Contact us:
Jennifer Johnston, Executive Director
Coalition to Eradicate Viral Hepatitis in Asia Pacific Ltd
Registered office: 20 Upper Circular Road, #02-10/12,
The Riverwalk, Singapore 058416

Contact numbers:
+61 434 567 909
+65 9828 7677

Email:
jjohnston@cevhap.org
secretariat@cevhap.org

www.cevhap.org

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facebook.com/Cevhap
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linkedin.com/company/cevhap
weibo.com/u/2805067764
The Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP) is working to reduce the significant health, individual, social and economic burden of viral hepatitis in the Asia Pacific region.

Our vision is for a region with:

- strong viral hepatitis policies and national strategies
- widespread public awareness about viral hepatitis
- no viral hepatitis transmission
- affordable access to hepatitis treatment and care for all those who need it

Globally, viral hepatitis kills around 1.4 million people each year.

More than 1 million of these deaths occur in Asia Pacific, representing 70% of the total deaths worldwide.

Data: Institute for Health Metrics and Evaluation, University of Washington

Global Burden of Disease Study 2010 (GBD 2010) Results by Cause 1990-2010 - Country Level (online database)
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From our Co-Chairs

Significant Policy Change Needed

When I gathered with a group of colleagues in Beijing in March 2010, we shared a great concern about the lack of knowledge and attention being paid to viral hepatitis globally and in Asia Pacific in particular. We had already been vaccinating newborns against hepatitis B for over 20 years in Taiwan, and global scientific advances were on the verge of introducing new therapies with fewer side effects and a higher cure rate for hepatitis C. We felt the world needed to know this — and that the opportunity to eradicate viral hepatitis was real.

We identified that significant policy change was needed to reduce the burden of this terrible infectious disease. This meant governments needed to be involved. We recognised that collectively we held a unique and valuable range of expertise — clinical, scientific, advocacy, academic and policy — that can contribute to the development of policies that reduce the current and projected burden of viral hepatitis. We also understood that this complex and challenging task can only be achieved through partnerships and collaborations between stakeholders across civil society, government, the corporate sector and amongst people living with viral hepatitis.

We knew from experience that an effective policy framework can prevent new infections, ensure access to clinical care, and reduce the burden of infection at an individual, country and regional level. At the meeting in Beijing in 2010, we agreed to establish a free and independent voice to represent Asia Pacific. Hence CEVHAP was formed.

Within a relatively short period CEVHAP has tripled its membership, initiated a range of education and advocacy activities, enacted our own policy research agenda, established a media profile, and contributed to a range of regional and global policy forums, workshops and technical advisory committees.

We remain committed to encouraging the development of national strategies to reduce the health, social and economic burden of viral hepatitis disease, and in time, eradicate the virus from Asia Pacific.

Professor Ding-Shinn Chen

Founding Director and Co-Chair, CEVHAP

Former Dean of the College of Medicine – National Taiwan University, Taipei, TAIWAN
From our Co-Chairs

Call to the Global Donor Community

Our decision to form CEVHAP coincided with the World Health Assembly’s (WHA) endorsement of the first resolution on hepatitis in May 2010 (WHA63 R18) which recognised viral hepatitis as a significant global health issue. The WHA endorsement was an important step forward for two reasons. Firstly, 28 July was designated as World Hepatitis Day, which has resulted in increasing global awareness with each successive year. Secondly, it defined a clear scope of work for the World Health Organization (WHO) in reducing the global burden of viral hepatitis.

In the past four years we have seen:

- The establishment by the WHO of the Global Hepatitis Programme with its goals to reduce transmission, morbidity and mortality and the impact of viral hepatitis at the individual, community and population levels.
- Some modest staffing resources allocated to viral hepatitis at WHO headquarters and more recently to the WHO Western Pacific Regional Office (WPRO) in Manila.
- The WHO’s publication of the Global Hepatitis Framework which serves as a guide to governments in developing their own national action plans for viral hepatitis which are essential in providing a coordinated approach to fight the disease.
- The endorsement in May 2014 of a further resolution on hepatitis by the WHA (WHA 67.6) that reinforces the call for governments to develop national action plans.
- The development of a Global Health Sector Strategy on Viral Hepatitis 2016-2021 by the WHO.

While these achievements are necessary and welcomed, there is a long way to go in closing the gap between developed and developing countries in terms of access to quality medical care at the national health system level for people living with viral hepatitis. The exclusion of viral hepatitis from initiatives such as the Millennium Development Goals has pushed the infection to the fringes of global health and for many, the last ten years represent a lost decade.

We are pleased to see that hepatitis has now been included in the UN 2030 Agenda for Sustainable Development and CEVHAP will be working hard to ensure this translates into positive outcomes in our region.

All areas of work in viral hepatitis around the globe are woefully underfunded but no more so than in Asia Pacific where the burden of disease is greatest. We at CEVHAP believe the global community must establish a sustainable mechanism for international funding similar to that which exists for HIV, TB and malaria.

We call on international development agencies and governments, as well as donor and philanthropic organisations, to unite with CEVHAP in support of the WHO Global Hepatitis Programme, and the Global Health Sector Strategy on Viral Hepatitis 2016-2021 that follows it, to address the viral hepatitis epidemic in countries that cannot afford to tackle these diseases alone.

Professor Stephen Locarnini
Founding Director and Co-Chair, CEVHAP
Head of Research & Molecular Development,
Victorian Infectious Diseases Reference Laboratory, Melbourne, AUSTRALIA
Hepatitis, or a swelling of the liver, can be caused by hepatitis B and hepatitis C. While there are several hepatitis viruses that can cause an acute short-term illness, hepatitis B and hepatitis C can become a lifelong (or chronic) infection. If untreated, this infection can lead to liver failure or liver cancer in up to 30% of people living with the viruses.\(^1\)

Globally, chronic hepatitis B and hepatitis C are the most significant determinants of liver cancer deaths.\(^2\)

Viral hepatitis poses one of the greatest threats to human health and the World Health Organization (WHO) estimates that chronic hepatitis B and hepatitis C affect over 400 million people worldwide.\(^1\)

Viral hepatitis infection in China occurs within a familial context in which hepatitis has often had significant inter-generational impact. This impact is reflected in sometimes several family members being infected, or having died as a result of hepatitis-related liver disease.

– J Wallace et al, Needs Assessment of People with Viral Hepatitis – China, La Trobe University & CEVHAP, July 2015

Hepatitis – A deadly toll

The impact of viral hepatitis on individuals and countries can be devastating. Treatment for hepatitis B can reduce the risk of death resulting from liver failure or cancer, and hepatitis C can be cured but most people with the infection do not know they are infected.

- Hepatitis, or a swelling of the liver, can be caused by hepatitis B and hepatitis C. While there are several hepatitis viruses that can cause an acute short-term illness, hepatitis B and hepatitis C can become a lifelong (or chronic) infection. If untreated, this infection can lead to liver failure or liver cancer in up to 30% of people living with the viruses.\(^1\)

- Globally, chronic hepatitis B and hepatitis C are the most significant determinants of liver cancer deaths.\(^2\)

- Viral hepatitis poses one of the greatest threats to human health and the World Health Organization (WHO) estimates that chronic hepatitis B and hepatitis C affect over 400 million people worldwide.\(^1\)

- One in three people show evidence of having been exposed to hepatitis B, with data from the Global Burden of Disease Study 2010 showing that viral hepatitis overall causes approximately 1.4 million deaths worldwide every year.\(^2\)

- Often referred to as a ‘silent disease’ due to a lack of symptoms until in its advanced stages, hepatitis B is 50 to 100 times more infectious than HIV/AIDS.\(^4\)

- One million people die per year from viral hepatitis in Asia Pacific – that’s three times the mortality rate of HIV/AIDS. There are nine times as many people dying from viral hepatitis in the Asia Pacific region as from malaria.\(^7\)

- As chronic hepatitis progresses, productive work can become impossible. With infection rates among men being higher than women and a higher number of men than women being main breadwinners, whole families are often plunged into poverty particularly in developing countries where government social welfare support is minimal or nonexistent.
While eagerly anticipating the birth of his second child, Baltazar Lucas, 31, from the Philippines, is also worrying about whether he will be around to support his family.

Baltazar, 31, has liver cancer, the result of having chronic hepatitis B. The eldest of four boys, Baltazar was diagnosed in 2008, along with his mother and siblings, after his youngest brother went to the doctor for TB but was told he had stage 4 liver cancer due to hepatitis B.

Within five years, all three of his brothers had died from liver cancer, as a result of their hepatitis B infection, two of them within three months of each other in 2013. Soon after, Baltazar was diagnosed with stage 3 liver cancer.

He has undergone surgery to remove the affected liver but, with the tumour regrowing, a liver transplant is his only real chance of survival. His family has launched a fundraising effort to try and secure the US$100,000 needed to cover the cost of a transplant.

“My main concern is I hope that I’m still here to raise my children,” Baltazar says.

