

“ There is always an element of mistrust between us civil society organisations and the government.  
– The Health Foundation, Pakistan

Encouraging diverse actors to participate in new forms of partnership is of paramount importance because the response to viral hepatitis must take into account many different types of public health and development issues. All voices need to be heard if the global community is to make real progress on viral hepatitis, one of the most complex health threats of the twenty-first century.

✓ The following survey items were most commonly identified as points on which civil society respondents agreed with their governments' responses:

- › the existence of a national strategy or plan for the prevention and control of viral hepatitis;
- › the existence of a national hepatitis A vaccination policy;
- › injection safety in health care settings; and
- › infection control for blood products.

✗ The following survey items were most commonly identified as points on which civil society respondents disagreed with their governments' responses:

- › whether the government has a viral hepatitis prevention and control programme that targets specific populations;
- › viral hepatitis surveillance; and
- › disease registration and reporting.

The World Hepatitis Alliance is particularly concerned about five key issues raised by civil society survey findings:

- › There appears to be considerable disagreement between governments and civil society organisations about how national responses to viral hepatitis are being managed.
- › There does not appear to be a sufficient level of partnership between government and civil society actors in many countries, and civil society actors may not have appropriate input into government hepatitis strategies and policies.
- › Far too few countries have national viral hepatitis strategies, which are the foundation of an effective response. Even where official strategies are in place, the question remains of whether a strategy is actually guiding a unified national response.
- › The shortcomings of existing viral hepatitis surveillance systems have the potential to undermine efforts to address this group of diseases at the national, regional and global level.
- › While recent hepatitis C treatment advances are greatly welcomed, there is the danger that excitement about the new drugs will draw attention and funds away from essential viral hepatitis prevention priorities.

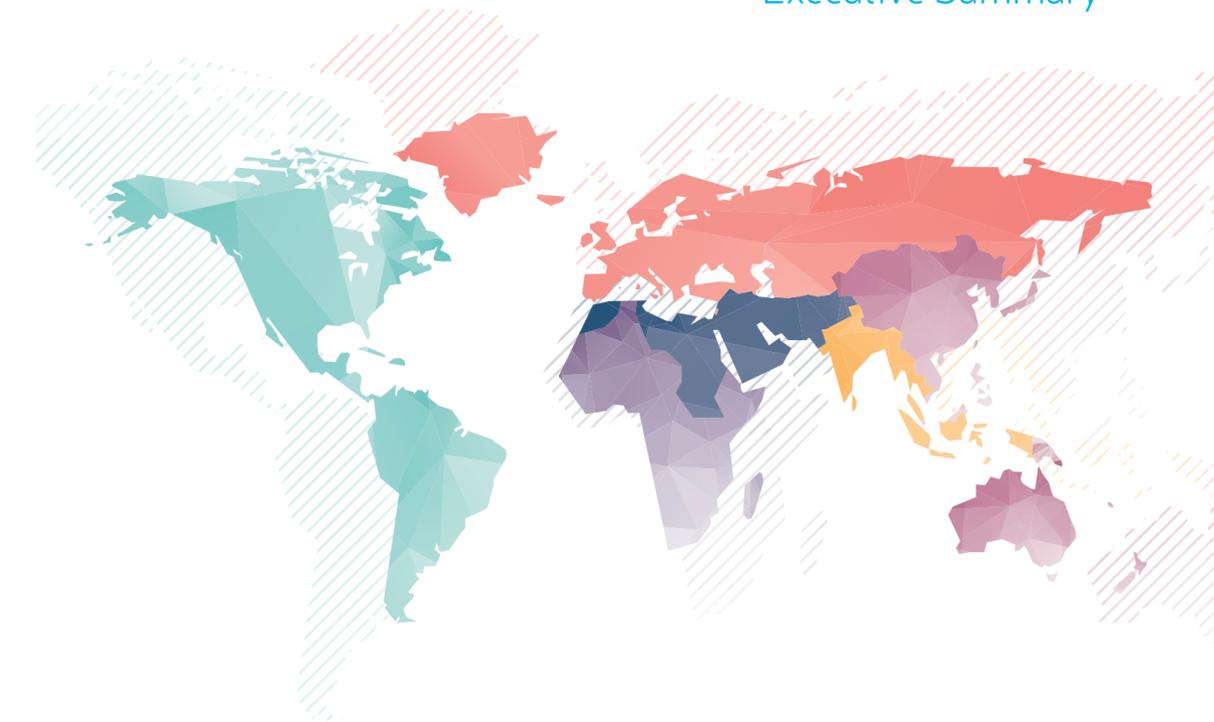
Findings from the 2014 *Global Community Hepatitis Policy Report* lead the World Hepatitis Alliance to make the following recommendations to governments:

- › Establish robust monitoring mechanisms to track viral hepatitis activities and key performance indicators nationally. Monitoring outputs should be widely disseminated, and special efforts should be made to share information with civil society stakeholders.
- › Engage more directly with civil society, including hepatitis patient groups, and help foster the creation of new hepatitis patient groups where none exist.
- › Develop comprehensive multisectoral national viral hepatitis strategies, drawing on WHO and the World Hepatitis Alliance for technical support. Sufficient funding must be allocated to implement those strategies.
- › Integrate the implementation of national viral hepatitis strategies with national public health agendas, while at the same time monitoring specific hepatitis-related outcomes.
- › Introduce or improve national viral hepatitis surveillance systems.
- › Issue evidence-based guidance on hepatitis prevention and establish consensus about which aspects of viral hepatitis prevention should be prioritised based on the national epidemiological context.
- › Recognise and seek to overcome barriers that deter members of most-at-risk populations from accessing hepatitis prevention and treatment services and commodities.
- › Ensure access to prevention and treatment services for everyone in need without discrimination.

“ The concerned officials bluntly ignore us when we approach them to initiate a consultation on improving access to hepatitis C treatment.  
– Community Network for Empowerment, India

# Global Community Hepatitis Policy Report

## Executive Summary



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The World Hepatitis Alliance seeks to highlight civil society perspectives in this 2014 policy report – the first of its kind. Civil society stakeholders are relative newcomers to the global public health arena, and their roles are still being defined in many intergovernmental and national forums, including those involving the World Health Organization (WHO). To ensure that their voices are heard, the 2014 *Global Community Hepatitis Policy Report* has been planned as a civil society response to information provided by governments for the 2013 hepatitis policy report published by WHO. That document, the [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#), is a welcome resource, but it only utilises information provided by governments. A full and accurate picture of the policy response to hepatitis at the country level requires additional input from stakeholders with diverse perspectives.

In recent decades, civil society actors have made invaluable contributions to global public health. In some ways, they have even helped to shape fundamental public health paradigms. Involvement of such a nature is our only hope for overcoming the immense barriers to viral hepatitis prevention and control.

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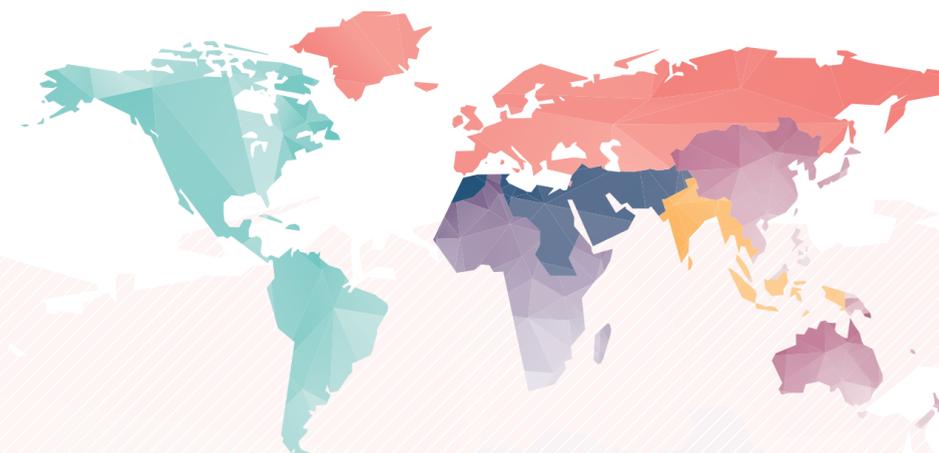
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“ A unified response – one involving hepatitis patient groups and other civil society stakeholders – is our only hope of bringing about the myriad changes that will be required in order to greatly reduce suffering and death from all types of viral hepatitis.

**World Hepatitis Alliance**

# Strengthening communication and collaboration between governments and civil society will advance the global response to viral hepatitis



Almost **50% of the civil society organisations** reported that their governments gave inaccurate responses to ≥5 of 25 WHO 2013 survey items

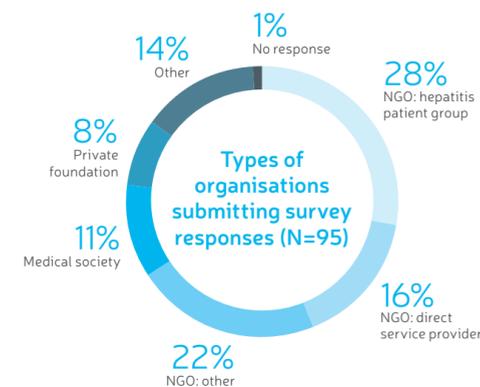
The global burden of disease from the five major types of viral hepatitis – A, B, C, D and E – urgently demands an intensified response. As the World Health Assembly’s passage of viral hepatitis resolutions WHA 63.18 in 2010 and WHA 67.6 in 2014 reflects, civil society is helping to define a new era in the response to viral hepatitis. However, the World Hepatitis Alliance is concerned about civil society being insufficiently involved at the national level.

