In 2015 the world finally woke up from decades of neglect and inaction and recognised viral hepatitis as a serious global public health threat. The inclusion of viral hepatitis in the Sustainable Development Goals (SDGs) signalled a great leap forward as these cancer causing diseases finally gained serious recognition on a global level. But with a death toll surpassing that of HIV/AIDS and malaria, and only a fraction of those living with viral hepatitis diagnosed, there is still much to be done.

At the World Hepatitis Alliance (WHA), all of our work is focused towards accomplishing our overarching goal, the elimination of viral hepatitis. This is entirely achievable within our lifetimes but requires proper commitment from governments, global funders, civil society, the pharmaceutical industry and the World Health Organization. For this reason, our work in 2015 has been aligned with three crucial strategic goals:

• Many more countries with effective compressive national hepatitis strategies in place or at least in development
• Increased influence of WHA and its members
• Greatly increased profile of viral hepatitis

2015 was marked by a number of momentous occasions for us. The World Hepatitis Summit was a unique occasion where government officials, policy makers, civil society, public health specialists and industry representatives came together to discuss viral hepatitis on a global scale for the very first time. The event offered the unprecedented opportunity to forge invaluable relationships between civil society and governments and to directly assist countries with their efforts to tackle hepatitis. The learnings and relationships formed from the event will prove extremely beneficial as more and more countries begin to implement plans.

World Hepatitis Day 2015 was the most successful to date. With 159 countries participating and as many as 86 governments acknowledging the day, it remains the most significant date in the hepatitis calendar. It represents an opportunity for everyone, from national government to local patient organisations, to come together to raise much needed awareness and demand greater action across the globe.

The launch of our HCV Quest Global Patient Survey was also a highlight in 2015. Showcasing the true impact of hepatitis C, government and health service shortfalls and dissatisfactory doctor-patient relationships, this survey provided the opportunity for the voice of people living with hepatitis C, a voice so often silenced, to be heard. It also shone a light on the fantastic work patient organisations are doing across the globe. We know that such organisations play an integral role in successful advocacy and patient support. Yet, despite a growing interest in viral hepatitis, patient group numbers remain low. To address this, in 2015 we launched PACT, an online tool to support and provide guidance to those setting up patient advocacy and support groups. Encouraging others to establish groups where currently none exist and supporting the work of NGOs in the field will continue to be our priority as we look to strengthen the patient voice to effect change on the ground.

Indeed, together with our member organisations we truly catalysed change in the hepatitis landscape and we believe that 2016 will be a year of even greater achievements for the community. Whilst the SDGs have pushed the disease up the global health agenda, they endeavour to ‘combat’ the hepatitis epidemic, failing to accurately reflect the scale of the issue and discouraging the level of commitment needed to significantly reduce the death toll (the language used for AIDS, tuberculosis and malaria in the SDGs is to “end” these epidemics). Throughout 2016 we will continue to push viral hepatitis to the forefront of global health discussions and bring us one step closer to the elimination of these diseases.

Raquel Peck
Chief Executive Officer
Our Work

Viral hepatitis is the seventh leading cause of death globally, accounting for 1.4 million deaths per year – more than HIV/AIDS or malaria. But effective interventions exist and if we act now, we can save 7.1 million lives by 2030.

We are an ambitious patient- and patient driven organisation which represents the 400 million people living with viral hepatitis. In less than 10 years of existence we have managed to change the landscape for hepatitis, going from a time where there was no awareness of the disease and practically zero commitment from countries to tackle it, to now seeing hepatitis feature in the Sustainable Development Goals (SDGs) and having a strategy for elimination by 2030. We had also grown our membership to 225 NGOs in 81 countries by the end of 2015.

We work with governments, members and other key partners and strive to support and elevate the voices of people living with viral hepatitis, to raise the profile of viral hepatitis and to establish comprehensive hepatitis strategies, which have robust prevention measures and access to affordable diagnostics and treatment. We are committed to halting the transmission of viral hepatitis and eliminating it as a public health threat by 2030.

Our MISSION

Provide global leadership to drive action to help eliminate viral hepatitis as a public health threat by 2030. We work with governments, members and other key partners to support and elevate the voices of people living with viral hepatitis, to raise the profile of viral hepatitis and to help establish comprehensive hepatitis strategies which have robust prevention measures and access to affordable diagnostics and treatment.

Our Values

Our values are at the core of everything we do.

Make a difference

Central to every action and decision we make is our core value of making a difference. We consider driving action and making a difference part of our day-to-day life as well as our overall commitment to our members and the work we do.

Ambition

Each day we strive to achieve a set of ambitious goals to improve the quality of everything we do for people living with viral hepatitis.

Integrity

We aspire to live to the highest standards of personal honesty and behaviour; we never compromise our reputation and always act in the best interests of our membership.

Trust

We work in an environment based on respect and trust. Trust is essential for us to maintain a successful relationship with members and key partners.

