

Viral hepatitis advocacy

Charles Gore

President, World Hepatitis Alliance



The global viral hepatitis situation 2006

- **Disease awareness:** extremely low
- **Global priority:** almost none – hepatitis not part of the MDGs or Global Fund
- **Community cohesion:** low – October 1 is Hepatitis Day but only in Europe and Australia
- **World Leadership:** none – out of 8,000 staff at WHO not ONE has ‘hepatitis’ in their job title



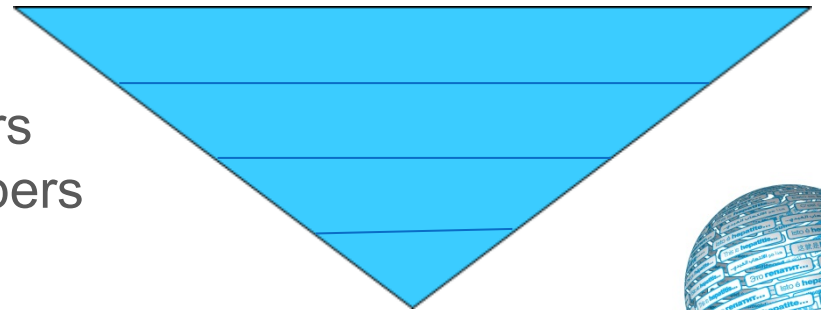
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Creation of the World Hepatitis Alliance

- 2007 Meeting of patient group representatives from around the world
- Decision to establish World Hepatitis Day on May 19th 2008
- Creation of the World Hepatitis Alliance to run it
- 200+ members in 80 countries
- Board Members are elected and unpaid
- The Alliance is a bottom-up organisation, about service, not control

Patients/those at risk
Patient group members
Regional Board Members
President



First ever WHO viral hepatitis resolution

- Refusal of governments to support WHD unless an official day
- Alliance contacts all Ministries of Health to ask for a WHO resolution
- 2009 Afghanistan, Brazil, China, Oman put hepatitis on WHO agenda
- Alliance lobbies for comprehensive resolution
- 2010 WHA63.18 adopted, declaring July 28th as World Hepatitis Day – only the 4th disease-specific official WHO day

Article 3.1 also requested the WHO Director-General to establish in collaboration with Member States the necessary guidelines, strategies, time-bound goals and tools for the surveillance, prevention and control of viral hepatitis;

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2010 Resolution WHA63.18

Results at WHO

- Creation of the Global Hepatitis Programme at WHO HQ
- WHO Framework for Global Action
- Guidelines for HCV screening, care and treatment – released April 2014
- Guidelines for HBV screening, care and treatment – released March 2015
- Guidelines for hepatitis surveillance – in development
- Guidelines for HBV and HCV screening – in development

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Prevention & Control
of Viral Hepatitis
Infection:

Framework for Global Action

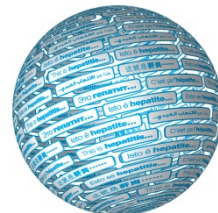


World Health
Organization

GUIDELINES FOR THE SCREENING,
CARE AND TREATMENT OF PERSONS
WITH HEPATITIS C INFECTION

APRIL 2014

GUIDELINES



Global Burden of Disease

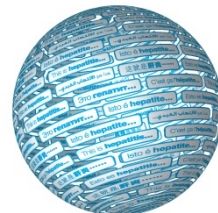
2010 Global Burden of Disease (Lancet Dec 2012)	VIRAL HEPATITIS	HIV/AIDS	TB	MALARIA
ASIA PACIFIC TOTAL	1,012,873	304,628	827,567	106,729
AMERICAS TOTAL	109,025	74,019	25,044	1,268
EUROPE TOTAL	123,818	82,009	35,803	0
AFRICA & MIDDLE EAST TOTAL	198,838	1,004,712	307,576	1,061,501
TOTAL	1,444,554	1,465,368	1,195,990	1,169,498

