Quarterly report
January - March 2017

Our strategic plan clearly states what we will do in order to make the biggest impact and make a major contribution towards improving the lives of millions of people living with viral hepatitis. This quarterly report covers our progress towards the ambitious objectives we have set for ourselves for the months of January, February and March 2017. The year is already off to an exciting start.

Our core areas of work

1. Raising awareness of viral hepatitis
2. Advocating for viral hepatitis
3. Ending the social injustice of viral hepatitis
**World Hepatitis Alliance Quarterly Report: January - March 2017**

**World Hepatitis Day - developing our global awareness campaign**

From initial campaign concept to a full suite of campaign materials, the World Hepatitis Day (WHD) campaign has developed significantly in this quarter. After reflecting on key learnings from last year and working closely with the WHO to align WHD activities, we agreed the overarching theme for 2017 as **ELIMINATE HEPATITIS**. We have spent the quarter developing a fully integrated campaign, which will bring the theme to life with a creative concept and supporting campaign materials including posters, banners and toolkits. The campaign was presented to the WHA Executive Board at the Board Meeting in January to ensure its regional suitability. The full 2017 WHD campaign will be launched on the 26 April with a new website and webinar.

**NOhep - expanding awareness-raising activities beyond a single day, increasing the support for viral hepatitis and the impact on the ground**

**Strategic Communications Plan**

An integrated communications and campaign plan was developed and agreed upon by the NOhep Working Group, a multi-stakeholder governing board comprised of WHO, ELPA, CEVHAP, WHA and CDC US. The plan sets out the yearly vision for NOhep and outlines key activities to reach the target audiences and meet the following overall objectives. Significant progress has already been made towards the implementation of this strategy in this quarter:

1. **Increase in the level of NOhep Supporters**

   - Together with our members, we have used the NOhep platform to raise awareness of viral hepatitis, as well as promoting and supporting on the ground impact all around the world. For example, we have been encouraging the development of national NOhep groups (e.g. students, civil society, patients etc.). So far, seven national NOhep groups have been established in Benin, Bosnia, Cameroon, Cote d’Ivoire, Iran, Russia and Uganda.
NOhep actions increased from 25,000 in the last quarter of 2016 to 44,810 by the end of this quarter and #NOhep reached 6.5 million people on Twitter. This has been the result of our awareness raising activities, which have included social media campaigns, partner activations, monthly newsletters and webinars. NOhep actions are assessed based on the level of engagement online and offline i.e. number of times the NOhep hashtag is used, number of Facebook and twitter likes, number of sign-ups, number of resources downloaded, number of national events and number of supporter groups established.

We initiated the NOhep Visionaries Programme. This programme is a two-year pilot effort that aims to engage key audiences – governments, medical professionals and young people – as catalysts of change, positioned within sectors that have a direct impact on eliminating the disease and the greatest capacity to make and influence those changes. In 2017, NOhep will focus on activating governments and medical professionals. A strategy will be developed to engage young people in 2018.

• Government Visionaries: six countries were identified, based on their commitment and efforts to eliminate viral hepatitis, to launch the NOhep Visionaries Programme for Governments at the World Hepatitis Summit (WHS17). They are Australia, Bangladesh, Brazil, Egypt, Georgia and Rwanda. So far, Georgia has accepted and we are currently in discussions with the other countries to secure their commitment. Once the programme launches at WHS17, all countries will be welcome to join provided they are taking actions to eliminate viral hepatitis.

• Medical Visionaries: the NOhep Visionaries Programme for the medical community will be launched at The International Liver Congress in April, with a number of selected medical professionals from the European region supporting the launch. Medical visionaries can be hepatologists, infectious diseases consultants, gastroenterologists, GPs, nurses and primary care providers who are taking the lead in the elimination of viral hepatitis and are working with patient groups to make it a reality. To date, five medical professionals have joined the programme. Moving forward, our plan is to expand the pool of medical professionals to other regions.

• We started conversations with a number of important organisations to broaden NOhep’s reach and supporter base. For example, we met with Stop AIDS, a network of UK agencies working to engage young people in 2018.

