

**Race to 2030:** accelerating  
action at a national level

# **NO**hep

## **Advocacy Toolkit**

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# FOREWORD

It cannot be denied that the elimination of viral hepatitis has gained considerable momentum since **NOhep** was launched in 2016. The commitment made by 194 countries to eliminate viral hepatitis, the adoption of regional action plans, a specific mention of hepatitis in the Sustainable Development Goals and the revolution in highly-effective treatments for hepatitis C, combined with the success of hepatitis B vaccination, has meant that for the first time in the history of the disease, there's hope.

Whilst these events have increased awareness and political attention across the world, only 9 countries are on track to eliminate hepatitis C and 72 countries on track to eliminate hepatitis B in under 5s by 2030.\*

Today, we are standing at a critical point in the hepatitis response. We have three years until countries report on the WHO interim targets and just over a decade to reach the 2030 goal. Without strong political will, multi-stakeholder collaboration and unrelenting advocacy, countries will fail, and we will miss our biggest opportunity to seize the momentum and eliminate this global killer.

We have designed this toolkit based on your experiences. Whether you are an academic, medical doctor, healthcare professional, policy director or civil society advocate, you can play a role in advocating for changes in policies and behaviours which will drive forward the 2030 goals.

This toolkit aims to provide the necessary background information, resources and key messages to allow us to move forward together to help eliminate hepatitis.

We hope that you enjoy the toolkit and find it useful for your national activities.

Best wishes,  
**NOhep**

## Acknowledgements

We'd like to thank the following contributors for their input into the toolkit: Bangladesh Liver Foundation, Bridging Health Pakistan, Center for Disease Control and Prevention, Coalition for the Eradication of Viral Hepatitis in Asia Pacific, European Liver Patients Association, Hepatitis Australia, Leberhilfe Projekt gUG, National Viral Hepatitis Roundtable, World Health Organization and World Hepatitis Alliance.

\* The CDA Foundation. Countries on Track to Achieve WHO Elimination Targets in 2017. Lafayette, CO: CDA Foundation, 2018. Available from <http://polarisobservatory.org/> (Accessed May 15, 2018)



# SECTION A: KNOW IT



① About this toolkit

② Global snapshot  
of viral hepatitis

③ What is **NOhep**?

④ Global advocacy

Liver Unit, Mandalay  
Hospital, Myanmar





# 1 About this toolkit

To support national advocacy efforts, we've created a toolkit for patient organisations, NGOs and individuals working in the field of viral hepatitis. It will equip supporters with the information and knowledge to get their decision-makers to take this problem seriously and push them to act to meet the WHO targets, before we miss our opportunity to eliminate viral hepatitis.

The toolkit also aims to introduce supporters to advocacy methods that are working across the world to address viral hepatitis, and to understand when their use is appropriate. The advocacy strategy that you will develop throughout this toolkit should take you up to 2020, but the principles can be revisited right up to 2030.

This toolkit is designed for advocates with some knowledge and experience of implementing advocacy or awareness-raising campaigns.

If you have any further questions on how to use the toolkit, please get in touch at [connect@NOhep.org](mailto:connect@NOhep.org).

We wish you success in your advocacy efforts and thank you for your continued and impactful work.

Throughout the toolkit icons are used to help you navigate your way.



Top  
tips



Watch  
out



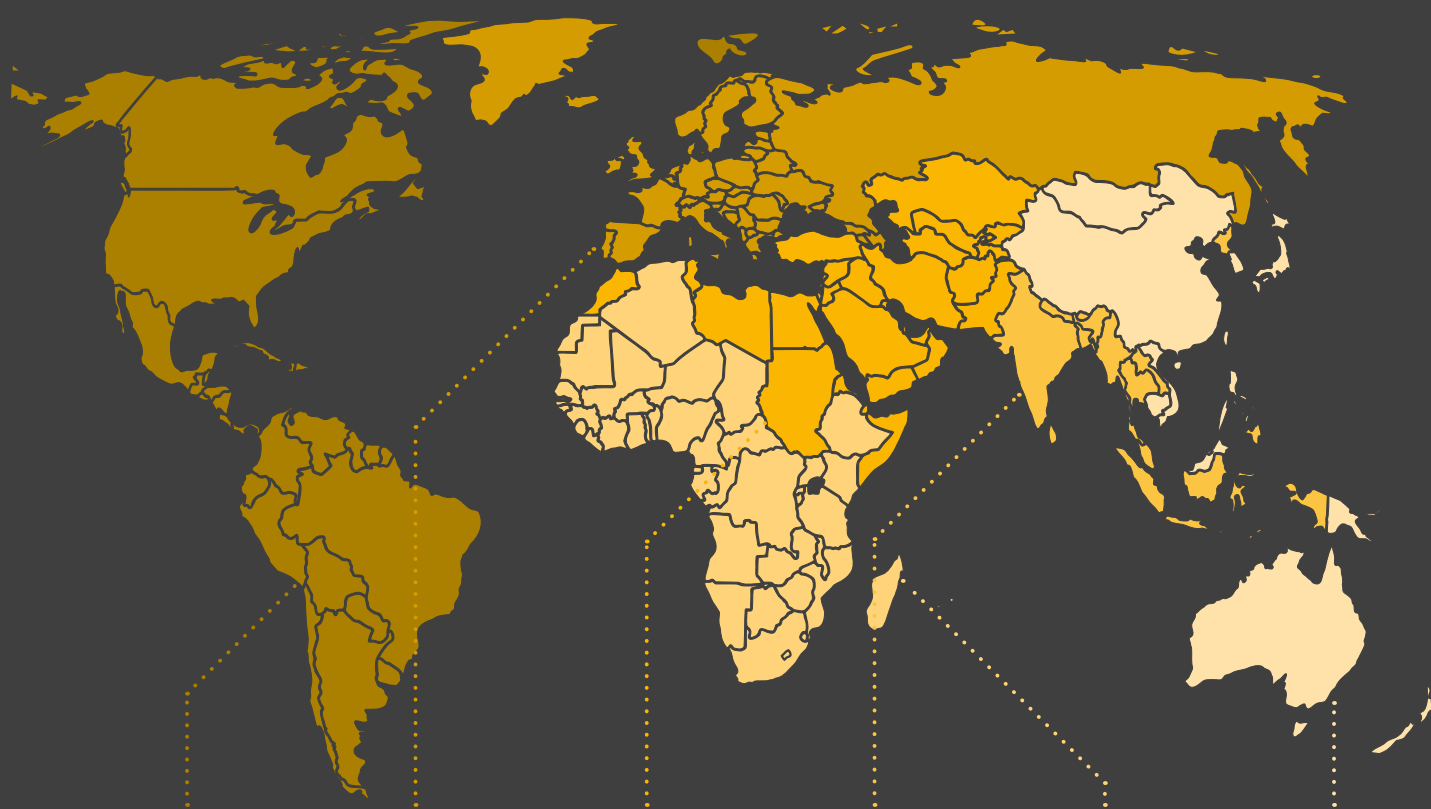
Resource  
alert



## ② Global snapshot of viral hepatitis



**325** million\* people living with hepatitis B and C globally.



PREVALENCE						
	AMERICAS REGION	EUROPEAN REGION	EASTERN MEDITERRANEAN REGION	SOUTH EAST ASIA REGION	AFRICAN REGION	WESTERN PACIFIC REGION
HEPATITIS B	7 MILLION	15 MILLION	21 MILLION	39 MILLION	60 MILLION	115 MILLION
HEPATITIS C	7 MILLION	14 MILLION	15 MILLION	10 MILLION	11 MILLION	14 MILLION



## 2 Global snapshot of viral hepatitis continued

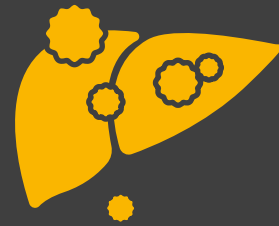


**1.34**  
**million**  
**deaths\***  
**annually**

More than HIV/AIDS,  
TB or Malaria



**<290**  
**million\***  
living with the disease  
are unaware



**2 out of 3**  
**liver cancer**  
**deaths\*\***  
caused by hepatitis



**Hepatitis C**  
**is preventable**  
**and curable**



**Hepatitis B**  
**is preventable**  
**and treatable**



**Low- and middle-income**  
**countries are most affected**  
**by viral hepatitis**

\* World Health Organization, Global hepatitis report, 2017

\*\* Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2016



## ③ What is NOhep?

**NOhep** is global movement uniting all stakeholders committed to eliminating viral hepatitis by 2030.

**NOhep** firmly positions itself at the forefront of the elimination conversation, showcasing exemplary leadership, fostering innovative solutions on the ground and acting to support the policy change needed to eliminate this cancer-causing illness by 2030.



## What is hepatitis?

Hepatitis is an inflammation of the liver, most commonly caused by a viral infection. There are five main hepatitis viruses, referred to as types A, B, C, D and E. These five types are of greatest concern because of the burden of illness and death they cause and their potential for outbreaks and epidemic spread.

## What makes viral hepatitis a global health problem?

Chronic hepatitis B and hepatitis C are life-threatening infectious diseases that cause serious liver damage, cancer and premature death, along with other extrahepatic manifestations including diabetes, skin rash, arthritis and renal failure. Globally, 325 million people are living with the hepatitis B virus or the hepatitis C virus.

Hepatitis B and hepatitis C are silent epidemics, affecting millions of people across the globe including children and marginalized populations, which include people who inject drugs, Indigenous Peoples, prisoners, men who have sex with men, migrants and people living with HIV/AIDS.

Globally, 9 out of 10 people are living with viral hepatitis without knowing, resulting in the real possibility of them developing fatal liver disease or liver cancer at some point in their lives, as well as unknowingly transmitting the infection to others.

With the availability of effective vaccines and treatments for hepatitis B and a cure for hepatitis C, the elimination and control of viral hepatitis is achievable. However greater awareness and understanding of the disease and the risks is a must, as is access to cheaper diagnostics and treatment. Underpinning this is the need for political commitment and action, supported by adequate resources.

For the purposes of this toolkit we pay greater attention to chronic hepatitis B and hepatitis C given they cause the greatest burden of illness however there are other types of viral hepatitis which include A, E, and D. Hepatitis A is spread through the ingestion of contaminated food and water or through direct contact with an infectious person. Like hepatitis A, hepatitis E is mainly transmitted through eating contaminated food or drinking contaminated water. Outbreaks generally occur where there is a lack of safe water and poor sanitation. Hepatitis E is generally mild in its effect unless you have pre-existing liver disease or are pregnant. Hepatitis D only affects people living with hepatitis B. There is no treatment for it but the hepatitis B vaccines can prevent it.





## 4 Global Advocacy

**What is advocacy?** — *“work that seeks to change public policies and practices in ways that will have a positive impact on people’s lives”*

Before you begin to advocate for the elimination of viral hepatitis, it is important to understand the global health context and advocacy efforts to date. In the last decade, much progress has been made to advance the cause. This section explores some of highlights of hepatitis advocacy so far and looks at the WHO elimination targets, which presents a pivotal advocacy turning point.

### The situation so far...

In very few diseases is there such inconsistency between the burden of disease and political priority as with viral hepatitis. Since the hepatitis viruses were discovered, they have received little attention compared to other infectious diseases. With key epidemiological work having

leaving out deaths from cirrhosis and hepatocellular carcinoma directly caused by hepatitis B or hepatitis C, large populations are unaware, and few governments have dedicated plans to combat hepatitis. One of the key results of this omission was that viral hepatitis didn’t appear in the Millennium Development Goals in 2000.

Bridging Health Pakistan, Pakistan





# The rise of global advocacy: 2000 - 2017





Dissatisfied with the lack of global action and ongoing omission of viral hepatitis from the global health agenda, patient organisations began to rally together in the late 2000s. At a global level, the World Hepatitis Alliance (WHA) was formed and started advocacy efforts to garner support for an official World Hepatitis Day. Other organisations like the European Liver Patients Association (ELPA), the Coalition for the Eradication for Viral Hepatitis (CEVHAP), Hepatitis Australia and the National Viral Hepatitis Roundtable (NVHR), amongst many others, led activities at a regional and national level.

1

In 2010, following a global policy report authored by civil society on behalf of WHO that showed the lamentable state of national efforts to address viral hepatitis, resolution WHA63.18, sponsored by Brazil, Colombia, and Indonesia, was adopted. As a result, 28 July became World Hepatitis Day. Only the fourth official WHO disease-specific day, it was first celebrated in 2011.

3

In light of its omission from the Millennium Development Goals, global advocates ran a campaign, writing to every Ministry of Health to have viral hepatitis officially acknowledged as a global health and development priority as part of the United Nations Sustainable Development Goals (SDGs). As a result in Goal 3.3, world leaders pledged to “combat hepatitis”.

2

Resolution WHA63.18 also called on countries to develop national hepatitis plans but three years later in 2013 there had been little progress. WHA organised a side meeting at the 66th World Health Assembly. Co-hosted by Brazil and Indonesia, this meeting led directly to a call for a new resolution. WHA 67.6 made a much stronger call on Member States to develop and implement coordinated, multisectoral national strategies. It also encouraged the involvement of civil society and, crucially, requested that WHO examine the feasibility of eliminating hepatitis B and C with the potential for setting global targets. This call for elimination came directly from civil society and led to the development of the WHO global health sector strategy (GHSS) for viral hepatitis, which was later adopted in May 2016. Civil society had an important input into the strategy and its targets, as well as playing a crucial role in retaining the key diagnosis target of 90% of those with hepatitis B and C being diagnosed by 2030.

