



CEVHAP

Coalition to Eradicate Viral Hepatitis in Asia Pacific

APASL and CEVHAP Partnership: a Hepatitis-Free World

November 2013

Strategic Focus

OUR MISSION

To reduce the significant health, social and economic burden of viral hepatitis in the Asia Pacific region.

Supporting change through policy development:

● **Advocacy - an independent voice to**

- Call for better responses to viral hepatitis across the region
- Work in partnership with other stakeholders, civil society and governments

● **Education - knowledge**

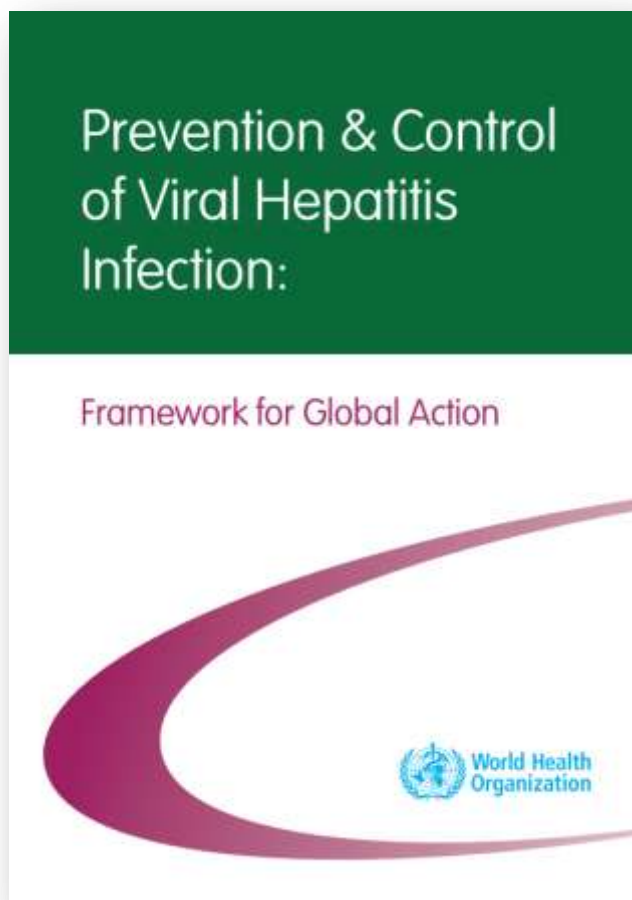
- Build advocacy and policy knowledge and capacity at local levels
- Support local advocates with tools to help their advocacy

● **Policy Development - evidence**

- Conduct research to address knowledge and data gaps
- Generate knowledge to inform the development of hepatitis related public policy