Our Vision

Seeking a world without viral hepatitis.
OUR WORK

POLICY AND ADVOCACY

Unless governments commit to tackling viral hepatitis, little progress is possible. The clearest sign of this commitment is a comprehensive national hepatitis strategy that encompasses all aspects of tackling the disease from awareness and prevention through diagnosis to treatment and care, yet currently few governments have such strategies in place. We aim to bring about this change by leading global advocacy efforts:

• We collaborate with governments, global bodies and civil society to assist in the development and implementation of comprehensive and effective national strategies.
• We work with WHO to provide our expertise on strategies, policies and guidelines and attend WHO meetings to ensure that viral hepatitis is high on the global health agenda.
• We work with national governments to make interventions at high-level meetings and generate momentum that results in strong political commitments such as resolutions on viral hepatitis.
• We work in global forums that may impact our field, such as the UN Commission on Narcotic Drugs, to ensure that viral hepatitis is properly recognised.
• Every two years, we coordinate the World Hepatitis Summit with WHO and a selected Member State. The event is unique in the field of hepatitis in bringing patients, policymakers and public health representatives together.
• We work with governments and the pharmaceutical industry to increase access to diagnostics and medicines.

CAPACITY AND CAPABILITY

BUILDING

A strong and unified patient voice is fundamental in stimulating political interest, yet this is currently lacking. Without the patient perspective forming an integral part of approaches to viral hepatitis, we cannot tackle the staggering global burden. Thus, we are committed to strengthening the patient voice and bringing it to the forefront of the fight against hepatitis:

• We run regional workshops to improve members’ capability in key areas and organise the World Hepatitis Summit as an opportunity for members to come together to share experiences and best practice as well as uniting to enhance the global patient voice.
• We provide members with a global platform to increase their credibility and expand the visibility of their activities. By promoting members’ activities throughout the year both online and at major conferences across the world, we assist members to boost their national and international presence.
• We support members’ activities with resources such as reports, campaign materials, webinars, toolkits and media packages.

AWARENESS RAISING

Throughout the world awareness of viral hepatitis remains woefully low. As a result, many of those living with hepatitis suffer from discrimination and stigma while many governments fail to adequately address the burden. Raising awareness is therefore a central part of our work:

• We coordinate the global campaign for World Hepatitis Day (WHD) with WHO and support regional and national WHD programmes and activities. In particular, we work to ensure all WHO Member States participate in WHD, in line with the commitment they made in the World Health Assembly 2010 Resolution 63.18.
• We use our relationship with WHO and our Special Consultative Status with ECOSOC to provide our expert opinion on matters related to viral hepatitis and work with partners to promote viral hepatitis within the global health agenda and ensure it has the profile and priority it desperately needs.
• We work to reduce the stigma associated with hepatitis by improving education and understanding and giving hepatitis a human face. For example, we collaborate with our members to highlight patient stories that illustrate the physical, psychological and social impact of living with hepatitis.

INCREASED ACCESS

With the vast majority of people living with viral hepatitis still undiagnosed, it will be impossible to reduce the 1.4 million annual death toll without a dramatic scale-up in testing and treatment. To achieve this, it is essential that neither availability nor price are barriers. Greatly increasing access to vaccines, diagnostics and medicines is therefore fundamental to our efforts:

• We sit on the Guidelines Development Group (GCG), which is developing WHO Guidelines on hepatitis B and C testing.
• We unite organisations across the world to call on governments and pharmaceutical companies to address the access issue.
• We work with governments and the pharmaceutical industry to ensure rapid registration of technologies and medicines.
• We form partnerships with organisations who work on this issue to maximise efforts in this area, such as the Medicines Patent Pool.
2015
The year in review

Despite its prevalence, viral hepatitis suffers from a historic lack of awareness and political prioritisation. Throughout 2015 we expanded our work to respond to the increasing need for action across the world that too frequently is not addressed by governments or leaders in global health. To address this need, last year we concentrated our efforts on three strategic goals. Firstly, to see many more countries with national strategies in order to encourage governments to commit to tackling viral hepatitis. Secondly, to strengthen the influence of our organisation and our members to ensure that the voice of people living with viral hepatitis is at the forefront of national and global health discussions. Finally, we endeavoured to greatly increase the profile of viral hepatitis amongst policy makers and leaders in global health. Steps taken this year have led us close to our vision: a world without viral hepatitis.
The challenge

Just a handful of national governments have effective, comprehensive national strategies on viral hepatitis in place. Yet such plans that incorporate all aspects from awareness and prevention to testing and treatment are the cornerstone to tackling the hepatitis epidemic. Without government commitment little progress is possible and a robust, funded national strategy represents the clearest sign of commitment.