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WHA66 – hepatitis side meeting

- Feb 2013 Alliance board discusses how to push agenda
- Example of MS working group in 'flu
- Brazil agrees to host side meeting if Alliance organises it
- Brazil and Indonesia co-chair
- Brazil, Indonesia, Mongolia, Egypt and Scotland speak
- Well attended meeting, including new PAHO RD
- Decision not to set up a working group
- Egypt puts hepatitis on 2014 EB agenda



EB134.R18

- Brazil agrees to lead on new resolution
 - Change of personnel at Brazilian HIV and Hepatitis Programme
 - World Hepatitis Alliance asked to provide initial draft
- Consultation with Argentina, Australia, Brazil, Canada, China, Egypt, France, Myanmar, Nigeria, Pakistan and Senegal
- Resolution proposed to the WHO Executive Board (EB) on 20 January 2014
- Drafting groups every day



WHA67

49 Member States (plus Taiwan) speak to support the resolution

AFRO

Botswana
Burkina Faso
Burundi
Chad
Cote d'Ivoire
Congo
Gambia
Ghana
Kenya
Mauritania
Mauritius
Somalia
South Africa
Uganda

AMRO

Argentina
Bahamas
Brazil
Canada
Guatemala
Panama
Trinidad
US
Venezuela

EMRO

Afghanistan
Bahrain
Egypt
Iran
Iraq
Lebanon
Tunisia

EURO

France
Georgia
Russia
Spain
Switzerland
Ukraine
UK

SEARO

Bangladesh
India
Indonesia
Maldives
Thailand

WPRO

Australia
China
Japan
Korea
Malaysia
Mongolia
Vietnam
(Taiwan)

ACCEPTED?

VIRAL HEPATITIS DOESN'T DISCRIMINATE. NEITHER SHOULD YOU.

May 19-24, World Health Assembly.
THINK HEPATITIS:
Support Resolution EB134.R18
#thinkhepatitis

World Hepatitis Alliance
This is hepatitis...

WORLD HEPATITIS DAY
JULY 28TH 2014

REJECTED?

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2014 Resolution WHA67.6

- (OP) 1. URGES Member States:
 - (1) to develop and implement coordinated multisectoral national strategies for preventing, diagnosing, and treating viral hepatitis based on the local epidemiological context;
 - (3) to promote the involvement of civil society in all aspects of preventing, diagnosing and treating viral hepatitis;
 - (11) to make special provision in policies for equitable access to prevention, diagnosis and treatment for populations affected by viral hepatitis, particularly indigenous people, migrants and vulnerable groups;
 - (14) to implement comprehensive hepatitis prevention, diagnosis and treatment programmes for people who inject drugs, including the nine core interventions;
 - (16) to review, as appropriate, policies, procedures and practices associated with stigma and discrimination, including the denial of employment, training and education ...against people living with and affected by viral hepatitis
- (OP) 2. REQUESTS the WHO's Director-General:
 - (3) in consultation with Member States, to develop a system for regular monitoring and reporting on the progress in viral hepatitis prevention, diagnosis and treatment
 - (7) to examine the feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C with a view to potentially setting global targets



2014 Resolution WHA67.6

- Led to the creation of the Global Health Sector Strategy for viral hepatitis
- GHSS has a goal of ‘elimination’ of B and C by 2030
- GHSS 2030 targets:
 - 90% reduction in new cases of B and C (80% C, 95% B)
 - 65% reduction in B and C mortality (from 1.4M to <0.5M)
 - 90% of those with B and C diagnosed
 - 80% of those ‘eligible’ with B and C treated
- GHSS has been widely consulted on
- GHSS has an indicator set (in development)
- GHSS will go to the WHO Executive Board and then the World Health Assembly in 2016



2015-2030 Sustainable Development Goals

- Millennium Development Goals (2000-2015) included HIV, TB and malaria specifically
- Omission of viral hepatitis due to mortality and morbidity estimates based entirely on HBV and HCV infection (excluding cancer and cirrhosis!!)
- Health a much smaller part of SDGs than MDGs (just one goal 3)
- 3.3 “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases **and combat hepatitis**, water-borne diseases and other communicable diseases”.