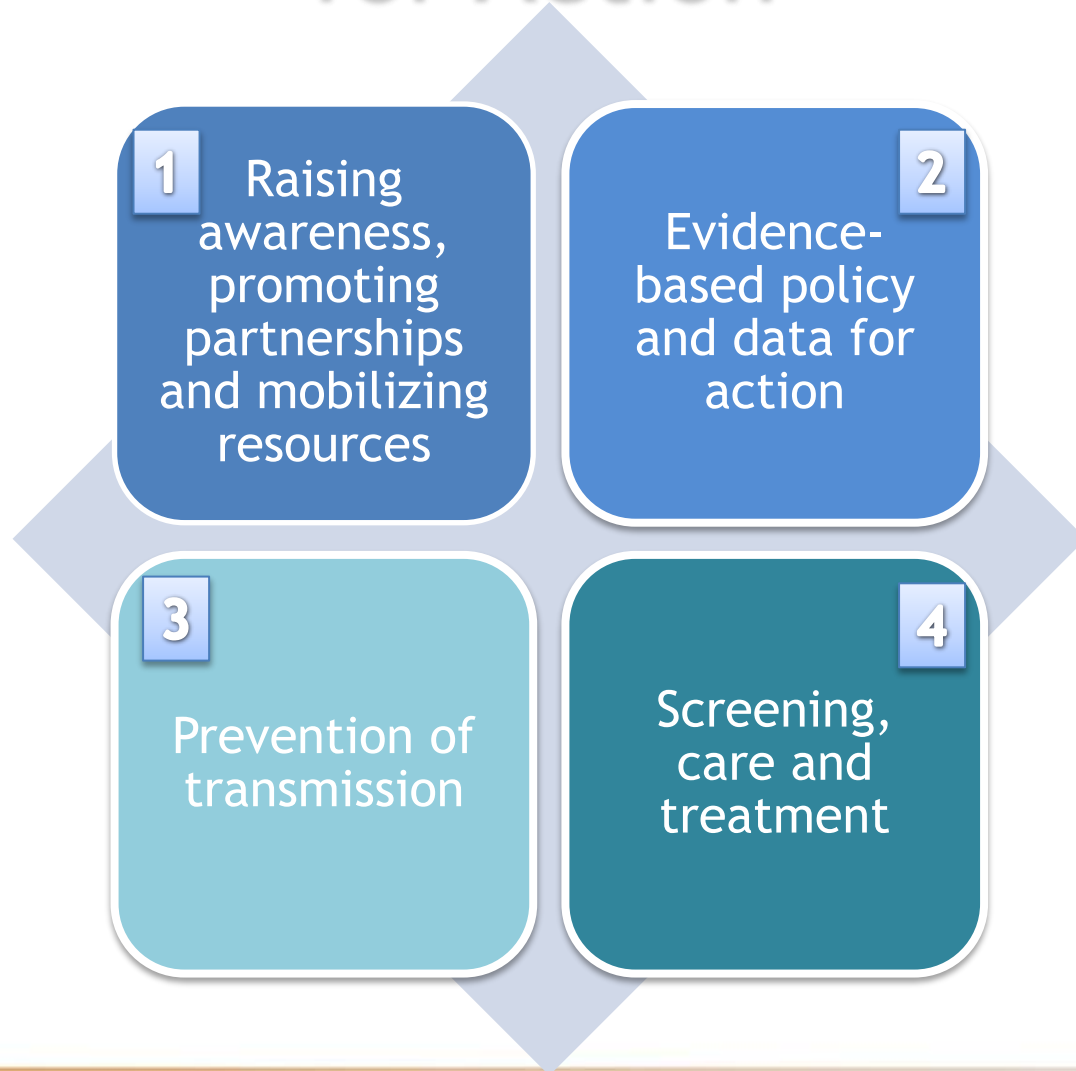


Major Stakeholder - WHO



- World Health Assembly Resolution WHA63.R18 - May 2010
- WHO Implementation Strategy - made public October 2011
- WHO *Framework for Global Action* released December 2012
- CEVHAP's Strategic Plan closely aligned

The 4 Axes in the WHO Framework for Action



Partnership Approach

WHO Strategic Axis

1. Partnership, mobilization and communication
2. Data for policy and action
3. Prevention of transmission
4. Screening, care and treatment

CEVHAP Strategic Plan

FOCUS ON POLICY LEVERS:

1. Advocacy
2. Education & Capacity Building
3. Policy Development



National Action Plans

Axis 1: Raising Awareness, Promoting Partnerships and Mobilising Resources

1. Partnership, mobilization and communication	Support for World Hepatitis Day*
	Network of collaborating centres*
	Civil society collaborations *
	Resource mobilization strategy *
	External communication strategy

Axis 1- Partnership, Mobilization and Communication

- Implications for specific jurisdictions:
 - Strengthening World Hepatitis Day activity
 - Ensuring that communities understand and support hepatitis related activities
 - Developing partnerships between clinical, patient, communities
 - Sustainable resourcing/funding for hepatitis related activity.

Axis 2: Evidence-Based Policy and Data for Action

2. Data for policy and action	Disease burden estimates *
	Impact assessment tools *
	Surveillance and outbreak investigation standards
	Country profiles *
	Research agenda *



Axis 2 - Data for Policy and Action

● Implications for specific jurisdictions:

- What data is available?
- What are the gaps in data?
- Is this data accessible to everyone with a stake in hepatitis?
- Is the data written in ways that people can understand and use?