Strategic goal 1

Many more countries with effective compressive national hepatitis strategies in place or at least in development

What we aimed to do in 2015

- 100 governments participating in WHD
- 50 countries with national strategies either in place or in development
- Regional committees adopted regional strategies in at least two regions
- Delivery of World Hepatitis Summit
- Delivery of World Hepatitis Advisory Committee Meeting
**Strategic Goal 1**

**What we’ve achieved**

**Action 1.1 Promoting greater involvement of governments in World Hepatitis Day**

World Hepatitis Day is an extremely useful lever to push for more action and ultimately a national strategy. Through our partnership with WHO, and by liaising with and supporting WHA members, the wider hepatitis community and WHO country offices, 2015 saw greater government acknowledgement and involvement in WHD than ever before. 86 national governments took part in WHD 2015. While we did not reach our target of 100 national governments participating in the day, the success of almost half the world’s governments taking part cannot be denied. It can be especially challenging to engage governments in countries where we have no member groups. As our membership base grows, we believe the number of governments involved in WHD will increase substantially.

Undoubtedly the WHO’s official WHD observation in Cairo, Egypt inspired further action across the globe. We played a central role in the event, representing the voice of civil society and using the opportunity to highlight the importance of prevention measures, in line with the year’s overarching theme.

Throughout the world, national governments marked the day with policy announcements, evidencing just how important the global awareness day can be in producing government commitment. For example, in Nigeria the government launched the National Policy for the Control of Viral Hepatitis, while in Uganda the National Hepatitis B Programme was launched. In Belarus, WHA member organisation Together Against Hepatitis organised a forum attended by representatives from the Ministry of Health and as a result of the meeting, a resolution was adopted asking the Belarusian government to address hepatitis B and C by developing a national strategy, improving access to treatment, strengthening collaboration and raising public awareness.

For more information about the events which took place in 2015, read the World Hepatitis Day 2015 Summary Report.

**Action 1.2 Ensuring regional strategies are in place through our work with WHO and its regional offices**

Despite viral hepatitis impacting almost every country in the world, the burden differs significantly from region to region. Thus in order to achieve global elimination it is crucial that efforts are adapted to suit regional needs. 2015 saw many regions take significant steps forward in the prevention and control of hepatitis. In the Americas region, 20 million people live with hepatitis B or C and approximately 3% of all deaths in Latin America and the Caribbean are caused by viral hepatitis and its complications. Responding to the increasing need to tackle hepatitis in the region, the WHO Regional Committee for the Americas agreed to a comprehensive regional strategy, to which we actively contributed. The Plan for Action for the Prevention and Control of Viral Hepatitis 2016-2019 asks governments to develop and implement national plans which include the integration of prevention, surveillance, treatment and control into health systems, expand coverage of hepatitis B vaccination, and ensure governments run awareness campaigns including acknowledging World Hepatitis Day.

Despite the fact that only a quarter of the world’s population live in the Western Pacific region, it bears 40% of global deaths from viral hepatitis, with more than 1,500 lives lost each day. The WHO Regional Committee for the
Strategic Goal 1

Western Pacific also recognised the need to address the disease, and approved the Regional Action Plan for Viral Hepatitis 2016-2020 in September 2015. At the Regional Committee meeting, discussions centred on the targets and Member States considered whether to weaken or even abandon some of the targets. During these discussions, we made a critical intervention and, as a result, Member States agreed to endorse the proposed targets, including the diagnosis of 90% of all those living with hepatitis B and C by 2030.

At the WHO Regional Committee for Europe WHA led an intervention, stressing the need for Europe to develop and implement a regional Action Plan of its own. With the burden of viral hepatitis in Europe disproportionately affecting marginalised and vulnerable populations, such as migrants and people who inject drugs, it is crucial that Europe identifies its own targets and interventions. “Europe must not lag behind simply because many of its affected populations are marginalised,” emphasised Charles Gore, “On the contrary, this should be a spur to rapid action, since the Global Health Sector Strategy has a strong focus on addressing health inequities in viral hepatitis.” Following the Committee meeting, the WHO Regional Office for Europe drafted a concept note for a regional Action Plan with a view to developing a Regional Action Plan in 2016. This progress has been made possible thanks to our secondment of a focal point for hepatitis. By recruiting and funding the position, viral hepatitis has been pushed up the agenda and been given greater priority in the region.

**Action 1.3 Working closely with WHO’s Global Hepatitis Programme and assisting the running of the Global Hepatitis Network**

In 2015 our WHO official relations status was renewed and we continued to work closely with the Global Hepatitis Programme, providing our expert opinion at high-level meetings and in the development of strategies and resolutions. In early 2015 we provided our expert input into the first-ever guidelines on the treatment of chronic hepatitis B, and during the press launch presented the patient and community perspective on hepatitis B and joined WHO on the panel to answer questions on the global burden of hepatitis and how guidelines will help prevent deaths worldwide. In February 2015, WHO also launched a new Injection Safety Programme and we chaired a session on how to reduce unnecessary injections. As part of the Guidelines Development Groups (GDG), we also provided input into the hepatitis B and C testing guidelines and an update on the hepatitis C treatment guidelines.

Throughout the year, WHO held a number of regional consultations on their draft of a Global Health Sector Strategy for viral hepatitis. Representing the patient voice, we attended the PAHO regional consultation in Brazil, the WPRO regional consultation in the Philippines, the EMRO regional consultation in Egypt and the EURO regional consultation in Denmark. Reinforcing the need for ambitious targets to propel action, we used the regional consultations as an opportunity to advocate government buy-in to the targets and urged countries to adopt the strategy.

