



HEP CAN'T WAIT

ASIA WORKSHOP 2023

Post-Meeting Report



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ABOUT WORLD HEPATITIS ALLIANCE

The World Hepatitis Alliance (WHA) is a patient-led and patient-driven non-governmental organisation. With 320-member patient groups from over 100 countries, WHA works with governments, national members, and other key partners to raise awareness of viral hepatitis and influence global change.

To achieve a world free from viral hepatitis, WHA provides global leadership in advocacy, awareness-raising, and the fight to end its social injustice.

For more information on WHA, please visit the organisation's website at www.worldhepatitisalliance.org

Contact: contact@worldhepatitisalliance.org

The Hep Can't Wait Asia Workshop was a collaboration between Gilead Sciences and WHA.



CEO MESSAGE



Every 30 seconds, someone dies of a hepatitis related illness.

The Asia Pacific region is disproportionately impacted by viral hepatitis, accounting for 70% of viral hepatitis deaths globally. Addressing this will require transformative change and the acceleration of efforts to achieve the World Health Organization's (WHO) goal to eliminate hepatitis B by 2030.

The hepatitis response must include improving awareness and health literacy to change the narrative of hepatitis B. Testing strategies need

to be co-designed and delivered by the community. In addition, hepatitis B should be included in Universal Health Coverage (UHC) efforts, with resources allocated to support linkage to care, as well as the implementation of laws, policies, and practices to protect the rights of people living with hepatitis B.

Hepatitis can't wait and through the collective efforts of communities across the Asia Pacific region, we remain committed to eliminating hepatitis.

Cary James
Chief Executive Officer,
World Hepatitis Alliance



ABOUT THE WORKSHOP



The Hep Can't Wait Asia Workshop took place on 11-12 July, 2023 and was a first-of-its-kind viral hepatitis community workshop organised by the World Hepatitis Alliance (WHA).

The workshop brought together 46 attendees representing 24 community based organisations from 15 locations to exchange ideas and new approaches to achieve the elimination of hepatitis B by 2030.

It gave participants the opportunity to share good practices and discuss topics such as improving access to vaccination, testing, care, and treatment as well as the integration of hepatitis B with liver cancer and HIV-related services.

One of the primary results of the workshop is a consensus statement that serves as a practical catalyst for regional community-led efforts to eliminate hepatitis.

Excerpts from the event evaluation survey

94% of participants agreed the workshop enabled them to share their projects and experience

The workshop was an opportunity to share and learn from each other and exchange best practices and innovative models to inform the consensus statement we developed, which is critical to accelerating our efforts in eliminating hepatitis B in the region.

- Workshop participant

24
community-based organisations

15
locations

46
attendees

THE CHALLENGE: ELIMINATING HEPATITIS B BY 2030

Where is Asia at in its progress towards eliminating hepatitis B?

Today, the burden of viral hepatitis remains a real challenge. Globally, nearly 300 million people are living with hepatitis B. More than 55% of hepatitis B patients live within the Asia Pacific region and a large proportion of Hepatocellular carcinoma (HCC) cases in the region are hepatitis B-related. While the prevalence of hepatitis B infection has decreased in recent years, the incidence of decompensated cirrhosis, HCC, and liver-related deaths attributable to hepatitis B has increased. Large gaps remain in the hepatitis B cascade of care, with the majority of countries in the region not on track to achieve the WHO hepatitis B elimination targets by 2030.

79% of respondents to a World Hepatitis Alliance study undertaken in Hong Kong indicated that people were willing to be vaccinated for hepatitis when they were made aware that the virus causes liver cancer, which indicates the need to continue raising awareness around the disease.

What must Asia do to accelerate progress?

Emphasis on screening and scaling up treatment will be critical if countries are to reach the elimination targets. Governments and health systems must expand treatment eligibility and ensure people living with hepatitis B are able to make informed decisions regarding their treatment preferences. This will be supported through much needed multi-sector collaborations which put the health and well-being of people living with hepatitis B at the heart of the response.