4

Sustained advocacy efforts at a global, regional, and national level accumulated in the greatest global commitment in viral hepatitis to date. On 28 May 2016 at the 69th World Health Assembly, governments voted to adopt the first global health sector strategy (GHSS) on viral hepatitis. Its adoption built on the previous framework and two resolutions, setting the goal of eliminating hepatitis B and C as a public health threat by 2030. The strategy provides countries with a roadmap towards elimination and details key priority prevention and treatment interventions that will strengthen health systems within the context of the universal health coverage framework, in line with the overarching target for SDG Goal 3 on health. All WHO Member States now have this goal to work towards.



## Policy spotlight: The road to 2030

To understand the history of viral hepatitis advocacy to date, it is extremely important to understand how the landscape has been shaped. It's equally important to understand international frameworks and policies that will support and shape the success of our future advocacy work. The more we understand about the context we're acting within the better equipped we'll be to fight our battle.

Ministry of Health, Kuwait, 'Better test than regret', 2016



**THE GLOBAL GOALS**  
For Sustainable Development

## Sustainable Development Goals (SDGs)

**In 2000, the global health community failed to recognise viral hepatitis as a major hindrance to global development and as such it was not included in the Millennium Development Goals.**

Fifteen years later hepatitis finally got the recognition it deserves and was officially acknowledged as a global health and development priority, when more than 160 global leaders signed up to 17 SDGs to protect the planet and ensure prosperity for all as part of a new sustainable agenda. The 2030 Agenda, and the accompanying SDGs officially were adopted on 01 January 2016 and will last for 15 years.

Viral hepatitis was included as a focus area in the health-related goal – Goal 3.3 which reads “Goal By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”.

Despite hepatitis receiving less priority than other infectious diseases, the SDGs are a set of powerful and globally recognised commitments which direct global funders, pave the direction for governments and unite partners. Advocates should make themselves aware of the SDGs and understand how hepatitis fits within achieving the wider goals.

### Check out

the **World Hepatitis Alliance webpage on the SDGs** to find out how eliminating viral hepatitis will contribute to achieving the other SDG targets. Check the **Sustainable Development Goals [here](#)**.







# WHO's Elimination Strategy for Viral Hepatitis

In May 2016, the World Health Assembly endorsed the landmark global health sector strategy on viral hepatitis 2016–2021 (GHSS), which resulted in 194 governments committing to the elimination of viral hepatitis as a public health threat by 2030. The report, which paves the way for elimination, outlines a set of two impact targets which include reducing new infections by 90% and mortality by 65% by 2030, and five synergistic prevention and treatment targets:

- 1 immunization against hepatitis B
- 2 prevention of mother-to-child transmission of Hepatitis B
- 3 blood and injection safety
- 4 prevention of transmission of Hepatitis B and Hepatitis C among persons who inject drugs through comprehensive harm reduction services
- 5 testing and treatment

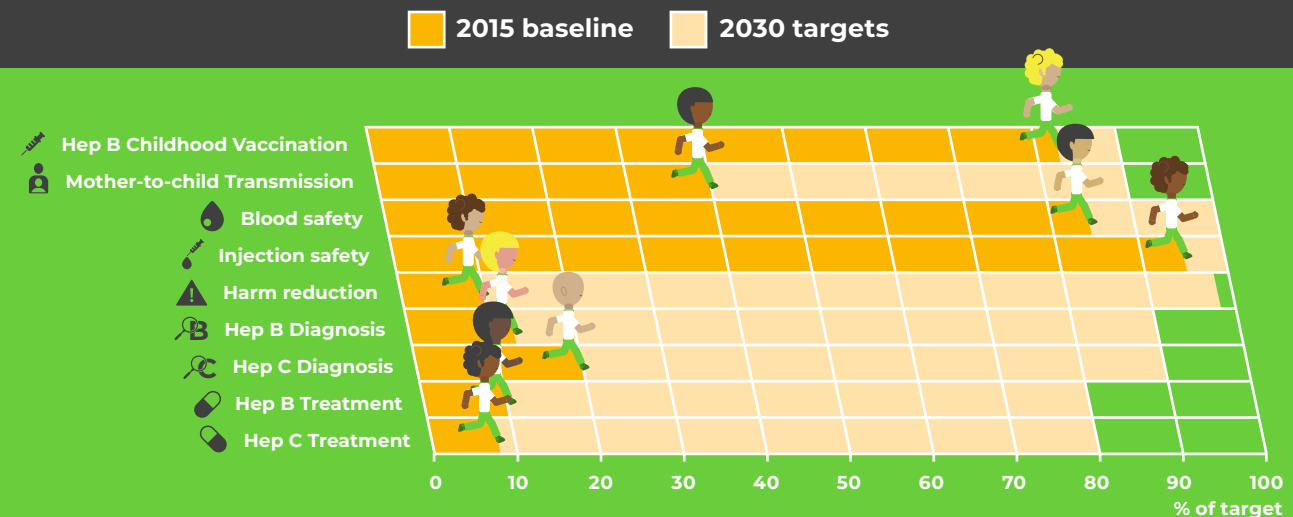


Check out

Download the full WHO elimination strategy [here](#)



## The race to elimination by 2030



What is required to get us across the finish line:



Improving data



Closing gaps in prevention



Public health approach



Accelerating innovation



Scaling-up testing and treatment







### Top Tip

Since the adoption of the Elimination Strategy in 2016, all WHO regions have created and adopted their own regional frameworks, which include their bespoke strategies and regional targets. Check out the Regional Action Plans which will help your advocacy efforts enormously.

  
Europe  
Americas  
Africa  
South-east Asia  
Western Pacific  
Eastern Mediterranean

## The turning point for global advocacy: 2018 – 2020

Despite all countries having a common goal to work towards, still only **9 countries** are on track to eliminate hepatitis C and **72 countries** on track to eliminate hepatitis B in under 5s by 2030.

Without a huge surge in political mobilisation, dedicated financing and an increase in diagnosis and treatment, all other efforts will fail. As such the next phase in our global advocacy efforts will call on national leaders to:

**1**

Work towards their commitments to the 2020 targets.

**2**

Develop and implement a dedicated national elimination strategy for viral hepatitis.

**3**

Invest in and adhere to monitoring frameworks.

**4**

Commit dedicated financial resources to viral hepatitis.

**5**

Collaborate with key groups across the hepatitis community, including non-governmental organizations (NGOs), WHO, healthcare professionals, industry and patients.

It's important to keep the above global advocacy asks in mind when you start creating your own national advocacy strategy. It will help strengthen your cause by aligning your activities with wider efforts.



### Watch out for

Our global advocacy efforts should be supported by the upcoming release of the WHO Monitoring and Evaluation Framework that countries are expected to report to. This framework will track 10 core indicators covering epidemiology, infrastructure, outputs and impact. It will be launched in

late 2018 or early-2019 and will be a key point in the advocacy cycle for **NOhep** supporters.

It's imperative that we use this tool to reaffirm governments' commitment to hepatitis and speed up the pace of action at a national level.

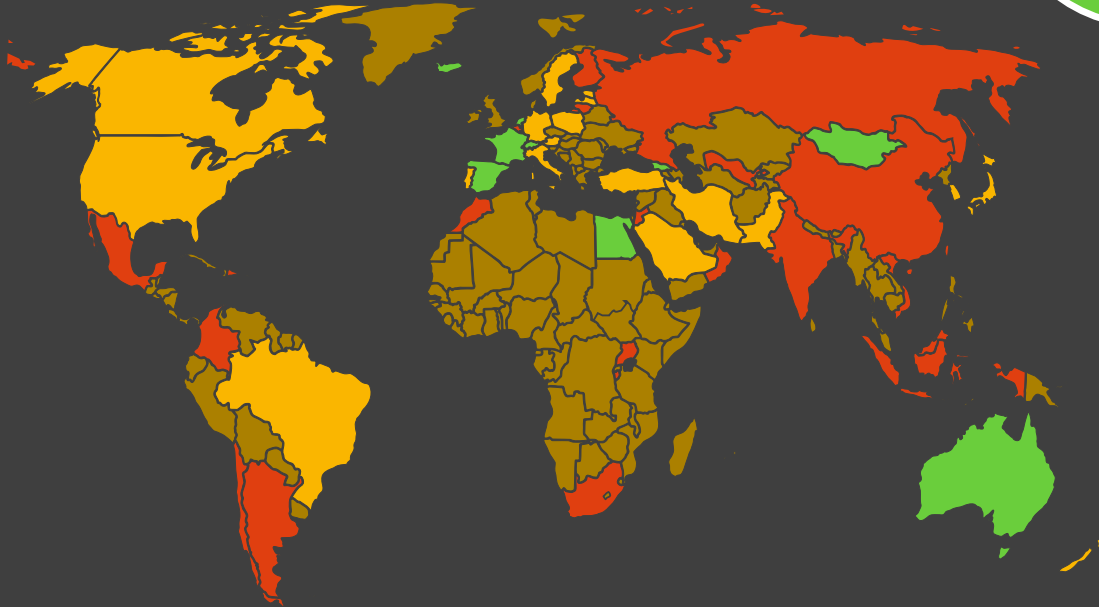


# Countries on track to achieve WHO elimination targets\*

Countries on-track to eliminate hepatitis C by 2030

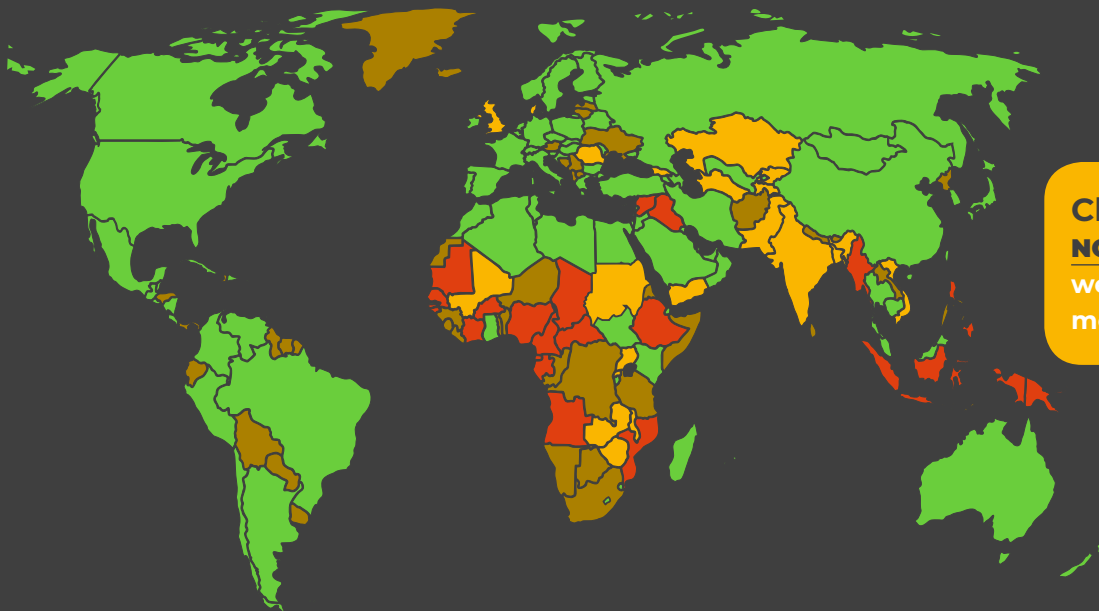


Download  
**NOhep.org**  
posters  
here



- Countries where elimination is unachievable given present policy
- Countries who treat  $\geq 3\%$ , with or without fibrosis restrictions
- Countries who treat  $> 7\%$  of the infected population and have no fibrosis restrictions
- No data available

Countries on-track to eliminate hepatitis B in children under 5 by 2030



Check out  
**NOHep**  
website for  
more details



- Countries where elimination is unachievable given present policy
- Projected to only meet the 2020 target of  $\leq 1.0\%$  HBsAg prevalence among 5 year olds
- Projected to meet the 2030 target of  $\leq 0.1\%$  HBsAg prevalence among 5 year olds
- No data available

\* Data has been provided by the Center for Disease Analyses Foundation, 2018



# SECTION B: PLAN IT

- 1 Identify your issue
- 2 Set your goal and objectives
- 3 Identify who you are going to target
- 4 Establish your message
- 5 Develop an action plan



*“Successful advocacy is based on three key ingredients – planning, timing and passion, with a little bit of luck thrown in”*

**Raquel Peck**, CEO of the World Hepatitis Alliance

Now that you are aware of the wider advocacy goals, it's time for you to start thinking about your own advocacy activities. Advocacy can take place at any level – nationally, regionally or at a local-level. What's important is that you have a considered advocacy strategy and goal.

**This section covers the steps on how to create an advocacy strategy and provides tools and guidance to help you find your own answers.**







# 1 Identify your issue



The first step in developing your advocacy strategy is defining your issue. An issue is a broad problem which affects your work.

- Are you annoyed that only 48% of countries deliver the birth dose vaccine to newborns?
- Are you frustrated that you can't access hepatitis C medicine?
- Do you have a great idea to improve screening in your community?
- Or is there something else?

Here are a couple of questions to ask yourself when you are deciding on your issue.

## 1 Does your issue align with your organisational mission?

This is often overlooked when an organisation starts their advocacy planning. Just because it is a good cause this doesn't mean it has anything to do with your mission. Beware of losing focus and moving away from your organisation's activities.

## 2 Can your organisation make an impact?

When deciding on your advocacy issue you must ask yourself if your organisation is the best placed to take the issue on.

## 3 Do you have the resources?

Advocacy is a critical component of civil society activities, but it can also be time consuming and costly. Make sure you are realistic about what you can achieve.

## 4 Timing.

Is this a long-term or quick issue? Do you have the stamina to stick it out? Is this the right time for your issue? Your advocacy issue should complement your organisation's overall mission and strategy. This will help gain support from colleagues and avoid miscommunication.