Ahead of 2016’s World Health Assembly discussion on the Global Health Sector Strategy, a technical briefing on the global strategy was held at the 68th World Health Assembly in 2015. The event was an opportunity for us to ensure the voice of people living with hepatitis is heard in the strategy’s development. World Hepatitis Alliance CEO, Raquel Peck led an intervention to highlight the need for governments to address hepatitis and commit to the targets set out in the global strategy as well as enabling us to draw attention to the wording used to address viral hepatitis in the Sustainable Development Goals.

**Action 1.4 Seconding full-time staff member to WHO EURO as hepatitis focal point**

Despite viral hepatitis being a prominent issue in Europe, particularly in Eastern European
countries, until 2015 WHO EURO did not have a hepatitis focal point. We played a central role in recruiting and seconding a focal point at WHO EURO, a post we are fully funding, and travelled to Copenhagen in March to discuss our respective strategies and to ensure they are aligned with one another. Thanks to the hepatitis focal point, hepatitis has received more attention in WHO EURO and has led to the push for a Regional Action Plan to be developed.

**Action 1.5 Investigate Seconding a Full-time Staff Member to WHO AFRO as Hepatitis Focal Point**

Aware that hepatitis focal points within WHO regional offices are key to progress, in 2015 we investigated the feasibility of seconding a full-time staff member to WHO AFRO. Although there is a clear need for this within Africa, there are currently a number of logistical and governance obstacles. The secondment of the WHO EURO hepatitis focal point took almost two years to arrange so in 2016 we will continue to explore this action.

**Action 1.6 Supporting Patient Advocacy Groups in Their Advocacy Work and, Where Necessary, Send a Task Force to Countries**

From arranging meetings between WHA members and Ministry of Health representatives to providing template letters, supporting patient groups in their advocacy work has been at the very heart of what we do.

In 2015 that has included organising WHA Executive Board Member for the African Region Danjuma Adda’s visit to the Ministry of Health in Mali, a visit to Mongolia to meet WHA members and input into the national hepatitis plan currently in development, advising the Ministry of Labour, Health and Social Affairs of Georgia on its hepatitis C elimination programme and attending the European Roundtable on Hepatitis Cure & Eradication in Frankfurt, Germany.

**Action 1.7 Providing Recommendations to Direct the Scientific and Technical Advisory Committee on Viral Hepatitis**

As part of an expert advisory committee, we assisted WHO in developing the Global Health Sector Strategy on Viral Hepatitis and defining global elimination targets. The WHO Strategic and Technical Advisory Committee for hepatitis (STAC-HEP) met in March to discuss the 2016-2020 strategy and a meeting of the hepatitis Civil Society Reference Group was held in May. WHA attended all these meetings and supported the proposed ambitious targets.

**Action 1.8 Ensuring Key Elements Such as Blood and Injection Safety and Access to Treatment Are Included in Hepatitis Strategies**

To address the need for immediate action to vastly improve access to life-saving treatments, in November we launched an open letter, signed by over 120 organisations from 55 countries. The letter made specific requests to national governments and pharmaceutical companies, including addressing the stigma that prevents people getting tested, improving access to diagnostics and ensuring drugs are affordable in all countries. It sends a clear message that the global hepatitis community has had enough of the barriers that prevent millions of people accessing treatment and it is time to act to save hundreds of thousands of lives every year. The letter was sent to all governments and all pharmaceutical and diagnostics companies working in the field of hepatitis and we encouraged our member organisations to use the letter to lobby their national governments.

Following the launch of our open letter, the Medicines Patent Pool (MPP) and Bristol – Myers Squibb (BMS) recognised the global hepatitis community’s call for essential medicines in low- and middle-income countries (LMICs) at affordable prices by signing an agreement to enable generic manufacture of daclatasvir. The agreement signalled an important move into greater access to
Strategic Goal 1

treatment across the globe and shows how powerful patient advocacy can be. We continue to urge patient advocates, organisations and civil society groups to join us to call on the MPP and other pharmaceutical companies to include more hepatitis C medicines in the patent pool, as well as further expanding into hepatitis B, in order to eliminate one of the world’s leading health concerns.

Action 1.9 Hosting a World Hepatitis Advisory Committee Meeting

Discussions around hepatitis C are often dominated by new treatments rapidly transforming the landscape and the ensuing heated discussions over the cost of a cure. But with such noise on the topic and few viable solutions being presented, the World Hepatitis Alliance was compelled to address this gap and hosted the first World Hepatitis Advisory Committee meeting (WHAC). A three day meeting held from 11th-13th February, it focused on two key questions: what is the future for hepatitis treatment? And how can we find ways to fund hepatitis programmes? To gain an insight into the new treatments on the horizon, the first half of the WHAC meeting focused on pharmaceutical companies’ pipeline of new drugs and the access programmes they plan to roll out. The second half of the WHAC meeting then featured presentations from experts in healthcare financing from all over the world including the World Bank, the Center for Global Development and the Microinsurance Network. A recurrent theme of the meeting was the call to ‘make the case’ for hepatitis C treatment. It was agreed that it is fundamental that not only the return on investment for hepatitis C in relation to economic costs is highlighted but also that human rights considerations are recognised. While a number of possible hepatitis funding strategies and priorities were considered, the meeting did not reveal any major innovative solutions. Delegates did however express the need for a pharmaceutical company funded actuarial case study involving three or four geographically diverse high-prevalence countries as well as an information resource that draws the entire hepatitis C experience – personal, medical, economic and social – together into one publication.