2. Secure a global ambassador

We secured Amitabh Bachchan to be a WHO Goodwill Ambassador for viral hepatitis in the South-East Asia region. Amitabh Bachchan is a Bollywood megastar with over 25 million Twitter followers. He is a strong hepatitis advocate, having lost 75 percent of his liver due to the hepatitis B virus. As part of his agreement with WHO, he has also committed to be a NOhep Ambassador. Discussions are underway for when the announcement will be made, it is likely to be around World Hepatitis Day.

NOhep campaign resources and materials

To ensure the movement continues to grow, it is important to create new and impactful campaigns that attract new activists and to provide current supporters with tools and resources they can use at a national level. As such, the NOhep: NOExcuse pledge campaign was launched on Zero Discrimination Day (1 March). This campaign is a year-round advocacy and awareness-raising activity calling on policymakers, medical professionals and the civic society to stop making excuses and pledge simple actions to help eliminate viral hepatitis. We provided supporters with materials and resources to use and to date, 308 pledges have been made in 28 countries.

Liver cancer and viral hepatitis – raising awareness of the strong link between the two and promoting the positive impact that the elimination of viral hepatitis will have on liver cancer deaths and the advancement of the Non-Communicable Disease goals

Stopping cancer in its tracks

We initiated a partnership with the Union for International Cancer Control to support activities around World Cancer Day (4 February) and highlight the link between liver cancer and viral hepatitis. We ran a successful social media and blog campaign:

• We reached 15,000 people across Facebook and Twitter in two days and the campaign resulted in our most successful posts for the month. With hindsight, we realise that we miscalculated our original KPI of 50,000 and we consider what we achieved a strong result considering our limited internal capacity.

• We also hosted a blog on BioMed Central and Hep Mag which had 481 views, exceeding our KPI of 148.

We decided against running a traditional media campaign as the media space was too crowded to get coverage without new data. In addition, no meetings or presentations offered the opportunity to present information about liver cancer in this quarter.
THE REALITY OF VIRAL HEPATITIS - illustrating the lives of the 400 million people worldwide living with viral hepatitis to bring home the reality of the disease beyond the statistics

WORLD HEPATITIS DAY

As we have developed the creative concept that brings the WHD campaign theme to life this quarter, we have ensured the focus is on humanising and individualising elimination. The concept that will be launched to the public on 26 April (see ‘World Hepatitis Day – developing our global awareness campaign’ above). This campaign strives to make participants feel empowered, personally connected and understand that everyone has a role in elimination.

WALL OF STORIES

To ensure that the true impact viral hepatitis has on individuals is understood and the voices of those living with the disease are heard, this quarter we re-developed the Wall of Stories section of our website. The new section is fully interactive, allowing visitors to browse stories on a world map or search by country and topic. The new section will also support text, video and photo content. We started collating new stories at the WHA Executive Board meeting in January, where we filmed each of our Board Members sharing their experiences of viral hepatitis. The videos from the Board covered topics such as disclosing your status, getting tested, life after a cure, and stigma and discrimination. A preview of the new site, featuring an exclusive look at these videos, was sent to WHA members at the end of March, encouraging them to submit their stories. In less than a week, the site had already received 86 visits and submissions have started coming in. The Wall of Stories will be re-launched to the public on the 19 May to coincide with National Testing Day in the United States, it will include all WHA member submissions to date and over 90 stories submitted to the original Wall of Stories.

DATA - advocating for consistent and reliable data on the diseases and develop and promote our own data

AGREE ON CONSISTENT GLOBAL DATA WITH THE GBD DATA AND WHO

We are working very closely with the WHO Global Hepatitis Programme strategic information team to align global and regional information. This has involved peer-reviewing data and securing agreement ahead of its inclusion in the first Global Hepatitis Report, to be launched at the International Liver Congress in April. This will form the baseline data from which we can measure our progress towards elimination.