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World Hepatitis Summit

- Need to bring together (physically) all the World Hepatitis Alliance members – over 200
- Need to bring together Ministries of Health specifically around viral hepatitis
- Need for a public health approach to viral hepatitis
- Theme for first Summit – national hepatitis plans – agreed with WHO
- Structure: WHO and WHA plus a host government
- Next Summit: early 2017 Brazil



World Hepatitis Summit

Glasgow Declaration

The participants of the inaugural World Hepatitis Summit believe it is possible and essential to set as a goal the elimination of both hepatitis B and C as public health concerns. We therefore call upon governments in all jurisdictions to develop and implement comprehensive, funded national hepatitis plans and programmes in partnership with all stakeholders and in line with the World Health Assembly Resolution 67.6 and, in collaboration with the World Health Organization, to define and agree on realistic yet aspirational global targets for prevention, testing, diagnosis, care and treatment.



World Hepatitis Summit

The global hepatitis community calls for access to life-saving hepatitis drugs

World Hepatitis Summit 2015

More people die each year from hepatitis B and C than from HIV/AIDS, TB or malaria. The single most important reason for this is that they do not have access to life-saving drugs for hepatitis B and hepatitis C. This is a scandal. It is unacceptable.

The undersigned on behalf of the 400 million people living with hepatitis B and C call for the following immediate actions:

1. National governments should take all necessary steps to remove the stigma and discrimination that prevents people coming forward for testing, since the vast majority of those with hepatitis B and C remain undiagnosed
2. National governments should take all necessary steps to put in place adequate infrastructure and to reduce the price of diagnostics sufficiently so that they can afford to screen their at-risk populations and ensure that those testing positive can progress from diagnosis to treatment
3. National governments should take all necessary steps to remove barriers to, and speed up the process of, national registration of anti-viral hepatitis B and C drugs, including the relaxation of requirements for specific national drug trials where good evidence of efficacy and safety already exists.
4. National governments should take all necessary steps to reduce the price of the best anti-viral drugs for hepatitis B and C to the extent that that they can afford to massively scale up national treatment programmes but equally so that those forced to pay for the drugs themselves can also afford them. These measures should be decided according to whatever delivers the quickest affordable access to those in need, whether that is the use of TRIPS flexibilities, patent opposition, use of generics or negotiation with pharmaceutical companies.
5. Pharmaceutical companies should take all necessary steps to ensure their drugs are affordable in all countries, whether high, middle or low income. These steps should include:
 - Pricing the drugs so that, as a bare minimum, the best combinations for the optimum treatment duration are always cost-effective in every market based on accepted per capita GDP determinants of cost-effectiveness
 - Making the Intellectual Property of the best drugs available to the Medicines Patent Pool in as many countries as possible
6. Pharmaceutical companies should not:
 - Put in place anti-diversion policies that infringe the confidentiality or human rights of people living with hepatitis B or C
 - Use a dominant market position to prevent people getting access to the best combination of drugs at affordable prices



Balraj

A Hepatitis Movement

The aim is to create an overarching 'movement' that is sufficiently broad that anyone, any group, any organisation, any activity that addresses viral hepatitis can sit within it. It will have the ambition to:

- Strengthen the advocacy voice
- Support single advocates and small groups by making them feel part of a powerful global movement
- Show decision-makers that individual advocacy asks are not isolated but part of a powerful global movement
- Supplement World Hepatitis Day by providing a year-round awareness identity/platform
- Give hepatitis a social identity
- Raise the profile of viral hepatitis, both at the level of policy makers and the general public



www.worldhepatitisalliance.org

THANK YOU

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