Read the full meeting report here.

Action 1.10 Hosting the first World Hepatitis Summit in partnership with WHO and the Government of Scotland

The inaugural World Hepatitis Summit took place 2 – 4 September 2015 in Glasgow, Scotland. A joint WHO and WHA project, the event was hosted by the Scottish Government and attended by delegates (including 9 Ministers of Health) from 84 countries. The event provided an opportunity for Governments to learn about WHO’s Global Hepatitis Programme and directly supported the implementation of the WHA67.6 resolution by providing Member State representatives with the necessary tools to develop national hepatitis strategies.

For more information, see A focus on: World Hepatitis Summit.

Action 1.11 Organising a follow up meeting to the first World Indigenous Peoples’ Conference on Viral Hepatitis

As a follow up to the first World Indigenous Peoples’ Conference on Viral Hepatitis, we worked in 2015 to organise a meeting to increase Indigenous involvement from the Asia Pacific region. The 2016 World Indigenous People’s Conference Workshop on Viral Hepatitis is set to take place in Japan and will call for better data on the prevalence and mortality in Indigenous peoples in Asia, more engagement with these communities and more specific WHO recognition of their plight.
In May 2014 the adoption of the World Health Assembly resolution 67.6 signalled a significant leap forward in the fight against hepatitis, calling on governments to develop and implement comprehensive national strategies and asking the World Health Organization to assist them in doing so. It also asked WHO to examine the feasibility of eliminating hepatitis B and C with a view to setting targets. Responding directly to the resolution and to build momentum towards national plans and the elimination of viral hepatitis, the World Hepatitis Alliance and WHO convened the inaugural World Hepatitis Summit 2-4 September. The event was hosted by the Scottish Government and supported by Glasgow Caledonian University and Health Protection Scotland and offered an unprecedented opportunity to forge relationships between civil society and governments. To directly assist governments with their efforts to tackle hepatitis in their countries, the central theme of the meeting was ‘developing and implementing national plans’.

More than 500 delegates from 84 countries attended the event and took part in a great variety of sessions and exercises. Presentations from renowned experts and government officials summarised current best practice and examples from countries leading the fight against hepatitis. Specialised parallel sessions provided delegates with the most up-to-date knowledge and practical help to support the development of national plans. A highly interactive simulation exercise gave participants the real-life experience of responding to a national viral hepatitis crisis and gain an understanding of the different components necessary to respond effectively. WHA organised side events, such as a ‘speed dating session’ and a session hosted by the Medicines Patent Pool (MPP) provided delegates with the opportunity to explore ways access to treatment can be improved. The speed dating session enabled government policy-makers and pharmaceutical and diagnostic companies to discuss drug pipelines and future plans for registration and generic licensing and, as in real speed dating, decide whether they wished to take the ‘relationship’ further and meet again. During the MPP session, delegates had the opportunity to learn more about the organisation and ask questions on how they propose to speed up and expand access to hepatitis C treatments through voluntary licensing agreements. To conclude the Summit and cement delegates’ commitment to eliminating viral hepatitis, the Glasgow Declaration on Viral Hepatitis was endorsed which demands governments develop national plans and programmes in order to realise the goal of elimination of by 2030.
Because universal access to prevention, testing, diagnosis, care and treatment is a human right and promoting access to and affordability of these services is the responsibility of all stakeholders,

The participants of the inaugural World Hepatitis Summit believe it is possible and essential to set as a goal the elimination of both hepatitis B and C as public health concerns.

We therefore call upon governments in all jurisdictions, to develop and implement comprehensive, funded national hepatitis plans and programmes in partnership with all stakeholders and in line with the World Health Assembly Resolution 67.6; and, in collaboration with the World Health Organization, to define and agree on realistic yet aspirational global targets for viral hepatitis prevention, testing, diagnosis, care and treatment.

