Letter from the President
What we do
Breaking the cycle of inaction
Jacob’s story
Strategic goals
Strategic goal 1
Strategic goal 2
Strategic goal 3
Strategic goal 4
Strategic goal 5
Strategic goal 6
The year ahead
Accounts

227 sets of Three Wise Monkeys

World record broken when 26,204 people took part in Guinness World Record

126 countries and territories take part in World Hepatitis Day

1 Global Policy Report and website published

Over 1,000,000 views of the World Hepatitis Day campaign video

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Contents

Letter from the President 4
What we do 5
Breaking the cycle of inaction 6
Jacob’s story 7
Strategic goals 8
Strategic goal 1 9
Strategic goal 2 16
Strategic goal 3 17
Strategic goal 4 18
Strategic goal 5 19
Strategic goal 6 22
The year ahead 23
Accounts 24
This year, research revealed that viral hepatitis is the eighth leading cause of death worldwide. There is a reason this statistic is so shocking – viral hepatitis has little profile, receives next to no funding from global actors, and has been consistently overlooked for decades. A silent, ignored disease, killing as many people as HIV/AIDS every single year.

We are dedicated to bringing viral hepatitis the recognition it deserves. Encouragingly, there have been some significant changes in 2013 including more data, increasing networks and louder voices, and more commitment from governments than ever before. We have been proud to have been at the forefront of these changes thanks to our work on policy change, capacity building, research and grassroots support.

Nurturing and Co-ordinating Networks
We have continued in our role as a bridge between patient voices and global policy makers by supporting our growing membership in their local and national advocacy work, and also representing their voices at meetings with governments and global policy makers. Working in official relations with the World Health Organization, we have brought the patient voice to global policy discussions, such as those concerning the proposal of a new viral hepatitis resolution at the World Health Assembly in May 2014.

Opportunities and Challenges
We still have far to go. The biggest definers of global health funding and policy, the proposed Sustainable Development Goals 2015, make no mention of viral hepatitis so far, indisputably showing we still do not have support on a global scale for tackling viral hepatitis. Funding and resources are still scarce, as are support and access to treatment. Together with our members and partners, we will continue to fight for this global killer to be given the priority it deserves.

Distressingly, it also revealed that a meagre 47 countries across the world have national strategies for viral hepatitis, and a follow-up by the World Health Organization suggested that the true figure could be as low as 17. This data not only helped us refine our strategy for the coming years, it has also become an invaluable resource for advocates across the world who can use our interactive website to see their government’s responses, and compare them to others.
Breaking the Cycle of Inaction

Viral hepatitis is one of the most underestimated diseases on the planet.

It ranks 8th on the top 10 causes of death worldwide, with the same mortality rate as HIV/AIDS.

Over 500 million people worldwide are living with chronic hepatitis B or C, more than 10 times as many as have HIV/AIDS.

How is it possible, in the face of such numbers, that hepatitis is so ignored?

The power of international support

Despite its prevalence, hepatitis remains a low priority and policies are rarely in place to tackle it. Governments often choose to address diseases with higher profiles such as Malaria and HIV/AIDS, receiving little support or pressure from global agencies to address viral hepatitis.

The Global Fund to Fight AIDS, Tuberculosis and Malaria unaccountably excludes hepatitis, even though it has a mortality rate higher than that of TB or malaria. Nor does hepatitis feature in the Millennium Development Goals, though the highest rates of hepatitis are found in the developing world with prevalence rates varying from 5% to more than 20%.

As hepatitis rates are so high, the absence of awareness and pressure means that millions of preventable deaths by a major global killer are simply being ignored. For this reason the work of the World Hepatitis Alliance is crucial.

Hepatitis B is entirely preventable. The vaccine is one of the cheapest, most effective vaccines available. Hepatitis C is curable currently in around 70% of people who take treatment; with new drugs this figure will soon be 90%.

Increasing priority and awareness to break the cycle of inaction could lead to hepatitis eradication within our lifetime.

‘If I Don’t Get HIV Soon I am Going to Die’

Jacob’s story

Jacob lives in West Africa. He appears every week at his local HIV clinic and asks to be tested. Each week, so far, the test has been negative and each time Jacob is devastated by the news.

The rest of Jacob’s story is that he contracted hepatitis B from his mother at birth. The virus has progressively damaged his liver and he now has decompensated cirrhosis. There is a drug that has been shown to reverse decompensated cirrhosis but Jacob cannot afford it. The drug, however, is also used to treat HIV and is available as part of his country’s internationally-funded HIV/AIDS programme.

Jacob knows that his liver disease will kill him unless he can get access to this drug – his chances of surviving another year without treatment are just 30% – so naturally the most important aim in his life is to contract HIV.

Unfortunately for him his country has low rates of HIV.

Lack of international support

In Eastern Europe in some countries where HIV/hepatitis C co-infection is common, internationally-funded HIV/AIDS programmes provide treatment not just for HIV but also for advanced hepatitis C, since what is the point of suppressing one virus simply to let the other kill?

In those countries there is no program for those mono-infected with hepatitis C. So again, for those with cirrhosis progressing towards inevitable liver failure or liver cancer, HIV is, ironically, the present they are hoping for.

Jacob sadly never managed to acquire HIV, and died from the consequences of his viral hepatitis.

The perversity of systems that can make contracting HIV a life-saver has come about not least because of the way that viral hepatitis, especially hepatitis B and C, has been ignored.

Unless hepatitis is seen as equally deserving of funding as the other three major infectious diseases, people like Jacob will continue wanting to contract HIV. That is not just perverse; it is unacceptable.
Strategic Goal 1

Many more countries with comprehensive hepatitis strategies in place or at least in development

Global Policy Report on the Prevention and Control of Viral Hepatitis (July 2013)

In 2010, following extensive lobbying from the World Hepatitis Alliance and its members, the World Health Assembly adopted resolution WHA 63.18 in recognition of viral hepatitis as a global public health problem. The World Health Organization (WHO) followed up on the resolution by crafting a strategy to tackle all aspects of the diseases, from prevention and diagnosis to treatment.

The periodic evaluation of implementation of the WHO strategy required an initial baseline survey of all Member States. Beginning in mid 2012, in collaboration with WHO, we conducted such a survey, asking Member States to provide information relating to their policies on hepatitis. In particular, governments were asked what key prevention and control activities were being conducted.

Hence, gaps that needed to be filled were identified, as were specific areas of policy development where WHO assistance was needed. The report was launched last year, on World Hepatitis Day (July 28), with one hundred and twenty-six Member States submitting replies for a response rate of 64.9%.

It was clear from the responses we got that national governments still need to do much more to comprehensively address this global killer.

To encourage stakeholders to make use of this report, the Alliance created an interactive website that contains all the data from the report. On this website, it is easy to see all the responses given by each government and compare them to each other. http://global-report.worldhepatitisalliance.org/en/

Access to treatment

The world is witnessing an exciting race between drug companies to launch short, oral pill based treatments with minimal side effects and over 90% cure rates for hepatitis C patients, which will represent a great improvement over the current standard of care.

As we welcome a new era of hepatitis C drugs, we are mindful that high treatment prices and long delays to registration in many countries are a significant issue for patients across the world.

We firmly believe that all those who need them should have access to the best available drugs within a reasonable timeframe, no matter where they live, and that it is not acceptable that large parts of the worldwide should have to wait many years to access them or pay clearly unaffordable prices.

In 2013 we engaged with key actors working in the field of access to treatment in order to advocate for affordable drugs that are rapidly available, while respecting the principle of incentivization of innovation.

We also raised the issue with the pharmaceutical companies, international agencies and governments to scope out challenges and opportunities for change in the current pricing system. Through these talks, we hope to build consensus around a new model of drug distribution, ensuring better access and affordability.
This process is very complex and it may take a while till an agreement between all parties is reached; in the meantime we will continue to advocate on behalf of patients so they can have access to the best available treatments.

**Partnering the World Health Organization**

**Secondment to WHO HQ**

Despite viral hepatitis being recognised by the World Health Organization as a global threat, the organization has only been able to assign three people to work in the Global Hepatitis Programme (GHP), compared to 98 for TB, and 59 for HIV/AIDS. With so much to do and so few resources, the response to this global health threat has been limited. Therefore, the World Hepatitis Alliance decided to second one of its staff members part-time to support the team in Geneva and to help improve the hepatitis programme’s visibility amongst internal and external stakeholders.

Furthermore, we have been advocating for more resources to be given to the GHP. As a result of these efforts, the government of Scotland agreed to second a technical officer to the team in 2014.

**Secondment to WHO Regional Office for Europe**

Due to the lack of human and financial resources at WHO EURO and PAHO, the response to the hepatitis epidemic in these regions has not been as robust as we would like them to be.

In 2013 the World Hepatitis Alliance managed to secure funding to second a hepatitis focal point (full time position) to the team at EURO in Copenhagen to support European Member States in:

- developing an overall regional strategy that uses a comprehensive integrated approach;
- increasing political commitment in Member States to prevent and control chronic viral hepatitis;
- assessing the current situation, defining appropriate policies and building national capacity; strengthening hepatitis prevention through integration into existing health systems and services, including blood transfusion services, immunization programmes, national cancer programmes, STI services, HIV services and specific programmes for people who inject drugs;
- enhancing hepatitis surveillance and early detection; and
- improving case management and access to diagnosis and treatment; and cooperating with a broad network of regional and national organizations and bodies.

Recruitment for the hepatitis post will take place in the summer of 2014.

The Alliance also started discussions with the governments of Brazil and Canada to scope out the possibility of them seconding someone to PAHO in order to strengthen the hepatitis response in the Americas region.

**Global Hepatitis Network**

In June 2013, the Global Hepatitis Programme at WHO launched the Global Hepatitis Network, an important initiative which aims to strengthen the international collaboration around WHO’s Framework for the Prevention and Control of Viral Hepatitis by bringing together experts from the field. The World Hepatitis Alliance was invited to be part of this project and spoke at its launch. By assembling technical working groups, the Global Hepatitis Network will build capacity and drive action at local, regional and international levels.

Technical Guidelines on hepatitis:

In 2013 the Global Hepatitis Programme began development of Screening, Care and Treatment Guidelines for hepatitis B and the Screening, Care and Treatment Guidelines for hepatitis C. The World Hepatitis Alliance was invited to participate to share our experience and provide a patient perspective.

**World Hepatitis Day 2013 - Highlights**

The third official World Hepatitis Day took place this year on the 28th of July, co-ordinated by the World Hepatitis Alliance and the World Health Organization.

World Hepatitis Day is celebrated in a variety of ways across the world. This year we have seen the largest global response to date, with events from 126 countries and territories. The date was marked by Ministers of Health, healthcare workers and NGOs amongst many other stakeholders.

Some used the day as an opportunity for advocacy, others for testing or free treatment programmes, others to bring awareness of viral hepatitis to the general public, with activities including conferences, seminars, cycle rides, marches, protests, photo campaigns and liver health fairs.

In addition to this, many countries took part in global campaigns, such as the global Guinness World Record Attempt and the Three Wise Monkeys picture campaign.

In 2013 we set out to break the Guinness World Record we established in 2012 when 12,588 people around the world did the ‘see no evil, hear no evil, speak no evil’ actions for World Hepatitis Day.

With 60 events taking place in locations from every region of the world and 27,000 people taking part, the event was a significant global achievement. We succeeded in breaking the World Record, and showed the strength and unity of the global viral hepatitis community.

There has been widespread media coverage this year with articles, interviews and reports in local and national media across the world.

**Campaign theme: the Three Wise Monkeys who ‘see no evil, hear no evil, speak no evil’**

The essence of the concept is the idea of denial – dealing with problems by refusing to acknowledge them – and it was chosen to highlight that around the world viral hepatitis has been largely ignored and to encourage people to know it and confront it.

In all, this has been the most wide-reaching World Hepatitis Day to date.

**Radio campaign**

In 2013 we ran a more targeted campaign in Africa by developing an audio package in both French and English to be used by patient groups when approaching local radio stations and eight stations in Nigeria, two each in Egypt, Congo and Burkina Faso broadcast our messages. Pan-African radio stations were also approached, and three interviews secured with global radio stations; two on Voice of America (global reach of 123 million) and one with Radio France Internationale (global reach 245 million).
This year saw some highly creative advocacy campaign in Canada, including art contests for children and prisoners, carnival and music events and this online photo blog where participants could reveal why hepatitis C is important to them.

Testing and vaccination activities occur across the world for World Hepatitis Day, but in the Americas Brazil stole the show with their campaign to test and vaccinate people from 500 municipalities, covering a tenth of the population.

Public transport was used to the advantage of NGO Hepasist, who placed posters along the Sofia underground and also had a 30 second informative clip shown on the underground television network. The group also printed an interactive hepatitis survey on a canvas for commuters to answer with magnets.

Groups in Scotland collaborated on a ‘Big Red C’ campaign, placing the Cs in 26 locations around the country. They were accompanied by a targeted bus campaign specifically encouraging IDUs to get tested.

One of the Alliance’s 227 sets of Three Wise Monkeys was sent to Bangladesh, where they ended up in the hands of popular film actors, singers and the vice president of the National cricket team as part of a mass awareness campaign.

The CEO of Hepatitis Queensland spoke at a local ‘Resilience - Living Art and Story Telling’ event, where patients expressed the realities of living with hepatitis through paintings, photography, film and storytelling.

During a free screening event organised by the Taiwan Liver Research Foundation the 1,129 participants were encouraged to write messages on a liver-shaped board.

Celebratory walks occurred in seven locations around Pakistan, many organised by hospitals. The walks ended with public screenings and seminars, and were covered by local news channels.

During a free screening event in Congo with the aim of encouraging the local population to learn more about prevention of viral hepatitis. Over 700 people came to watch, and the event made it onto national TV and radio channels.

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Dancers drew attention in Uruguay with a flashmob in the busy market area of Parque Rodó. After drawing in the crowd the dancers ended their piece by revealing World Hepatitis Day t-shirts.

In Otukpo, Nigeria, Alliance members Beacon Youth Movement hired a DJ and a van and drove around the city playing out educational messages about viral hepatitis. Over 300 people then attended a live evening concert, during which they could get screened for free.

Cyclists at a ‘Pedal for your Liver’ event in Jordan took to the streets in World Hepatitis Day t-shirts, gaining much attention from bystanders and a mention in the Jordan Times.

Rallies and street plays took place in Mumbai as part of a community awareness programme overseen by the National Liver Foundation. Posters and banners were put up across the city, and students holding placards formed a human chain to capture the attention of the public and the media.

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Where are the Three Wise Monkeys?

Three Wise Monkeys

In line with the theme of 'see no evil, hear no evil, speak no evil', 227 sets of stuffed toy Three Wise Monkeys became the mascots of World Hepatitis Day 2013.

Not only did the monkeys prove popular with Alliance members, they were also useful campaign tools with their ability to engage everyone from the general public to Ministers of Health. 13.4 million people were reached through tweets of monkey pictures to #seehearspeakno, and there were 5 million views of the online gallery.

To round up the Three Wise Monkeys campaign, a video was created. The video, which went live on YouTube in the end of July was highly successful, achieving over 1,151,000 views and was tweeted about by high profile celebrities.

It was seen in 212 countries, and for the month of August, the film was number 1 in the YouTube charts for Non-Profits and Activism videos, an astounding achievement. A click-through function at the end of the film allowed people to easily connect to the Alliance website, and over 25,000 people reached the website this way.

Supporting Advocacy

Part of the Alliance’s job is to provide support to national hepatitis organisations; We do that by liaising with governments and facilitating our members' dialogue with policy makers, writing letters, networking to boost their campaigns, etc. We also travel to their countries and conduct face-to-face meetings with key stakeholders to advance their response to viral hepatitis.

Last year we visited many countries, including Indonesia, China, Myanmar, Japan, Malaysia, Thailand, Singapore, the Philippines, Pakistan, Denmark, Belgium, Switzerland, Senegal, South Africa and the United States.

These trips proved very successful and we can particularly cite the following achievements:

Indonesia

After a meeting with the Minister of Health, a strategy for the prevention and control of hepatitis was put in place.

Malaysia

The meeting with the Director of the Bureau of Disease Control resulted in him agreeing to set up a Working Group to plan World Hepatitis Day and possibly finish developing the strategy they started, which had stalled.

Myanmar

With rates of hepatitis B in at 10%, and 7% for hepatitis C, it was very important to visit our members, the Liver Foundation of Myanmar, and to set up a meeting with the Minister of Health to discuss the country’s strategy to combat viral hepatitis. The meeting showed the determination not only of Myanmar’s civil society group, but of the Ministry of Health, which is dedicated to tackling the disease on a national and a global level. They are strong supporters of international action to raise the profile of the disease. The Alliance visit has paved the way for increased collaboration with key stakeholders in Myanmar and we look forward to working closely with them to help overcome the viral hepatitis epidemic in the country.

Philippines

The Yellow Warriors, our members in the Philippines, have been fighting appalling discrimination where people living with viral hepatitis are being regularly tested when applying for jobs and refused work if they are positive. In order to support their efforts, we travelled to Manila to speak at a meeting to launch the National Viral Hepatitis Task Force together with a roadmap for the prevention and control of hepatitis in the country. We also successfully advocated for a clause on discrimination to be added to the draft of the WHO resolution on viral hepatitis which will be put forward for adoption by its 194 Member States (incl. the Philippines) in May 2014.

Taiwan

Another successful meeting with the Minister of Health who agreed to immediately set up a Working Group to plan World Hepatitis Day. Indeed, to mark the date, subsidized public seminars were organised as well as a press conference to announce updates on the government’s progress in surveillance and treatment provision of viral hepatitis. The department also announced the results of a national knowledge-awareness practice survey around hepatitis, which was conducted across 22 counties and cities in Taiwan between June and July.

Thailand

A meeting chaired by the Director General of the Bureau of Disease Control, which brought together about 20 key stakeholders, resulted in the decision to set up a Technical Working Group to (a) agree on a plan for World Hepatitis Day and (b) develop a national viral hepatitis strategy.

SMS campaign

Recognising the importance and impact of mobile communications in Africa, the Alliance partnered with phone companies to carry out a SMS campaign across the continent. 1.1 million messages were sent out in Nigeria, 3 million in Kenya and 130,000 in Ghana through liaison with local SMS providers.

The message sent out to over four million people in Africa was a variant on the following: ‘28 July is World Hepatitis Day. Hepatitis kills as many as HIV/AIDS but can be prevented. Know it. Confront it. See your doctor for prevention/testing advice.’

SMS campaign
Regional patient organisations in place or creation in all 6 WHO regions

Following our board discussions on how to promote collaboration between our members and to strengthen their advocacy efforts, it was suggested at the beginning of 2013 that the Alliance should establish regional platforms (groups) for education, information sharing and skills development for national associations that would be a driver for regional advocacy initiatives and would improve their ability to participate in and influence national health agendas.

These organisations would then be linked to the World Hepatitis Alliance in order to ensure the harmonisation of our work but they would also retain independence to be able to run their own activities.

However, after we had conducted scoping exercises with our member groups, it was agreed that the most effective course of action would be to promote the delivery of regional workshops (ideally two every year, in different regions) in which we would address our members’ needs such as building an advocacy voice, supporting their fundraising strategies, their dealings with the media, etc. These workshops would also facilitate networking amongst them and consequent sharing of experiences.

With that new goal in mind, we started planning our first ever Pan African workshop in the end of the year (delivered in January 2014).

Patient Group Creation

The Alliance has members in 66 countries, which means that there are large areas of the world without a patient voice. Because patient advocacy is such a critical part of our approach to global action, we are committed to creating groups in countries where none yet exist, notably in the Eastern Mediterranean and South East Asia regions.

The Alliance was invited to go to Mumbai, India, to support the National Liver Foundation’s plan to create a patient group. Meetings were conducted with patients with both hepatitis B and hepatitis C. A presentation on the importance of patient advocacy was delivered to an audience composed of doctors and patients, all of whom were very motivated.

Efforts to establish a patient group in Vietnam have also started. The Alliance was in Ho Chi Minh City and Hanoi mobilising doctors to identify patients with an interest in setting up an organisation. With prevalence rates ranging from 10-20% it is crucial to have a strong patient voice in this country.

We are now working on developing a programme that will encourage doctors to get involved in helping us create new groups, since doctors are the ones who know the patients. The programme will highlight the advantages to doctors, both in terms of advocacy and in lessening their workload, that patient groups can offer. It will also have a step-by-step approach to setting up a new group.

Creation and on-going support for informal Global Hepatitis Group of key countries

World Health Assembly: high level meeting on viral hepatitis and new WHO resolution

In May last year the World Hepatitis Alliance organised, together with the Ministry of Health of Brazil, a side meeting on viral hepatitis during the 66th World Health Assembly with the aim of raising awareness within governments to move the hepatitis agenda forward and improve the global response to these diseases.

This important event brought together around 100 people, representing Ministries of Health from across all six world regions, global actors such as UNITAID, DFID, UNAIDS, the Global Hepatitis Programme team, as well as global health advocates such as Médecins Sans Frontières and the International Alliance of Patients Organizations. The meeting was a success and resulted in Member States committing to develop a new hepatitis resolution.

The Alliance has since been working closely with the Ministry of Health of Brazil and a select group of Member States on the development of this important document; we organised a video conference with key governments at the end of the year to discuss the draft of the resolution and we conducted a consultation with our members and key stakeholders to ensure that proposed clauses reflect the asks of civil society.

The new hepatitis resolution will be put forward for adoption during the 67th World Health Assembly in May 2014.

To push forward the hepatitis agenda at the World Health Assembly, we collaborated with the Brazilian Ministry of Health to organise a meeting titled ‘Viral Hepatitis: Addressing the Challenge of the 21st Century’.

We were overwhelmed by the response - the room was packed with Ministers and advocates from all over the world, an encouraging sign of a willingness to address viral hepatitis.
Acceptance at global level of the principle of hepatitis B and hepatitis C eradication

At the beginning of 2013 the Alliance started discussions with WHO HQ to gain acceptance of the concept of elimination of viral hepatitis B and C.

Yet, despite their initial buy-in, they were not in a position to do the necessary modelling for this concept due to lack of resources (the Global Hepatitis Programme only counts three people, compared to 96 members of staff working for TB, and 59 for HIV/AIDS).

Therefore, the Alliance seconded someone part-time to support the team in Geneva and to help improve the hepatitis programme’s visibility amongst internal and external stakeholders.

We also liaised with key governments and other key parties to request that more resources were allocated to the Global Hepatitis Programme and we successfully advocated for a clause reflecting the topic of hepatitis elimination to be added to the draft of the WHO resolution on viral hepatitis which will be put forward for adoption by its 194 Member States in May 2014. The clause currently calls on WHO to “examine the feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C with a view to potentially setting global targets”.

Greatly increased profile of viral hepatitis and influence of the Alliance

Staff News

The Alliance’s team grew last year; we welcomed a Communications Officer, Head of Fundraising and Office Support Manager.

Membership

Last year the Alliance welcomed 32 new members, coming from:
Brazil, Ghana, Japan, Mauritania, USA, Canada, Djibouti, Egypt, Greece, Lithuania, Macedonia,

Nigeria, Singapore, UK, Ivory Coast, Mexico, Pakistan, India, Mongolia and Cameroon.

All information about our members is placed on our website, making it easy to search and network. We believe it is highly important for viral hepatitis groups to work together in their advocacy and are proud to continually seek new members to add to our growing network.

Our total membership at the end of 2013 was 176 patient groups in 66 countries.

Where are our members?

(countries with members shown in green. A full list of our members is available on our website)
Post 2015 Development Goals

Despite its prevalence viral hepatitis remains a low priority, neglected by global funders and not featured in the Millennium Development Goals (MDGs) or the Global Fund.

The Alliance has been strongly advocating for the inclusion of hepatitis in the post 2015 agenda and started discussions with key countries last year to ensure that the framework that succeeds the MDGs does not neglect this important global health issue.

However, because of the way that the agenda has been shaped, in three parts comprising universal access to healthcare, accelerating MDG progress and reducing the burden of NCDs and because hepatitis was not included in the MDGs, this is going to be a major challenge.

Strategic Partnerships for Greater Impact

International Agency for Research on Cancer (IARC)

With so much emphasis being placed on Non Communicable Diseases, the Alliance met with the International Agency for Research on Cancer (IARC) at the beginning of 2013 to discuss ways in which to promote the link between viral hepatitis and liver cancer, which is now the second cause of cancer death worldwide.

Although viral hepatitis kills as many as HIV/AIDS, the disease is not seen as a global priority and its link to liver cancer falls generally outside policy makers’ awareness.

IARC has an online tool that provides contemporary estimates of the incidence, mortality and prevalence of the major cancers at a national level for 184 countries (GLOBOCAN). The latest figures are from 2008 and we were told that new ones for 2012 would be launched in 2014. Therefore, we requested that they also included trends when publishing the new data so it is possible to showcase which cancers are on the rise (which is the case for hepatitis) and reducing the burden of NCDs and because hepatitis was not included in the MDGs, this is going to be a major challenge.

Strategic Partnerships for Greater Impact

International Medical Societies

Finally, our partnership with medical associations continues to grow stronger; in 2013 we had booths in their main liver congresses which provided us with the opportunity to engage with different audiences (these meetings are attended by thousands of doctors, nurses and other civil society representatives every year).

Médecins Sans Frontières (MSF)

Recent promising developments in hepatitis C treatment have captured the interest of MSF, who decided to incorporate the disease into their successful access campaign last year. Hence, they have joined forces with us to intensify the request for reasonable prices and a fair distribution system of hepatitis C drugs for all in need. We have also been jointly advocating for stronger leadership from the World Health Organization.

We hope to strengthen this important partnership in 2014, continuing to identify opportunities for collaboration.

International Medical Societies

In 2013 the Alliance was granted Special Consultative Status by the United Nations Economic and Social Council (ECOSOC). Consultative status will enable us to participate in the work of the council and actively engage with its statements and make oral statements, and have the opportunity to consult with Member States and the United Nations system at large. Our expert information and advice on matters related to viral hepatitis will be sought by the council and we will also be in a position to attend meetings, events and conferences of the United Nations.

New Website

With members from all over the world we recognise the need/importance to provide updated information to the hepatitis community in languages other than English.

The Alliance works with 7 languages (Arabic, Chinese, English, French, Portuguese, Russian and Spanish) and in 2013 we started translating our website. The fully translated website will be available in early 2014. We also launched new pages and have had over 30,000 visits since.

We also begun a more systematic monitoring of the website through monthly reports to help us improve and continue to provide information people want.
A more diversified funding base for the Alliance

Viral hepatitis kills as many people globally as HIV/AIDS every year and more than either malaria or tuberculosis and yet it has nowhere near the profile or resources to fight it as the other three major communicable diseases.

These extremely low levels of awareness unfortunately reflect on our funding streams, which come mainly from the pharmaceutical companies. Recognizing this is not an ideal situation, we have taken many steps in 2013 to broaden our funding base.

Hiring a fundraiser

We welcomed a fundraiser to the Alliance team in September. However, the lack of awareness has meant our fundraiser has found it difficult to raise awareness and fundraising through the more well-known routes.

Furthermore, we launched a new part of the website dedicated to fundraising and how companies, foundations and individuals can support the Alliance through a wide range of exciting fundraising opportunities.

Bloomberg

Bloomberg was one of our sponsors in the first years but their CSR mandate no longer focuses on communicable diseases, raising a challenge for their team to continue to support us. We are currently exploring in-kind support options (such as free advertising spaces in Bloomberg Business magazine and TV channel). Furthermore, they have sent a letter on our behalf to their contacts at the Gates Foundation and other global donors to promote hepatitis as a cause and seek sponsorship for the Alliance.

Parcel Force

During our Three Wise Monkey campaign when we were sending sets of monkeys across the world, we were grateful to Parcel Force for offering us a 20% off voucher for a month.

Despite not being able to sponsor us directly, Bloomberg have continued to promote our work in any way they can, including showing our Three Wise Monkey campaign video on their TV channel indefinitely.

The video tells the story of the Three Wise Monkeys, each of whom was filmed in place of a famous film character. The endings of the film were hijacked by the fact the monkeys refused to see, hear or speak, encouraging people to become more aware of viral hepatitis.

The Year Ahead

We had a very busy year last year; we established important partnerships, launched a Global Policy Report on the prevention and control of viral hepatitis, started working on a new WHO resolution on hepatitis together with key countries, delivered a successful global awareness campaign to mark World Hepatitis Day and supported our member organisations in their efforts to raise awareness of hepatitis and to advocate for the establishment/strengthening of hepatitis national strategies.

In 2014 we will give continuity to this important work providing leadership and supporting actions that will halt the viral hepatitis death toll and improve lives. Through better awareness, partnership, advocacy and continued patient support, we want to see more visibility given to viral hepatitis and a commitment from governments to properly address this global health issue.

We will focus on three main strategic goals, each carrying between four and twelve actions (our 2014-2015 Strategic Plan can be downloaded on our website):

1. **Strategic Goal 1:** to see many more countries with national strategies in order to encourage governments to commit to tackling viral hepatitis.

2. **Strategic Goal 2:** to increase influence of the Alliance and its members to ensure that the voices of viral hepatitis patients are at the forefront of national and global health discussions.

3. **Strategic Goal 3:** to greatly increase the profile of viral hepatitis amongst policymakers and leaders in global health.

Going Further, Faster

How we’ll do it
## Accounts

### Report of the statutory auditors to the general meeting on accounts for the year ended 31 December 2013

Report of the statutory auditors to the general meeting of World Hepatitis Alliance, Geneva (Switzerland)

As statutory auditors, we have examined the financial statements (balance sheets, income statements and notes) of World Hepatitis Alliance for the years ended 31 December 2013. These financial statements are the responsibility of the Committee. Our responsibility is to perform a limited statutory examination on these financial statements. We confirm that we meet the licensing and independence requirements as stipulated by Swiss law.

We conducted our examination in accordance with the Swiss Standard on the Limited Statutory Examination. This standard requires that we plan and perform a limited statutory examination to identify material misstatements in the financial statements. A limited statutory examination consists primarily of inquiries of company personnel and analytical procedures as well as detailed tests of company documents as considered necessary in the circumstances. However, the testing of operational processes and the internal control system, as well as inquiries and further testing procedures to detect fraud or other legal violations, are not within the scope of this examination.

Based on our limited statutory examination, nothing has come to our attention that causes us to believe that the attached financial statements do not comply with Swiss law and the company’s articles of incorporation.

Samuel Bardi  
(Auditor in charge)

Pascal Rivolet  
Société fiduciaire d’expertise et de révision s.a.

Geneva, 28 April 2014

### Balance sheet as of 31 December

#### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2013 CHF</th>
<th>2012 CHF</th>
<th>2013 GBP</th>
<th>2012 GBP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer</td>
<td>2,197.53</td>
<td>1,093.51</td>
<td>1,491.92</td>
<td>734.96</td>
</tr>
<tr>
<td>Equipment</td>
<td>827.40</td>
<td>1,593.82</td>
<td>561.73</td>
<td>1,071.22</td>
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<tr>
<td>Total Fixed Assets</td>
<td>3,024.94</td>
<td>2,687.22</td>
<td>2,053.65</td>
<td>1,806.18</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>80,783.15</td>
<td>4,282.20</td>
<td>54,844.24</td>
<td>2,878.10</td>
</tr>
<tr>
<td>Rent Deposit</td>
<td>7,364.78</td>
<td>7,439.28</td>
<td>5,000.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Total Other Current Assets</td>
<td>88,147.93</td>
<td>11,721.47</td>
<td>59,844.24</td>
<td>7,878.10</td>
</tr>
<tr>
<td><strong>Cash at bank and in hand</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>730.67</td>
<td>339.26</td>
<td>796.06</td>
<td>228.08</td>
</tr>
<tr>
<td>Euro-UBS</td>
<td>475,392.01</td>
<td>46,774.38</td>
<td>322,746.92</td>
<td>31,437.46</td>
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<tr>
<td>HSBC Current</td>
<td>37,174.43</td>
<td>49,158.18</td>
<td>25,237.98</td>
<td>33,039.63</td>
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<tr>
<td>Sterling-UBS</td>
<td>93,053.16</td>
<td>130,286.89</td>
<td>63,174.43</td>
<td>87,566.34</td>
</tr>
<tr>
<td>Swiss Franc - UBS</td>
<td>42,675.72</td>
<td>2,186.89</td>
<td>28,972.84</td>
<td>1,469.83</td>
</tr>
<tr>
<td>US Dollar - UBS</td>
<td>172,375.64</td>
<td>65,062.68</td>
<td>117,027.01</td>
<td>43,729.18</td>
</tr>
<tr>
<td>Total Cash at bank and in hand</td>
<td>821,401.63</td>
<td>293,807.41</td>
<td>557,655.24</td>
<td>197,470.46</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>912,574.50</td>
<td>308,216.22</td>
<td>619,533.13</td>
<td>207,154.74</td>
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<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>54,694.07</td>
<td>25,355.49</td>
<td>37,132.18</td>
<td>17,041.64</td>
</tr>
<tr>
<td>Credit card-UBS</td>
<td>5,165.55</td>
<td>2,475.23</td>
<td>3,506.93</td>
<td>1,663.62</td>
</tr>
<tr>
<td>Total Accounts Payable</td>
<td>59,859.62</td>
<td>27,830.71</td>
<td>40,639.11</td>
<td>18,705.26</td>
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<tr>
<td><strong>Other Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accruals</td>
<td>10,770.95</td>
<td>12,504.89</td>
<td>7,312.47</td>
<td>8,404.64</td>
</tr>
<tr>
<td>PAYE Control</td>
<td>9,862.96</td>
<td>12,388.43</td>
<td>6,696.03</td>
<td>8,326.37</td>
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<tr>
<td>Pension Control</td>
<td>1,068.94</td>
<td>-</td>
<td>725.71</td>
<td>-</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>19,920.96</td>
<td>28,847.40</td>
<td>13,524.48</td>
<td>19,388.58</td>
</tr>
<tr>
<td>Total Other Current Liabilities</td>
<td>41,623.81</td>
<td>53,740.71</td>
<td>28,258.69</td>
<td>36,119.59</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>101,483.43</td>
<td>81,571.43</td>
<td>68,897.80</td>
<td>54,824.85</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>811,091.07</td>
<td>226,644.79</td>
<td>550,655.33</td>
<td>152,329.89</td>
</tr>
<tr>
<td><strong>Cumulative Translation Adjustment</strong></td>
<td>-783.31</td>
<td>-7734.98</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Retained earnings</td>
<td>811,874.38</td>
<td>234,379.76</td>
<td>550,655.33</td>
<td>152,329.89</td>
</tr>
<tr>
<td><strong>Total NET EQUITY</strong></td>
<td>811,091.07</td>
<td>226,644.79</td>
<td>550,655.33</td>
<td>152,329.89</td>
</tr>
<tr>
<td>Exchange rate to translate net assets</td>
<td>1.472956</td>
<td>1.487855</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Income Statement for the year ended 31 December

<table>
<thead>
<tr>
<th>Item</th>
<th>2013 CHF</th>
<th>2012 CHF</th>
<th>2013 GBP</th>
<th>2012 GBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA Support Income</td>
<td>1,864,950.28</td>
<td>1,042,331.94</td>
<td>1,286,344.71</td>
<td>701,362.94</td>
</tr>
<tr>
<td>Consulting Income</td>
<td>2,736.07</td>
<td>-</td>
<td>1,887.20</td>
<td>-</td>
</tr>
<tr>
<td>Interest Income</td>
<td>83.87</td>
<td>21.56</td>
<td>57.85</td>
<td>14.51</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>8,660.42</td>
<td>20,637.33</td>
<td>5,973.50</td>
<td>13,866.42</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>1,876,430.64</strong></td>
<td><strong>1,062,990.83</strong></td>
<td><strong>1,294,263.26</strong></td>
<td><strong>715,263.87</strong></td>
</tr>
</tbody>
</table>

Expense (cont)

<table>
<thead>
<tr>
<th>Item</th>
<th>2013 CHF</th>
<th>2012 CHF</th>
<th>2013 GBP</th>
<th>2012 GBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>WH Day Costs</td>
<td>454,733.94</td>
<td>436,096.23</td>
<td>313,651.58</td>
<td>293,439.86</td>
</tr>
<tr>
<td>WH Day Engagement Meeting Series</td>
<td>103,026.51</td>
<td>-</td>
<td>73,062.77</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td><strong>1,291,371.32</strong></td>
<td><strong>20,790.35</strong></td>
<td><strong>13,989.38</strong></td>
<td><strong>5,126.13</strong></td>
</tr>
</tbody>
</table>

Net Result for the Year 577,494.61 138,780.57 396,325.44 93,382.49

Notes to the financial statements as of 31 December 2013

Committments on donations
AH donations recorded as revenues are unrestricted. Apart from the fact that the revenues received have to be used within the statutory objectives of the association, there is no other specific commitments regarding their use by the association. AH assets are freely available and none are pledged.

Other contingent liabilities
None

Conversion of foreign currencies
The functional currency of the association is the British pound (GBP) and the majority of transactions are denominated in that currency.

Assets and liabilities which arise in currencies other than the functional currency are translated at rates of exchange prevailing at month end. Revenues and expenses are translated at the monthly average rate of exchange prevailing. Foreign exchange result is recorded in the income statement as a component of the net result of the period.

The financial statements are translated into Swiss francs as follows:

- All balance sheet amounts, except the net equity which is recorded at historical cost, are translated at rates of exchange in effect at balance sheet date.
- AH profit and loss statement items are translated into Swiss at the annual average exchange rate.
- Currency translation result derived from conversion of net assets from the functional currency into Swiss francs is recorded directly in the equity (Cumulative Translation Adjustment).
The World Hepatitis Alliance was registered as an Association in the State of Geneva, Switzerland on December 5th 2007, registration number CH-660-2785007-1.

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