This table shows the estimated year countries will reach the WHO hepatitis B elimination targets based on current levels of activity, based on data by the Polaris Observatory

	≤5 yo prevalence < 0.1%	90% Diagnosed	80% Treated	65% ↓ in Mortality	Mortality, absolute
Japan	2015	2051	2046	2044	2027
Hong Kong	2020	2046	2051	2051	2051
Republic of Korea	2019	2027	2048	2051	2051
Taiwan	2022	2041	2051	2051	2051
Singapore	2019	2051	2047	2051	2051
Chinese Mainland	2022	2051	2051	2051	2051
Philippines	2051	2051	2051	2051	2051
Thailand	2029	2051	2051	2051	2051
Vietnam	2051	2034	2051	2051	2051
Indonesia	2051	2051	2051	2051	2051

■ Achieves target ≤2030

■ Achieves target >2030 and ≤2050

■ Achieves target >2050

KEY CHALLENGES FACED IN ELIMINATING HEPATITIS B



TESTING

Lack of awareness of the need for testing leads to underdiagnosis especially of individuals who do not show symptoms or are from groups highly affected by hepatitis.



LINKAGE TO CARE

Psychosocial barriers remain prevalent as challenges, such as stigma and low awareness of hepatitis B, and economic and access barriers to provide adequate support and improve linkage to care for individuals, especially for those who are diagnosed and not treated.



TREATMENT

Low health literacy amongst medical professionals across the entire healthcare system is a challenge in ensuring timely intervention to prevent progression of liver disease (such as liver cancer).



FINANCING

Donor and government funding priorities often overlook hepatitis B, which not only results in a lack of resources, it limits the opportunity to drive efficiency through integrated programming (eg. HIV, hepatitis B and C).



The Hep Can't Wait Asia Workshop was a unique opportunity for people with hepatitis B and civil society within the region to come together and develop comprehensive regional responses to address the needs of those living with hepatitis B.

- Workshop participant



TACKLING HEPATITIS B IN ASIA PACIFIC - SOLUTIONS

Continuing to engage global funders, philanthropic organisations, health ministries, and governments remains a key priority for community-based organisations in the region. During the workshop presentations and discussions, a number of additional solutions were identified that could help tackle the viral hepatitis challenge in Asia Pacific.

Changing the narrative

- Health literacy and health attitudes among healthcare professionals and policy makers can only be improved if managing hepatitis B is not seen in isolation, but as a driver of public health, productivity, and other social determinants of health.
- Laws, policies, and practices must be put in place by governments, health care systems, and private sector organizations to lower the threshold of psychosocial barriers that can impact testing and care-seeking behavior to protect the equal rights of people living with hepatitis B.

“Nothing about us without us” mindset to treatment

- The role of civil society is critical as it brings strong insights from people with lived experience, adding value to capacity building and awareness. A differentiated and tailored service delivery approach should be adopted where possible to ensure that no key populations are left undiagnosed.
- Involving civil society in shared decision making is effective in ensuring better engagement of care for isolated individuals living with hepatitis B.

The event was an incredible platform for networking, exchange, learning of new knowledge and practical experiences, and a chance for us to be inspired by each other to strategize responses for those living with hepatitis B

- Workshop participant



Integrate and decentralise

- Innovative testing strategies should be designed in collaboration with the populations they serve, and decentralised service delivery and point-of-care testing can help improve access to diagnosis and treatment.
- Testing should be synergised with other conditions (eg. HIV, other STIs, NCDs) or pathways (eg. prenatal) to create onestop screening experiences to reduce stress for people living with hepatitis B and improve cost and operational efficiency.
- Linkage to care and management of hepatitis B should be integrated within health systems so that it is easily accessible.
- Treatment criteria should be more inclusive to capture cases that may not be diagnosed through traditional routes, or may be picked up too late (eg. presentation of liver cancer).

Increasing resources

- Leveraging existing programs that complement the prevention and management of hepatitis B will unlock alternative sources of funding without taking away resources from other public health needs. This can include funding programs for cancer prevention and HIV.
- Universal health coverage (UHC) policies should cover hepatitis B and be more inclusive of different financial and social needs.
- Pooling resources through strengthened public-private partnerships can help better address unmet needs and accelerate progress.

