Global hepatology societies call for better hepatitis C testing and access to treatment

hepVoice: "Let’s help one another and make sure everybody gets cured.”

WALL OF STORIES

Decentralisation and task shifting will accelerate elimination

NOhep takes over Boston
Note from our CEO

Welcome to hepVoice. This month I attended The Liver Meeting in Boston, where we held a NOhep Medical Visionaries meeting bringing together over 40 Visionaries from across the world to discuss how they are implementing programmes to accelerate elimination efforts. It was a great meeting with lots of lively debate. The event also saw the international liver societies all sign a call-to-action to decentralise services to reach elimination, which you can read about on page six. You can also read our President-elect Su Wang’s hepinion about the decentralisation of services on page eight.

During The Liver Meeting, there was lots of discussion about the progress towards a hepatitis B functional cure. Many companies used the meeting to launch the results of their latest clinical trials and the results look promising, although a functional cure is still some years away. You can read Su’s opinion piece on the hepatitis B functional cure from a past edition of hepVoice here.

Earlier this month I also attended the World Health Summit in Berlin, where I joined international stakeholders and policy makers to discuss progress on major health issues. I spoke at a side event organised by UNITE, the global parliamentarians network to end HIV/AIDS, viral hepatitis and other infectious diseases and one of WHA’s strategic partners, about the importance of civil society engagement. Sadly, however, hepatitis was not discussed again after that event. WHA is determined to change that and will be taking active steps to ensure that hepatitis is firmly on the global health agenda, where it needs to be. I look forward to updating you on our progress towards that and other projects in the future.

Cary James

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**HEPATITIS**

**MERCOSUR member states commit to hepatitis elimination**

Health ministers from MERCOSUR, the South American common market trading bloc, have signed a joint declaration on the elimination of viral hepatitis, committing to provide the necessary technical assistance to achieve elimination in South America. The declaration was signed by health ministers from all of MERCOSUR’s members (Argentina, Brazil, Paraguay and Uruguay). It highlights the inter-country exchange of key successes and the adequate financing of the response to viral hepatitis through Universal Health Coverage (UHC). Globally, it is the first time that any economic trading bloc has jointly endorsed hepatitis elimination.

**Pakistan government to introduce auto-disable syringes in 2020**

The Pakistani federal government has announced plans to introduce auto-disable (AD) syringes across the country from 2020 to reduce new infections of viral hepatitis and other infectious diseases from reused needles. Labelled “auto-destruct needles”, AD syringes automatically lock after one use meaning they cannot be repeatedly used.

Read more [here](#).

**Dates for the Diary**

**Upcoming events and activities taking place in the coming months.**

**1 DECEMBER**

**World AIDS Day**

World AIDS Day is an opportunity for people worldwide to unite in the fight against HIV and to show support for people living with HIV. More than five million people living with HIV also have hepatitis B or C, so it’s important to come together and tackle these epidemics together. Find out more [here](#) and join in the conversation using #WorldAIDSDay.

**2-7 DECEMBER**

**International Conference on AIDS and STIs in Africa**

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a major bilingual international AIDS conference which takes place in Africa. The 2019 conference will take place in Kigali, Rwanda at Kigali Convention Centre. Find out more [here](#) and join in the conversation using #ICASA2019.

**12 DECEMBER**

**Universal Health Coverage Day**

Universal Health Coverage (UHC) Day aims to raise awareness of the need for strong and resilient health systems and universal health coverage. One hundred and six heads of state and ministers are now on the record championing UHC in speeches at the United Nations and reaffirming their intent to achieve “health for all”. This year’s theme, “Keep the promise”, seeks to hold them to their word. Find out more and download campaign graphics [here](#) and join in the conversation using #UHCDay and #HealthForAll.

**With an estimated 2.1 million people across Latin America and the Caribbean living with hepatitis B and 4.1 million with hepatitis C, this joint commitment to elimination is welcome news.**

See the declaration [here](#).

**Large increase in hepatitis C infections in US pregnant women**

The US Centers for Disease Control and Prevention (CDC) has revealed a 400 per cent increase in the prevalence of hepatitis C amongst pregnant women in the US between 2000 and 2015. The research analysed hospital discharge data over 15 years.

Researchers found the highest prevalence of hepatitis C amongst women with opioid use disorder.

Read more [here](#).

**Hepatitis is regularly making the news thanks to the efforts of WHA members. Here are a few highlights.**
Four societies focused on liver disease research and treatment have announced a global call-to-action to simplify hepatitis C testing and treatment.

The American Association for the Study of Liver Diseases (AASLD), the European Association for the Study of the Liver (EASL), the Asian-Pacific Association for the Study of the Liver (APASL) and the Latin American Association for the Study of the Liver (ALEH) – in partnership with the Clinton Health Access Initiative (CHAI), launched the joint initiative at AASLD’s The Liver Meeting in Boston.