- July 2015

From the video Why hepatitis policy matters: The story of Baltazar Lucas, produced by Yellow Warriors Society Philippines (YWSP), released by CEVHAP for World Hepatitis Day 2015
Hepatitis is a leading cause of liver cancer, and data from the 2014 World Cancer Report show that liver cancer is now the second most common cancer death in Asia Pacific. An estimated 78 per cent of all liver cancer cases are caused by chronic infection with hepatitis B and hepatitis C. In Asia Pacific, over 400,000 deaths each year are caused by liver cancer – nine times the number of prostate cancer deaths and more than twice as many deaths related to breast cancer.

China has the world’s largest population of people living with chronic viral hepatitis and accounted for 50% of the estimated 782,000 new cancer cases worldwide which occurred in 2012.
The CHALLENGES

Low Public Awareness and Poor Data Collection

In South East Asia, around 60% of people living with chronic hepatitis are unaware of their infections until they become symptomatic with liver cancer or liver disease. The Western Pacific is home to over half of the 240 million people across the world living with chronic hepatitis B, and an estimated 60 million of the 130-150 million people living with chronic hepatitis C, but the full extent of the disease burden remains unclear.

The effect of poor awareness is that people who are chronically infected are often diagnosed only when it is too late for treatment – when the infection has already progressed to liver cancer or cirrhosis – and where people living with the virus are unaware of the steps to avoid infecting others.

Improved surveillance and data collection mechanisms are vital to help policy makers and public health authorities make evidence-based decisions with regard to viral hepatitis policy.

Stigma resulting from hepatitis B or hepatitis C exists in many communities in Asia Pacific – even in countries where anti-discrimination laws are in place, people living with the viruses have reduced access to employment or education.

Low Access to Monitoring and Treatment

There is an increasing range of treatment options for people with hepatitis B and there is a cure for hepatitis C. However, uptake of treatments – both in developed and developing countries – continues to be low.

With appropriate healthcare, disease progression to cirrhosis and cancer from viral hepatitis is preventable and when diagnosed early, can be effectively treated or cured in a majority of cases.
Coordination is Critical: The Case for National Action

Despite the significant death toll from conditions caused by viral hepatitis, and the clear need for a coordinated region-wide response, a 2010 WHO survey showed that only half of the countries in Asia Pacific have a national strategy for the prevention and control of these diseases.10

Since then, a number of worst-affected countries have started to develop a national action plan, but much remains to be done to ensure effective implementation.

While recognising that viral hepatitis is an enormous and complex health threat, practical actions can substantially reduce the disease burden.

The WHO has developed a four-part blueprint – Framework for Global Action – as a guide for national governments on effective ways to prevent and control the spread of viral hepatitis. The WHO Framework, with four key axes, also forms the basis of the Organization’s subsequent Global Health Sector Strategy on Viral Hepatitis 2016-2021 and its supporting regional action plans:

1. RAISING AWARENESS, PROMOTING PARTNERSHIPS AND MOBILISING RESOURCES:
   - Empower communities and health service providers by improving knowledge about viral hepatitis and secure sustainable funding to implement hepatitis programmes.

2. EVIDENCE-BASED POLICY AND DATA FOR ACTION:
   - Gather reliable, strategic information, build information systems and set national targets for monitoring and evaluating national hepatitis programmes.

3. PREVENTION OF TRANSMISSION:
   - Minimise new hepatitis infections with proven, affordable prevention methods, such as vaccination, promotion of sex, safe injecting and surgical practices, and more.

4. SCREENING, CARE AND TREATMENT:
   - Strengthen coordination between screening, care and treatment within health systems, and improve access to treatment and care.

The burden of chronic viral hepatitis and the cancer it causes will continue to increase unless strategic, coordinated and integrated public health responses are implemented within, and across, the region.

A Partnership Approach

National governments are not alone in the fight against viral hepatitis. We can draw on lessons learnt in combating HIV/AIDS, tuberculosis and malaria, where cross-sector partnerships have been effective in mobilising the expertise and resources needed to prevent and treat diseases of wide prevalence and high mortality.

Cross-sector and multi-disciplinary partnerships will be particularly critical to the development of a much-needed international funding mechanism. Lack of funding is often cited as a key barrier to the ability of governments to implement comprehensive measures aimed at reducing the disease burden of viral hepatitis, especially in low and mid-income countries.

What do we know from the 26 countries in Asia Pacific that took part in the WHO survey?

- 54% of 26 countries have a national strategy
- 35% of 26 governments make free hepatitis C tests available
- 31% of 26 countries have a government unit/department responsible solely for viral hepatitis
- 54% of 26 governments publicly-fund treatment for hepatitis B
- 46% of 26 governments make free hepatitis B tests available
- 50% of 26 governments publicly-fund treatment for hepatitis C

The WHO has developed a four-part blueprint – Framework for Global Action – as a guide for national governments on effective ways to prevent and control the spread of viral hepatitis. The WHO Framework, with four key axes, also forms the basis of the Organization’s subsequent Global Health Sector Strategy on Viral Hepatitis 2016-2021 and its supporting regional action plans.
The Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP) is a not-for-profit organisation supporting initiatives to reduce the significant health, social and economic burden of viral hepatitis in the Asia Pacific region.