COUNTRY RESPONSE PROFILE ON HEPATITIS B AND C

Last year, together with the government of Scotland, we helped WHO develop a survey for Member States to measure progress when it comes to the measures being put in place to tackle hepatitis nationally. The survey was sent out to 194 countries. This quarter we have liaised with WHO to ensure that responses were being obtained and that we were on track to launch the report at the World Hepatitis Summit in November.

WHA CIVIL SOCIETY SURVEY

The WHA Civil Society survey on stigma and discrimination, members’ involvement in their country’s response to viral hepatitis and access to diagnostics and treatment was sent to all members in the last quarter of 2016. This quarter we continued to follow up with members to maximise our reach and get the fullest picture possible. The KPIs set were 123 responses from 70 countries; we were able to exceed both targets receiving a total of 157 responses from 72 different countries. This report will be launched at the World Hepatitis Summit.

SUSTAINABLE DEVELOPMENT GOALS - demonstrating how tackling viral hepatitis goes beyond good health and wellbeing and contributes to the achievement of many other Sustainable Development Goals

Combating viral hepatitis has been recognised as an essential component for sustainable development in its own right. This is a message we continued to promote this quarter by developing a dedicated area on our website, which outlines how eliminating viral hepatitis is key to achieving the SDGs. We also leveraged World Water Day (22 March) to create awareness of the SDGs, which resulted in 50% increase in website page views.

Furthermore, the SDGs have been referenced in the majority of external presentations and was discussed on the WHA members’ webinar, which took place on 15 February.
Advocating for Viral Hepatitis

Political Will - building the case for eliminating viral hepatitis and supporting governments fulfill their commitment

HCV and HBV - developing global business cases

This project aims to help galvanise commitment from global funders, global health decision makers and national governments. It was initiated this quarter with the recruitment of Dalberg Global Development Advisors and a kick-off meeting on 22 March. In this meeting, preliminary themes and arguments were identified, and timelines were set. The next steps will be to refine a list of expert advisors and conduct audience mapping and interviews.

Financial Barriers to Elimination of Hepatitis C in Low and Middle Income Countries - assisting countries with costing, financing and investment case development

Pharos Global Health Advisors was selected as a partner in this project due to their technical expertise in economic and financial analysis of infectious disease control. Planning work began to determine which two middle income countries we would focus on this year and was based on a series of criteria, including: strong expressions of interest and commitment; a range of economic conditions to encompass both low and middle-income countries; a high burden of HCV; wide geographic representation from Africa, Asia, and Latin America; and non-duplication of efforts from other partners, such as the Clinton Health Access Initiative (CHAI). One of the countries selected was Malaysia and careful analysis is being carried out, based on wide consultations, before finalising the other country selection.

A viral hepatitis financing strategy blueprint for countries

To promote partnership and experience sharing we held a meeting with CHAI, who are already doing some work in costing and financing model templates. The meeting focused on presenting each other’s plans and identifying areas of cooperation. CHAI’s work in this area will be extremely valuable in the development of a HCV-specific financing strategy blueprint to help countries fund their HCV public health strategy.

World Hepatitis Summit

Significant progress was made in the World Hepatitis Summit’s (WHS) production cycle during this first quarter with a specific focus on securing a globally diverse delegate audience for our flagship event. As a result of these marketing initiatives, a total of 455 delegates have registered across 96 different countries. The WHS has been designed to advance public health responses to viral hepatitis and the focus this year is on the implementation of the Global Health Sector Strategy for Viral Hepatitis (GHSS). In order to realise this ambition, good representation will be needed across multiple delegate categories. Whilst most categories booked well during the period, programme managers from Member States have been slow to confirm their attendance - to date 28 have confirmed, against a project target of 80.

Securing attendance of policy makers will be the key to driving meaningful change at this important global event. Unfortunately, we are facing many challenges, including: lack of dedicated hepatitis policy leads within countries; direct competition with the WHO’s TB Summit, taking place just two weeks after our summit (only announced after we were live and taking bookings); a significant overlap between delegate categories; language barriers; and limited financial resources for international business travel.
We are using all mechanisms available to overcome these challenges, such as using WHO regional focal points to continue identifying, inviting and securing appropriate individuals and leveraging civil society to put pressure on their policy makers.