Approximately 71 million people worldwide are chronically infected with hepatitis C virus making it one of the world’s most common infectious diseases and public health threats. The epidemic continues to grow, with 1.75 million new infections annually. In 2016, the World Health Assembly initiated a worldwide goal for hepatitis C elimination, defined as a reduction in hepatitis C related mortality by 65 per cent and new incidences by 80 per cent by 2030. According to the World Health Organization (WHO), only 12 countries are on track to meet this goal.

To address this, the four societies collaborated with CHAI to develop strategies to overcome the barriers to achieving hepatitis C elimination, citing WHO’s position that the tools exist to achieve this goal within the next decade.

The call-to-action document outlines four clinical strategies that liver disease associations and their constituents can use in their continuing hepatitis C elimination efforts, including simplifying diagnostic and treatment algorithms, integrating hepatitis C treatment with primary care and other disease programmes, decentralising hepatitis C services to local level care and task-sharing care with primary care clinicians and other health care practitioners.

The call-to-action also highlights:

- The efficacy of existing screening and treatments, including accurate rapid hepatitis C antibody screening and confirmatory viral load testing that can be accomplished in a single clinical visit.
- Pan-genotypic direct-acting antivirals (DAAs) that are available in fixed dose combinations with efficacy rates greater than 95 per cent and minimal side effects.

Read more here.

The societies’ official statements about the initiative:

AASLD: Hepatitis C elimination is possible with country-specific deployment and rapid scale-up of prevention, screening and treatment programs. Hepatologists have key roles in expanding access to hepatitis C care by helping non-specialists test and treat hepatitis C, assisting government in developing sound testing and treatment policies and working in local coalitions to address issues of testing and treatment costs, stigma and discrimination that unnecessarily limit access of many to life saving treatment and cure.

ALEH: Estimations suggest that only 25 per cent of individuals with suspected hepatitis C infection have been diagnosed, and only 4 per cent received treatment. We aim to focus our initiatives on diagnosis as this is one of the greatest challenges in Latin America.

APASL: An additional challenge that APASL intends to meet straight on is the challenge of stigma and the barrier that stigmatisation creates for the patient with hepatitis C. APASL will be leading the charge in eliminating stigma as a barrier to treatment.

EASL: EASL calls for all countries to develop a national strategy to increase public awareness, provide robust education to care providers at all levels, offer testing and provide linkage to care.
Decentralisation and task shifting will accelerate elimination

By Dr Su Wang, WHA President-elect, medical professional and hepatitis B patient

and most affected, including people in low-income countries, people who inject drugs (PWID), migrants, men who have sex with men, incarcerated populations and sex workers.

“Elimination will not happen if we do not reach those most at-risk and most affected.”

We need to ensure that we are able to test, treat and cure these groups wherever they are, and within services they are already engaged with. Marginalised communities can face difficulties accessing tertiary centres, which traditionally house the more specialised services. Many of those affected by hepatitis have also experienced discrimination and therefore often distrust healthcare systems.

With the increasing availability of testing and simplification of hepatitis C cures (that are pan-genotypic and largely eight week regimens), it is imperative that we develop models of screening and care that can be adopted to front-line settings, especially those which engage with marginalised communities. The call to decentralise and task shift is a call for these life-saving services to be delivered within primary care, needle exchanges, pharmacies and more. We must expand services beyond the traditional settings if we are to achieve elimination.

“To achieve decentralisation effectively, we have to put the affected community at the centre of any planning.”

As a physician myself, my mindset is often admittedly simplistic – that my instructions to a patient will improve their medical condition, and if they just follow through, they will improve their health. But I only see a small slice of their life. I am humbled when I get a glimpse into the challenges some have around medical care – to get an appointment, arrange transportation and time from work or responsibilities, filling

(continued on next page)
their prescriptions and taking the medications daily, navigating the recommended testing and radiology services, and dealing with medical costs. I realise I don’t actually know how their medical condition really impacts their life and what hurdles they’ve jumped to get care and follow through with recommendations. In light of the many barriers, especially in low- and middle-income countries with the largest burdens of hepatitis, we know the reality is that not every hepatitis patient will be able to see a hepatologist or other specialist. If we hold to that expectation and do not decentralise, elimination will certainly be beyond our reach and liver cancer rates will continue to soar.

We are already seeing examples where decentralising and task shifting are happening. At the recent Liver Meeting, Dr. Lynn Taylor described examples where hepatitis C care is delivered alongside medication assisted therapy for opioid addiction, syringe exchange programs or HIV services. Dr Alex Thompson from Australia spoke during the NOhep Medical Visionaries meeting about a nurse-led model of hepatitis C care being undertaken in Australian prisons. Australia has also led the way in training general practitioners to take on the majority of hepatitis C cure care in their country. In the UK, The Hepatitis C Trust is rolling out a “one-stop shop” model where patients can be tested and treated from a mobile clinic that can be placed outside of drug and alcohol centres, homeless shelters and other locations to engage with marginalised communities. We are also seeing more examples of primary care providers being trained to treat and cure hepatitis C as exemplified so well in the ECHO programs which are now happening worldwide. But these practices are still not the norm, so we have much work to do.

