.

World Hepatitis Day will be different this year. But, together, we can make it a success.

Visit the website at www.worldhepatitisday.org

Click here to visit the World Hepatitis Day website
New estimates highlight need to step up response to hepatitis D

In a study published in the Journal of Hepatology, Professor Anna Maria Geretti and Dr Alexander Stockdale from the University of Liverpool (United Kingdom), in collaboration with researchers from the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC), estimate that worldwide, hepatitis D virus affects nearly 5 per cent of people who have a chronic infection with hepatitis B virus and that hepatitis D co-infection could explain about one in five cases of liver disease and liver cancer in people living with chronic hepatitis B.

To map the epidemiology of hepatitis D infection in the world, Professor Geretti and Dr Stockdale joined forces with the WHO Global Hepatitis Programme and IARC, alongside investigators in Germany, Malawi, and the United Kingdom.

“Infection with hepatitis D occurs in about one in 22 cases of chronic hepatitis B infection in the world,” Dr Stockdale says. “More high-quality data are needed, but we have identified several geographical hotspots of high prevalence of hepatitis D infection: in Mongolia, the Republic of Moldova, and countries in Western and Middle Africa.”

“We have identified several geographical hotspots of high prevalence of hepatitis D infection: in Mongolia, the Republic of Moldova, and countries in Western and Middle Africa.”

“Although it is less common than hepatitis B, hepatitis D is a serious disease that often affects underprivileged and vulnerable populations,” says Dr Meg Doherty, Director of the WHO Global Hepatitis Programme.

Those who are more likely to have hepatitis B and hepatitis D co-infection include people who inject drugs and people with hepatitis C virus or HIV infection. The risk of co-infection also appears to be higher in recipients of haemodialysis, men who have sex with men, and commercial sex workers. Dr Doherty points out, “This information helps in identifying the groups with hepatitis B among whom we should be looking for hepatitis D.”

Hepatitis D (formerly known as the Delta agent) is a small virus – one of the smallest that is known to cause disease in humans – and can replicate only in the presence of hepatitis B, from which hepatitis D borrows some of its structures.

Compared with people with hepatitis B infection alone, those who have a chronic infection with both hepatitis B and hepatitis D have a much higher risk of developing disease in the form of cirrhosis and liver cancer.

“Hepatitis D is a significant contributor to severe liver disease and liver cancer,” says IARC scientist Dr Catherine de Martel. “The findings from this study inform our work on the association between viral infections and cancer, which is focused on developing improved prevention strategies.”

Professor Geretti concludes, “Hepatitis D has long been neglected, because for decades the prevalence of infection remained uncertain and effective treatment was lacking. Mapping the epidemiology of the infection is just the first step. More efforts are needed to reduce the global burden of chronic hepatitis B and develop medicines that are safe and effective against hepatitis D and are affordable enough to be deployed on a large scale to those who are most in need.”

Read more on the World Health Organization website

“Hepatitis D has long been neglected, because for decades the prevalence of infection remained uncertain and effective treatment was lacking.”
In-country programme update

Made up of five WHA member countries across the world – Armenia, Bangladesh, Ghana, Indonesia and Jamaica – the Find the Missing Millions (FMM) In-country Programme aims to support members to develop and implement effective action plans which advocate for policy makers within their individual countries to take action to increase hepatitis diagnosis rates.

Ghana

Charles Ampong Adjei from the Hepatitis Alliance of Ghana (HAG) aims to focus on the three main barriers to diagnosis of hepatitis in Ghana. HAG’s objectives to help overcome these barriers include increasing political will, increasing the knowledge of health care providers, and increasing awareness in selected communities. HAG has made a lot of progress towards the aims and objectives set, for example, collaborating with religious groups to offer hepatitis B education to 1,200 people and carrying out free hepatitis B testing. The COVID-19 pandemic has affected HAG’s work as movement is restricted and this prevents any large group gatherings.

Armenia

Anahit Harutyunyan from Positive People Armenian Network (PPAN) aims to advocate for combination testing to be implemented at the National Centre for AIDS Prevention (NCAP) and for the micro-elimination of hepatitis C amongst those living with HIV. PPAN has been successful in carrying out events to provide hepatitis education during European Testing Week, alongside the Ministry of Health and NCAP. They have also produced a powerful patient video with the message: ‘Get tested on time! Get treatment on time! And live life fully!’ Unfortunately, PPAN’s work has been halted by the government of Armenia’s decision to merge NCAP with the NORK Infectious Disease Hospital, a decision which has been met with protest.

Indonesia

Caroline Thomas from Yayasan Koalisi Satu Hati (YKSH) in Indonesia aims to increase community involvement and capacity to undertake advocacy, and increase the national budget for hepatitis C elimination in Indonesia through better policy and practices. YKSH is currently developing basic hepatitis and advocacy modules for online Zoom classes and has successfully advocated to the Indonesian government to make viral hepatitis one of the main focuses of the 2020-2024 National Medium Term Development Plan. YKSH also carries out work in health centres but some health care centres have turned into COVID-19 response centres which makes patients uneasy about visiting them.

Bangladesh

Zunaid Paiker from National Liver Foundation of Bangladesh aims to share the message of the importance of viral hepatitis testing, create awareness among students, decentralise awareness campaigns to reach underserved communities, and minimise myths and misconceptions about viral hepatitis. National Liver Foundation of Bangladesh has carried out a number of awareness events, including a hepatitis awareness and screening session at Bondhushava Jatiya Bondhu Somabesh’s national members’ conference, testing 582 people for hepatitis B and C for free. Plans for future awareness and screening sessions have been postponed due to the pandemic and a nationwide lockdown.