Many of these answers will become clearer as you work through the toolkit but for this toolkit, we have identified our issue as "Globally, 15% of prisoners are living with hepatitis C." We will apply this situation across the toolkit.







## ② Set your goal and objectives



### What are your root causes?

The first step in the process to find your long-term goal is to define the root causes of your issue. Root causes help you examine what problems are important to your issue which in turn helps you create solutions. Root causes may be the criminalisation of people who inject drugs that diagnostics are too expensive or that

front-line medical professionals don't have adequate knowledge of the disease and new therapies. There could be 100 root causes for any issue. As an advocate it's important to take time to understand these. These will be important factors to consider when developing your strategy.

World Hepatitis Day 2016



Download  
**NOhep.org**  
infographics  
here

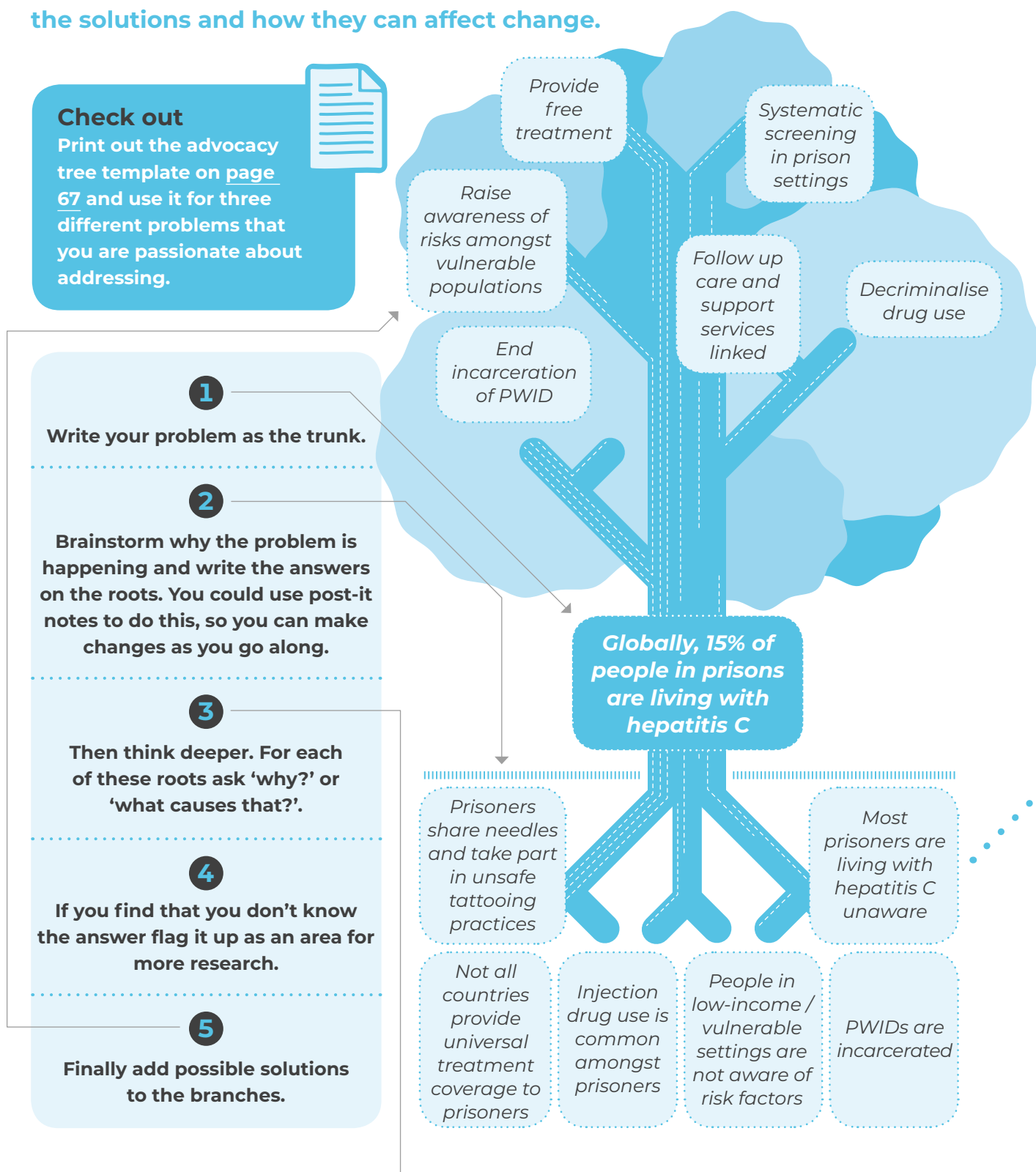


## TOOL The Problem Tree

The “problem and solution tree” below is a popular tool to use in thinking through your causes. It offers a visual structure to analyse the problem and solution. It should also help you understand the immediate, underlying and root causes of the issue, as well as help in gathering information to support the solutions. The solution aspect of the tree provides a visual structure of the solutions and how they can affect change.

### Check out

Print out the advocacy tree template on page 67 and use it for three different problems that you are passionate about addressing.





The problem tree has highlighted many different causes and solutions for our issues. Root causes such as poor education, health inequity and lack of access to treatment and diagnosis are emerging as some of the main causes of our issue. Some of the solutions identify decriminalisation of drug use, the need for systematic screening and universal access to hepatitis C treatment. At this point, you may be faced with many options to tackle in your advocacy plan.

Now is the time to narrow your thoughts even further to find your goal. Remember, it's always important to keep in mind the questions on [page 16](#) when doing these exercises. It will keep you focused on what's realistic for your organisation.

The next step is to choose one of your root causes in the problem tree and apply the **5 Whys**.

The **5 Whys** will help further develop your advocacy goal by repeating the question "Why?" five times, or as many times as needed.

You may want to do this several times with the different root causes until you agree on an issue which aligns with your organisation's mission and your expected impact.

### Top tip

**Keep in mind that it while it would be ideal to advocate on all the issues identified, choosing just a few will help ensure focus and success. Above all, it is important to select an issue that is realistic and will drive action towards the 2020 targets.**



## First root cause:

*Most prisoners are living with hepatitis C unaware*

## 5 Whys?

- 1 *Acquiring hepatitis C via injection drug use or through tattooing is widespread in many prison settings*
- 2 *Lack of proactive approaches to offering testing means that many prisoners are living with hepatitis C unaware*
- 3 *Insufficient resources including cost of tests and follow-up treatment, availability of medical staff and lack of knowledge about viral hepatitis reduces the motivation to test and treat*
- 4 *The cost of hepatitis C medications, the length of treatment, lack of prison medical staff, and the public reaction to spending large sums of money on the general prisoner health budget has stopped systematic testing and treatment*
- 5 *Governments often don't have policies in place to support screening and treatment practices in prisons*

### Check out

Use the template on [page 68](#) to fill in your root cause



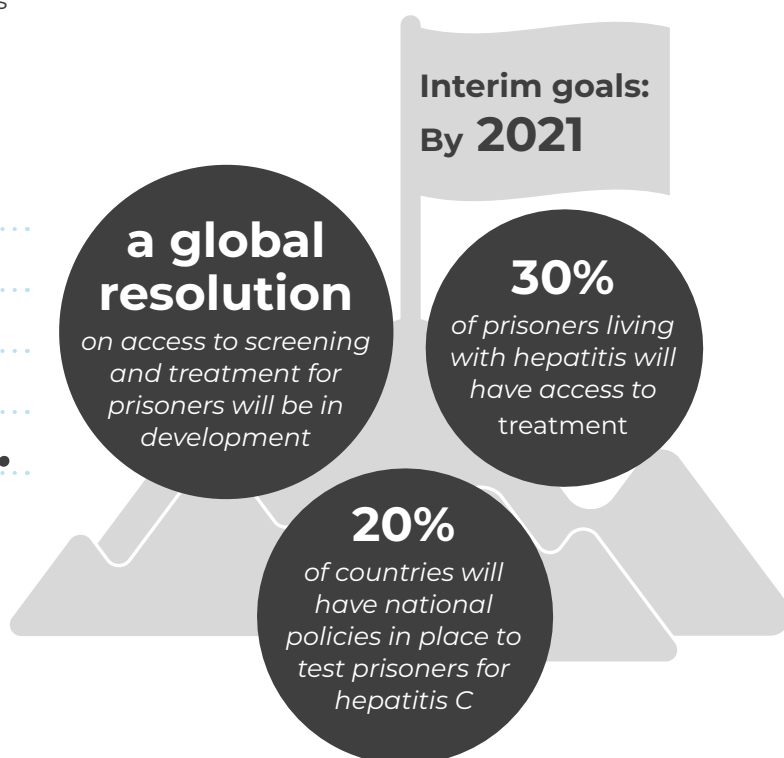


Once you have completed the exercise and decided on the root cause you'd like to tackle as your advocacy issue, you will then have to turn it into an advocacy goal. In our case, we have identified our long-term goal as being:

***By 2030 all governments will support screening and treatment of hepatitis C in prisons.***

The overall advocacy goal is what we want to achieve in the long term but it's also important to define shorter-term targets. These are shorter-term results which must be achieved to reach the overall advocacy goal. Advocacy strategies usually have multiple targets that are achieved on the way to that goal.

Example of interim targets are:



### Top tip

Keep your goals as close to wider advocacy efforts. For example, we have used 2030 and 2021 as our advocacy touch-points to coincide with the global WHO targets. This will help align your advocacy and increase impact.



## Objectives

Objectives should be used to underpin your activities and are important steps to take to help you reach your goal. Remember, it's important to develop SMART objectives – keep them simple and attainable whilst ensuring they are measurable for impact.







## Here are our objectives:

- 1 to secure additional data and evidence on the cost-saving benefits of screening and treating prisoners
- 2 to stimulate influential stakeholders to take action to address the impact of poor diagnosis and treatment of prisoners
- 3 to engage and mobilise key stakeholders within the hepatitis community who will champion the development and implementation of a comprehensive screening and treatment policy in prisons
- 4 to secure a commitment from policymakers to review impact of screening and treating prisoners
- 5 to educate stakeholders about the benefits of diagnosis and treatment amongst the public and prisoners

### Top tip

When creating your objectives, check back to your root causes and answers to the questions of your 5 Whys. This will help you create more targeted and impactful objectives.



### Check out

Use the template on pages 70-71 to fill in your goals and objectives



Download  
**NOhep.org**  
posters  
here

Myanmar Liver Foundation, 2017



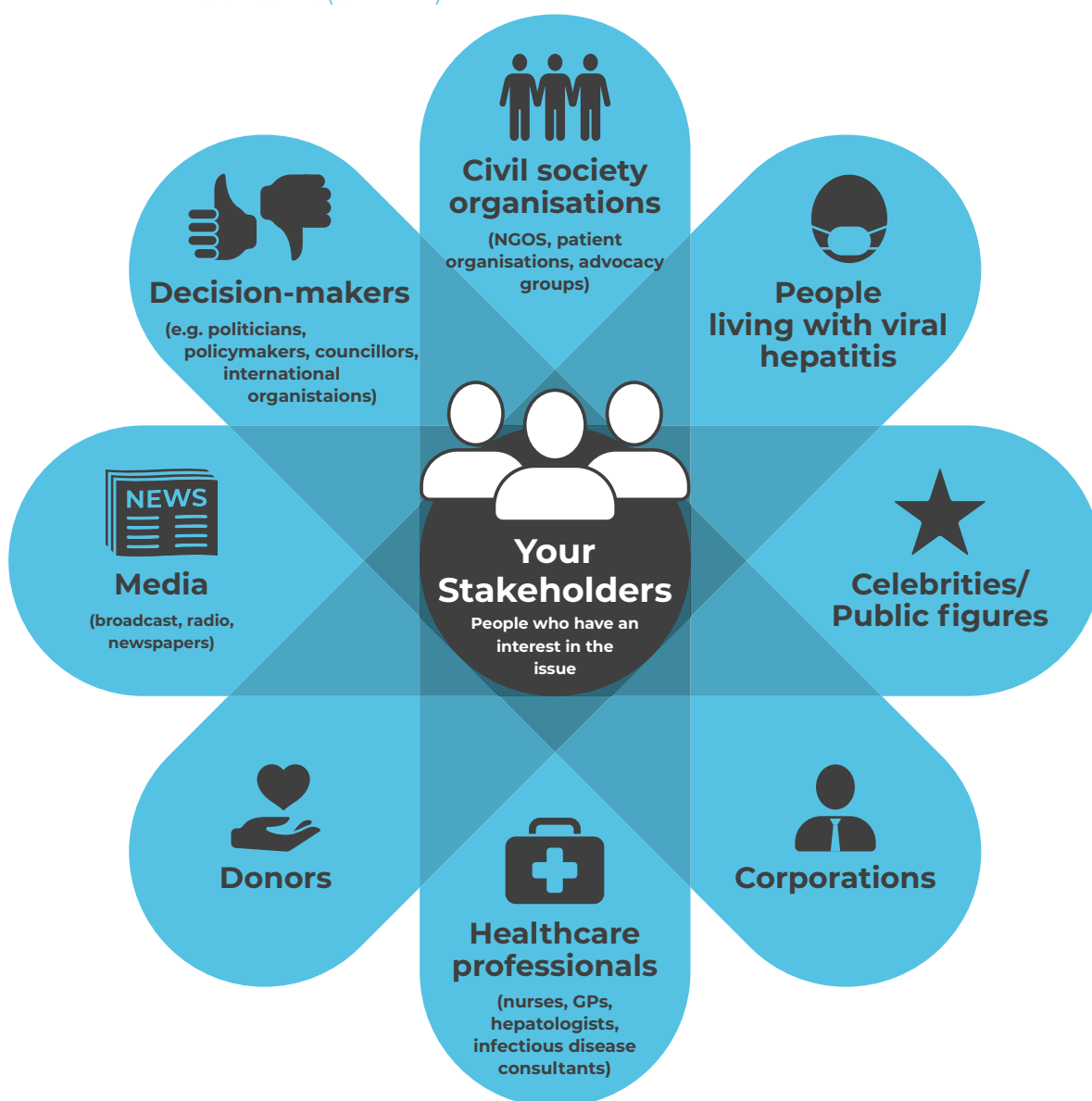


# ③ Identify who you are going to target



*“Advocacy challenges the status quo. It is all about communication – enlightening, factual, educative and persuasive communication - delivered persistently to those with the capacity to bring about change for the better”*

**Jennifer Johnston**, Executive Director of the Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP)





## Movers and shakers

Once you know what you want to achieve, it is necessary to understand the people and institutions you need to influence to make it happen. After people living with viral hepatitis, decision-makers are most likely to be your most important advocacy stakeholder. These are the people with the power to bring about change and usually work in places of influence such as governments, the media or corporations.