We are committed to working with a wide range of stakeholders who share a vision where all people who need it have access to suitable treatment and care, and the eventual elimination of viral hepatitis in Asia Pacific. Wherever possible, CEVHAP is ready and willing to assist policy makers and their governments in the development of coordinated national action plans to combat the disease.

What We Do

By using the collective knowledge and expertise of our members, we work towards achieving our mission in three key areas:

1. Education and capacity-building
   - Build stakeholder relationships
   - Conduct policy workshops (internal) and think tanks (external)
   - Participate in global partnership meetings e.g. WHO
   - Build links to policy makers and influencers

2. Policy research and development
   - Identify data gaps
   - Conduct policy research
   - Present evidence and rationale to inform policy development and drive advocacy

3. Advocacy campaigns
   - Promote a cohesive policy framework for adaptation to individual countries
   - Support members to drive policy reform locally
   - Work regionally and globally in alignment with other advocacy groups e.g. WHO, The World Hepatitis Alliance

Top to bottom: You’an Hospital in Beijing, one of the research sites for the Needs Assessment of People with Viral Hepatitis – China by La Trobe University (Melbourne) and CEVHAP; CEVHAP Member Dr Benjamin Cowie speaking at the WHO WPRO Meeting in Manila, April 2015; Prof. Ding-Shinn Chen and Jennifer Johnston at APASL 2015 in March, Istanbul.
Who We Are

Incorporated in Singapore in 2010 as a not-for-profit company limited by guarantee, CEVHAP commenced operations with the support of just over 50 founding members, predominantly from countries across Asia Pacific. Now our membership has tripled, with members representing a wide range of expertise in viral hepatitis including clinicians, scientists, academics, health workers, public health policy practitioners and people living with or affected by the infections. We also have members from Europe, Africa and the USA with a special interest in this region.

CEVHAP Geographic Representation

CEVHAP also has members and partners from countries in Africa, Europe and North America who have a special interest in Asia Pacific. For further information on their campaigns please see the World Hepatitis Day campaign website: worldhepatitisday.org

While CEVHAP draws its membership from across the globe, the majority of members reside in Asia and the Pacific with our regional focus covering the following geographies:

American Samoa, Australia, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Cook Islands, DPR of Korea, Fiji, French Polynesia, Guam, Hong Kong (China), India, Indonesia, Japan, Kiribati, Republic of Korea, PDR Lao, Macao (China), Malaysia, Maldives, Marshall Islands, Fed States of Micronesia, Mongolia, Myanmar, Nauru, Nepal, New Caledonia, New Zealand, Niue, Northern Mariana Islands, Pakistan, Palau, Papua New Guinea, Philippines, Pitcairn Islands, Samoa, Singapore, Solomon Islands, Sri Lanka, Taiwan, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu, Vietnam, Wallis and Futuna
CEVHAP operates as a ‘virtual’ organisation, with the organisation’s statutory obligations, executive management and administrative functions being performed by the consultancy Advocomm Singapore Pte Ltd which operates virtually, keeping overheads to a minimum.
CEVHAP Executive Committee: 2015-17

CEVHAP’s cross-disciplinary Executive Committee members are appointed by membership vote, to a three-year fixed term.

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Position</th>
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<tbody>
<tr>
<td>Ding-Shinn Chen (Co-Chair)</td>
<td>National Taiwan University, Taipei</td>
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<tr>
<td>Stephen Locarnini (Co-Chair)</td>
<td>Victorian Infectious Diseases Reference Laboratory, Melbourne</td>
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<tr>
<td>Jack Wallace</td>
<td>Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne</td>
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<tr>
<td>Rosmawati Mohamed</td>
<td>University of Malaya, Kuala Lumpur</td>
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<tr>
<td>Kwang-Hyub Han</td>
<td>Yonsei University College of Medicine, Seoul</td>
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<tr>
<td>Saeed Hamid</td>
<td>Aga Khan University, Karachi</td>
</tr>
<tr>
<td>David Muljono</td>
<td>Eijkman Institute for Molecular Biology, Jakarta</td>
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<tr>
<td>Qin Ning</td>
<td>Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan</td>
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<tr>
<td>Christopher Munoz</td>
<td>Yellow Warriors Society Philippines, Inc</td>
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CEVHAP reserves three Executive Committee positions for a representative of the World Hepatitis Alliance and for the current and future Presidents of the Asia Pacific Association for the Study of the Liver (APASL). These positions are currently held by:

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<th>Name</th>
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<tr>
<td>Charles Gore</td>
<td>World Hepatitis Alliance, Geneva</td>
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<tr>
<td>Osamu Yokosuka (APASL President, 2016)</td>
<td>Chiba University Graduate School of Medicine, Chiba</td>
</tr>
<tr>
<td>Jin Lin Hou (APASL President, 2017)</td>
<td>Nanfang Hospital, Southern Medical University, Guangzhou</td>
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Former APASL Presidents who have held CEVHAP Executive Membership positions:

- Professor Kadir Dokmeci (APASL President, 2015)
- Professor Darrell Crawford (APASL President, 2014)
- Associate Professor Seng Gee Lim (APASL Liver Week President, 2013)
- Professor Jia-Horng Kao (APASL President 2012)
Activities to date: 2010 - 2015

Since 2010, CEVHAP’s profile and involvement in policy research, advocacy initiatives and external stakeholder engagement has grown steadily. We have conducted or assisted with a number of regional and national workshops, seminars and symposia; and have added to the body of published work on hepatitis. We are also continually supporting our members in leading public policy reform and raising awareness in their own countries.

All of our activities support the implementation of the WHO Framework for Global Action, and are aligned with its four axes:

<table>
<thead>
<tr>
<th>The WHO Framework for Global Action</th>
<th>Axis 1</th>
<th>Axis 2</th>
<th>Axis 3</th>
<th>Axis 4</th>
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<tr>
<td>CEVHAP...</td>
<td>Raising awareness, promoting partnerships and mobilising resources</td>
<td>Evidence-based policy and data for action</td>
<td>Prevention of transmission</td>
<td>Screening, care and treatment</td>
</tr>
<tr>
<td>Promotes World Hepatitis Day annually, by supporting member activities in countries and raising awareness through media campaigns</td>
<td>Helps build the case for increased investment in managing viral hepatitis, by identifying data gaps and commissioning policy research</td>
<td>Enables our membership to actively educate on and promote prevention methods in their communities</td>
<td>Reinforces the need for a stronger link between screening, and care and treatment, through our membership and network</td>
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<tr>
<td>Educates and informs through media engagement, on the need for cohesive policies on viral hepatitis in individual countries</td>
<td>Bridges the clinical and policy spheres through representation at policy forums and conferences, and partnership meetings</td>
<td>Works in alignment with key organisations such as the WHO and the WHA, as well as national-level bodies, to drive policy reform locally</td>
<td>Highlights the high unmet need in diagnosing and managing viral hepatitis infection in certain communities, such as indigenous peoples</td>
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Policy Research

To address the gap in knowledge and data across the region and to support the WHO Global Health Sector Strategy on Viral Hepatitis 2016-2021, CEVHAP, in collaboration with the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University, Melbourne, has developed a plan of research to identify the essential policy components of a coordinated strategic response to chronic viral hepatitis that currently exist and what is working well in an individual country, as well as to identify gaps and issues that need to be addressed in order to achieve a coordinated national strategy.

In partnership with The Health Policy Partnership, London, CEVHAP is also developing a scoping study that will examine deficiencies in surveillance data across the region, and identify what already exists and the gaps and locations that require priority attention.
Activities to date: 2010-2015

Asia Pacific Viral Hepatitis Policy Survey and Assessment: Taiwan

The research and policy initiatives that have changed how the world responds to viral hepatitis originate largely from Taiwan. Not only does Taiwan have a large number of people with chronic viral hepatitis, it also has a well-developed clinical infrastructure related to blood borne viruses including HIV/AIDS and hepatitis. Using Taiwan as a case study and the WHO Framework as a benchmark, the research identified the strengths, gaps and barriers in Taiwan’s health system for hepatitis control and prevention. The lessons learnt and best practices identified are insightful and inform policy makers of the interventions that could be applied within countries and across the region.

