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 April, May and June 2017.

OUR CORE AREAS OF WORK

1. Raising awareness of viral hepatitis

2. Advocating for viral hepatitis

3. Ending the social injustice of viral hepatitis
Raising awareness of viral hepatitis

After working closely with the World Health Organization to agree on the overarching theme of ELIMINATE HEPATITIS for World Hepatitis Day (WHD) and developing the #ShowYourFace campaign to bring this theme to life, in Q2 we launched this to the public.

With the EASL International Liver Congress 2017 (ILC) falling just a week before the campaign launch on 19-23 April, the exhibition was an ideal opportunity to tease the new campaign and engage an important audience for WHD. To excite people about the campaign, we hosted a branded photo booth at the WHA-NOhep exhibition booth and delegates were able to have their selfie taken in #ShowYourFace branding. Delegates were encouraged to add their printed Polaroid to a giant WHD poster that grew throughout the conference. Overall the photo booth proved to be extremely popular with a total of 461 photos taken.

Shortly after, the full campaign was launched to the public on 26 April. The new WHD website features a suite of campaign materials including posters, toolkits, design elements, a customisable poster tool and events map. To coincide with the launch and introduce the #ShowYourFace campaign, we hosted a WHD webinar that featured WHA staff and Oyuntungalag “Tunga” Namjilsuren from the World Health Organization. 88 people attended the webinar live and the recording has since been watched 474 times to date.

On 31 May the WHD social media campaign was launched. This year we are asking people to join the “#ShowYourFace to eliminate hepatitis” campaign by sharing on the day selfies and messages of how they are helping to fight for a world free from viral hepatitis. To encourage participation we created a bespoke selfie tool with which people can easily upload a selfie and I AM message to the #ShowYourFace gallery. We also created additional campaign materials including infographics and social media graphics and launched a Thunderclap to further support the campaign. 40 people attended the webinar live and the recording has since been watched 126 times to date.

Lastly, we also hosted a webinar dedicated to support the social media launch on 9 June entitled ‘Boost organisation’s profile on World Hepatitis Day and beyond: making the most of social media and patient case studies’. The webinar featured WHA staff and communications experts including Sebastian Stokes from SHED Communications and Maureen M. Kamischke from the Hepatitis B Foundation. Together they provided an overview of the WHD 2017 social media campaign, discussed ideas on using social media to promote WHD activities and shared top tips on increasing engagement. The webinar also looked at how to secure more traditional media coverage and make the most of patient case studies.

As we build up to the day, we have promoted the campaign through social media, shared information with WHA members, WHD campaign supporters, sponsors and partners and presented the campaign to a number of organisations including the CDC Global Communicators Forum.
NOHEP - expanding awareness-raising activities beyond a single day, increasing the support for viral hepatitis and the impact on the ground

STRATEGIC COMMUNICATIONS PLAN

Significant progress continues to be made towards the implementation of this strategy in this quarter:

1. INTERNATIONAL LIVER CONGRESS 2017

From 19–23 April 2017, WHA attended the ILC in Amsterdam. Our overall objective was to build brand recognition of NOhep, secure commitment from medical professionals (including select KOLs) and medical associations for the Visionaries Programme. All objectives were exceeded through the implementation of a multi-faceted campaign where NOhep featured heavily. Activities included hosting a booth, which had a footfall of 500 people over three days. We also launched the NOhep Visionaries Programme, which resulted in nearly 100 sign ups from 38 countries. In terms of social media, the NOhep Twitter platform reached 28,000 people in one week, compared to an ordinary weekly reach of 15,000. Similarly, we had 49 new Facebook Page likes, compared to our weekly average of 3. Lastly, #NOhep was in ILC’s top ten Twitter influencers.

2. NOHEP VISIONARIES PROGRAMME

For Medical Professionals: This programme was launched this quarter at the ILC with a dedicated area on the NOhep website featuring six eminent medical professionals who are spearheading the campaign. In addition to this, we sourced other opportunities to launch the programme throughout the event including referencing it within the Opening Ceremony, at WHO’s Symposium where WHO themselves and Philip Bruggmann, one of the Visionaries, spoke about it. To date, 121 medical professionals from 45 countries have signed up to be NOhep Visionaries.

We also secured confirmation from AASLD that the Visionaries Programme will be launched in the Americas Region at The Liver Meeting in October. To date, five eminent medical professionals have agreed to spearhead the programme in the region.

For Governments: 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 and Brazil have accepted and we are currently in discussions with the other countries to secure their commitment. Georgia will launch their NOhep programme at a regional event on World Hepatitis Day.