**THE WHY OF VIRAL HEPATITIS - SHARING REASONS WHY VIRAL HEPATITIS SHOULD BE CHAMPIONED BY EVERYONE**

Here we aim to take every opportunity to promote the solvability of viral hepatitis and rally champions to the cause. This quarter we reinforced the solvability message in our Members webinar, which was attended by 80 people and viewed online 180 times. Additionally, we promoted the theme of solvability in our messaging around the SDGs and in our World Cancer Day communications. This quarter we took steps to mobilise champions around the issue. For example, we started developing the World Hepatitis Day campaign which carries a central message that everyone has a part to play in eliminating viral hepatitis. The full campaign will launch on the 26 April. Similarly, we began preparations for the NOhep Visionaries Programme, which engages key groups (governments and medical professionals) to become champions for the elimination of viral hepatitis.

**TARGET 3.3: COMBAT VIRAL HEPATITIS**

Combatting viral hepatitis goes beyond a health issue. Eliminating viral hepatitis will successfully contribute to achieving many other targets.

- 3.1: Reducing maternal mortality
- 3.4: Reducing mortality from non-communicable diseases
- 3.5: Preventing and treating substance use disorders
- 3.8: Achieving universal health coverage
- 3.b: Access to affordable medicines and vaccines
- 3.c: Health financing and health workforce

**NOHEP - GROWING THE MOVEMENT BY CONTINUING TO PROVIDE THE SECRETARIAT, SECURE FINANCIAL RESOURCES AND BUILD STRATEGIC EFFORTS**

In order to catalyse what we started and bring the change we envision, we need to bring in corporate partners to the viral hepatitis scene. Previously, the funding environment has been very challenging for us, as awareness of viral hepatitis remains low. This quarter we identified a number of companies and made some approaches. As a result of this activity, we are hoping to see some results in the coming months.

**CAPACITY / CAPABILITY BUILDING - TACKLING THE OBSTACLES THAT INHIBIT OUR MEMBERS FROM MAKING AN EVEN BIGGER IMPACT ON THE GROUND**

**WHAMBERS PRE-SUMMIT CONGRESS**

The development of the programme began this quarter based on feedback from the previous Pre-Summit Member Conference, discussions with WHA board members and the findings of the WHA needs assessment was completed by members earlier this quarter.

**E-CAPACITY / CAPABILITY BUILDING PROGRAMME**

The first in a series of five webinars designed around capacity building for our members was delivered this quarter. The Wha team discussed the organisation's vision for 2017 and highlighted key activities to promote better engagement, collaboration with members and a greater impact on the ground. To further support this, a detailed work plan was designed and presented to members for them to better understand what WHA is planning for 2017 on a practical level, allowing them to plan their own activities accordingly.
Ending the social injustice of viral hepatitis

3

The person who discriminated me first was myself.

The more we talk about it, the more it desgimatises it for the whole community.

There is a liberating aspect about being open about one’s condition. By talking about it, there is a reduction of stigma.

Actions

Stop the Stigma and Discrimination - giving people with viral hepatitis a voice and exposing prejudices suffered

Wall of Stories

Sharing real-life stories will help change the way the world sees viral hepatitis and the people affected by it. In addition to showing the reality of viral hepatitis beyond the statistics (see “The reality of viral hepatitis – Wall of Stories” above), this initiative aims to stop stigma and discrimination by highlighting the experiences of individuals worldwide. Four of the videos were filmed at the WHA Executive Board Meeting and featured in the WHA members preview of ‘tackle this’. We will continue to encourage others to speak out against myths about viral hepatitis.