“It is critical to encourage a more team-based approach, enabling more front line providers to screen and deliver hepatitis C care.”

The call-to-action is an important first step, but we need to ensure that these new recommendations are put into practice across the world. We must recognise that these changes may not be an easy step for everyone, but it is critical to encourage a more team-based approach, enabling more front line providers to screen and deliver hepatitis C care and making specialists more available to complex patients. Task shifting of screening, care and cure will be vital for expanding beyond our current reach where only 19 per cent of those with hepatitis C have been diagnosed and only seven per cent have accessed treatment, a long way from the 80 per cent treatment target for WHO’s 2030 elimination goal.

There also needs to be a similar commitment to decentralising and simplifying access to hepatitis B testing and treatment services. The liver societies have announced they will release a call-to-action on hepatitis B in the future. When they do, it is vital that the affected community is placed at the centre of the planning and implementation process to ensure services meet the needs of the people.

Medical research has brought us this far – with the rapid developments of hepatitis C cures receiving much fanfare and taking centre stage in recent years at liver meetings. What should take centre stage now is implementation science. How do we actually find the missing millions who are unaware they are living with hepatitis C and successfully cure them? The tremendous scientific advances we have made for hepatitis C will be all for naught, if the millions who need it are not identified and cannot access these life-saving treatments.
NOhep takes over Boston

The NOhep movement made a big impression at the American Association for the Study of Liver Diseases (AASLD)’s The Liver Meeting® in Boston, USA.

Running from 8 – 12 November, The Liver Meeting® is an annual conference which brings together thousands of attendees from around the world to exchange the latest hepatological research, discuss new developments in treatment outcomes, and network with other experts in the field.

To engage medical professionals in the NOhep movement, NOhep hosted a stand in the exhibition area. Visitors to the stand were encouraged to sign up to the NOhep Medical Visionaries Programme, which now has 550 members.

NOhep Medical Visionaries were also invited to attend a breakfast meeting where they had the opportunity to hear six expert colleagues discuss the innovative approaches they have taken to address different barriers to elimination. The meeting room was packed to capacity for a lively discussion and exchange of ideas.

NOhep’s influence reached well beyond the meeting, as NOhep supporters and Medical Visionaries conducted a flash mob at a busy local shopping mall. Wielding placards and NOhep signs, the flash mob clapped, sang, and stamped their feet to make sure everybody heard their call for investment in and commitment to the elimination of viral hepatitis. You can watch a video of the action 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 WHA member The Health Foundation (THF) in Pakistan. Written by Dr. Laila Rizvi.

Young people as invaluable ‘change agents’

It is estimated that Pakistan has one of the world’s highest rates of viral hepatitis infection, with 2.4 per cent of people living with hepatitis B and 5 per cent with hepatitis C. The majority of people who have viral hepatitis in Pakistan contract it due to the lack of awareness and use of requisite preventive methods.

To raise awareness effectively, we created a programme to reach different communities and hold large scale events on international days such as World Hepatitis Day. As part of these efforts we partner with students from various colleges and universities, who act as “agents of change” and advocate for increased awareness of hepatitis among their communities. Students play a vital role as change agents. We are very fortunate to have a group of student ambassadors from renowned institutes like Nixor, IBA, LUMS, Ziauddin University, University of Karachi, and Civil Hospital.

In order to establish these partnerships, we began by contacting various university societies and student NGO leaders. Through them, we were able to generate a strong student network database.

We launched a THF internship programme by sending out sign-up e-forms to our contacts and scheduling a follow-up meeting at our head office for all the shortlisted applicants. Students were then divided and given tasks based on their preferences, interest and field backgrounds.

The movement has spread to other universities and colleges through word of mouth and a rigorous social media campaign. Now, more students want to be a part of this campaign and do something for society.

We have recently also decided to take this one step further by contacting teachers and the heads of departments of various colleges and universities, urging them to play their part in facilitating our work by organising various awareness seminars, fundraisers and screening camps in their respective educational institutions.

So far there has been a very positive response from the general public showing their full support for the cause.

Top tips for success

- Community ownership is the key to success.
- Students can be ambassadors of change.
- Make your patients your priority.
I grew up between Connecticut and New York City. I spent a lot of my childhood in hospital because I had a hip problem. Over the years, I had many hip surgeries and blood transfusions. I believe that it was from one of those blood transfusions that I got hepatitis C.

I found out I had the virus when my mother was having a knee replacement and a friend and I went to give blood. About two weeks later, I got a letter in the mail saying that they needed to see me at the hospital.

We knew nothing about hepatitis C in 1996. Back then, they did liver biopsies. Thank goodness people don’t really need to have them today.

The doctor told me to go live my life, that everything was fine and said goodbye. And I did, until about six months later when my primary care doctor called me and said: “you have a serious illness”.

In those days patients took interferon and ribavirin treatment, and my doctor prescribed it to me. It was a horrific, horrific experience. It made me very sick, and I didn’t get cured.

Almost twenty years later, my doctor suggested I go on medication again. Within 12 weeks of starting this new medication I was cured, but it was a long journey.

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