3. INCREASING THE LEVEL OF NOHEP SUPPORTERS

NOhep actions have increased from 44,810 to 52,232 by the end of this quarter and #NOhep reached 6.5 million people on Twitter. This increase is largely as a result of our presence at the ILC in April along with our social media engagement, monthly newsletters and partner activations.

NOHEP CAMPAIGN RESOURCES AND MATERIALS

The NOhep Global Documentary, a short video to showcase the different methods people, governments, and communities are taking to reach the elimination of viral hepatitis by 2030 is currently being developed. This video will be released on WHD and will be used to inspire and engage people to take action.

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

Why do we continue to put our children at unnecessary risk of liver cancer?

Raquel Peck, CEO at World Hepatitis Alliance

We used International Children’s Day to raise awareness of the link between viral hepatitis and liver cancer. We wrote a blog for the Hepatology, Medicine and Policy Journal that highlighted the need to scale-up hepatitis B vaccination among infants and babies to prevent future liver cancer cases. The blog has been viewed 178 times to date.

We also raised awareness of the importance of hepatitis B vaccination on social media in support of the new cancer resolution which was adopted at this year’s World Health Assembly and the link also appears in the above-mentioned NOhep global documentary.
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

The #ShowYourFace campaign for WHD focuses on humanising and individualising elimination. The concept strives to make participants feel empowered, personally connected and understand that everyone has a role to play. Since the campaign launch people have used the customisable posters and selfie tool to highlight their individual actions to achieve elimination and show the impact hepatitis has on individual lives. On WHD we will aim to secure patient case study features in mainstream media and have begun work to identify case studies and encourage WHA members to do the same.

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, we re-launched the newly designed Wall of Stories section of our website on 19 May. The new section is fully interactive, allowing visitors to browse stories on a world map or search by country and topic. The new section also supports text, video and photo content. Since the launch we have received 35 submissions from patients from countries including Uruguay, Uzbekistan, Yemen and Romania.

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

After substantial revisions that largely answered our concerns, the WHO Global Hepatitis Report was launched at the EASL ILC in Amsterdam in April. We now have agreed 2015 baseline numbers against which progress towards the global elimination targets can be judged. This is important because both the incidence and mortality targets call for a percentage reduction from the 2015 baseline. However, there is still a significant discrepancy in the mortality figures between those produced by WHO and those produced by the Global Burden of Disease (GBD) project, a Gates Foundation-funded initiative that looks at all causes of death. Although the overall number of deaths from viral hepatitis is broadly in line, GBD data suggests that hepatitis C is responsible for about the same number of deaths as hepatitis B while WHO data has hepatitis B responsible for over twice the number caused by hepatitis C. One of the advantages of the GBD data is that it goes into extreme detail, not just down to country level but to age groups, which could be very useful for advocacy so we will be continuing to work to try to align WHO and GBD figures. This has been helped by the appointment to our board of Dr Homie Razavi, who has done much of the country epidemiology work that underlies WHO figures.

COUNTRY RESPONSE PROFILE ON HEPATITIS B AND C

Through ongoing collaboration with WHO and the Government of Scotland we keep up-to-date on the response rate for this joint project and have ensured that we are aligned on a dissemination strategy. In support of the “Eliminate hepatitis” World Hepatitis Day campaign, WHO will release new information on national hepatitis responses in the 28 countries with the heaviest burden. The main report launch will be at the World Hepatitis Summit in November 2017.
Advocating for Viral Hepatitis

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

Following the kick-off meeting with Dalberg Global Development Advisors last quarter, a list of experts was agreed and subsequently interviewed to help shape the global investment case. Since those interviews the investment case has undergone a number of iterations as the arguments are refined. It is currently being piloted with 4 donors and will be updated to reflect any feedback before the final white paper is ready to be disseminated.

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 initially selected as a partner in this project and due diligence was subsequently conducted. Our findings indicated that they were not a suitable fit and we therefore identified and reached out to four different groups with a request for proposals for the project. The deadline for proposals is at the end of the quarter and the next step will be to appoint a contractor to move this project forward.

Given a number of partner organisations such as WHO, PAHO and Coalition Plus are also undertaking similar work, this quarter we met with WHO to discuss aligning methodologies in regards to the investment cases. Further discussions regarding this will be had once a contractor for the project is in place.