The Impact of Epidemiology on Policy

Previous Global Burden of Disease (GBD) Study estimates did not categorise deaths from cirrhosis or liver cancer to their ultimate causes

The result -

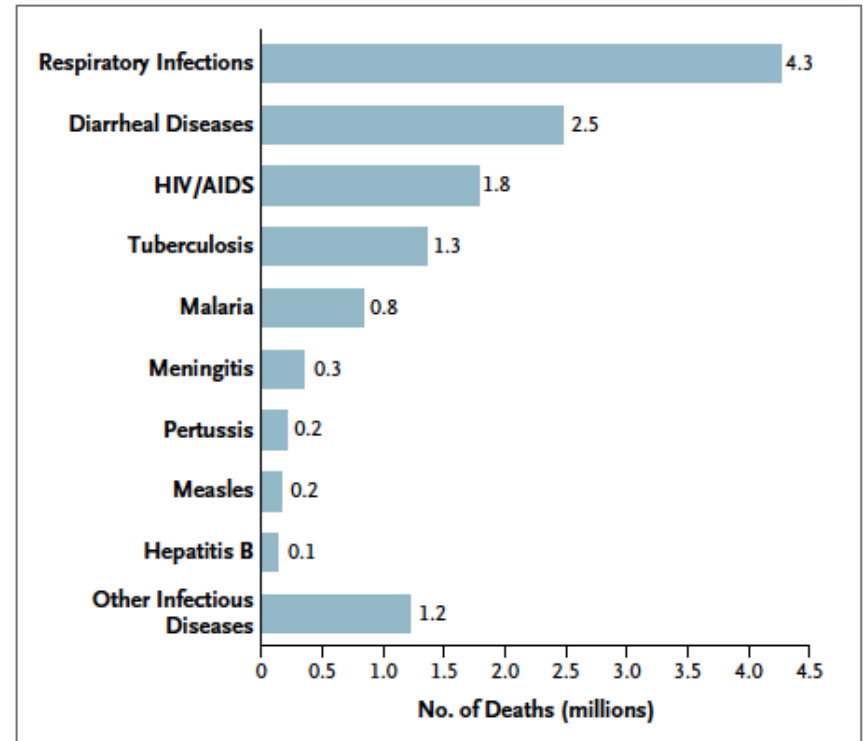


Figure 1. Leading Causes of Global Deaths from Infectious Diseases.

Of an estimated 58.8 million annual deaths worldwide, approximately 15.0 million (25.5%) are believed to be caused by infectious diseases. Cause-specific mortality estimates are provided by the World Health Organization.^{43,44} The data do not include deaths from secondary infectious causes, such as rheumatic fever and rheumatic heart disease, liver cancer and cirrhosis, or other chronic diseases.