**Glasgow Declaration on Viral Hepatitis**

Because there are 400 million people living with hepatitis B or hepatitis C infection with no country or region unaffected,

Because there is a lack of global awareness and most persons with hepatitis remain undiagnosed,

Because 1.4 million people die every year from complications of viral hepatitis yet most of these deaths can be prevented,

Because there are highly effective measures to prevent new hepatitis B and C infections and highly effective treatments that can suppress hepatitis B virus replication and cure hepatitis C infection,
A focus on

World hepatitis Summit

Showcasing WHA members at the Summit

With such broad attendance at the Summit from WHO, government officials, global funders, civil society and pharmaceutical representatives, our member groups had a unique opportunity to showcase their work as well as network and build valuable partnerships. The WHA booth and poster terminals enabled us to promote the activities of the WHA members while we also seized the opportunity to regularly remind delegates of the real reason the Summit was taking place by including patient testimonials where patients shared heart-felt stories, vox-pop style video links underlining important issues that patients need governments to address, and a film emphasising the true impact of living with hepatitis comprised of members’ clips. WHA members demonstrated the importance of civil society playing an integral role in the fight against hepatitis by leading on much of the question-asking throughout the event and ensuring their voices were heard at every opportunity.

Raising the profile of hepatitis

The World Hepatitis Summit undoubtedly catapulted the issue of viral hepatitis to centre stage with significant media interest both in the run-up to and during the event. With over 75 pieces of news coverage across the globe and an audience reach of over 5 million, the Summit succeeded as a platform to elevate the global profile of hepatitis. Across social media, delegates and followers alike joined the conversation and more than 5,500 tweets were sent using the Summit hashtag #Hepatitis2015. We will now strive to maintain this momentum and ensure viral hepatitis continues to receive the visibility and priority needed to tackle the global epidemic.
Strategic Goal 2
Increased influence of WHA and its members

The challenge
The patient voice has a pivotal role to play in fostering political interest in viral hepatitis and affecting change on a global level. Robust data, effective treatments and public health champions are vital, but without the human face, civil servants, politicians and governments are less likely to respond effectively.

What we aimed to do in 2015
- Training DVD for clinicians developed
- Partnership with 3 international non-hepatitis organisations
- 6 regional workshops delivered
- Delivery of Summit
- 10 new members
- Present at international liver meetings (EASL)
Strategic Goal 2

What we’ve achieved

**Action 2.1 Hosting the first World Hepatitis Summit in partnership with WHO and the government of Scotland**

The inaugural World Hepatitis Summit took place 2 – 4 September 2015 in Glasgow, Scotland. A joint WHO and WHA project, the event was hosted by the Scottish Government and attended by delegates (including 9 Ministers of Health) from 84 countries. The event provided an opportunity for Governments to learn about WHO’s Global Hepatitis Programme and directly supported the implementation of the WHA67.6 resolution by providing Member State representatives with the necessary tools to develop national hepatitis strategies.

For more information, see A focus on: World Hepatitis Summit.

**Action 2.2 Delivering regional workshops addressing members’ needs**

Strengthening our member groups’ capacity in key areas is fundamental to building and maintaining a strong alliance of patients across the world. Ahead of the World Hepatitis Summit, we invited all member organisations of the World Hepatitis Alliance to attend the Pre-Summit Member Conference, an exclusive, members-only event aimed at uniting patient organisations and building members’ capacity in order to strengthen the community voice in viral hepatitis. 155 individuals from 136 member groups joined us from 62 countries across the world for a 2-day conference in which members took part in workshops on advocacy, media and public relations and fundraising with fellow organisations from their region. To promote the exchange of experiences between patient advocates, a session was organised in which members each presented a poster on their World Hepatitis Day activities while our first physical Annual General Meeting enabled members to input into WHA governance and activities in the pipeline. The event and its unprecedented opportunities for networking spurred many groups to independently organise and conduct regional meetings and undoubtedly fostered a real sense of solidarity that continued to build throughout the World Hepatitis Summit that followed.

**Action 2.3 Creating new patient groups in high prevalence areas where no groups exist**

This is on-going work. We are, however, encountering resistance from clinicians, who are key to this because they have the contacts with the patients. In some countries this is a cultural issue, with clinicians failing to see the usefulness of patient organisations. In others they appear worried that a strong patient voice might disrupt their relationship and discussions with government. We are extremely concerned by this misunderstanding of the importance of the patient voice and we fundamentally do not accept the right of doctors to presume to speak on our behalf.

**Action 2.4 Developing a training programme for healthcare professionals to assist in the creation of new patient groups**

Patient led advocacy is vital in generating change within the hepatitis community and persuading governments to adopt national strategies. In March we used the 24th Conference of the Asian Pacific Association for the Study of the Liver (APASL) in Istanbul, Turkey as an opportunity to highlight the global importance of this. Co-hosting a symposium with CEVHAP and ELPA entitled “Reduce the Burden of Viral Hepatitis from East to West”, the World Hepatitis Alliance delivered a presentation on the fundamental role patients...
Strategic Goal 2

play in advocacy efforts and how clinicians, because they are in touch with patients, could be instrumental in helping to get them together to form new patient groups.

In order to help clinicians with this process, in April we launched PACT, the Patient Advocacy Group Creation Tool, an online learning tool that explains the benefits setting up patient advocacy groups and how these can be established and supported. See A focus on: Expanding the patient voice for more info.

**Action 2.5 Increasing our membership by ensuring existing groups join WHA and by supporting the creation of new groups**

A stronger alliance of patient organisations means our voice is louder so increasing our membership base is an important step in elevating the patient voice. See A focus on: Expanding the patient voice for more info.

