CEVHAP STRATEGY 2017-2021

Eradicating Viral Hepatitis: From Policy to Action
A MESSAGE FROM OUR CO-CHAIRS

During the past seven years, spanning the period of CEVHAP’s first organisational strategy, we have seen considerable progress towards a coordinated response to eliminate viral hepatitis globally. In 2016 this work culminated in the World Health Organization’s (WHO) *Global Health Sector Strategy on Viral Hepatitis 2016-2021* which provided the impetus for regional action plans and national strategies to eliminate viral hepatitis as a public health threat by 2030.

Despite these efforts, the number of deaths from cirrhosis and liver cancer related to chronic hepatitis B and hepatitis C continue to rise in Asia Pacific.

In response, our spotlight now turns to individual countries. We are refocussing our strategy from broad global and regional policy advocacy to providing greater support for our members in their local advocacy and addressing the lived experiences of people with hepatitis in this region. Stigma, discrimination, and barriers to proper medical care remain prevalent and must be removed. This will mean widening our partner and stakeholder base, and advocating for implementation of national plans that are backed by appropriate funding.

The goal to first eliminate then eradicate viral hepatitis in Asia Pacific within a generation will not be easy and there is much to be done. We invite you to join us on our journey toward full eradication of viral hepatitis in Asia Pacific by 2050.

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Co-Chair,  
CEVHAP Executive Committee

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Co-Chair,  
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Viral hepatitis caused **1.34 million deaths worldwide** in 2015, a number comparable to deaths caused by tuberculosis and higher than those caused by HIV.

Unlike mortality caused by tuberculosis and HIV which is declining, the number of deaths due to viral hepatitis is **increasing over time**.

Almost **two-thirds (63%)** of these deaths occur in Asia Pacific.

Hepatitis B and hepatitis C are responsible for **96% of all hepatitis mortality**.

Hepatitis is a **leading cause of liver cancer**. An estimated 78% of all liver cancer cases worldwide are caused by chronic infection with hepatitis B or hepatitis C.

In Asia Pacific, **over 400,000 deaths each year are caused by liver cancer**. This is nine times the number of prostate cancer deaths and more than twice as many deaths related to breast cancer.
WHAT NEEDS TO HAPPEN NOW

The challenge today is to ensure the implementation of sustainable and effective programmes for ALL people living with viral hepatitis. This includes understanding and responding to the barriers that prevent testing, diagnosis and treatment — with a priority of targeting the 160 million people in Asia Pacific with hepatitis who are unaware of their infection and associated risks.

In our advocacy we must be ever vigilant to make sure that:

- All policies and strategies are informed by a partnership approach.
- Appropriate funding is available for programme implementation.
- Barriers to appropriate health services, including timely testing, diagnosis, clinical management and access to medicines, are removed.
- Policies and programmes that address stigma and discrimination are funded and implemented.

While policies now exist in many countries, these must now be actioned to achieve the WHO goal of eliminating viral hepatitis by 2030. The success of policy implementation in high-prevalence countries such as China, India and Pakistan will be critical if eventual eradication is to become reality. Where strategies for the development of viral hepatitis programmes do not exist, support must be provided.
IMPLEMENTING THE CEVHAP STRATEGY

**OBJECTIVE 1**
Advocate for, and promote interventions that emphasise a holistic public health approach to the eradication of viral hepatitis.

- **Actions in Progress**
  - Define ‘holistic public health approach’ in hepatitis. Design a ‘model checklist’ to aid CEVHAP members in their advocacy work.
  - Host a regional conference for diverse stakeholders within hepatitis to highlight best practice in holistic public health approaches and delivering high standards of care.
  - Work with healthcare providers and educators within public health to destigmatise, and improve the lived experience of, people with or directly affected by hepatitis.

**OBJECTIVE 2**
Undertake research and related initiatives to ensure, assess, and monitor the extent to which the social and economic impact of viral hepatitis is considered in national implementation plans.

- **Actions in Progress**
  - Undertake research in two ‘test’ countries to demonstrate the social and economic impact of viral hepatitis and how it can be addressed through a holistic approach to policy.
  - Analyse research findings to identify key trends and best practice to share with other members.

**OBJECTIVE 3**
Support partners to advocate for government funding for national implementation plans to eliminate viral hepatitis, with emphasis on diagnosis and capacity-building in the clinical workforce.

- **Actions in Progress**
  - Support local members in policy advocacy campaign planning and implementation priorities, with emphasis on adequate government funding.
  - Expand partner base in member countries, including partnerships with non-hepatitis organisations but with allied goals, to enable effective advocacy.

**OBJECTIVE 4**
Build upon existing partnerships and alliances within civil society, indigenous groups and those directly affected by viral hepatitis to fight stigma and discrimination. Advocate for legal protections.

- **Actions in Progress**
  - Expand partner base to include people affected by viral hepatitis, requiring outreach to stakeholder groups new to CEVHAP.
  - Through local members, undertake baseline studies to analyse legal protection provided in five countries across Asia Pacific.
  - Drive the development of model legislation to protect people affected by stigma and discrimination in relation to viral hepatitis infection.
OUR WORK

CEVHAP is the only pan-regional coalition focused on mobilising civil society and conducting viral hepatitis policy advocacy in Asia Pacific. We support the activities promoted by the WHO in their public health elimination goal, and extend our work for the eradication of viral hepatitis by 2050.

We support initiatives that aim to reduce the significant social, cultural and economic burden of viral hepatitis. We work with other stakeholders to achieve greater public awareness, and through our social research, promote better understanding, management, treatment and care for everyone living with the disease.

Elimination
Reduction to zero of the incidence of disease or infection in a defined geographical area.*

Eradication
Permanent reduction to zero of the worldwide incidence of infection.*

OUR GOAL

CEVHAP’s goal is to work with national, regional and global partners to **eradicate viral hepatitis in Asia Pacific by 2050**, alongside the significant health, social and economic burdens associated with it.

This goal extends the WHO’s efforts to **eliminate viral hepatitis as a public health threat by 2030**. Grounding our own goal in eradication with a longer time-frame means CEVHAP will not only work towards the WHO goal but also drive innovative initiatives toward total eradication by 2050.

RESPONDING TO CHANGE: STRATEGY 2017-2021

CEVHAP’s strategy 2017–2021 seeks to widen our partner base and advocate for the **implementation of programmes, particularly at the regional and national level**, backed by appropriate funding. This means engaging with governments, global agencies, clinicians, the private sector, people directly affected by viral hepatitis, educators, economists, NGOs and others.

CEVHAP will seek to:

1. Educate and advocate to policy makers and others about the need for a holistic approach that addresses the **social, cultural and economic impact** of viral hepatitis on those who are living with or are affected by the disease, alongside clinical and preventative measures.

2. Advocate for **quality standards in hepatitis management, treatment and care** that are delivered by health practitioners through quality health systems.
CEVHAP was established in October 2010 and is legally incorporated in Singapore as a not-for-profit company limited by guarantee. We are a multidisciplinary coalition comprising a core group of clinical and scientific experts along with experts in social research, epidemiology, healthcare and policy, as well as people directly affected by viral hepatitis. Together, we champion the advancement of public health policy and practice to respond to this infectious disease in Asia Pacific.

While CEVHAP draws its membership from across the globe, the majority of members reside in Asia 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

Countries with CEVHAP representation

References: