**Human Rights Council – Social Forum (2-4 October 2017)**

**Intervention by Raquel Peck, CEO, World Hepatitis Alliance**

Distinguished delegates.

For many years our community has felt consistently under-prioritised and largely neglected at a global level, despite the huge morbidity and mortality that we suffer and despite the fact that very effective interventions exist to stop us dying, as well as to stop us contracting viral hepatitis in the first place.

One of those interventions is the cure for hepatitis C, which made the talk of elimination possible and brought new hope for millions of people, myself included.

Yes, right now a disease which leads to liver cancer, cirrhosis and death can be wiped out with 8-12 weeks of easy-to-take medicine. However, the stark reality is that out of the 71m living with it, only 1.5m are receiving life-saving treatment.

This is largely because the new medicines were introduced at very high prices and while prices have declined dramatically with the introduction of generics, they still remain unaffordable in many high-income countries and those middle-income countries that do not have access to generic formulations and who fall outside of license agreements. That leads to delays in getting treatment into health systems, to rationing and to a lot of patients, many of them already marginalised in one way or another, being left behind.

I know from personal experience that in hepatitis C these drugs, because they cure, really do offer health. The right to health in this field, perhaps more than in any other, really does mean the right to treatment. So the community is responding to this and advocacy once again has been a key driver of access. More and more we are seeing people living with viral hepatitis take ownership of their health and demand changes. That very much reflects the mission of our organisation: patients at the centre, in the driving seat. In the UK for instance one of our NGO members sought judicial review against the national health system when they decided not to open access to all, contrary to the recommendations by NICE, their health technology assessment body. In Bulgaria and Chile, our members tirelessly lobbied their governments and had great progress. In Spain we saw thousands of people take to the streets in several cities to press for access and last month after great advocacy efforts by civil society organisations the Malaysian government issued a compulsory license on one of the medicines to treat hepatitis C.

And so, a movement is born and this movement has a name: NOhep. Its goal is the elimination of viral hepatitis and the way to get there is to empower the community and amplify people’s voices. NOhep is not restricted to treatment; it demands access to diagnosis, to hepatitis B vaccines, to having one’s life back - for these diseases have an impact on the physical, emotional and psychological wellbeing of people.

To be able to rid oneself of a chronic deadly virus goes beyond one’s right to health. We can reduce inequalities, we can have an impact on poverty and we can stamp out the stigma and discrimination stopping people from getting jobs, getting into higher education, from being in relationships, if we eliminate these diseases.

As I mentioned earlier, one of the stand-out features of viral hepatitis is that the solutions already exist; we have an effective vaccine against hepatitis B and a treatment too and a cure for hepatitis C so no one should be dying from this epidemic. Thank you for your attention.