Excerpts from the event evaluation survey

**Event evaluation survey:
100% agreed the workshop enhanced their knowledge**

CONSENSUS STATEMENT

At the end of the Hep Can't Wait Asia workshop, the participants agreed on a consensus statement which addresses adoptable and enforceable suggestions to drive policy and systemic change to reduce stigma, improve accessibility and delivery of health for hepatitis B.

The statement seeks to inform community-based approaches in Asia Pacific moving forward, serving as a roadmap to eliminating hepatitis B in the region.

The Asia Pacific region is disproportionately impacted by viral hepatitis, accounting for approximately 70% of all viral hepatitis-related deaths globally. These deaths are driven in large part by hepatitis B, with approximately 150 million people in the region living with this life-threatening disease. Without care and treatment, hepatitis B is a leading cause of liver cancer and cirrhosis. However, no one should die from or be impacted by hepatitis B, it is entirely preventable.

With a significant expansion of affordable and accessible vaccination, testing, care, and treatment, we can reach the World Health Organization goal to eliminate hepatitis B by 2030 in the region.

People with lived experience and community groups are integral to driving the response by bravely sharing their stories, delivering innovative programming, challenging stigma and discrimination, advocating for policies to improve access, and supporting those living with hepatitis B. The ongoing involvement and leadership of people with lived experience and community groups is critical to achieving the elimination goals.

To drive transformative change within the region, countries must adopt a resourced public health response centered on human rights and the lived experience of people with hepatitis B.

Within this response, we call for the following:

- Testing strategies must be co-designed and delivered by public, private and community-based services that utilise innovative point-of-care screening and diagnostic tools which are well-integrated with existing one-stop testing services.
- Person-centered testing, care and treatment must be decentralised, integrated and coordinated across all levels of the health system and within communities to better facilitate knowledge transfer and improve coverage, equity and accessibility.
- Universal Health Coverage must include hepatitis B to improve access to prevention, testing, care and treatment. There should be coordinated efforts between payors and stakeholders across the care cascade to remove financial barriers to access guideline-based care.
- There must be sufficient resources and capacity to support linkage and retention to care. The risk of self-discontinuation in care is very high due to various factors, such as internalised stigma and socioeconomic factors amongst others, contributing to many people diagnosed with hepatitis B not in care.
- To reduce stigma, governments must increase health literacy around hepatitis B in the general population, recognising the importance of empowering young people to drive awareness and education within families and communities.
- Governments, health care systems and private sector organisations must adopt and enforce laws, policies and practices to protect the equal right of people living with hepatitis B to enable them to live their lives free of discrimination or disadvantage.

Excerpts from the event evaluation survey

Event evaluation survey:
94% of participants
agreed that the consensus
statement was an
important regional tool



WORKSHOP ATTENDEES

Asia Pacific Council of AIDS Service Organizations (APCASO)

Thailand

Association of Liver Patients and Survivors (ALPS)

South Korea

Budi Lukmanto Foundation

Indonesia

Cancerinformation.com.hk Charity Foundation

Hong Kong

Centre for Supporting Community Development Initiatives (SCDI)

Vietnam

Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP)

Australia

CoNE

India

HCSA Community Services

Singapore

Inno Community Development Organisation

China

Japan Hepatitis Council

Japan

Li Shu Fan Medical Foundation and The University of Hong Kong

Hong Kong

Lighthouse

Vietnam

Liver Disease Prevention & Treatment Research Foundation of Taiwan

Taiwan

Onom Foundation

Mongolia

PATH

Vietnam

Spiritia

Indonesia

Taiwan Liver Research Foundation

Taiwan

Taiwan Young Patients Association

Taiwan

The Family Planning Association of Hong Kong

Hong Kong

The Hong Kong Liver Transplant Patients' Association

Hong Kong

World Hepatitis Alliance

UK

Yayasan Peduli Hati Bangsa

Indonesia

Yellow Warriors Society Philippines

Philippines

Yiyou Charity Liver Center

China

Other participating organisations:

APCO Worldwide

Center for Disease Analysis Foundation

CUHK Medical Data Analytics Centre (MDAC)

Gilead Sciences

Institutes of Liver Diseases Research of Guangdong Province, Nanfang Hospital, Southern Medical University

Kaohsiung Medical University

University of Hong Kong

World Health Organization

World Hepatitis Alliance