Global Burden of Disease Study 2010

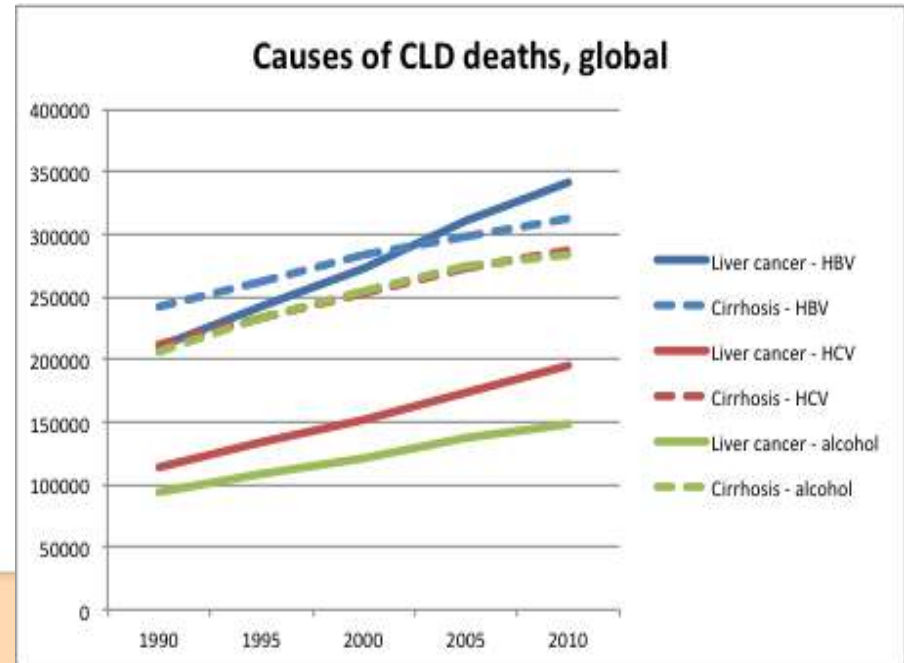
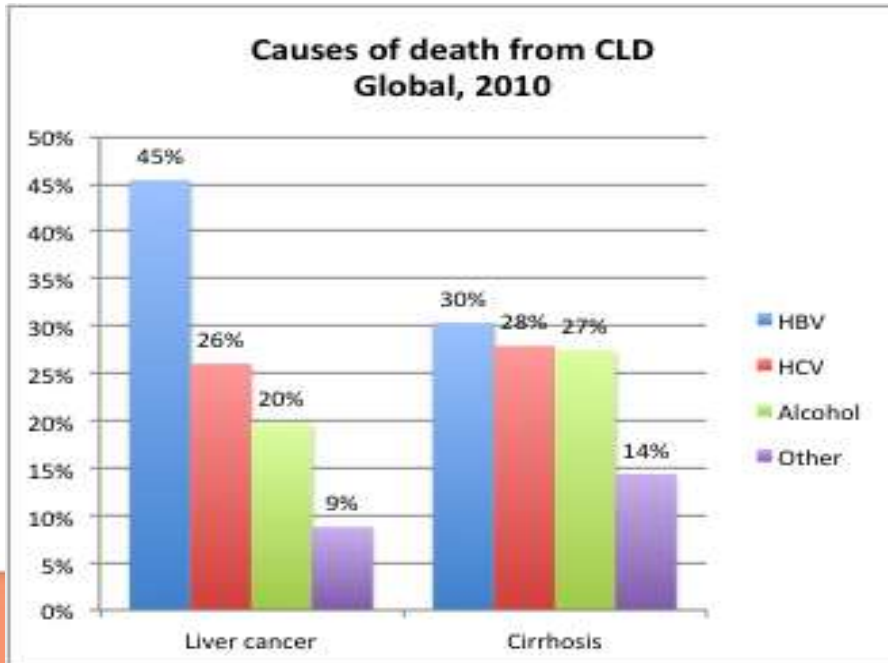
www.healthmetricsandevaluation.org/gbd

- Supported by the Bill and Melinda Gates Foundation, GBD 2010 was a collaboration of 486 researchers from 50 countries led by the Institute for Health Metrics and Evaluation at the University of Washington
- 291 diseases and injuries, 67 risk factors, 1990-2010 for the entire global population by region - and now country
- For the first time, GBD 2010 categorically assessed deaths attributable to viral hepatitis and other causes as separate determinants of death due to cirrhosis and liver cancer



Global Deaths - Cirrhosis and Liver Cancer, 2010

- 750,000 liver cancer deaths and 1.03 million cirrhosis deaths
- Total deaths increased from 1.25 to 1.75 million per year
- An increasing proportion due to liver cancer
- HBV associated with 45% of liver cancer & 30% of cirrhosis
- HCV and alcohol each cause approximately 25% of deaths



Global Burden of Disease Study 2010

- With 1.75 million attributable deaths in 2010, chronic liver disease is a leading cause of human mortality
- In AP, hepatitis kills 3 times more people than HIV/AIDS and 9 times more than malaria
- 1.3 million of these deaths are due to chronic viral hepatitis - comparable to the burden of HIV/AIDS, tuberculosis and malaria
- The leading causes of chronic liver disease - cancer versus cirrhosis, and which underlying conditions drive them - are variable depending on underlying epidemiology



Axis 3: Prevention of Transmission

3. Prevention of transmission	Guidance and tools for immunization for A, B and E
	Safe health care standards and tools
	Harm reduction tools for injection drug users
	Safe food and water strategies
	Safe sexual practice guidance



Axis 3 - Prevention of Transmission

■ Implications for specific jurisdictions

- While vaccination programs are implemented, where are there gaps?
- Are there barriers to needle and syringe programs? Does stigma affect access?
- Is there a national infection control policy?