Zero Discrimination Day

On Zero Discrimination Day, we highlighted stigma and discrimination suffered by people living with viral hepatitis across the globe with an article on our website. In the article we stressed that people have been robbed of their jobs, education opportunities, friendships and relationships due to undue stigma and discrimination. As part of our outreach, we shared a story from Dee Lee, WHA Executive Board Member for the Western Pacific region, highlighting his experience of stigma at the workplace in China. (See NOhep campaign resources and materials for more information on this campaign)

World Day of Social Justice

Health is a human right, yet for 99% of people living with viral hepatitis this basic right is being denied. On World Day of Social Justice we highlighted the lack of access to treatment as a key concern through a blog in BioMedCentral, which was also shared on LinkedIn. The blog received over 400 views and helped to encourage people to learn more about the access issue via our new resources hub. The access resources hub, launched to coincide with World Day of Social Justice, provides webinars, reports and websites aimed at building knowledge specifically in the areas of access to medicines and diagnostics.
Stop the Stigma and Discrimination
- making the lack of access to lifesaving interventions a priority

The level of medicines and diagnostics access in countries is being assessed as part of a wider civil society survey (see “WHA Civil Society Survey” for update).

World Hepatitis Summit 2017

30 expert Committee members on the World Hepatitis Summit’s Programme Secretariat finalised an agenda dedicating an entire day to Strategic Directions 2-3 of the GHSS (including “Delivering for equity”). Here, the programme focus is on universal health coverage and delivering hepatitis services to different populations in different locations to ensure equity and quality.

World Indigenous Peoples’ Conference on Viral Hepatitis

The second World Indigenous Peoples’ Conference on Viral Hepatitis was announced this quarter. It is organised by a committee consisting of representatives of the World Hepatitis Alliance, CDC, Alaskan Native Tribal Health Consortium, Indigenous peoples, and international experts working in the fields of hepatitis, public health and Indigenous health. The conference is being held on the 8 – 9 August 2017 in Anchorage, Alaska and is planned to coincide with the UN International Day of the World’s Indigenous Peoples (9 August). This will position viral hepatitis as central to Indigenous health ensuring engagement with a wider range of stakeholders and media.

WHA Civil Society Survey

- identifying levels of access in countries

The level of medicines and diagnostics access in countries is being assessed as part of a wider civil society survey (see “WHA Civil Society Survey” for update).

WHA Awareness-raising activities
- ensuring a special focus on access

We created a dedicated area on our WHA website which houses information and resources on access. The page was launched on World Day of Social Justice (20 February). To support the launch, we ran a social media campaign reaching over 10,000 people and received 100 website page views.

HepVoice

Stigma was a key issue covered in February’s edition of hepVoice, reaching 402 people. The magazine provided key updates on our activities for World Day of Social Justice and Zero Discrimination Day and highlighted the importance of discussing the issue.

World Hepatitis Summit 2017

The agenda for the World Hepatitis Summit takes its framework from the Global Health Sector Strategy (GHSS) for viral hepatitis. Eight patient testimonials will form the start of each plenary session of the Summit to ensure that the technical content from the GHSS is balanced with patient voices and lived experiences of issues around stigma. These personal case studies will give patients the opportunity to share their story whilst encouraging the audience to consider the human experience of living with discrimination.

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With the emergence of new organisations working in the field of viral hepatitis we conducted a mapping of all key actors delivering interventions and programmes. This enables us to get a better understanding of existing coverage to avoid duplicating activities and funding competition, and identify core partners to widen the scope and impact of our ambitious work.

Key partners identified and actions taken this quarter:

### RAISING AWARENESS

**WHO / ELPA / CEVHAP / CDC US (NOhep) / UICC (Liver Cancer)**

This quarter we worked closely with WHO in many fronts: coordinating a joint-approach for World Hepatitis Day; discussing how to grow the NOhep movement; attending their Strategic Technical Advisory Committee meeting; and reviewing the upcoming Global Hepatitis Report, which will launch new data about the viral hepatitis epidemic.

Through NOhep, we were also in close contact with ELPA, the US CDC and CEVHAP looking at implementing a strong communications plan aiming to increase the number of supporters and building on momentum the movement gained since its launch last year.