A summary of the report’s key findings on the response to viral hepatitis in Taiwan is as follows:

**Axis 1**
Raising awareness, promoting partnerships and mobilising resources

**Achievements**
- Comprehensive and resourced health infrastructure
- Government recognises viral hepatitis as a significant health issue requiring a comprehensive response
- Regular awareness campaigns since 1982, including recognition of World Hepatitis Day since 2010
- Sustained advocacy by clinicians and researchers supported through government advisory structures
- Prevention is seen as an essential activity

**Challenges**
- Less comprehensive access to health services in the south than in the north of Taiwan
- Advisory structures focus on clinical perspectives and are without affected community representation
- Poor understanding of the link between hepatitis and liver disease within the community and people with hepatitis
- People with viral hepatitis and many health care workers may not be aware of changes in clinical management and of the link between hepatitis and liver cancer
- Chinese cultural representations of the liver have not been used in raising awareness

**Axis 2**
Evidence-based policy and data for action

**Achievements**
- Five-year action plans since 1982
- National action plans are responsive to changes in management/epidemiology
- Taiwan has led the world in hepatitis research for several decades
- An effective surveillance system exists
- One government authority has responsibility for implementing the action plan
- Whole of government responses to viral hepatitis initiated

**Challenges**
- Lack of research looking at the social impact of viral hepatitis
- Lack of systematic research into the barriers to screening and clinical management
- Government policy incorporating perspectives of people with viral hepatitis

**Axis 3**
Prevention of transmission

**Achievements**
- Taiwan was the first county to implement a national hepatitis B vaccination program
- Screening of pregnant women since 1984
- Provision of immunoglobulin for infants born to women with hepatitis B
- A secure blood supply
- Access to sterile injecting equipment
- Infection control guidelines

**Challenges**
- Duration of hepatitis B vaccine efficacy
- Lack of hepatitis C vaccine
- Marginalisation of people who inject drugs from health services
- Infection control outside of health centres

**Axis 4**
Screening, care and treatment

**Achievements**
- Bureau of National Health Insurance provides broad access to clinical services
- Free viral hepatitis screening for people over 45 years
- National hepatitis B and hepatitis C treatment plan reduces barriers to treatment
- Appropriate hepatitis treatment criteria
- Liver cancer testing is ‘appropriate’

**Challenges**
- Most people with viral hepatitis are unaware they are infected
- Co-payments for hospital-based care can reduce access
- Treatment is primarily provided through specialist services
- Most people with viral hepatitis are not clinically managed, with many presenting to clinics late in the disease progression
- Lack of consistent and clear information for people when they are diagnosed, or being managed
- Limited access to treatment services for people who inject
I hate those misleading TV or radio commercials about hepatitis, they reinforced people’s fear and deepen their misunderstanding about hepatitis. This is also the reason I am afraid of telling others about my disease as some people may be biased by these commercials and develop a misconception, once I tell them, they will think that it is a very scary disease.

– Male, age 30-35, hepatitis B, Beijing

The way the company deals with the complementary health check is no good. For example when the report comes back, it goes through the HR department, and maybe the HR department are not very professional and they read and tell other people about it.

– Male, age 25-30, hepatitis B, Beijing

Needs Assessment of People with Chronic Hepatitis - China

In 2014, CEVHAP, with La Trobe University, Australia, conducted a qualitative needs assessment in China that focused on identifying the ‘lived experience’, or the human dimension, of people with chronic hepatitis. The aim of the needs assessment is to provide data that informs the development of better health policy. Through in-depth interviews with 13 key stakeholders and 46 people with viral hepatitis, the research mapped the human experiences, choices and options of living with viral hepatitis infection in China, including its social implications. The individual stories of people with viral hepatitis form a collective narrative of fear, misinformation, stigma, isolation, despair and grief.
Activities to date: 2010-2015

Media Engagement

Since the founding of CEVHAP, we have engaged with the media and the public to raise awareness of the burden of viral hepatitis and the opportunities to combat it in Asia Pacific. To date, our media outreach has generated a significant amount of media coverage to shape the policy dialogue. Our experts have been interviewed by key media such as the Wall Street Journal, Channel News Asia, Central News Agency, and Xinhua News Agency. We have also contributed op-ed articles to The Guardian, the Poverty Matters blog, and Reuters AlertNet.

Each year, we partner with the World Hepatitis Alliance to support our members and local advocacy groups in conducting awareness-raising activities around World Hepatitis Day, which is observed on July 28th annually. In addition to media outreach – encompassing both traditional and new media – coordinated directly through the CEVHAP Secretariat, in our enabling capacity we also provide members with a media toolkit to support them in their own country-specific campaigns. The toolkit includes press releases, fact sheets and infographics amongst other materials.
Activities to date: 2010-2015

Policy Symposia at APASL Conferences

CEVHAP has been a key participant in the annual conference of the Asian Pacific Association for the Study of the Liver (APASL), having held three policy symposia at the conference since 2012. The APASL conference is the region's largest gathering of clinicians and researchers in hepatology, infectious diseases and gastroenterology. It is therefore an authoritative and strategic platform for discussion on the improvements needed in national action to control hepatitis and the dissemination of knowledge required for effective hepatitis policy.