Needle and Syringe Program Cost Benefits

- **Needle and syringe programs**
 - Prevented 96,667 new hepatitis C infections, and 32,050 HIV infections (2000-2009)
 - Funding was \$243,000,000
 - Saved \$1,280,000,000 health care costs
 - For every \$1 invested, \$4 was saved



Axis 4: Screening, Care and Treatment

4. Screening, care and treatment	Screening and counselling resource package *
	Diagnostic standards *
	Care and treatment guidelines for B and C *
	Training package for health care providers
	Equity in access to treatment and drugs

Axis 4 - Screening, Care and Treatment

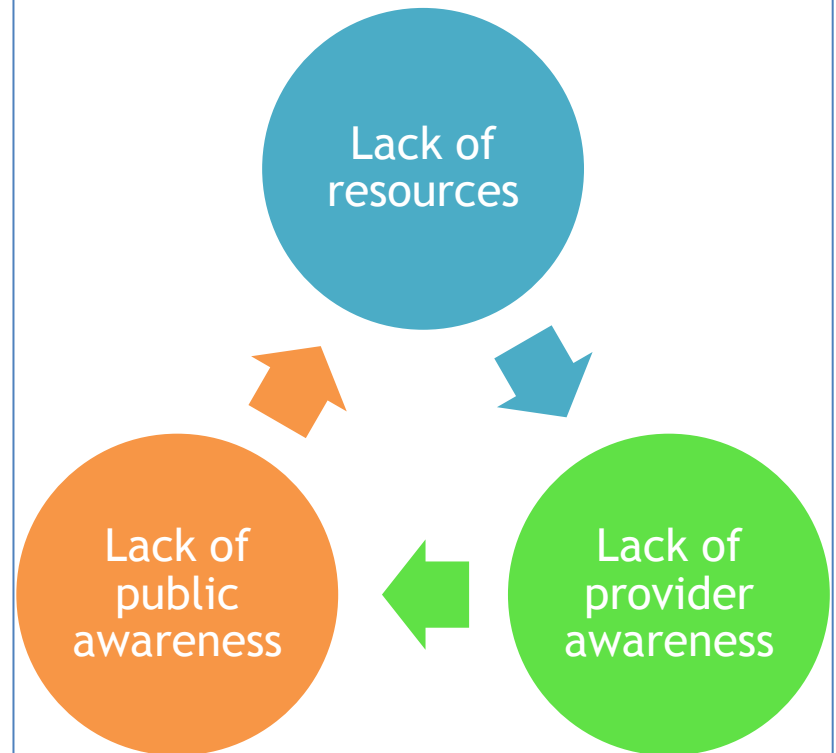
- Implications for specific jurisdictions
 - Are there barriers to testing? Payment? Confidentiality?
 - Is there accessible health promotion information for people with hepatitis?
 - Treatment - Funding? Limits on funding?
 - What barriers are there to people accessing treatment?

The US Example

Know More Hepatitis

- Policy report galvanised political will
- Joint cross-government approach with industry support
- Carefully crafted messages based on what people wanted/needed to hear
- Powerful use of social media: 11,000 Tweets = 3 million media impressions
- Online viral hepatitis risk assessment tool

A vicious circle



CEVHAP Activities

- Needs Assessments of people with chronic viral hepatitis
- Policy assessments
- Economic Assessments
- Policy Partnership Forums.
- Viral Hepatitis Think Tanks

Needs Assessments of people with chronic viral hepatitis

- A systematic qualitative and/or quantitative methodology to identify the social implications of chronic viral hepatitis and gaps in health and social services.

Policy assessments

- Analyse health, social and economic policies affecting public policy responses to chronic viral hepatitis

Economic Assessments

- Projects the mortality, morbidity and direct economic costs likely to arise from the infection over a specified time period
- Develops the economic justification for government investment

Policy Partnership Forums.

- Workshops for key viral hepatitis stakeholders
 - Identify critical elements of effective policies on viral hepatitis using the WHO viral hepatitis framework
 - Partnership development

Viral Hepatitis Think Tanks

- Build support from stakeholders at a local level for developing a national response to viral hepatitis.
- Focus is to get a better and broader understanding of the issues of related to chronic viral hepatitis and to determine a public health response to chronic hepatitis.

Moving Forward

CEVHAP Members

- broaden roles with more defined tasks
- become champions in advocacy and policy
- interact with patient advocacy groups, bureaucrats and politicians
- show ownership of CEVHAPs GOAL:

**ERADICATION OF VIRAL HEPATITIS
IN ASIA PACIFIC**





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Thank you