Furthermore, we worked with CEVHAP and helped them deliver a forum entitled “Elimination through Partnerships: Towards a World with NOhep” at the 26th Conference of the Asian Pacific Association for the Study of the Liver. The event addressed the importance of joint work between NGOs and healthcare professionals to advance elimination and featured case studies from the region.

Finally, to promote the link between liver cancer and viral hepatitis, we initiated a partnership with UICC to support activities around World Cancer Day (WCD), 4 February (see Liver cancer and viral hepatitis).
Advocating for Viral Hepatitis

Who / Centre for Disease Analysis / MSF (via WHS) / UNITAID (via WHS)

This quarter we gave continuity to talks with MSF about hepatitis E which culminated in their agreement to host a side meeting to address this virus and the challenges around it at our World Hepatitis Summit in November.

We also established an important relationship with UNITAID who is now a partner of the Summit. UNITAID will bring all of their grantees in hepatitis together to present on their projects in a side meeting.

Still on the Summit, significant progress was made with regards to the programme and event organisation in general; all of the decisions continue to be taken jointly by us, WHO and the government of Brazil.

Finally, we have been working very closely with the Center for Disease Analysis (CDA), which continues to provide valuable data to advance our advocacy efforts.

Ending Social Injustice

Medicines Patent Pool (MPP)

As part of MPP’s Expert Advisory Group, we are called in to provide advice on public health strategies and clinical needs relating to their work and license agreements in hepatitis. While there were no updates from MPP this quarter we promoted Medspal, an online database they launched in the end of last year which provides information on patents and licenses for generic production, making it easy to determine where generic hepatitis C medicines are available within a country and the means by which they have been made available.

Other Partnership Opportunities

Aside from the work conducted with our core partners, we also interacted with Coalition Plus, both our organisations are looking into investment cases for hepatitis. We coordinated efforts and ensured the work being carried out is complimentary.

Furthermore, we attended a key meeting in Geneva entitled “HCV Interveners Meeting”; this brought together the main actors in viral hepatitis including FIND, CHAI, MSD, MDM, UNITAID, WHO, OSI, DNDi, etc. The meeting was incredibly productive and looked at updating everyone about ongoing projects, ultimately encouraging all to join forces and coordinate approaches.
**INNOVATIVE FINANCING OPTIONS IN MONGOLIA, MEETING WITH THE MONGOLIAN MINISTER OF HEALTH – Mongolia, 16 January** (goal 2)

This meeting attended by the Minister of Health, Dr A Tsogtesgte; Director of the Strategic Planning department, Dr Tumurtogoo; Director of the Public Health Department, Dr Gantsetseg; Officer at the International Cooperation Department, Ms Tuya; WHA President, Charles Gore; and a representative from the World Health Organisation, Naraa Jadambaa. The meeting was a follow up on the recommendations set out in the report from the Innovative Financing Options for Viral Hepatitis Meeting, which we held on the 4-5 May 2016 in Ulaanbaatar.

The Mongolian government had just announced that a fixed subsidy for HCV treatment in health insurance had been agreed and this was further discussed during the meeting in the context of presenting this as case study at our Summit. In addition to this, the Minister agreed to consider developing an operational elimination plan for HCV and HBV in Mongolia.

**HEFHIV 2017 CONFERENCE, Malta, 31 January – 2 February**

HIV and Viral Hepatitis: Challenges of Timely Testing and Care (goal 2)

The event brought together civil society representatives, medical professionals and public health specialists to address scaling up testing and care for HIV and viral hepatitis. Sessions included surveillance and monitoring for viral hepatitis, unequal access to hepatitis C treatment, European hepatitis strategies and the issue of stigma discouraging testing. Our objective in participating in this meeting was to meet with representatives of the Maltese EU presidency to push for more priority for viral hepatitis in the EU.