**Action 2.6 Attending or being visible at high profile conferences**

Ensuring that we represent the voice of people living with viral hepatitis across issues, we attended and spoke at a number of key conferences such as the 58th Commission on Narcotic Drugs (CND) in Vienna where we reinforced the need for practical harm reduction policies. This meeting also provided an opportunity for us to input on preparations for UNGASS 2016 (Special Session of the General Assembly on the World Drug Problem). With this important meeting taking place in April 2016, we expect to address the issue of harm reduction in more detail in 2016.

We also attended a meeting in Singapore on HIV co-infection with viral hepatitis where we asked delegates to consider the issue of co-infection as potential ‘pathfinder’ for the issue of mono-infection.

**Action 2.7 Working with medical societies such as EASL, APASL, AASLD and ALEH and exhibiting at their main liver meetings**

Our presence at high profile liver meetings such as the European Association for the Study of the Liver (EASL) International Liver Congress (ILC) and American Association for the Study of Liver Diseases (AASLD) The Liver Meeting plays an important role in promoting the World Hepatitis Alliance and provides us with a unique opportunity to reach many people from a range of audiences. In April, the WHA team attended the EASL ILC and ensured the patient voice was at the heart of event. EASL kindly donated a large booth space in the very centre of the exhibition hall bringing patient representation to the forefront of the meeting; a position people living with viral hepatitis should rightly occupy in discussions around their health. We made the most of the space to launch a number of new projects and engage as many doctors and healthcare workers as possible with information, videos, demonstrations and even free coffee. At the ‘Promoting awareness of hepatitis C: engaging patient association groups for success’, WHA President Charles Gore presented the findings of the HCV Quest Global Patient Survey, emphasising the shortfalls in treatment and care people living with hepatitis C receive and the improvements needed in doctor-patient relationships. The focus on patient experience was also reflected in the opening of the art exhibition ‘Perspectives – Art, Liver Diseases and Me’, in which the stories of people living with hepatitis C where expressed in art pieces, from paintings to installations and film to interpretive dance. Partnering with the initiative, we spoke at the official opening of the exhibition and highlighted the importance of raising awareness of the impact of viral hepatitis.

**Action 2.8 Using our special consultative status with the United Nations Economic and Social Council (ECOSOC) to provide our expert opinion on matters related to viral hepatitis**

There were no appropriate ECOSOC meetings
during the year. However, we are preparing for the UN General Assembly Special Session on the global drug policy in 2016, which will be a critical opportunity to try to move global drug policy away from its overemphasis on a criminal justice approach towards a more balanced, public health approach that will do more to prevent new hepatitis infections.

**ACTION 2.9 EXPANDING OUR INTERACTION AND PARTNERSHIP WITH NGOS IN RELATED AREAS SUCH AS HIV/AIDS, CANCER AND HARM REDUCTION**

Viral hepatitis touches a number of different issues so working with and supporting organisations in related areas is important not only to increase the organisation’s influence but also to develop a collaborative approach to tackling the disease.

In 2015 we joined expert harm reduction committees including the New York NGO Committee on Drugs (NYNGOC), Vienna NGO Committee on Drugs (VNGOC) and the International Drug Policy Consortium (IDPC). By engaging with these formal civil society mechanisms, we are able to engage in UNGASS 2016 (Special Session of the United Nations General Assembly on the World Drug Problem).

In November we joined the European Centre for Disease Prevention and Control, the European AIDS Treatment Group and the organisers of European HIV-Hepatitis Testing Week for a live Twitter chat. Over 43,000 people were reached during the chat, greatly increasing awareness of the importance of getting tested

We also supported and commemorated other key relevant events such as World Cancer Day, Patient Solidarity Day and World AIDS Day.

**ACTION 2.10 EXPANDING OUR INTERACTION AND PARTNERSHIP WORK WITH RELEVANT INTER-GOVERNMENTAL ORGANISATIONS SUCH AS ASEAN, MERCOSUR, APEC AND CICA**

In 2015 we did not succeed in expanding our interaction with inter-governmental organisations, largely due to a lack of opportunities and resources. Throughout 2016 we will strive to attend appropriate meetings to broaden our outreach with such organisations.

**ACTION 2.11 DEVELOPING AND PROMOTING TOOLS TO SUPPORT OUR MEMBERS’ WORK (CUSTOMISABLE POSTER TOOL, MULTILINGUAL LEAFLETS)**

In many countries, particularly in Europe, migrant populations are disproportionately affected by hepatitis B and C so in January 2015 we developed a multi-lingual leaflet tool as part of the HepScreen initiative to raise awareness and promote screening among these communities. The online tool allows visitors to download leaflets that provide information in simple language to accompany testing initiatives. From the 42 languages currently available in the tool, the leaflets can be downloaded in any two languages – the language of the country where the testing is taking place and the language of the migrant group being offered the test – meaning that over 800 different leaflets can be produced. View the leaflet tool here.