A viral hepatitis financing strategy blueprint for countries

A kick-off meeting was held with the Clinton Health Access Initiative (CHAI) – our partner in this project – to agree on the scope of project, roles and responsibilities. WHA is now drafting the blueprint based off the materials CHAI has already produced, which both parties will then review and finalise. To ensure that this blueprint is a practical tool for countries, the learnings from the country work on costing, financing and investment case development (see section above) will be used as case studies in the template along with in-country work that CHAI has previously carried out. Discussions regarding how to best present the blueprint are ongoing.

World Hepatitis Summit

Excellent progress has been made during the second quarter of the year around the World Hepatitis Summit (WHS17):

- A speaker-line up of 75 global hepatitis experts have been confirmed
- The Programme Secretariat made a call for abstracts that identify and promote original contributions in the field of hepatitis and that align with the Strategic Directions 2, 3 and 5 of the GHSS. An unprecedented 300 abstracts were submitted in response to this call – most of which will be represented at the Summit through posters or oral presentations in November.
- Over 650 delegates registered their attendance during this quarter across 108 countries.
Given the popularity of the event and its capacity and budget constraints, a waiting list was put into operation for a number of ticket categories.

The WHS has been designed as a platform for civil society and government to come together for the benefit of hepatitis patients. Much work has therefore been undertaken to identify the national hepatitis Programme Managers although this delegate category has been slow to confirm relative to other delegate categories.

In order to address this, the project team were given permission to reach out to countries directly during this period in order to leverage national contacts to secure their hepatitis focal points. Previously, this process necessitated going through WHO country offices in order to validate, invite and confirm these global hepatitis focal points. As a result of these more direct asks, 50 programme managers (up from 28 in the last quarter) have been secured with a significant number of qualified leads in the pipeline that are expected to register their attendance. A project target of 80 Programme Managers is still in operation.

**The Why of Viral Hepatitis - sharing reasons why viral hepatitis should be championed by everyone**

A number of initiatives highlighted the solvability of viral hepatitis this quarter:

- The WHD campaign stresses that we can all play a part in elimination and that every individual action can help achieve this goal.
- On International Children’s Day we promoted the hepatitis B birth dose vaccination as a key solution to preventing hepatitis B infection and future cancer cases.
- On World Blood Donor Day we provided a blog to the Hepatology, Medicines and Policy Journal that highlighted the need for blood screening to prevent transmission.

**Safe Blood Saves Lives**

On World Blood Donor Day (14 June), the World Hepatitis Alliance is calling for all blood donations to be screened and tested to prevent the transmission of viral hepatitis.

Raquel Peck 14 Jun 2017

**Capacity / Capability Building - tackling the obstacles that inhibit our members from making an even bigger impact on the ground**

**WHA Members Pre-Summit Conference**

Work on the Pre-Summit programme was ongoing this quarter with a number of expert speakers secured to present.

**E-Capacity / Capability Building Programme**

WHA hosted 2 webinars this quarter – see WHD section.
Ending the Social Injustice of Viral Hepatitis

Actions

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

Pognant case studies identified and profiled across our communication channels

This is being achieved through our Wall of Stories initiative (see “The reality of viral hepatitis”) which main aim is to ensure patient voices are heard to tackle stigma and discrimination. To increase the impact of these stories, in May’s hepVoice we started a “Wall of Stories Snapshots” section in which we profile a different patient story every month.

Topic given prominence at the World Hepatitis Summit 2017

The Organising Committee confirmed eight patient testimonials will be included across the 3 days of WHS17’s plenary content. These personal case studies are designed to give patients an opportunity to share their stories around the lived experiences of issues of stigma and the human experience of living with discrimination.

Equity - making the lack of access to lifesaving interventions a priority

Topic given prominence at the World Hepatitis Summit 2017

WHS17’s Programme Secretariat finalised their content around 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 and in different locations to ensure equity. As part of this content, a workshop led by Chris Cunningham (Professor of Maori Health at Massey University in New Zealand) was finalised entitled ‘delivering equitable services’ that explores how to apply an equity framework to policy and service settings that are relevant to viral hepatitis.
WHOAWARENESS-RAISING ACTIVITIES—ENSURING A SPECIAL FOCUS ON ACCESS

In June following the publication of the Cochrane Review on the new direct acting antiviral (DAA) hepatitis C drugs, which questioned long-term benefits of the treatments, WHA issued a number of statements through our website and the Lancet Gastroenterology and Hepatology Journal. Concerned that the findings could deter patients from seeking treatment or prevent governments from funding it, we spoke to the Cochrane Hepato-Biliary Group, to discuss the report in detail. Following the call, it is the WHA’s opinion that there is no evidence of long term health impacts. To ensure the findings do not prevent patients from receiving treatment, we promoted our statement and open letter in the Lancet Gastroenterology and Hepatology Journal extensively though social media.