The 2014 [Global Community Hepatitis Policy Report](#) is a civil society response to information provided by governments for the World Health Organization’s 2013 [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#). The World Hepatitis Alliance asked civil society organisations to review the information their government submitted for the 2013 WHO report and to comment on the accuracy of the information using a 25-point survey instrument. The survey also asked civil society organisations to write short statements about what they considered to be key aspects of the policy response to viral hepatitis in their countries.

Ninety-five organisations from 58 countries and one special administrative region responded to the World Hepatitis Alliance’s request. Seventy-six organisations were able to comment on their governments’ responses from the 2013 report. The other 18 organisations responded from countries where the government had provided no information for the 2013 report. They instead provided short statements.

Almost 30% of respondents to the civil society survey identified themselves as hepatitis patient groups, and another 16% identified themselves as nongovernmental direct service providers. Forty-two percent of respondents were from countries in the European region, with considerably less representation of countries in other regions. Most respondents were from either high-income countries (41%) or upper-middle-income countries (22%).

Types of organisations submitting survey responses (N=95)



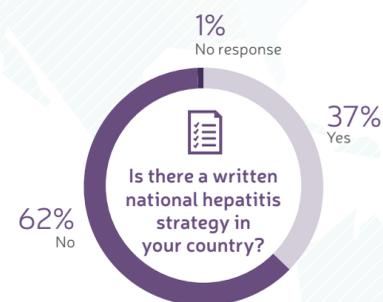
Question	Canada	China	United States of America
Q1: Is there a written national strategy in your country?	Agree	Disagree	Agree
Q2: Are liver cancer cases registered?	Agree	Disagree	Agree
Q3: Are cases of HIV/hepatitis co-infection registered?	Agree	Disagree	Agree
Q4: Is there routine surveillance for viral hepatitis?	Agree	Disagree	Agree

## Government Responses

## Civil Society Organisation Responses

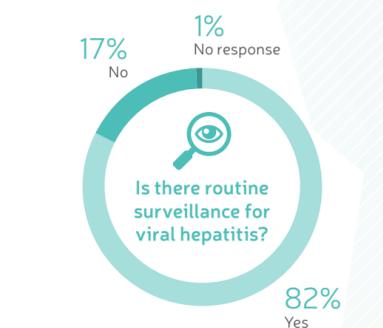
## Government Responses

## Civil Society Organisation Responses



**Nearly 1 in 5...**

...civil society organisations **disagreed** with their governments as to whether a national strategy was in place.



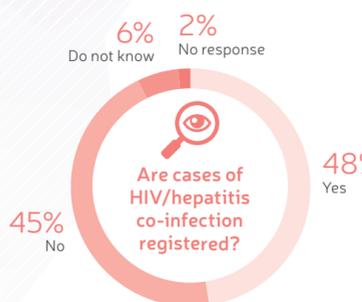
**Over a quarter...**

...of the civil society organisations **disagreed** with their governments as to whether routine surveillance was in place.



**1 in 5...**

...civil society organisations **disagreed** with their governments as to whether liver cancer cases were being registered.



**One third...**

...of the civil society organisations **disagreed** with their governments as to whether HIV/hepatitis co-infection cases were being registered.

## Prevention

*“The Department of Health has a free hepatitis B vaccine programme for infants. But since the Philippines is an archipelago, bringing vaccine to far-flung provinces poses a challenge. We believe strict implementation and monitoring would solve this problem.”*  
**– Yellow Warriors Society Philippines**

*“The highest-incidence groups for hepatitis C in Germany are drug users and men who have sex with men. But no prevention programmes are established for either.”*  
**– Deutsche Leberhilfe e.V., Germany**

= National Strategies = Surveillance

The full report is available online, where you can compare the responses of different countries through the interactive table. Civil society responses can be laid out next to government responses, highlighting differences in opinion and areas of agreement. Visit the website <http://global-report.worldhepatitisalliance.org/en/>

For more information on how the World Hepatitis Alliance can help to improve the global response to viral hepatitis, please contact us:

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