The best way to find out who your key stakeholders are is by doing a stakeholder analysis. There's lots of ways to do a stakeholder analysis, from interviews, informal consultations to desk-based research, however we'd suggest the following activities:

- 1 *Brainstorm a list of all the main people and groups who influence or are influenced by the issue*
- 2 *Using the grid on template 4, write the name of the stakeholders into each box depending on whether you think they have a lot of power to influence change on the problem you want to address*

When thinking about your key stakeholders, it's useful to break them into two categories; primary and secondary targets. **Primary targets** are people who can bring about change the quickest. It's important to think about them as individuals and not organisations or entire governments. **Secondary targets** are individuals who exert pressure over your primary targets. Secondary targets could range from a reporter to a spouse or even a physician.

The following exercise will help identify who your stakeholders are, and which ones are a priority, along with highlighting key challenges and opportunities for engagement. We have used examples of global stakeholders but when you are creating your own stakeholder grid, it's more beneficial to think about your national or local targets.



Launch of NOhep Medical Visionaries at The Liver Meeting, 2017

**Check out**

Use the template on [page 72](#) to fill in your information

**Stakeholder 1****Decision-maker****Stakeholder 2****Media****Stakeholder 3****Donor**

	Stakeholder 1	Stakeholder 2	Stakeholder 3
<b>Name</b>	<b>Dr Tedros Adhanom Ghebreyesus, WHO Director-General</b>	<b>Marlowe Hood, Environment &amp; science reporter at AFP</b>	<b>Kristalina Georgieva, World Bank</b>
<b>Primary/secondary</b>	<b>Primary</b>	<b>Secondary</b>	<b>Primary</b>
<b>Type</b>	<b>Policymaker</b>	<b>Media</b>	<b>Funder</b>
<b>Interest in the issue (high, low, medium) and why</b>	<b>Medium</b> Universal Health Coverage is a key issue, of which hepatitis is included	<b>Medium</b> Previously covered hepatitis in the media but not a strong focus	<b>Low</b> No previous interactions on hepatitis
<b>Stakeholder's level of opposition to or support for the issue (strong ally, medium ally, neutral, medium opponent, strong opponent)</b>	<b>Medium</b> Dr Tedros' mandate focuses on universal health coverage (of which hepatitis is included) rather than disease specific activities	<b>Neutral</b> Marlowe has covered hepatitis before but has mentioned that it's not the main priority for AFP	<b>Neutral</b>
<b>Stakeholder's influence over the issue (unknown, no influence, some influence, moderate influence, significant influence, very influential)</b>	<b>High influence</b>	<b>High Influence</b> AFP is a global wire whose stories are picked up in national media outlets across the world	<b>High</b>
<b>Importance of stakeholder's engagement</b>	<b>High</b> His priorities drive the direction of WHO's workplan	<b>Medium</b>	<b>Medium</b>
<b>Opportunity</b>	<b>Focus on linking the case between hepatitis and universal health coverage</b>	<b>Marlowe has a connection with hepatitis and is willing to hear more</b>	<b>She is passionate global development. Need to make the global development case for viral hepatitis</b>
<b>Challenge</b>	<b>Competing disease areas</b>	<b>Creating a media story round hepatitis</b>	<b>Competing interests</b>





### Top tip

**Brainstorm beyond the usual suspects. For example, your Minister of Health may not be the person who holds the purse strings. Why not include the Ministry of Finance, Labour or Social Affairs?**



Other ways to find out about similar organisations are through Google searches, media articles and via national conferences. LinkedIn also offers advocates an opportunity to connect with like-minded individuals across the world.

Before you finalise your list of stakeholders, pause for a moment to consider the environment you are advocating in. Remember we are not advocating in a vacuum and that hundreds of organisations across the world are trying to achieve similar results. The more you learn and exchange with others, the more likely you'll be successful.

### Top tip

**check out [World Hepatitis Alliance member page](#) to find out which organisations are set up in your country.**



**Institutional and decision-making process**  
Being aware of the institutional and decision-making process provides a good basis to understand how your target audience can make change happen and helps pinpoint opportunities and entry points for advocacy.

Greece Hellenic Liver Patients Association, 2016



Download  
**NOhep.org**  
infographics  
here



Analysing the decision-making process means understanding the cultural and political landscape, informal and formal decision-making processes, timelines and how international policy can feed into national activities. Advocates should keep the below in mind when creating their national advocacy strategy.



### Political alliances

It's important to build alliance and synergies with several different policymakers from different parties. This will help mitigate risk.



### Timing is key

It's often the case that policy decisions are made according to a cycle or schedule. Knowing the schedule is important – last-minute meetings rarely

work, and the earlier in the decision-making cycle the idea is accepted, the more effective the result is likely to be. The four phases of decision-making usually include: (a) agenda setting, (b) formulation and enactment, (c) implementation and enforcement, and (d) monitoring and evaluation.



### Spread the news

Remember that policymakers are often elected officials with an interest in being re-elected. Therefore, they

may be willing to meet or work with you if you can find a topic which resonates with their electorate. World Hepatitis Day offers a good opportunity to do this.



### Financing is fundamental

Budgets are very powerful policies and decisions produced by governments because they often reveal

their true priorities. Therefore, advocacy surrounding public budgets is important both as an objective and tool for advocates. To achieve the elimination of viral hepatitis, Ministries of Health will need to look to a combination of financing strategies to fund their viral hepatitis programme. This will likely need the buy in from different groups, in particular the Ministry of Finance. As a result, advocating for this internally will be an important part of securing the funding. These advocacy efforts can be supported by civil society. If involved in the financing process they can more effectively advocate for funding for the hepatitis programme and so can create external pressure. This internal and external advocacy can be a valuable in securing the funding required. Find out more about advocating for finance [here](#).



### Holding governments accountable

Don't forget about national and international accountability frameworks.

When national leaders signed up to the SDGs and WHO's elimination targets, they committed to taking actions for change. These are useful frameworks to support your nation advocacy activities. More information available on pages 10-11.

### Top tip

Get in touch with your local government to find out the legislature schedule. It's also useful to contact the policymaker's assistants, as they may have more time to talk to you through the decision-making cycle in your country.







# Interview

with Achim Kautz,  
CEO Leberhilfe Projekt gUG

## “How to engage a policy maker or politician”:

### Q Why would you contact a politician?

A Politicians have the power to influence and to change health care systems. They are directly able to:

- Influence reimbursement for special medicines
- Influence medical management
- Influence the approval of new drugs
- Provide logistical and financial support for NGOs
- Discuss the needs of the patient at the highest level
- Ensure the social inclusion of marginalised groups
- Initiate national campaigns

### Q You have had considerable success in engaging policymakers. In your opinion, what is the best way to get their attention?

A Politicians are likely to be interested in topics which are important to their electorate. To get them interested in health issues, you need to combine real case studies (patient stories) and good data. In my opinion, one of the most important aspects to garner attention from policymakers is to align your organisation with the most important and leading clinical experts in the field, but also with other NGOs who are working on similar issues e.g. HIV/AIDS.

### Q How do you know which politician(s) to choose?

A That's a very good question. Within each government there is committee dedicated to health, however not every member of the committee is familiar with all the different healthcare issues. The first step for us is to review the background of each member to understand if any of them have a medical background or an interest in our subject. You can often find their CV online or another option is to review their previous speeches or parliamentary questions. In countries with federal health systems, it is important to approach those who are active at the national

or regional level. Check how they relate to the national parliament and which health committees they are involved with. Lastly, don't forget about your local politician. They can often be powerful ambassadors for your cause.

### Q So, you finally secure a meeting with your policymaker, what next?

A My top tips to prepare for a meeting are:

- Focus on a single issue: Politicians are confronted with lots of requests so if you focus on one aspect and offer a realistic solution, you will have a higher chance of success
- **Prepare your evidence base:** Having a set of impactful patient stories and a strong evidence base can enormously help your case. Be careful not to focus too much on the numbers though as this can be off-putting. Use infographics or comparisons to make your case. You can find examples of infographics on the **NOhep** or World Hepatitis Alliance website
- **Knowledge is power:** Before you meet you must know everything about the politician. You can do this by reading speeches, their professional and family background, find out with whom he/she is linked and what is his/her personal career interest and how you can support that
- **Timing is key:** Be prepared for a 10/30/60 minute meeting
- **Create meeting materials:** Prepare your “leave behind” material. This should include a two-pager with your key issue, a patient's story, the evidence-based data from physicians/experts, solutions and best practice examples from other countries or institutions. Don't to include your contact details too

### Q Is there anything else you'd recommend on how to engage policymakers?

A If you are able, try to place a story in media at the same time you have meetings with your politician. This will further encourage your policymaker to act and provide them with an opportunity to make the case internally. If budget allows, seek professional public affairs or consultancy support. Many firms offer charity discounts.

#### Top tip

Arrive at least 15 minutes ahead of the meeting time.





## Creating allies

You shouldn't just focus on key stakeholders you want to influence for change. Think more broadly about other stakeholders who can support your activities. The participation of a wide range of stakeholders can generate broader support for specific issues and increase the legitimacy and effectiveness of advocacy campaigns. Choosing the right partner can increase access to decision-makers, provide technical expertise, support evidence gathering and mitigate risks.

Global partners include the World Hepatitis Alliance, the International Alliance Of Patients' Organizations, Union for International Cancer Control to name but a few. You can also forge partnerships with local organisations to better support your work. Find out more on how you can build partnerships on [page 48](#).

**Now you should start thinking about how you can influence your stakeholders. How can you get them on side? That leads us into the next section of the toolkit – the development of evidence based key messages.**



## Case Study:

### Hep B United - A National Coalition to Eliminate Hepatitis B in the United States

*In the U.S., an estimated 2.2 million Americans are chronically infected with hepatitis B (HBV), with up to 80,000 new infections each year. Only 25% of infected individuals are aware of their infection and less than 10% are able to access care and receive treatment. Despite effective resources, including a simple blood test that is readily available, effective vaccines to prevent chronic HBV infection, and seven*

*approved medications in the U.S. for treatment, these staggering statistics reveal serious barriers in combating HBV. Hepatitis B is also associated with significant health disparities in the U.S., disproportionately impacting Asian American and Pacific Islander (AAPI) and African immigrant communities. AAPIs make up 50% of the HBV infection burden and have liver cancer rates that are up to*

continued on the next page ►



## Case Study: Hep B United - A National Coalition to Eliminate Hepatitis B in the United States continued

*13 times higher than Caucasian populations. Community-based organizations across the U.S. have been successful in reaching highly-impacted populations and providing culturally and linguistically appropriate public health education and health care services.*

*In 2012, the Hep B United (HBU) coalition was founded, recognizing the efforts of individual organizations around the country working to address HBV, the increased momentum at the national level to focus on combating viral hepatitis, and the unique opportunity to create a space for collective energy and advocacy. With the support of the Department of Health and Human Services, the Hepatitis B Foundation and the Association of Asian Pacific Community Health Organizations (AAPCHO) launched HBU as a national campaign comprised of a network of community-based coalitions with a mission dedicated to reducing the health disparities associated with HBV by increasing awareness, screening, vaccination, and linkage to care for high-risk communities across the U.S.*

*The coalition has grown to 36 organizations, including 22 local community coalitions in 18 states and 23 cities. HBU collectively screens approximately 40,000 individuals each year for HBV infection. A key to the success of the national and local partnerships are the shared values and goals of achieving health equity and breaking down unique barriers in accessing health care services. Hep B United's membership model calls for engaging multiple sectors of civil society to join local campaigns to eliminate HBV. Local HBV coalitions are typically comprised of community health organizations, health clinics, local/state government health agencies, academic/research institutions, health care providers, social service organizations, faith-based organizations, individuals living with hepatitis B, businesses, and others.*

*HBU is also a young, but mighty, and growing grassroots advocacy movement, a network of nearly 400 advocates that is working to influence policy change at the national (and local) levels. Hep B United's Advocacy Day held in conjunction with the coalition's annual summit is the largest gathering of HBV advocates each year. Advocates serve as an influential voice in prioritizing federal programs to increase HBV screening, vaccination, and access to care, and increased investments in research for HBV treatment and liver cancer. "Hep B Advocates" are activated throughout the year on potential policy changes at the legislative or regulatory level, and participate in letter-writing campaigns, public testimonies, and outreach to Members of Congress. In 2014 and 2016, HBU celebrated the success of a critical HBV screening recommendation which obtained a "B" grade from the U.S. Preventive Services Task Force as well as Medicare coverage, respectively. These policy changes remove potential financial barriers to and prioritizes HBV screening. More recently, in 2017, HBU partners testified at a hearing in support of a new two-dose HBV vaccine which eventually received FDA approval.*

*It can be challenging to maintain partnership momentum with competing interests, limited capacity, and resources, but the collective spirit of building, growing and sustaining the HBU coalition is strong. The coalition partners share passion in making long-lasting impacts, benefiting the long-term infrastructure of HBV awareness, education, and care, and maintaining and increasing the momentum of national attention and resources dedicated to combating HBV in the U.S.*



## 4 Establish your message



Once you have a sense of who your target audiences are, reaching them requires crafting persuasive messages. Your key messages are the most important element that your audience will use to decide if they support you and your cause. There are no one set of rules to writing good messages, you will need to practice and pre-test them to see if they get across the information you want, in a way that is compelling, but also concise.