Concerned that the findings could deter patients from seeking treatment or prevent governments from funding it, we spoke to the Cochrane Hepato-Biliary Group, to discuss the report in detail. Following the call, it is the WHA’s opinion that there is no evidence of long term health impacts. To ensure the findings do not prevent patients from receiving treatment, we promoted our statement and open letter in the Lancet Gastroenterology and Hepatology Journal extensively though social media.

The authors of the review and the Cochrane Collaboration have a responsibility. That responsibility is to [individuals living with hepatitis C], and [...] to global public health. We call upon them to address the methodological concerns raised here, review the conclusions that they have drawn from their findings, and revise them accordingly. To fail to do so would undoubtedly do a disservice to those most at risk. One must not forget that 400 000 people die each year from hepatitis C."

Charles Gore, on behalf of the Executive Board of the World Hepatitis Alliance

World Indigenous Peoples’ Conference on Viral Hepatitis — highlighting and ensuring government response to the plights of indigenous people

Planning is ongoing for the second World Indigenous Peoples’ Conference on Viral Hepatitis taking place on 8 - 9 August 2017 in Anchorage, Alaska. The success of the conference will depend on the number of Indigenous participants in attendance and both reaching out to them and securing funding for scholarship places have been ongoing challenges this quarter with both being key areas of focus for the committee. There have been significant developments to the programme with a total of 48 abstracts received. Work continues to finalise the programme and ensure a link with the International Day of the World’s Indigenous People, the theme of which is a celebration of the Tenth Anniversary of the UN Declaration on the Rights of Indigenous Peoples.
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**

**WORLD HEALTH ORGANISATION/ CEVHAP / CENTERS FOR DISEASE PREVENTION AND CONTROL (US) / ELPA**

This quarter we continued to work closely with WHO on many fronts; together, we launched the theme for World Hepatitis Day, extensively promoted the Global Hepatitis Report and its findings, and continued to lead efforts around raising awareness of NOhep.

Through NOhep we were also in contact with ELPA, CEVHAP and CDC US to continue to push the NOhep brand and identify opportunities for growing the movement.

**ADVOCATING FOR VIRAL HEPATITIS**

**WORLD HEALTH ORGANISATION (WHO)**

In April we had the opportunity to input on WHO’s HCV Guidelines which are being reviewed in July (planned launch for the end of the year). Furthermore, upon the realisation that a number of partners were undertaking activities around assisting countries with costing and financing of strategies, we have conducted meetings with WHO to look at aligning methodologies in regards to the investment cases. Finally, we also continued to work closely with WHO on the planning of the World Hepatitis Summit to ensure we have a strong programme, the presence of global leaders and key stakeholders, and that this event is even more successful than the previous Summit two years ago.

**MEDECINS SANS FRONTIERES (MSF) AND UNITAID**

Both organisations have been invited to hold a side meeting at our World Hepatitis Summit so we have liaised with them around content, speakers and promotion of their respective sessions.
**Coalition Plus**

We sit on Coalition Plus’ Hepatitis Advisory Panel where over the past quarter we have offered strategic advice on their UNITAID project. The Hepatitis Advisory Panel was established after the UNITAID grant was awarded so although we had no input into the initial proposal, we have fed into how our members could be involved in this project now that C+ are looking to extend it into a second phase.

**Clinton Health Access Initiative (CHAI)**

This quarter we partnered with CHAI to develop a viral hepatitis financing strategy blueprint for countries. Our aim is to assist countries in finding solutions when it comes to funding their hepatitis response. Work in this initiative is currently underway and we plan to have the template ready for distribution and promotion at the World Hepatitis Summit, which will be attended by many policy makers.

**Liver Societies**

**The European Association for the Study of the Liver (EASL)**

Our partnership with EASL strengthened this year. With the focus of putting patients at the centre of their activities, EASL offered us a great exhibition space at their International Liver Conference in April. This gave us the opportunity to connect with medical providers in a more effective way and push the message they too can be advocates by joining our NOhep Visionaries Programme (more on this can be found above). Furthermore, we had the opportunity to make an address at the opening ceremony and conducted meetings with EASL leadership as well with their Foundation which is looking at the idea of microelimination.

**The American Association for the Study of the Liver (AASLD)**

This quarter we reconnected with AASLD and discussions centred on the NOhep Visionaries Programme, our presence at AASLD Liver Meeting in November and the World Hepatitis Summit. AASLD was supportive of the Visionaries Programme (Anna Lok and other key KOLs from the region will present themselves as NOhep visionaries at The Liver Meeting in November) and they will be co-leading a side meeting with EASL at our Summit.

**Ending Social Injustice**

**Medicines Patent Pool (MPP)**

We had the opportunity to meet MPP to catch up with their plans and discuss their role at the Pre-Summit Member Conference and World Hepatitis Summit. MPP will update civil society about their hepatitis C programmes, highlight their new licensing priorities and take this opportunity to get feedback on their activities from the hepatitis community. They will also host a plenary talk on Voluntary Licensing at the main Summit.
Meeting attendance

Regional Conference on Harm Reduction in the New Environment: Vilnius, Lithuania, 4-6 April (Goal 2)

This conference was organised by the Eurasian Harm Reduction Network, with support from the Global Fund, UNODC, UNAIDS, the Open Society Foundations, HRI and IDPC among others. Its aim was to look at harm reduction in an environment where funding is under threat, particularly in the Central and Eastern European region, as the Global Fund asks countries to transition away from external funding to domestic funding. WHA took part in a panel discussion on harm reduction in prisons and we suggested that funding could be included in hepatitis C funding, given that prisons provide ideal opportunities to test and treat hepatitis C. We also stressed that any treatment programme has to be supported by adequate prevention or we will not make progress towards elimination, especially as some countries are running out of people to treat because they have been so poor at diagnosing and linking to care.

We also held an introductory talk on sustainable funding of harm reduction at a meeting of the EU-funded HA-REACT project. As well as summarising where we are with harm reduction funding, which is essentially under threat everywhere, we stressed that harm reduction must be an integral part of any hepatitis C programme because governments will lose interest in funding hepatitis C treatment if they do not see progress towards elimination (and the 90% reduction in incidence target). We also highlighted that more importantly, progress towards the cost-savings that will only come from reducing prevalence. We suggested that harm reduction is not a good term implying a bad thing (harm) that one can make a bit better and that something like public health promotion would be more saleable. This caused some controversy since so much work has been put into getting harm reduction accepted as a concept.
Regional Workshop on Scaling Up the Health Sector Response to Viral Hepatitis in the South East Asia Region: Delhi, India, 10-12 April (Goal 2)

This 3-day workshop was attended by over 100 delegates including representatives from the 11 Member States of the region, partner organisations (e.g. WHA, UNITAID), civil society (e.g. TREAT Asia, CEVHAP) and WHO HQ. Topics included planning, information, prevention, testing, treatment, and financing. With WHO we took this opportunity to promote WHS17 and encourage countries to attend. We also introduced NOhep.

The stand-out presentation was from the Punjab where they have already treated 25,000 people with HCV in the last year and are committed to continue their efforts. Myanmar also have plans to scale up treatment hugely. Countries seemed enthused about putting national strategies in place or implementing them if they already have them and we felt confident of their attendance at WHS17. The meeting was also designed to ensure support for the Regional Action Plan which is going to the Regional Committee Meeting in September. The Regional Director is very supportive and wants to hold a panel discussion on hepatitis in front of the Ministers at the RCM. SEARO is becoming a very positive region.

Meeting of HEP2030 steering committee: Atlanta, USA 30 April - 1 May (Goal 2)

The objective of the HEP2030 initiative is to establish a fund to give grants to projects to advance elimination. This meeting focused mainly on structure and governance and it was agreed to house the organisation within an existing 501 c 3 with a view to establishing it as a separate entity in the next 2-3 years. Host possibilities are being explored and a launch at WHS17 is in the pipeline. The development of fundraising materials is also underway and WHA will offer the fund the overall case for investing in viral hepatitis, which we are currently producing.

Infectious Disease Symposium: Kigali, Rwanda, 8-9 May (Goal 2)

WHA Executive Board Member for the African Region Kenneth Kabagambe attended the Infectious Disease Symposium in Kigali, Rwanda. At the event, which brought together delegates from Uganda and Rwanda, Kenneth held a side meeting in collaboration with Dr. Jean Damascene Makuza, Ag. Director of Viral Hepatitis and STIs, Ministry of Health Rwanda to discuss NOhep and the Government of Rwanda’s potential role in the movement. Throughout the event, Kenneth encouraged delegates to sign up to NOhep and take part in this year’s World Hepatitis Day campaign #ShowYourFace.