Stakeholder Engagement

In addition to initiatives developed and executed by CEVHAP, the organisation participates in global, regional and national policy workshops and meetings to develop links, forge new partnerships and present the case for greater prioritization and better resourcing for people living with viral hepatitis. These include the recent WHO WPRO Consultation on the Draft Action Plan for Viral Hepatitis in the Western Pacific (Manila, April 2015); the North Asia Policy Partnership Forum (Taipei, 2012); and the WHO Informal Technical Consultation: Setting the direction for viral hepatitis prevention and control (Geneva, 2011).

A Voice for the Forgotten:
How CEVHAP collaboration highlights health inequalities in viral hepatitis to a mainstream audience

Indigenous peoples throughout the world commonly experience poorer access to healthcare, worse health outcomes, and are subject to discrimination in mainstream health services. In many areas, including Australia, New Zealand, the Americas, Asia and the circumpolar regions, chronic viral hepatitis (both hepatitis B and hepatitis C), is more prevalent among Indigenous peoples.

Until the inaugural World Indigenous Peoples’ Conference on Viral Hepatitis (WIPCVH), held in September 2014 in Alice Springs, on which CEVHAP was a key collaborator, there had not been a forum to highlight this experience at a global level. The central purpose of the meeting was to examine the health burden of viral hepatitis in Indigenous peoples, to share common experiences and innovative solutions and to develop new relationships which enable collective responses in the future.

The Conference programme reflected the breadth of work underway in this area, spanning human rights, development, community engagement, basic science research, clinical service provision, healthcare delivery and public health and prevention. The involvement of Indigenous peoples across the world in all aspects of the project was key to its success and the Conference concluded with the affirmation of the Angkwerenhenge* Consensus Statement which calls for nation-states and governments to make special provision in health and funding policies for equitable access to the prevention, testing, treatment and management of viral hepatitis in Indigenous peoples.

* Central Australian Arrernte language for ‘ours’.
Activities to date: 2010-2015

Funding and Fundraising

Since incorporation in October 2010, CEVHAP has received in-kind and financial support from Fleishman Hillard and Advocomm Singapore Pte Ltd, untied grants and project funding from the pharmaceutical sector. With the goal of building a more sustainable and diverse funding platform in 2014, we began implementing a fundraising development strategy, extending our reach beyond the pharmaceutical sector to include other corporations, philanthropic foundations and trusts, and individual philanthropists. To maximise potential donor sources, CEVHAP has been approved as a donor recipient under the CAF (Charities Aid Foundation) umbrella, meaning that all contributions to CEVHAP are now tax deductible in the USA. CEVHAP will be looking to expand this tax deductibility status to other jurisdictions over time.

Funding Goals
Build Multiple Funding Sources

- Sponsorships
- Philanthropic Donations
- Untied Grants
- Policy Research Grants

Output

- Advocacy and communication strategy development and execution
- Stakeholder development through regional and global networking partnerships and collaborations
- Policy research design, oversight and dissemination of evidence to inform public policy development
- Initiation and management of capacity-building workshops & conferences
- Policy position papers and publications in peer-reviewed journals
- Website design, constant and oversight
- Executive management and administration
- Targeted social media activities
March 2010:
- First Meeting held in Beijing agrees to form an independent organisation called CEVHAP (the Coalition to Eradicate Viral Hepatitis in Asia Pacific) to advocate for better public policies for viral hepatitis

May 2010:
- Beijing Group commits to align strategic objectives behind the recently announced WHO Resolution on Viral Hepatitis

October 2010:
- CEVHAP formally incorporated in Singapore as a not-for-profit company limited by guarantee

January 2011:
- Participant in the WHO Informal Technical Consultation in Geneva: Setting the direction for viral hepatitis prevention and control

February 2011:
- Holds first Strategic Planning Meeting, in Bangkok

July 2011:
- CEVHAP’s activities for World Hepatitis Day aimed to establish its profile and encourage member activity – support to local members were provided in the form of a toolkit with materials for media activities in eight countries
- CEVHAP website goes live, English language only

December 2011:
- Commenced first policy research study, Patient & Clinical Practice Survey, conducted by La Trobe University

February 2012:
- Holds first Policy Symposium at APASL, in Taiwan – Improving Health Through Better Public Policies: What can Viral Hepatitis learn from the HIV experience?