In theory, they should be:

1

**Compelling and convincing**  
your message should help you connect with all stakeholders

2

**Clear and concise**  
your message should be delivered and understood in less than a minute

3

**Consistent**  
people are more likely to believe a message if it's being continually used

The process of designing messages should always take your objectives and target audience into account. For example, if one of your objectives is to attend meetings with key policymakers, you need to consider the following requirements for successful advocacy:

- **Have a clear argument** for why screening and treatment is important. The message must be explained simply and in a way that will resonate with the public as well as policy-makers.
- **Articulate clearly** the impact a screening and treatment plan would have, particularly in terms of cost-savings.
- **Be prepared** to answer specific questions such as: What difference will it make? What difference have similar programmes made in other counties or similar diseases? How much will the programme cost? How long will it take?
- **Be specific about outcomes and results** when explaining the planning of new priority programmes and emphasise how these actions will reduce the hepatitis burden directly.
- **Use your message** to tell a national story in a localised context.



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## Developing your messages

Once you have defined your objectives, you can go on to develop your specific messages. These messages need to demonstrate both the problem and an evidence-based solution. Here are the core elements of a strong set of key messages:



Outline the problem



Highlight the solution and how it can be solved



What does your stakeholder need to do to act?



Why is it important to your stakeholder and why should they care?



Finally – appeal to their heads and their hearts. Don't underestimate the power of the human story

Most advocates recommend having one *primary message* supported by two or three secondary messages. The primary message should be broad, appealing to all audiences, simple and direct. It is the theme that holds the whole advocacy campaign together. For example:

**Globally, 15% of people in prisons are living with hepatitis C. Unless detected and treated, they may experience liver disease, cirrhosis and liver cancer. Now is the time to act and stop needless deaths.**

The purpose of the *secondary messages* is to support the core message and to explain how it can be achieved. Secondary messages should be targeted to your specific audiences. We've outlined a couple of secondary messages for policymakers:

- *We can prevent 100% of all hepatitis C infections in prisons. All we need to do is implement a screening and treatment policy, supported by education and harm reduction services.*
- *60% of liver-cancer deaths are attributed to viral hepatitis. If people living with hepatitis C are diagnosed early and linked to care, it will reduce long-term health costs and save the government millions by 2030.*
- *Most low-income and disadvantaged people are at higher risk and have less power to protect and improve their health. They are solely dependent on their government. For their sakes, the time to act is now.*



## Know your audience

**Successful messages should include the above points but be tailored to different audiences and what their motivations are. Messages should always be tailored to the target audience's level of understanding and awareness.**

Consider also cultural and political feelings and sensitivities: it is important to connect to your audience's values and political views. There may be a need to dispel common myths or misunderstandings about hepatitis, for example that it is too expensive to treat or that prisoners are likely to become

re-infected. However, rather than telling people they are wrong, try to reframe the issue with information that will gain their interest. For example, stress the cost-effectiveness of primary prevention, highlight the increasing incidence of hepatitis, or highlight the long-term benefits of a hepatitis C cure.

Switzerland Hepatitis C, 2017





Take a pause and fill in the below grid for your own audience.

 <b>Check out</b> Use the template on page 73	Stakeholder 1	Stakeholder 2	Stakeholder 3
	 <b>Decision-maker</b>	 <b>Media</b>	 <b>Donor</b>
<b>Name</b>	Dr Tedros Adhanom Ghebreyesus, WHO Director-General	Marlowe Hood, Environment & science reporter at AFP	Kristalina Georgieva, World Bank
<b>Type</b>	Polymaker	Media	Funder
<b>Message focus</b>	Public health impact of new infections in prisons	Community impact of prisoner infection rates	Cost-saving impact of screening and treating prisoners
<b>Primary message</b>	The immediate priority is to screen and treat all prisoners for hepatitis C to eliminate viral hepatitis by 2030	The immediate priority is to screen and treat all prisoners for hepatitis C to eliminate viral hepatitis by 2030	The immediate priority is to screen and treat all prisoners for hepatitis C to eliminate viral hepatitis by 2030
<b>Secondary message*</b>	<p>15% of people in prisons are living with hepatitis C</p> <p>Infection rates are increasing by 50% each year</p> <p>Less than 1% of prisoners are being screened and less than 2% have access to life-saving cures</p> <p>With the availability of DAAs, prisoners can receive a curative treatment</p> <p>Hepatitis C can be eliminated but only with systematic screening and treatment</p>	<p>15% of people in prisons are living with hepatitis C</p> <p>Hepatitis C is curable yet less than 2% of people have access to the cure</p> <p>Infection rates are rising because of injection drug use and unsafe tattooing</p> <p>Harm reduction is only offered to 60 out of 10,000 prisoners</p> <p>Hepatitis C can be eliminated but only with systematic screening and treatment</p>	<p>15% of people in prisons are living with hepatitis C</p> <p>Testing and treating all prisoners is cost-effective</p> <p>Eliminating hepatitis C by 2030 will save 36 million dollars</p> <p>Hepatitis C can be eliminated but only with systematic screening and treatment</p>

\* These messages are fictitious, please do not publish.





## Building your evidence base

**The most effective messages for advocacy are based on credible evidence which is localised to your setting.**

Viral hepatitis has a legacy of poor surveillance which means that consistent data is often scarce, especially at a local level. We recommend using WHO data in the first instance. In 2017, they launched their first Global Hepatitis Report which includes validated data for the first time.

This provides a useful global snapshot. Other good sources for global data are the Global Burden of Disease Study and the Centre for Disease Analysis, which give an overview on each country's progression to the 2030 goals. More information in Appendix 5.

**Here are some other common sources of local information about viral hepatitis:**



**Hospital or health centre disease registries**



**Interviews with patients or healthcare professionals**



**Media reports from local media outlets**



**Published materials and studies by other hepatitis NGOs**



**Local government surveys**

### Top tip

Keep an eye out for new data emerging round World Hepatitis Day, 28 July. This is often the most popular time for media and governments to focus on the issue.



Dr Kel, Nigeria, 2017







# Choosing your messengers

Well-recognised celebrities, sports personalities or politicians can help amplify your cause enormously and get your message out. When choosing your spokesperson, there's a couple of things to keep in mind:

1

## Be authentic

Your spokesperson should have an authentic interest or connection with hepatitis.

2

## Be committed

The best partnerships work when both parties are actively involved. The celebrities who commit their high-profile recognition, talent and understanding to support a cause can serve as highly effective messengers.

3

## Know your audience

When identifying your spokesperson, know who you want to target with your message. For example, if we want to raise awareness of hepatitis amongst teenagers – get in touch with a popular singer or blogger.

Securing endorsement from a popular figure does take time, planning and perseverance. If you haven't worked with them before, we suggest taking part in a smaller activity like asking them to tweet on World Hepatitis Day. This will open the channels of communication for bigger projects.

### Top tip

If you want to contact a high-profile celebrity, get in touch with their publicist and not their agent. Agents charge commission on any work secured so they are less likely to follow-up on a charity partnership, whilst publicists are paid a salary so they are more likely to get involved.



Democratic Republic of Congo EPIH, 2017





National Liver Foundation of Bangladesh, 2017

## Case Study:

### Setting up a **NOhep** cricket team to raise national awareness of viral hepatitis in Bangladesh

*Viral hepatitis is the leading cause of liver disease in Bangladesh. Over 5% of the population (approx. 10 million) are living with hepatitis B and approximately between .2% and 1% lives with hepatitis C. Like other countries, a large proportion (estimated between 60% - 70%) of people living with the disease are unaware.*

*In 2016-2017, the National Liver Foundation of Bangladesh (NLFB) used the country's love of cricket to raise awareness of viral hepatitis, reach wider audiences and spread the **NOhep** message. NLFB partnered with Bangladesh Cricket Supporters' Association (BCSA) to launch a **NOhep** cricket team. This association has a very wide supporter's network throughout the country and offered the chance to raise awareness of viral hepatitis to many people.*

*BCSA and NLFB launched a series of **NOhep** cricket tournaments across the country on public holidays like "Victory day" and "Independence Day" etc which resulted in a national roll out of the cricket tournaments to local cubs and universities. Online supporters group were established to further promote the **NOhep** message throughout the country.*

*NLFB are in process of developing a partnership with the Bangladesh Cricket Board (BCB), the governing body of cricket to further promote **NOhep** through their different national and international activities. They are also working national cricket to further reinforce the **NOhep** message and to spread mass awareness of the disease.*





# 5 Develop an action plan

Now that you've done the research and the mapping, you're nearly ready to go. Before you get started, take time to reflect on how all the different elements can come together.

We've outlined a simple action plan which puts everything you've learnt together and fits directly with the specific objectives. Remember that these actions may need to be revised as you work towards your medium

and long term goals. For example, you may wish to focus on drafting and passing legislation, securing funding, and then the development, implementation and monitoring of programmes.



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World Hepatitis Day 2016





# Action plan example sample

## Long-term goal

**By 2030**

All governments will support screening and treatment of hepatitis C in prisons

### Check out

Use the template on [page 74](#) to fill in your information



### Objective 1

**to secure additional data and evidence on the cost-saving benefits of screening and treating prisoners**

### Objective 2

**to stimulate influential stakeholders to take action to address the impact of poor diagnosis and treatment of prisoners**

	Objective 1	Objective 2
Who do we need to contact?	WHO representative or hepatitis national programme manager Academics Ministry of Justice	Relevant patient organisations People living with viral hepatitis Ex- prisoners / families
What's the message?	The immediate priority is to screen and treat all prisoners for hepatitis C to eliminate viral hepatitis by 2030. We need your expertise, resource and leadership to achieve this	Only together can we eliminate viral hepatitis  We need to unite our voices and demonstrate the real-life impact of poor screening and treatment in prisons  Clear ways they can support our plan to achieve our aims
How are we going to influence people and make sure they hear the message?	Provide solutions  Meet and listen to ensure you are on the same page  Let them take the lead where necessary	Share examples of previous success stories  Connect individuals with other advocates  Provide explanation of what you want to achieve and show how they can get involved
What do we need to make this objective happen?	Better surveillance to develop the data Initiatives to source data  Resources dedicated to research  Someone from your organisations to be the face of the meetings	Identify key organisations and people Set up meetings  Someone to lead on all meetings and provide confidentiality agreements
What other steps will lead to this change?	Case studies to highlight the impact  Global organisations like the World Hepatitis Alliance strengthening your call	Additional people-power to help identify the right people and organisations
When will we know we have succeeded?	In the next two months, we will have sourced data about the long-term costs of not testing and treating prisoners living with hepatitis C	In the next three months, we will have at least four meetings with patients and patient groups to help us carry out our action plan





## Action plan sample continued

### Short term/ medium goals

#### By 2021

20% of countries will have national policies in place to test prisoners for hepatitis C

30% of prisoners living with hepatitis C will have access to hepatitis C treatment

A global resolution on access to screening and treatment for prisoners will be in development

#### Objective 3

to engage and mobilise key stakeholders within the hepatitis community who will champion the development and implementation of a comprehensive screening and treatment policy in prisons

#### Objective 4

to secure a commitment from policymakers to review impact of screening and treating prisoners

#### Objective 5

to educate stakeholders about the benefits of diagnosis and treatment amongst the public and prisoners

<p>Civil society organisations</p> <p>World Hepatitis Alliance to find out the WHD theme for 2018</p>	<p>Representative from Ministry of Health</p> <p>Representative from Ministry of Justice</p> <p>Representative from Social Affairs</p>	<p>Editor of local newspaper</p> <p>Planning desk of local TV and radio station</p> <p>Health journalist</p>
<p>Working together on WHD will strengthen our cause, use our resources more effectively and increase our impact</p>	<p>Testimonials from individuals</p> <p>The cost savings to government would be in the long run</p> <p>How other countries, districts or counties are doing</p>	<p>Hepatitis C is curable yet 4 out of 5 people globally are living with it unaware</p> <p>Simple screening policies and linkage to care in prison settings can reduce new infections and save lives</p> <p>It's a fundamental right of people in prison to be provided with adequate care</p>
<p>Share examples of previous success stories</p> <p>Deliver an engaging idea which is beneficial for all organisations</p>	<p>Use connections to set up a meeting</p> <p>Write a letter with patient signatures to meet and discuss the issue</p> <p>Makes phone calls to government representatives</p>	<p>Ex-prisoners or families need to tell their story and speak out about not being diagnosed and life after the cure</p> <p>Start an online petition</p> <p>Hold a stunt or public event outside government buildings</p>
<p>Identify key organisations and people</p> <p>Set up meetings</p> <p>Someone to lead on all meetings</p>	<p>Someone to lead on all meetings</p> <p>People-power to lead the engagement plan</p>	<p>Ex-prisoners or families who are willing to approach the media and share their story</p> <p>Prisoner advocacy groups to support and add to the story</p> <p>Supporters who are willing to take part in a public event</p>
<p>Additional people-power to help identify the right people and organisations</p> <p>Communications agency to create campaign plan</p> <p>In the next three months, we will start dialogue with relevant civil society partners including harm reduction organisations to create global an awareness campaign for World Hepatitis Day</p>	<p>Support from other stakeholders like healthcare professionals</p> <p>In the next six months, we will have set meetings with at least three government officials who can influence national testing policies</p>	<p>Celebrities or public figures who will speak out about</p>
<p>In the next three months, we will start dialogue with relevant civil society partners including harm reduction organisations to create global an awareness campaign for World Hepatitis Day</p>	<p>In the next six months, we will have set meetings with at least three government officials who can influence national testing policies</p>	<p>On World Hepatitis Day, we will have achieved five pieces of press coverage</p>



# SECTION C: DO IT

World Hepatitis Day 2017



① Lobbying

② Campaigning

③ Media

④ Forging partnerships



“Advocacy is one of the most important tools of representatives of patient organisations. It is the tool that enables implementation of policies that are beneficial for the patient and their quality of life.”

Tatjana Reić, President of the European Liver Patients Association

## Putting your plan into action

Advocacy is often most effective when messages are delivered in a variety of ways which complement and reinforce each other. This section of the toolkit will outline common ways in which you can implement your advocacy activities.

### 1 Lobbying

**Lobbying is defined as an attempt to try to influence the thinking of decision-makers for or against a specific issue or cause you care about. It includes meetings, writing letters, making phone calls, and other tactics. Lobbying isn't just for professionals, it's a way for us all to take a stand for what we believe in.**

Lobbying is most effective when you have a set of objectives, you know your audience, understand the legislative calendar and know the influencers. Hopefully by now, you will have all this information to hand.



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here

#### Top tip

Always remember the policymaker's job is to represent you, therefore he/she should listen to what you have to say.







### Writing a letter

Letters may seem basic but they are powerful tools to get your messages across. Writing letters to your policymaker is most impactful when you can get other organisations involved. For example, the more signatures or the number of letters sent, the more the issue becomes a priority.

**Check out**  
**Appendix 2**  
for an example  
letter.



### Setting up a meeting

It may seem rudimentary but one of the key points of lobbying is understanding how to set up a meeting. In the UK for example, MPs have regular surgeries to meet constituents, often on a Friday. It's important to have a clear sense of when and what you want to speak about. This will increase your chances of securing that meeting.



### Preparing a briefing paper

An important note to remember is that policymakers aren't always experts. They rely on advocates like us to provide them with the information. Therefore, it's important to be accurate, clear and concise with your aims. A briefing paper is always a good resource to bring to the meeting. It should outline your cause and be tailored to that decision-makers remit of influence. Don't forget to bring a couple of copies as they are useful to leave behind.

Don't forget that you can also join international advocacy efforts too. When global leaders signed up to the SDGs and WHO's elimination targets, they committed to taking actions for change. We can use these commitments to lobby both at a national and global level.

In the HIV/AIDS community, they use score cards to hold countries accountable by pressing their elected officials to turn commitments to action. You can also do this for hepatitis. Check out **NOhep's** Race to 2030 campaign for more details.



Bridging Health Foundation, 2018





World Hepatitis Day 2016

## 2 Campaigning

Campaigning is another effective advocacy activity. One which usually involves disseminating your messages to a wider audience. Campaigning can take many forms from setting up online petitions, holding a public stunt to attaching a filter to your Facebook profile picture.

If you'd like inspiration on organisations which are leading the way in campaigning, check out Oxfam, Save the Children, #MeToo or HeforShe campaigns.

Key questions to keep in mind when considering your campaign:

1

Will it raise awareness?

2

Is it in line with your advocacy goals?

3

Will it help to increase understanding of the issue amongst our audience?

4

Will it be fun?

5

Is it realistic?

6

Will it get media attention?

7

Will others get involved, are there other groups who can join in too?

8

Is it cost effective?

### Case Study:

#### Launch of **NOhep** in Piccadilly Circus, London



On 28 July 2016, the World Hepatitis Alliance and The Hepatitis C Trust held the first hepatitis "die-in" in Piccadilly Circus, London to mark the launch of **NOhep**. Over 100 activists, patients and supporters lay down in solidarity to send a powerful message to world leaders that millions of people are dying despite the availability of vaccines and treatments for hepatitis B and a cure for hepatitis C.

The public stunt garnered huge media attention resulting in the story appearing across online media outlets throughout the world. This an example of how low-cost activity can drive public awareness and secure media coverage. It also helps to have great partners.

#### Top tip

Check out **NOhep's** community page to find out what campaigns we are running across the world and to find out how you can get involved.



Find out how you can start a campaign in your country by downloading the **NOhep** campaign toolkit [here](#).



## 3 Media

The media is one of the most influential advocacy partners you will have. They not only raise awareness of your issue, but they have the power to exert influence on policymakers and other key decision-makers. Therefore, don't see media as a tactic, see them as ongoing partner – one which you should cultivate and grow throughout the year.



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SOS hépatites Burkina, 2016





To understand how to work with the media, you need to know who the “media” are and what they want. Media can be broken down into several categories; broadcast, written, online, bloggers, etc.

But before you choose which type of media to use, it is important to think about your audience. The type of audience you wish to target will affect the type of media you speak to. For example, if you are targeting policy makers,

you may wish to contact specialist political and healthcare media. If you want to speak to patients and the public then newspapers, magazines and TV/radio would be your best option.

Once you have identified a target audience, you may find it useful to develop a media list of specific journalists that you can contact. Look at what type of news they typically cover to make sure you are speaking to the right contact.

## Which media to use?



### Newspapers and magazines

There are two types of stories covered in these media:

News articles cover current stories that can be ‘pitched’ to journalists at very short notice. They are likely to be printed in daily national or regional newspapers, online publications or broadcast on news bulletins.

Feature articles are longer and more in-depth. Features are often pitched up to six weeks in advance, and may be published in monthly or weekly magazines, or journals.

Search online for local, national or regional newspapers. You may want to narrow your search to those which already have a health focus, or that cover the sort of story you will be pitching.



### Radio and television

Radio and television are some highly effective ways to reach many people. Getting your story out through these media could mean:

Having it covered in a news bulletin

Promotion of your event in community news

Taking part in a talk show or interview



### Blogs

Blogs are becoming increasingly popular ways of people getting news and there are thousands to choose from.

**Finding blogs:** find out if prominent organisations you work with have blogs, such as universities, research centres etc. You can also search online for health blogs.

**Researching blogs:** read previous posts and find out what they like to write about. This will help you show how your story is relevant.



## Engaging the media

You have your advocacy goal, you know your audience and have decided on the most influential outlet to meet your aim. Now you need to decide on your “hook”. Hooks are what make stories interesting and relevant. Including hooks in your story will make it more likely to get picked up by journalists. Examples of hooks are topical issues, release of new data, a high-profile endorsement, a public stunt or a human-interest story.

Patient stories are one of the most powerful ways to engage with the media. The case studies provide a ‘real-life’ perspective that draws people in to your story. They can be used by all the different media – broadcast, newspapers to blogs. Make sure the information provided is accurate and that the person is happy for it to be made public. Along with the case study you should present a solution to the issue, with practical steps for decision-makers to take.

### Check out

Appendix 1 to find out how to write a press release.



### Top tip

**Adding pictures makes your story more eye-catching and may give journalists a better idea of if they would like to run the story.**



### Watch out

**Remember that a story may change when it appears, so be prepared for this. The media might print inaccurate stories or change the information you submit to them. Sometimes they will amend their work if they report wrong facts, however they are often too busy, so they won't. Therefore, it's important to make the facts available in writing and have a dedicated and briefed staff member to speak with the media and answer any questions they may have.**



## Social media

The evolution of social media has changed the face of advocacy. It gives advocates a platform to get their message out widely and cheaply and but it also presents challenges. Nowadays people online are being saturated with different advocacy asks – “sign up to our petition”, “donate

to save lives”, “crowdfund for better care”, the list goes on. Whilst each of these advocacy efforts is important, we need to think about how we can set our message apart from the crowd, this is especially important for hepatitis with it being such a neglected disease compared to others.

### Ways you can use social media smartly for advocacy



#### Choose your issue

Platforms like Twitter, Instagram and Facebook allow you to search for conversations using a hashtag e.g. #NOhep. By using and searching this hashtag you will immediately be connected to a wider audience. This will allow you share your messages, find out what's going on in other countries and connect you with a wide range of stakeholders. The **NOhep** hashtag is being used by clinicians, patients, policymakers to discuss all the activities related to the elimination of viral hepatitis. Other hashtags you can use are; #Hepatitis, #EliminateHepatitis. #hepatitisb, #hepatitisC.





You can also create your own hashtag for your advocacy campaign. For example, in England activists are using #NOhepengland. Not only does it connect people but also helps you measure the success of your campaign through social analytics.



### Target your audiences

This year, 2.5 billion people are expected to be on social media. Trying to get your message to all of them is impossible and frankly, probably an ineffective use of your time. Instead, you will have more success targeting your key audiences using paid advertising or through your network.

Paid advertising is a good option for those with a limited marketing budget. You can set the amount you want to pay in a certain time frame. You can also choose your audiences based on their location, gender, profession, interests etc. This is an important way to target specific groups or at risk-populations. Find out more about paid advertising in [Appendix 3](#).



### Creating an army of advocates

Social media advocacy means leveraging the social networks of the people who like you and/or are invested in your continued success: your followers and networks. You can use these groups to amplify your message and raise awareness. You can also use social media to build partnerships. Consider whether you want to build relationships with government development agencies and NGOs; support fundraising activities; build press contacts; form partnerships with other patient organisations; or simply reach as many people as possible. Try setting up a Facebook group and invite relevant stakeholders to join. This will provide you with a platform to share your aims, messages and activities whilst building support in your community.

To find out more about how to use social media effectively check out [Appendix 3](#) or download our social media toolkit [here](#).

### Top tip

There are some great free tools out there to help your social media activity.



Download Hootsuite to schedule your posts and monitor conversations.



Create your own social media graphics with easy-to-use templates.



Track the success of your click throughs with this link shortener.

### Top tip

managing your social media doesn't have to be time consuming. Using free social media schedulers like Hootsuite means you can manage your social media activities from one dashboard and schedule your communications in advance.



Download  
**NOhep.org**  
infographics  
here



Taiwan Liver Research Foundation

## ④ Forging partnerships

The **NOhep** movement is built on partnership and collaboration. The elimination of viral hepatitis will not be possible without partnerships at a local and political level. Throughout this toolkit, we have highlighted the importance of partnerships to your success. This section will further look at the benefits of partnerships, who you can partner with and what a meaningful relationship looks like.

### Why partner?

The participation of a wide range of stakeholders can generate broader support for specific issues and increase the legitimacy and effectiveness of advocacy campaigns. Choosing the right partner

can increase access to decision-makers, provide technical expertise, support evidence gathering and mitigate risks.

#### Top tips for a successful partnership

**1**

Partnerships should be strategic and in line with your advocacy plan

**2**

Partnerships should have a common aim and shared interest

**3**

Expectations should be agreed in advance

**4**

Partners should be involved in all aspects of advocacy

**5**

Both partners should have buy-in from senior leadership

**6**

Successes should be shared, and activities evaluated



There are different ways to create partnerships. You can organise a partnership around a single day like World Hepatitis Day or think more

long-term like a coalition or an alliance. Either way, it's important to have a set of processes and procedures to navigate the partnerships.



## Case Study:

### Forming coalitions to drive advocacy activities



*In 2017, The National Viral Hepatitis Roundtable (NVHR), a US national coalition working together to eliminate hepatitis B and C in the United States, partnered with Harvard Law's Center for Health Policy and Innovation (CHLPI) to publish a report "Hepatitis C: The State of Medicaid Access." The report, which included an interactive website and state report cards for each Medicaid program, outlined the restrictions to hepatitis C treatment based on fibrosis, sobriety, and provider requirements in fee-for-service and managed care. The report further provided information about actions each state has or has not taken to expand access. Finally, the report cards issued a grade based on the state's restrictions and any other information impacting treatment access and included recommendations that each state should adopt to improve their grade. The report revealed that most Medicaid programs across the country impose discriminatory, unlawful restrictions that prevent Americans from being cured of hepatitis C.*

*To date, the report has been an important tool for advocates to use when communicating with their state Medicaid programs about treatment access. In December 2017, NVHR built a coalition of clinicians and other health care providers (including MDs, NPs, RNs, and PharmDs) to draft a sign-on letter addressed to the U.S.*

*Department of Health & Human Services (HHS). The letter urges HHS to do everything within its power to enforce guidance from the Centers for Medicare & Medicaid (CMS) clarifying that these discriminatory restrictions violate federal law. The letter asks HHS to ensure that that all U.S. jurisdictions open access to hepatitis C treatment for Medicaid beneficiaries without delay. To date, the letter has been signed by more than 95 health care providers.*

*NVHR successfully built the health care provider coalition by communicating regularly with hepatitis C treatment providers and encouraging them to join the movement for expanded access to care. NVHR used the findings of its State of Medicaid Access report to tap into the frustration often felt by providers who encountered obstacles when attempting to treat their patients with direct-acting antivirals (DAAs). The coalition operated as a formidable, mobilized force of providers who leveraged their energy and expertise to challenge discriminatory and stigmatizing restrictions to hepatitis C treatment. Thanks to pressure from advocates and litigators, more than a dozen jurisdictions have taken steps toward expanding access to hepatitis C treatment since the report was published in October 2017.*

## Who to partner with?

Partnerships don't always have to lie within the hepatitis community. Some of the most effective advocacy partnerships are ones which broaden issue and can engage a wider audience. For example, trade unions or factories are non-traditional actors but serve a powerful role to play in the community, especially regarding anti discriminatory work policies.

Other partners could include medical professionals, student unions, medical students, cancer organisations, to name but a few.

### Check out

**To support your advocacy aims, you can set up a partnership under the NOhep umbrella. This will allow you to involve a broad range of stakeholder. You can find out more information on "How to set up the NOhep movement in your country" [here](#).**







# SECTION D: MEASURE IT



Dr Kel Healthertainer, 2016





“The **NOhep** movement has demonstrated great leadership in the hepatitis response through their mobilisation of supporters across the world. Continuing to rally this community to engage a wide range of decision-makers to fight for the elimination of viral hepatitis is critical to our collective response.”