Jamaica

Shelly-Ann Myrie from Caribbean Hepatitis C Alliance in Jamaica aims to increase knowledge of hepatitis C through public awareness and sensitisation programmes, establish a national response to the virus, and integrate hepatitis C screening with HIV services. Caribbean Hepatitis C Alliance has been able to meet with Ministry of Health officials concerning the development of a national hepatitis plan, and has raised hepatitis awareness among healthcare workers. There were also plans to hold further sensitisation lectures among healthcare workers at healthcare centres, but due to COVID-19, this has been postponed until further notice.

Each participant has made progress and created many ways to address barriers to diagnosis. Each aim has been tailored to suit participants’ individual country’s needs. Positive progress has been made and many goals have been achieved, however, due to the current COVID-19 pandemic, each participant has been affected or challenged in some way. They are all working towards making alternative plans to make sure they are still able to carry out the project effectively in uncertain times.
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 a unique initiative to micro-eliminate hepatitis C in Egyptian villages.

By Professor Doctor Ammal Mokhtar Metwally, National Research Centre of Egypt Community Medicine Research Department, - Medical Division

Hepatitis C is a major public health burden in Egypt, with a prevalence that is one of the highest in the world. Based on data reported from Egypt Demographic Health Surveys in 2015, it was estimated that seroprevalence among people aged 15–59 years was 10 per cent, and 0·4 per cent for those younger than 15. In order for Egypt to achieve hepatitis C elimination by 2030, an innovative model which would increase access to testing and treatment needed to be implemented.

Our initiative, through which we worked with the community to design and provide on-the-ground community-based activities, has led to a social movement in Egypt and can be replicated in other communities with a similar context.

Al-Othmanya was chosen as the first village for this programme because the village’s community leaders had approached the Egyptian Liver Research Institute and Hospital (ELRIAH) to assist with treating hepatitis C in the village.

To implement this project, we applied four distinct activities:

1) Community mobilisation and establishment of partnership

To mobilise the community, we engaged individuals from community-based organisations and 60 local volunteer village promoters, who were also villagers, to create a culture of community participation, local ownership and accountability to support a range of community and educational activities.

2) An educational campaign to raise awareness and promote behavioural changes

The key objective of the educational campaign was to increase awareness and knowledge about hepatitis C, not only in the local community, but also among local barbers and healthcare providers, encouraging safe practices in barbers and places where healthcare was provided.

3) Fundraising

As some of the villagers were from low income households, a strategy was implemented calling for funds via public donation to pay for the treatment of villagers. The campaign was mostly funded by ELRIAH but funds were also raised by using Zakat, an Islamic way to address barriers. Individuals from higher income households were able to pay for the treatment of those from lower income households.

4) Testing, diagnosis, and treatment

A comprehensive testing, diagnosis and treatment strategy was adopted. Between 6 June 2015, and 9 June 2016, approximately 67 per cent of those who lived in Al-Othmanya village were eligible for testing. All hepatitis C virus antibody-positive participants were linked with care for a confirmatory viral load testing, and over 90 per cent of those confirmed to be living with hepatitis C underwent treatment.

Due to the success of this project in the Al-Othmanya village, we now hope to introduce the project to other villages across Egypt.

Keys to our success

- We used a comprehensive and integrated approach to the elimination of hepatitis C at a community level, incorporating both preventive approaches to reduce transmission and new infections, and testing and treatment to reduce both the burden of disease and associated morbidity.

- Being a patient focused initiative, testing at a household level ensured high uptake of testing and access to individuals regardless of sex, age, income or stage of disease.

- We used a wide range of complementary promotional educational tools to raise awareness.

- The strong community engagement, empowerment, and commitment to implementing the project activities through community-based associations and 60 village promoters was a crucial component.

Click here to read more Find the Missing Millions case studies from around the world
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 Alice, who did not find out that she had hepatitis B until she was pregnant with her first child.

I remember my mom always telling me “don’t ask, don’t tell” in regards to illness. For my Chinese family, being sick is a taboo so we never talked about it.

When I became pregnant with my first child, I found out I have hepatitis B. I was very shocked. Only then did I learn from my mom that she also has chronic hepatitis B virus, and that I probably got it from her.

I know the transmission wasn’t her fault and yet I wish she had told me sooner. I decided I wanted to do motherhood differently. I was blessed because my obstetrician-gynaecologist knew what to screen for and took precautions to prevent transmission from mother to child.

My two children were given vaccines at birth and then completed the three doses afterwards.

When they were tested at age one, and then again at age two, the tests came back negative.

But my doctor told me that, because I have chronic hepatitis B, I have a 25 per cent chance of getting liver cancer.

“Would I be able to see my children grow up to adulthood? Will I have to leave them too early?”

Would I be able to see my children grow up to adulthood? Will I have to leave them too early?

I chose to be very open with my children about the virus and I started reaching out to Asian communities too.

When my children attended Chinese-language school, I set up a hepatitis education booth for parents. My children manned the booth with me and talked to their friends about vaccination.

Later, when they left home for university, they continued doing hepatitis B outreach on their own. I did too.

I remember my son coming home during a school break and saying “hepatitis B is a silent killer. Testing is so important, and vaccination can prevent the infection.” I told him “you got it! I am so proud of you”.

“I used to think my passion for preventing hepatitis B would live in me until I die. Now I think it will live longer than that.”

I used to think my passion for preventing hepatitis B would live in me until I die. Now I think it will live longer than that.

Thank you to The Hepatitis B Foundation for allowing us to share Alice’s story. Read other stories from their #justB storytelling campaign here.

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