June 2012:
- Conducted field research for Asia Pacific Viral Hepatitis Policy Survey and Assessment: Taiwan
- Represented at the WHO Western Pacific Regional Office (WPRO) consultation on Improving and Monitoring Hepatitis B Birth Dose Vaccination, in Manila
- Participates in Policy Partnership Planning meeting at the International Symposium on Viral Hepatitis and Liver Disease (ISVHLD) in Shanghai

July 2012:
- CEVHAP’s activities to mark World Hepatitis Day focuses on media engagement via one-on-one member interviews
- CEVHAP website launches in Chinese

October 2012:
- CEVHAP holds North Asia Viral Hepatitis Policy Forum, in Taiwan

January 2013:
- CEVHAP represented by Jack Wallace at the Economist Intelligence Unit on their report, The Silent Pandemic: Tackling Hepatitis C with Policy Innovation, in London

March 2013:
- Represented at think tank conferences in both Mumbai and Manila, each a call-to-action for the development of public policies for viral hepatitis

June 2013:
- The CEVHAP Policy Symposium at APASL Liver Week in Singapore highlighted best practice in the implementation of the WHO Framework for Global Action on viral hepatitis
- Launches the WHO’s Global Hepatitis Network in partnership with the WHO, the WHA and APASL

July 2013:
- Publication in the Journal of Hepatology (vol. 59 I 1073-1080) of the report from a Viral Hepatitis Policy Forum on implementing the WHO Framework for Global Action on viral hepatitis in North Asia

November 2013:
- Presented at the Hepatology Society of the Philippines (HSP) and the Viral Hepatitis Foundation (VHF), Manila; and joined the launch of the National Viral Hepatitis Task Force of the Philippines

December 2013:
- Presented a seminar covering aspects of education, prevention, advocacy, information and diagnosis at the Pakistan Society for Study of Liver Diseases (PSSLD), in Karachi
- Publication of the Asia Pacific Viral Hepatitis Policy Survey and Assessment: Taiwan conducted by LaTrobe University and commissioned by CEVHAP
Timeline and Milestones

Continued from previous page

March 2014:
• At APASL Brisbane, organised CEVHAP’s 3rd Policy Symposium, Viral Hepatitis Action Plans: Blueprint for a Partnership Response
• Also at APASL Brisbane, convened policy meetings – South East Asia Policy Workshop and Viral Hepatitis Roundtable Discussion on China
• Represented at the Global WHO Partners’ Meeting on Hepatitis in Geneva, with the aim of establishing a platform to accelerate and expand joint action on the global viral hepatitis response

April 2014:
• Participated in Patient Advocacy Workshop sponsored by BMS, in Hong Kong

April-June 2014:
• Conducted field research for Needs Assessment of People with Chronic Hepatitis – China

June 2014:
• Joined the National Planning Sub-Group of the WHO Global Hepatitis Network, providing editorial input into the draft planning manual
• Contributed to the Economist Intelligence Unit Report, Addressing Hepatitis C: Moving towards an integrated policy approach

July 2014:
• For World Hepatitis Day, conducted regional media outreach and provided support to members which included coordinated messages, media talking points, press release and infographic

October 2014:
• Jack Wallace represented CEVHAP in the development of the Global HIV/ HCV Coinfection Consensus Principles held in Madrid in October 2014

Feb 2015:
• Several members participated in the Wilton Park Summit policy conference on HIV co-infection with viral hepatitis, in Singapore

March 2015:
• At APASL Istanbul, held a Joint Symposium (ELPA, The World Hepatitis Alliance and CEVHAP) on Viral Hepatitis – Reducing the Burden from East to West

April-May 2015:
• Contributed to regional and global advocacy through CEVHAP member representation at policy forums, including the WHO Global Partners’ Meeting, in Geneva
• Input into the WPRO and WHO strategies and National Action Plan development resources
• Consultation on the Draft Action Plan for Viral Hepatitis in the Western Pacific, in Manila

June 2015:
• Publication in The Lancet Infectious Diseases, of expert commentary by CEVHAP, From the big three to the big four in www.thelancet.com/infection (Vol 15 June 2015 p.626)

July 2015:
• Release of the Needs Assessment of People with Viral Hepatitis – China, conducted by La Trobe University and commissioned by CEVHAP

July 2015:
• To mark the most recent World Hepatitis Day, placed a number of in-depth opinion pieces (including one in the Wall Street Journal Asia; conducted one-on-one media interviews; activated a social media taskforce comprised of members active on social media; and supported members in their activities by providing a communications toolkit which included a draft Letter to the Editor


CEVHAP is a CAF (Charities Aid Foundation)-approved donor recipient organisation. A US corporation or citizen can make a tax deductible donation to CEVHAP via CAF America. To make a donation, please go to:

Viral hepatitis: It’s closer than you think. One million people die from viral hepatitis in Asia Pacific every year. CEVHAP urges governments to embrace WHO’s new Global Framework for Action. Together we can save lives.