**Cynthia Jorgensen**, DrPH, Team Lead, Communication, Education and Training Division of Viral Hepatitis, National Center for HIV, Viral Hepatitis, STD and TB Prevention, US Centers for Disease Control and Prevention (CDC)

**Measuring the successes and failures of your activities will be critical in refining your advocacy strategy and driving action to meet your overall objectives. It will also help to show the impact of your organisation and support future campaign planning. advocacy strategy and provides tools and guidance to help you find your own answers.**



Throughout the toolkit, we defined our overall goal, our medium or short-term goal and identified our objectives.

As a brief reminder, here they are:

## Overall goal:

**By 2030**

**all governments will support screening and treatment of hepatitis C in prisons**

## Interim goals:

**By 2021**

**20%**

of countries will have national policies in place to test prisoners for hepatitis C

**30%**

of prisoners living with hepatitis C will have access to hepatitis C treatment

**a global resolution**

on access to screening and treatment for prisoners will be in development



## Our objectives:

**1**

To secure additional data and evidence on the cost-saving benefits of screening and treating prisoners

**2**

to stimulate influential stakeholders to take action to address the impact of poor diagnosis and treatment of prisoners

**3**

to engage and mobilise key stakeholders within the hepatitis community who will champion the development and implementation of a comprehensive screening and treatment policy in prisons

**4**

to secure a commitment from policymakers to review impact of screening and treating prisoners

**5**

to educate stakeholders about the benefits of diagnosis and treatment amongst the public and prisoners

In our advocacy plan we also included a section on when we will know we have succeeded. These are known as activity-outcomes. It's

important to keep these in mind as they allow you to monitor your activities and allow you to show your impact.

## Activity-outcomes

**1**

In the next two months, we will have sourced data about the long-term costs of not testing and treating prisoners living with hepatitis C

**2**

In the next three months, we will have at least four meetings with patients and patient groups to help us carry out our action plan

**3**

In the next three months, we will start dialogue with relevant civil society partners including harm reduction organisations to create global an awareness campaign for World Hepatitis Day

**4**

In the next six months, we will have set meetings with at least three government officials who can influence national testing policies

**5**

On World Hepatitis Day, we will have achieved five pieces of press coverage

### Top tip

Draw up your list and print it out. Keep it on your desk to ensure you stay on track.



### Check-in

During your advocacy cycle, it is important to factor in regular "check-ins". This will allow you to take pause and ensure that your activities are aligned with your objectives and goals, so you can stay on target. Record what has gone well and what has not gone as well as you hoped, and over time you will have a catalogue of activities. Don't shy away from failures or when your plan hasn't reached the objective. These are important learnings and can really help direct and enhance your future activities.



We've outlined a few things to keep in mind when you are planning and implementing your advocacy activities.



### Keep a log of your activities

Taking time to make notes after each activity or event will be critical to understanding how effective your activities are. It also helps planning for your next campaign.



### Get feedback

We are all limited for time and resources, therefore our activities need to have the biggest bang for our buck. After your activity, get in touch with people and organisations you've worked with to get their feedback on what went well and what didn't.



### Measurement is key

Demonstrating the impact of your advocacy activity can be tricky, especially when it comes to behaviour change. Use free tools like Google Analytics to measure your

website traffic or Facebook Insights to review social media reach. Alternatively, if you are holding an event, document the number of leaflets distributed or the number of people who have attended.



### Celebrate victories

The hepatitis community is a dedicated group of individuals and organisations all striving to achieve a common goal. It's so important for us all to share

and celebrate our victories, so that others can learn, and we can continue the momentum. Keep a log of key successes and share with **NOhep** team so that they can share with the wider community.

There are many ways to assess your activities from using online analytics to getting feed-back from your partners.

Here's a list of questions we often ask ourselves when evaluating and activity:

1

Did your advocacy activity produce the desired results or did it fall short in some way? If so, why and how could this have been avoided?

2

Are your techniques working? How effective are they?

3

Were advocacy skills and resources applied in the most effective way?

4

Are you reaching your target audience?

5

Are you still sure that your target audiences, messages and communications channels are the most appropriate for achieving your objectives?





Showcasing your success is not only important for your advocacy efforts – it also has a knock-on effect regarding funding, international

recognition and awareness amongst partners. Therefore, we recommend that you showcase your activities through the following ways:



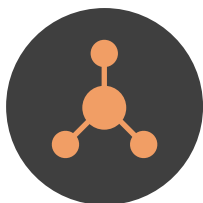
### Website

Your website is the first place a person will look for information about your organisation and therefore should highlight your best activities and achievements. Dedicate an area on your website to advocacy activities and have a section dedicated to achievements. This will help showcase your work to external organisations.



### Reports and newsletters

We know reporting can be time consuming and it often falls to the end of the to-do list. However, it is one of your most important organisational documents as it provides legitimacy and evidence of your activities. If you are unable to develop quarterly reports, focus on one annual report and quarterly impact updates or newsletters.



### NOhep channels

**NOhep** has a presence in over 110 countries worldwide. It offers its supporters the chance to profile their work on global channels, share experiences and connect with supporters in different countries. It's also a useful platform to learn about what is working well.

World Hepatitis Day 2016



Download  
**NOhep.org**  
posters  
here

Download  
**NOhep.org**  
infographics  
here



Bangladesh Liver Foundation

## Conclusion

**Much has been achieved over the past two years but more needs to be achieved in the next three if we are to meet WHO's interim targets and get countries on track to reach the 2030 goal.**

To support the work of your organisation, this toolkit has provided information and advice on the current viral hepatitis policy environment, given examples of practical things that you can do to advocate at a national level, and has mapped ways you can put your activities into practice.

**We hope this toolkit will support you in your advocacy efforts and drive collective action, because only together can we eliminate viral hepatitis.**

### ☒ Advocacy Check-list

- ☐ Decide on an issue
- ☐ Set up an advocacy task-force
- ☐ Create your timeline
- ☐ Set your advocacy goal and objectives
- ☐ Complete a landscape audit
- ☐ Conduct your stakeholder analysis
- ☐ Create and test your messages
- ☐ Finalise your advocacy plan
- ☐ Start your advocacy activities
- ☐ Evaluate your successes and failures



# Appendix 1:

## How to write a Press Release



### 1 Before you start

- Choose your media angle
- Source your statistics
- Know your audience

### 2 Select an embargo

Before you distribute your press release, choose the date and time when you believe it'll be most impactful. Usually this should coincide with the launch of a report or a certain day like World Hepatitis Day. If you send it to journalists before the date, make sure to include an embargo, which means they cannot publish it ahead of time. Remember to indicate time zones, especially for international press releases.

### 3 Headline

Your headline is the most important line in your press release. Ultimately, it will be your headline which makes a journalist decide if they want to read the release or not. It should grab attention and provide a snapshot of the main message. Using numbers and comparisons can help increase pick-up. E.g. Hepatitis C treatment costs as little as a budget airline flight.

### 4 Outline

Your press release should be structured in the following way; the opening paragraph should give a broad overview of the theme and highlight any evidence like a report. The second paragraph should focus more on explaining the context of

the issue e.g. what hepatitis is and why is it a problem. The next paragraphs should explain the problem in depth and showcase local examples or activities. The rest of the press release should illustrate the solutions and steps being taken to counteract the issue.

### 5 Data is king

The more data and new findings you include, the richer the story will be. Without being too confusing, include as much evidence as possible. This will help the journalist develop a story for their audiences.

### 6 Quotes

Quotes are very important as it gives a human component to the release. It also offers you a chance to include your advocacy message. Quotes are often provided by the CEO of your organisation or relevant spokesperson. Ensure your spokesperson is available for interviews after your press release is distributed.

### 7 Length

Try keep your press release to two pages maximum. Use bullet points and graphics to further explain your points.

### 8 Notes to Editors

At the end of your release, include further information about your organisation, hepatitis and your subject. This will help the journalist craft a deeper story.





# Appendix 1:

## How to write a Press Release



### Example of Press Release:

EMBARGO 11.30AM CEST 21 APRIL

#### **WHO's first Global Hepatitis Report sets baseline to measure progress towards the elimination of viral hepatitis by 2030**

**London, 21 April 2017,**

The World Hepatitis Alliance today welcomes the publication of the first-ever Global Hepatitis Report by the World Health Organization (WHO). The report comes as a follow-up to WHO's Global Strategy on Viral Hepatitis, which set a goal of eliminating viral hepatitis as a public health threat by 2030.

The report contains new baseline data on the impacts of viral hepatitis (hepatitis B and C), regionally and globally, and aims to standardise understanding of the disease; an essential starting point to measure progress towards achieving the 2030 elimination goal.

Viral hepatitis is a major public health challenge, one that requires an urgent response. The Global Hepatitis Report shows definitively, for the first-time that:

- Viral hepatitis causes **1.34 million deaths** (a number comparable to annual deaths caused by tuberculosis, HIV and malaria)
- **325 million people live with viral hepatitis** (approximately **4.4%** of the world's population)
- Only **9%** of persons living with hepatitis B and **20%** of persons living with hepatitis C have been tested and are aware of their status
- Unsafe healthcare procedures and injection drug use are the leading causes of new hepatitis C infections, accounting for the majority of the **1.75 million new infections**

*"For the first time in the history of viral hepatitis, we understand the true impact of the disease," said Charles Gore, President of the World Hepatitis Alliance. "WHO's Global Hepatitis Report provides us with new data and a set of very specific, global and regional targets to reach by 2030 - for instance global deaths from hepatitis must be brought down from 1.34 million to lower than 469,000 people per year."*

The report shows that since 2000, deaths due to viral hepatitis increased by 22%, while deaths due to other diseases such as tuberculosis, malaria, and HIV have been declining. If we are to reverse this trend, specific actions must be adopted at both a regional and national level.



# Appendix 1:

## How to write a Press Release



One such action is the scaling up of birth dose vaccination against hepatitis B. Despite the success in rolling out childhood hepatitis B vaccination, where coverage has reached 84%, coverage with the initial birth dose vaccination is still unacceptably low at 39%. Another, highlighted in the report, is dramatically improving access to affordable treatment, which remains limited to only 1% of people living with viral hepatitis.

Raquel Peck, CEO of World Hepatitis Alliance said *"Today, 325 million men, women and children are living with a cancer-causing illness despite the availability of preventative vaccines for hepatitis B and curative treatments for hepatitis C. We need to use this report to advocate for a public health approach, so that testing and treatment are rolled out at the scale necessary to ensure that every person has the opportunity to live a healthy life".* She added, *"We have the knowledge, what we need now is action."*

On 1 - 3 November, hundreds of policymakers, patients, civil society and public health experts will gather at the World Hepatitis Summit, in Sao Paulo, Brazil to discuss how to fast track the path to elimination.

The three-day event, which is a joint initiative between WHO and the World Hepatitis Alliance, will focus on key ways to implement WHO's Viral Hepatitis Strategy, with a specific focus on how to improve surveillance data, scale up testing and treatment at a national level, and support service delivery amongst vulnerable populations. The event will also encourage innovation in research and have a dedicated focus on sustainable financing for elimination, all of which are needed to eliminate viral hepatitis by 2030.

**The full WHO Global Hepatitis Report is available [here](#).**

### Media contacts

[Insert details of your media officer]



## Appendix 2:

### How to write a letter to a decision maker



[Insert Date]

[Insert your name and address]

Dear [Insert name],

*I am writing to request your support for the upcoming draft global health sector strategy on viral hepatitis, 2016 - 2021, and the specific targets included, which is to be discussed at the forthcoming WHO Executive Board meeting at the end of January.*

*Viral hepatitis is the seventh leading cause of death globally, accounting for 1.4 million deaths per year – more than HIV/AIDS, TB or malaria. In [insert country], more than [insert number] are living with viral hepatitis, and [insert number] die per year.*

*By 2030, globally, 20 million are expected to die from hepatitis B and the number of people living with hepatitis C is increasing, despite an effective cure existing. A stepped-up national and global response can no longer be delayed.*

*Along with the World Hepatitis Alliance and the other 224 hepatitis member organisations worldwide, we strongly support the elimination goal and all the targets outlined in the strategy. We believe it is essential that all Member States support the viral hepatitis B and C 90% diagnosis by 2030 target. In 2015, less than 5% were diagnosed.*

*We also believe that the strategy should be adopted through the mechanism of a World Health Assembly resolution to give it added weight. Would your government be prepared to sponsor such a resolution?*

*Only through Member States showing their support is there any chance that the necessary resources will be made available, both inside WHO and, critically, from global donors. We therefore urge you to support the targets and endorse the draft strategy at the Executive Board meeting and push for its adoption during the 69th World Health Assembly in May, preferably in a resolution.*

Yours Sincerely,

[Insert signature]





## Appendix 3:

### Using Social media



## Why use social media?

### Everyone can do it

You do not need technical expertise or a large budget to build your presence online and it will provide you with instant access to many of your members and stakeholders.

### Tackling Stigma

It can be a big step for a patient to discuss their story in public, particularly with a stigmatised disease such as hepatitis. Social media offers the opportunity to contribute to campaigns and share stories which otherwise go undiscussed.

### Quick

Your content is guaranteed to be published immediately. Social media allows you to respond to items that need urgent attention, such as major policy decisions or news announcements, inaccurate or inflammatory content and topical issues swiftly.

### Longevity

Depending on where it is posted, content is likely to stay online for a long period of time, particularly if other users choose to re-post information after the initial publication.