Viral Hepatitis and Your Body - International Training Day: Prague, Czech Republic, 11-12 May (Goal 1)

Community advocates across Europe convened for the ‘Viral Hepatitis and Your Body – International Training Day’ to discuss how the viral hepatitis care continuum impacts the individual lives of patients. WHA Executive Board Member for the European Region, Ivana Dragojevic, delivered the keynote address, in which she presented on advocacy’s role in elimination, the NOhep movement and the WHD #ShowYourFace campaign.

Breakfast Dialogue on Access to Hepatitis C Treatments: Geneva, Switzerland, 16 May (Goal 2)

The South Centre*, the Permanent Mission of the Republic of Ecuador, Coalition PLUS and UNITAID organised a meeting to raise the profile of hepatitis C and in particular to highlight the need to increase access to Permanent Missions to the UN in Geneva ahead of the World Health Assembly. The programme included opening interventions from German Velasquez (Special Advisor, Health and Development from the South Centre), Léon Pablo Avilés (Minister, Permanent Mission of the Republic of Ecuador) and Lelio Marmora (Executive Director, UNITAID). Former President of Colombia Ernesto Samper Pizano gave and key note address and WHA was requested to provide facts to the audience and we took this opportunity to make a plea for country action.

*The South Centre is an intergovernmental organisation representing the interests of 54 developing nations primarily from the Southern Hemisphere wishing to increase collaboration in a variety of areas, including intellectual property.
As part of the transition process, Michael Ninburg, WHA President Elect, spent some time at our London office in May to gain a greater understanding of all areas of operations management. This was an opportunity for Michael to get an update on all WHA’s activities and projects in the pipeline, review our strategy for 2018 and build a closer relationship with each member of the team. In addition to this, time was dedicated to meeting our newly appointed Treasurer and strategic discussions with Charles Gore, current WHA President were conducted.

Michael’s next visit is planned in September although he is very actively involved in all strategic consultations and already works very closely with the management team at WHA.

We are delighted to announce the appointment of an Honorary Treasurer, Freddy Venables, for an initial probation period of six months. Freddy has over 40 years’ experience in accounting and financial management and has over those years given a significant amount of his time to support various charities. His primary responsibilities within WHA will be to oversee the financial management of WHA, provide an objective lens based on his corporate experience and support the management of governance.

Four new patient groups have joined us in the fight to eliminate viral hepatitis this quarter. This is particularly exciting as two are from countries where we had previously no member presence – Venezuela and Liberia. We have now crossed the threshold of 250 members, bringing our total membership to 253 organisations across 86 countries.

Liberia National Hepatitis Foundation – Non-Voting

Liberia National Hepatitis Foundation’s work is focused on raising awareness in schools, churches, small businesses and with healthcare workers. They also offer counselling to people newly diagnosed with viral hepatitis. They are a relatively young organisation and as such are hoping to expand their activities to include vaccinations, testing and treatment.

APAHE Uruguay – Voting

APAHE Uruguay’s efforts are focused on awareness raising and testing. They carry out these aims by organising stands at conferences, speaking at seminars and delivering information to the community. In addition to this, they also film patient experiences and showcase them on their website.
**HEPATITIS C VENEZUELA, A.C. - VOTING**

Hepatitis C Venezuela work to inform as many people as possible of the causes, risk factors and treatments related to hepatitis. They have proven evidence of their talks in schools, colleges, universities and their activities regularly receive coverage in the media.

**SAVE THE LIVER FOUNDATION, INDIA - NON-VOTING**

Save The Liver Foundation’s main area of activities are raising awareness and screening in camps all over South India, providing free treatment for those below the poverty line and conducting research into patient recovery, drug effectiveness and side effects. Their ambition is to eliminate hepatitis C in high prevalence areas.

**WHA TEAM**

**HEAD OF COMMUNICATIONS**

We are thrilled to announce the promotion of Tara Farrell to Head of Communications. Tara joined WHA 18 months ago as our Communications Manager, bringing a wealth of experience from her PR agency background. This was a new position in which Tara excelled and she has in that short space of time played a key role in aligning our communications strategy with our overall organisational goals and in the creation and launch of the NOhep global movement. We are excited about her new role in the organisation.

**COMMUNICATIONS AND CAMPAIGNS INTERN**

We have also welcomed Ben Laycock-Bordman who began his 6-month internship with us in March. Ben joins us in the midst of studying Politics at King’s College London and during his time at WHA will focus on supporting NOhep activities and increasing our social media presence.