World Hepatitis Day

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The past is a foreign country

- 2002 Getting European HCV patient groups together – a British Liver Trust initiative
- June 2004 – ELPA formed
- 2004 Oct 1 chosen as HCV Awareness Day
- EASL 2005 – ELPA formally launched
- AASLD 2005 – US groups refuse to get behind October 1st
- 2006 – HCV awareness day becomes World Hepatitis Awareness Day
- 2006 – ELPA agreement to find new date
- AASLD 2006 – US groups asked to choose a single representative
- Input from WHO Europe – why HBV and HCV together?
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Meeting in Barcelona (EASL) 2007

- Meeting of patient reps from Europe, N America, S America, Africa, China and Australasia as well as industry and WHO Europe
- A single day
- Agreement on steering committee
- Failure to agree messages
Who should lead awareness raising?

• The pharmaceutical industry?

• Doctors?

• Rock stars?

• The media?

• Patients?
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• The need to start in 2008
• Budget of $1 million
• Creation of World Hepatitis Alliance
• Communications agency competition - Fleishman-Hillard chosen
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Components

- Teaser
- Websites
- Projections
- 12 Asks
- Hepatitis Atlas
- Endorsements/partners/support
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• Theme: 1 in 12 people infected with either chronic HBV or chronic HCV
• Aims:
  - to provide a focus for countries to do their own messaging
  - to ensure WHO endorses the day (May 19th 2008 is the opening day of the WHO General Assembly).
  - to persuade WHO to adopt viral hepatitis as one of its key diseases, along with HIV/AIDS, malaria and TB.
  - to pressure national governments to adopt 12 key measures to tackle viral hepatitis effectively.
  - to improve surveillance of chronic viral hepatitis worldwide.
  - to build momentum.
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12 Asks

12 asks are components of a good hepatitis programme to be accepted as commitments by 2012. 6 asks the same across all countries:

1. Public recognition of chronic viral hepatitis as an urgent public health issue
2. The appointment of an individual to lead Government strategy nationally
3. The development of a patient pathway for screening, diagnosis, referral and treatment
4. Clear, quantifiable targets for reducing incidence and prevalence
5. Clear, quantifiable targets for reducing mortality
6. Clear, quantifiable targets for screening
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12 Asks

6 asks depending on circumstances in individual countries:

- Effective surveillance and publication of national incidence and prevalence statistics
- Commitment to examine cases of best practice internationally
- Commitment to work with patient groups in policy design and implementation
- Provision of free and anonymous (or confidential) testing
- A public awareness campaign that alerts people to the issue and is committed to reducing stigma
- Commitment to an ongoing national vaccination programme

Some countries will be early adopters
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Hepatitis Atlas

- Prevalence, incidence etc of HBV and HCV country by country
- Variety of sources
- Amount/lack of surveillance is itself data
- Examples of best practice
- Ongoing project
- Printed and interactive web-based
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Endorsements/partners/support

• 200+ patient groups
• WHO
• Other world medical, e.g. Red Cross, Médecins sans Frontières
• Foundations e.g. Clinton, Gates
• Professional organisations e.g. AASLD, EASL, APASL, IASL, ALEH
• Non-pharma industry, e.g. Bloomberg, Clear Channel, Shell