## Planning and implementation

### Who you want to target and why

Social media is a great way to network. Consider whether you want to build relationships with government development agencies and NGOs; support fundraising activities; build press contacts; form partnerships with other patient organisations; or simply reach as many people as possible.

### Create conversation

Develop a list of topics and themes around elimination to encourage dialogue, inspire and enhance online discussions and refer to this when you are looking to start a new conversation.

Social media activity is a great tool to ensure you are engaging with your members and start conversations around viral hepatitis and your advocacy activities.



## Appendix 3:

Using Social media



### Key social media handles and hashtags



[www.facebook.com/NOhepmovement](https://www.facebook.com/NOhepmovement)



@NO\_hep



@NO\_hep



### Top tips for key social media channels



#### Facebook

Facebook can be very useful in raising awareness, inviting people to events and sharing visual content.

#### Top tips:

- Include images and videos as much as possible. Photos, infographics and videos are great content to share
- Create an event and invite people to your activities
- Create photo albums from your activities and if possible, tag people who attended
- Schedule posts in advance to save time
- Update your profile picture and cover photo





## Appendix 3:

### Using Social media



#### Twitter

Twitter is a great platform to start conversations online and increase visibility. Using Twitter successfully can mean your message is seen by hundreds, thousands or even millions of people.

##### Top tips:

- Use hashtags e.g. #NOhep
- It's good to always share a web link in your posts, use a free link-shortening service such as bitly.com
- Follow other organisations or individuals who are posting about similar topics. Engage with them by mentioning them
- in your posts. Don't forget to include their Twitter handles
- Keep on top of the conversation by following key topic hashtags and retweet and respond to others' posts in real time
- Consider creating a content calendar and scheduling proactive posts in advance to save time



#### Instagram

Instagram is a popular photo sharing service which allows users to follow conversations based on hashtags.

##### Top tips:

- Instagram is all about images so get your photographers hat on and get snapping!
- Instagram loves people! **NOhep** is perfect for Instagram so take lots of selfies or
- photos of your friends and share on Instagram – remember to use the hashtag
- You can use as many hashtags as you like on Instagram – the more the better. Look at our suggestions below







## Appendix 3:

### Using Social media



#### Hashtags

People use the hashtag symbol (#) before relevant keywords or phrases e.g. #hepatitis to categorise social posts and give them prominence in Twitter & Facebook searches.

They are useful to signpost to other content as they automatically become links, so that when a user clicks on them, they can see all other Tweets or Facebook posts marked with that keyword. You can use them anywhere in your posts, either as part of a sentence or at the end of your post.

Example hashtags you can use are:

- **#NOhep**
- **#Hepatitis**
- **#EliminateHepatitis**

Use it when you tweet about hepatitis, so your tweet gains maximum visibility and can be seen and/or retweeted by other supporters and the @NO\_hep. Using the hashtag will help grow the movement and increase all our influence.

## How to run a social media advert

**If you have some advertising budget available, you can consider running social media adverts to raise awareness of the campaign or promote your event locally. Adverts are easy to set up and can help to reach many more people. Here is our guide on running social media adverts on Facebook:**



#### Create a fan page

If your organisation doesn't already have a fan page, you must create one. Facebook ads can only be attached to businesses and organisations, not individuals' accounts.



#### Create the ad campaign

Get started by clicking the promote button at the top right of your fan page and selecting the 'Ads Manager'. Make sure you choose the option for ads to appear on Instagram and Audience Network. This will extend the reach of your ads. Choose your objective. This is what you hope to achieve with the adverts and is likely to be sending people to your organisation's website, increasing traffic to the **NOhep** platform, raising attendance at your event or getting video views.



## Appendix 3:

### Using Social media



#### Decide on your target audience

Consider who you are aiming your advert at and select the appropriate demographics, such as region, age, interests or gender. If you are asking people to get tested, target your adverts at at-risk groups or if you want to encourage attendance at your event, target the local area and those with an interest in the cause. If you have a small budget, aim for an audience size of around 10,000. If you have a bigger budget, you can go between 500,000-1,000,000.



#### Set your budget

Set a daily budget and a fixed end date for the campaign. This will ensure you won't spend more than your overall 'Lifetime' budget. If your objective is to increase traffic to a website, make sure you optimise the advert to charge for link clicks rather than impressions.



#### Select your message and image

Choose your layout (single image, video, image carousel etc.). We recommend you keep it simple if you're new to social media ads. If you upload your own, ensure that text does not cover more than 20% of your image or the ad just won't work. Add a headline that grabs your reader's attention and include a call-to-action in your ad text'. There are also many different types of call-to-action buttons to add to the advert – 'learn more' may be most appropriate for your adverts.



#### Monitor

Keep track of how the ads go and use your lessons learnt to inform future advertising.












## Appendix 4:

### Sample timeline



Once you have a clear idea of your activities, it'll be important to map out a timeline for your advocacy activities. This timeline can be shortened or lengthened depending on your timeline and activities.

	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Who is responsible?
 Advocacy issue identified											
 Clear advocacy goal & objectives developed											
 Target audience identified											
 Partnerships and supportive coalitions developed											
 Key messages developed											
 Key communication channels identified											
 Meetings with key decision makers											
 Fundraising											
 Implementation of advocacy goal <i>Eg grassroots campaign Running petition</i>											



## Appendix 5:

### Useful links and sources



You are not in this alone. There are hundreds and thousands of documents, resources and tools available to help your advocacy activities. Whilst, we cannot list them all, we've included a range of useful links and sources for you to use.



## Sources of data

[World Health Organization](#)

[Global Burden of Disease Study](#)

[Polaris Observatory](#)

[Centers for Disease Control and Prevention](#)

[European Centre for Disease Prevention and Control](#)



## Infographics/posters

[NoHep](#)

[World Hepatitis Alliance](#)

[Centers for Disease Control and Prevention](#)



## Reports

[Global hepatitis report 2017](#)

[Global Health sector strategy on viral hepatitis, WHO](#)

[Guidelines for the screening, care and treatment of persons with chronic hepatitis C infection](#)

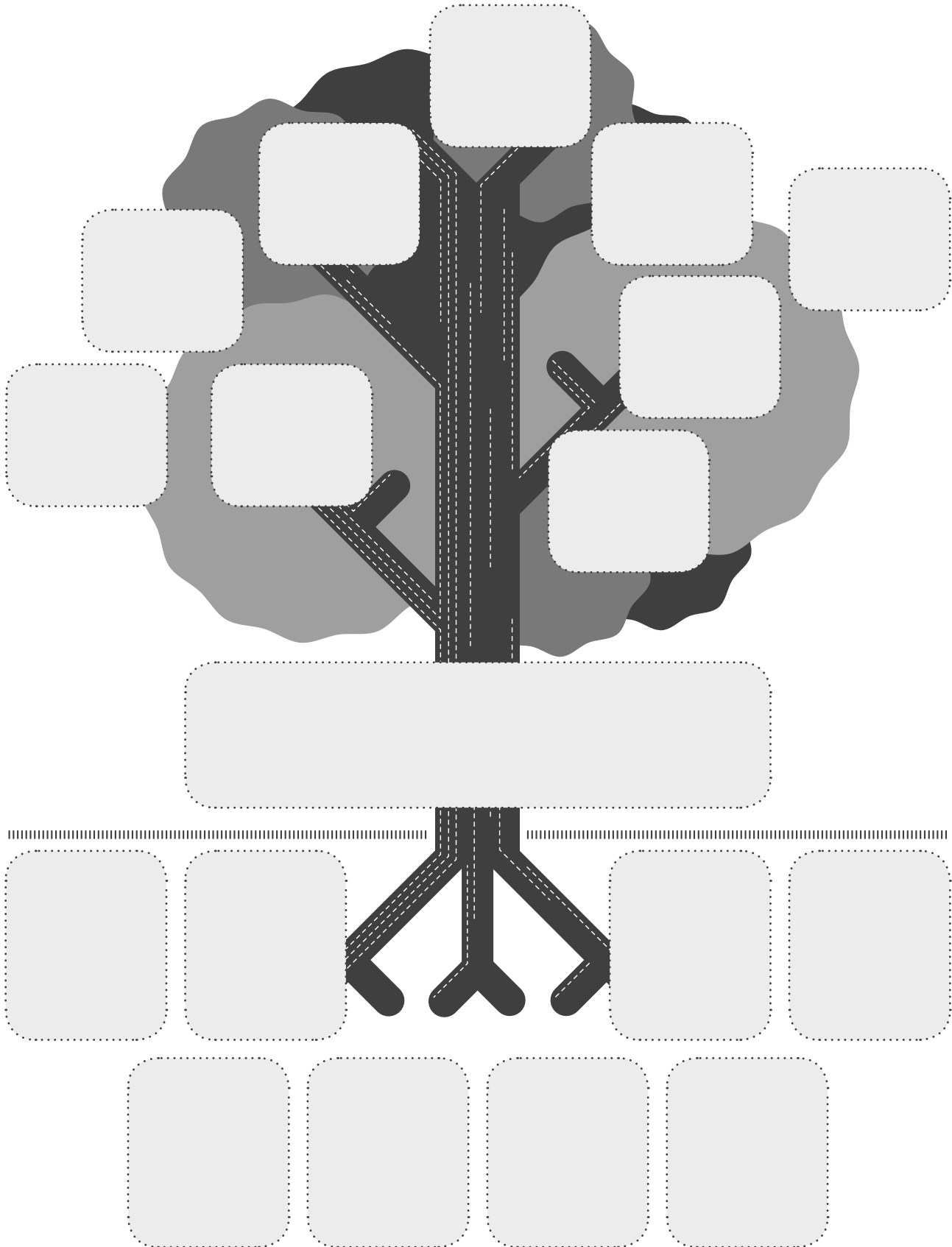
[Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection](#)





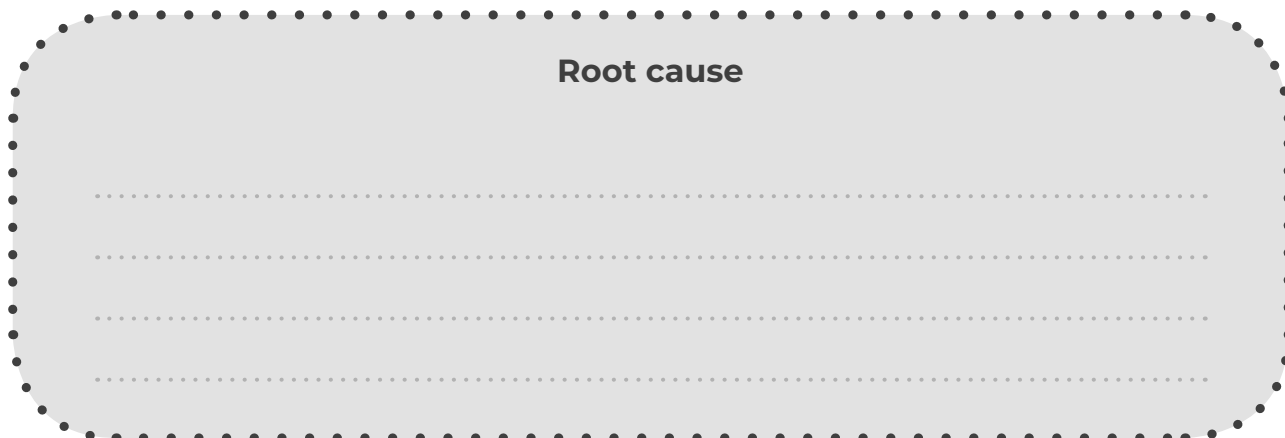
# Template 1:

TOOL The Problem Tree





## Root cause and the 5 Whys





## Template 2:

## Root cause and the 5 Whys





# Template 3:

Goals and objectives



Long-term goal

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Interim goals:  
By

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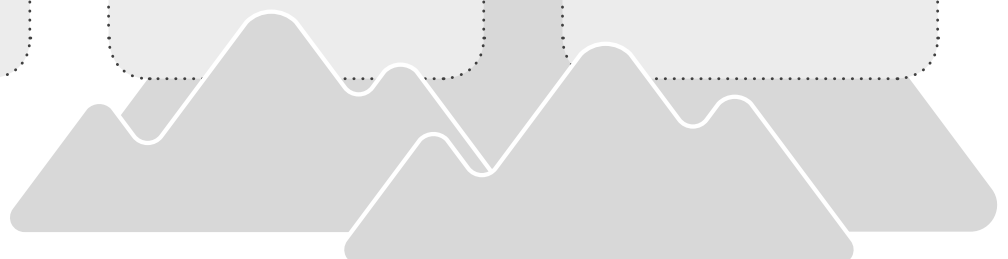
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# Template 3:

Goals and objectives



## Objectives



# Template 4:

## Stakeholders grid



	Stakeholder 1	Stakeholder 2	Stakeholder 3
Name			
Primary/secondary			
Type			
Interest in the issue (high, low, medium) and why			
Stakeholder's level of opposition to or support for the issue (strong ally, medium ally, neutral, medium opponent, strong opponent)			
Stakeholder's influence over the issue (unknown, no influence, some influence, moderate influence, significant influence, very influential)			
Importance of stakeholder's engagement			
Opportunity			
Challenge			



# Template 5:

2<sup>nd</sup> Stakeholders grid



	Stakeholder 1	Stakeholder 2	Stakeholder 3
Name			
Type			
Message focus			
Primary message			
Secondary message			



# Template 6:

Action plan grid



**Long-term  
goal**

**Objective 1**

**Objective 2**

**Who do we need  
to contact?**

**What's the  
message?**

**How are we going to  
influence people and  
make sure they hear  
the message?**

**What do we need to make  
this objective happen?**

**What other steps will lead  
to this change?**

**When will we know we  
have succeeded?**





# Template 6:

Action plan grid



Short term/  
medium  
goals

Objective 3	Objective 4	Objective 5

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