We met with Charmaine Gauci, head of the Health Promotion and Disease Prevention Directorate, Malta MoH and she agreed to put viral hepatitis on the agenda for the informal meeting of EU ministers of health, in March, and that the Technical Declaration on HIV from Malta would also include hepatitis and TB as diseases in their own right. This is an important step towards the possible Dublin-type declaration on HIV, TB and hepatitis and we now have an opportunity to continue this with the next (Estonian) presidency.
The event, held on the day before APASL, was organised by CFHPC, APASL, CEVHAP and WHA to highlight the importance of, and existing good practice in, joint working between NGOs and healthcare professionals (HCPs) in advancing the cause of elimination.

We facilitated a workshop on financing and took part in the final panel of the day and used this to make a plea for more concerted advocacy, arguing that hepatitis financing will simply not materialise in a world of many competing priorities. In the report session to the main conference we gave a talk on NOhep within the context of healthcare professionals working with NGOs and announced a forthcoming WHA award for the HCPs doing the most to advance the cause of elimination by working with NGOs.

Our objectives for this meeting was to support CEVHAP, introduce Michael Ninburg (WHA President Elect) to CEVHAP, promote NOhep, get sponsorship for the World Indigenous Peoples Conference and find potential new sponsors for the Summit.

Poor attendance meant the promotion of NOhep was not successful; Michael was successfully introduced to CEVHAP; the John Martin Foundation committed to giving $50-100,000 for the World Indigenous Peoples Conference; 4 possible sponsors for our Summit were identified and we also discussed HEP2030, the Zeshan Foundation’s project to establish a $100 million fund to finance projects that will help elimination.

The latter has stalled because WHO and CDC are probably going to have to withdraw under pressure from their legal teams, although efforts are being made to resolve the issue and move things forward.

This consultation was a two day event organised by WHO WPRO but with SEARO representation looking at the feasibility of integrating triple elimination into maternal and child health (MCH). Unfortunately, the latest MCH guidelines do not mention HBV. We discovered that community were invited and then disinvited (we had only received the invitation). It was a fractious meeting with the viral hepatitis people largely at odds with the MCH people, who were very resistant to the idea of HBV testing of pregnant women. Our objective in attending was to support WHO in their efforts to broaden the appeal of viral hepatitis – MCH is an area of great interest to Melinda Gates among others and opportunities for funding may exist. As a result of this, a document will be produced that may be useful to support our fundraising efforts.

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The latter has stalled because WHO and CDC are probably going to have to withdraw under pressure from their legal teams, although efforts are being made to resolve the issue and move things forward.

In 2013 the WHO Director-General asked for the creation of a Strategic and Technical Advisory Committee (STAC) on viral hepatitis for an initial three year period. However, it was decided this year to disband the original STAC and form a new combined Hepatitis and HIV STAC. The WHA president was a member of the original STAC and is a member of the new committee. In this meeting, the previous STAC’s recommendations to WHO, most of which have been acted on, were reviewed. One recommendation, however, had not received sufficient attention. This asked WHO to extend its normative work on injection safety by promoting alternatives to injection. We feel it is critical not just to make injections safer but also to decrease the number of injections – far too many unnecessary injections occur every year, increasing the risk of exposing people to hepatitis. We feel this requires a great deal of community driven education; there should be a major role for WHA members. The recommendations are being finalised now but it is highly likely this recommendation will be reiterated again this year, very strongly. The recommendations tend to be more strategic than technical and are intended to provide expert input into WHO’s direction and priorities. They will be presented to the Director-General and then again to the new Director-General soon after that person has been elected by the Member States in May.
GOVERNANCE

On 24-27 January the newly elected WHA Executive Board met in London, UK to select the next WHA President and subsequently conduct the annual WHA board meeting.

WHANext President

Michael Ninburg, Executive Director of the US-Based Hepatitis Education Project since 2001, was selected following a rigorous selection process and will serve as the next WHA President for the period 2018–2019. Although Michael knows the organisation very well, having previously served on the WHA Board, a comprehensive transition plan has been put in place for him to acquaint himself with all aspects of the role to ensure a smooth take over in January 2018. During his time as President-Elect, Michael will work closely with Charles Gore and the management team in the London office.

WHAA annual board meetings are designed for strategic conversations assessing the health and effectiveness of the organisation in all aspects of governance to take place. As such, key matters with regards to both the timing of regional board members election and annual board meeting were discussed at great length. WHA members subsequently voted favourably on both matters and the following changes will be implemented from 2018:

Regional board members election will be staggered to allow for only half the board (i.e. three regions) to be renewed at one time. This will facilitate the induction process for any new board members who are elected in the future as more experienced board members will be able to support their peers in all aspects of their role. It will also ensure continuity of the work carried out by the board as a whole. It was felt that this was particularly important considering the change of President taking place in January 2018. This means that the current mandate of existing board members will be extended to allow for this new timing to occur. In addition to this elections will take place earlier in the year, enabling the newly elected board to meet in September, which is a crucial time for strategic decisions to be made. This will greatly improve the consultation process.

Finally, it was also agreed to create a role for a Treasurer to join the board and oversee all aspects of the organisation financial management. The recruitment process started in February and is ongoing.
Welcome Regional Advisor for the Americas

Patricia Vélez-Möller, President and Co-Founder of Asociacion Guatemalteco del Higado (Guatemalan Liver Association), has been appointed as WHA Regional Advisor for the Americas region this quarter. Patricia brings a wealth of experience to the role, having organised and coordinated vaccination campaigns, led patient support groups and given lectures on viral hepatitis to health professionals for many years. Furthermore, as a medical doctor and university professor, Patricia possess extensive knowledge of the viral hepatitis environment. In the role of Regional Advisor, Patricia will work alongside Regional Board Member, Su Wang, with member communications, acting as a bridge between English and Spanish speaking members and providing the Latin American perspective.

Welcome New Members

The newly elected Board had to be acquainted with the process for assessing membership applications and as such no memberships had been approved since mid-November. This meant a slightly longer than ordinary wait time for these members to be assessed. That being said, going forward the usual membership processing times (2 to 3 months) should apply.

In this first quarter 4 membership applications were approved by the Board. These consisted of three non-voting members and one voting member. In total we now have 249 members across 84 countries. For the first time we now have members in Iran and Uruguay. Details of our newest members are as follows:

Iran Hepatitis Network (IHN) – Voting – EMRO Region

Registered in 2012 the IHN are a research-based organisation who aim to use their combined knowledge in the diagnosis and treatment of patients to combat viral hepatitis in Iran. They were approached directly by us to become members due to their overwhelming levels of engagement from the launch of NOhep on WHD 2016.

ACHC Uruguay – Non-voting – PAHO Region

The main aim of ACHC Uruguay is to advocate for more public health policies around viral hepatitis and they strive to improve access to medications for new generations. Their efforts secured support from the National Human Rights Institution and they managed to arrange countless meetings with the Ministry of Public Health. This has led to the inclusion of ADD to the list of drugs acceptable for the treatment of HVC. They are also able to import pan generic ADD – not registered in Uruguay – to patients who need it.

Rann Bhoomi (India) – Non-voting – SEARO Region

Rann Bhoomi have already shown impressive work since their inception in October 2016. Their mission and vision is clear insofar as they are aiming to progress towards the goal of overcoming viral hepatitis to ensure a healthy life for their community. They do this through awareness raising, education and knowledge sharing within the local community. Their constitution specifically states that they aim to provide HBV vaccines to new-borns, expecting mothers and children of all ages.

UNICO (Côte d’Ivoire) – Non-voting – AFRO Region

UNICO is a co-infection organisation that originally applied to be members back in April 2016. The prominence of their activities include trainings, blood collection, advocacy and access for treatment – they have been actively working and advocating for national blood banks to screen for Hepatitis B and C before blood is given out to patients in need.

WHA Team

After six months at the World Hepatitis Alliance, Georgia Hyland completed her internship this quarter. Georgia was instrumental in the day-to-day running of the NOhep movement during her time at WHA. From leading the NOhep:NOEXCUSE campaign launch to providing supporters with regular updates, Georgia’s contributions helped grow the movement substantially.