We have also participated in and run workshops such as during ELPA University, where we delivered a workshop addressing both the causes and effects of stigma and discrimination and highlighting examples of campaigns that have addressed stigma and discrimination of viral hepatitis. As one of the most significant barriers to raising mass public awareness, stigma is a crucial issue to overcome and the workshop was particularly important to remind fellow patient advocates that we must find innovative ways to overcome the discrimination and shame that surrounds the disease.
A FOCUS ON

EXPANDING THE PATIENT VOICE

Expanding the patient voice

Patient advocacy organisations have a pivotal role to play in stimulating political interest in hepatitis. As a global alliance of patient groups, we know that together our voices are much stronger. From establishing new patient groups and growing our membership base to showcasing organisations’ activities on a global scale and building members’ capability and capacity in key areas, central to our work is ensuring that those who are living with viral hepatitis are at the forefront of any discussions and decision making on things that affect them.

Creating new patient groups

Patients are an integral part of successful advocacy. Yet patient group numbers throughout the world are extremely small. To address this and thus create stronger advocacy, we developed the Patient Advocacy Creation Tool (PACT). Launched at EASL ILC in April, PACT is an online tool to support those setting up patient advocacy and support groups and help them to develop. Primarily aimed at physicians and healthcare workers, the people most likely to be in regular contact with patients, the tool is appropriate for anyone interested in establishing a patient group for hepatitis. Supported and enhanced by videos and infographics, the text explains the reasons for setting up patient groups and provides guidance on how to do this and includes interviews with physicians, academic and patient group representatives from around the world.

Showcasing WHA members’ activities

Throughout the year we highlighted some of the many exemplary activities our member organisations are doing all over the world. This has included advocacy work in Ghana, an initiative in Bangladesh providing free treatment, and a member group in Mongolia launching a national programme with the government. We were also delighted to be able to bring together WHA members to support a successful social media campaign in Brazil. By encouraging WHA members to join the #selfieHepatiteC campaign from member group C Tem Que Saber – C Tem Que Curar, we helped to bring the campaign to people all over the world with members from countries including USA, Bangladesh, and Serbia joining the movement.
BUILDING CAPACITY AND CAPABILITY

Strengthening our member groups’ capacity in key areas is fundamental to building and maintaining a strong alliance of patients across the world. Ahead of the World Hepatitis Summit, we invited all member organisations of the World Hepatitis Alliance to attend the Pre-Summit Member Conference, a 2-day conference in which members took part in workshops on advocacy, media and public relations and fundraising with fellow organisations from their region. To promote the exchange of experiences between patient advocates, a session was organised in which members each presented a poster on their World Hepatitis Day activities. The event and its unprecedented opportunities for networking spurred many groups to independently organise and conduct regional meetings and undoubtedly fostered a real sense of solidarity that continued to build throughout the World Hepatitis Summit that followed.

EXPANDING OUR MEMBERSHIP BASE

Throughout the year, WHA’s membership base grew as we welcomed 30 new organisations to the alliance. At the end of 2015, WHA’s membership was composed of 225 members in 81 countries across the world. Further expanding our network helps to create greater unity and cooperation among the global hepatitis community, which is, of course, fundamental to efforts in tackling the global hepatitis epidemic.
The challenge

Despite killing significantly more each year than HIV/AIDS or malaria, viral hepatitis remains a largely neglected public health issue. Without a higher profile and priority for hepatitis, this situation will not change.

What we aimed to do in 2015

- Delivery of World Hepatitis Summit
- 150 countries participating in WHD
Strategic Goal 3

What we’ve achieved

Action 3.1 Working with champion countries to promote hepatitis as a major public health threat and to propose World Health Assembly Resolutions
Throughout 2015 we worked closely with champion countries to raise the profile of viral hepatitis as a serious global health threat. This included meetings with the governments of Brazil, Egypt, Georgia and Mongolia. We also encouraged with champion countries to drive momentum and gather backing for the Global Health Sector Strategy on viral hepatitis being proposed at the 2016 World Health Assembly.

Action 3.2 Working with champion countries to mobilise resources for hepatitis, including the engagement of global donors
Engaging in discussions with global donors was key to our work at the beginning of the year. Upon receiving feedback that global donors are currently unlikely to finance hepatitis, we conducted the World Hepatitis Advisory Committee meeting to explore innovative financing options outside of traditional global donor funding. See Action 1.9 for more details.

Action 3.3 Working with IARC (WHO’s cancer research arm) and other oncology partners to ensure that tackling hepatitis is seen as a key component of cancer and therefore non-communicable disease prevention
Whilst we continued to stress that viral hepatitis is a leading cause of liver cancer, lack of resources restricted us from developing this action.

Action 3.4 Working to embed hepatitis in developing global health trends
Embedding viral hepatitis in wider global health trends is crucial to the disease gaining the attention it so desperately needs. This is why, following the expiry of the Millennium Development Goals, the United Nations General Assembly’s adoption of the Sustainable Development Goals (SDGs) heralds the most significant commitment to global development to date. Goal 3 of the SDGs focuses on health and well-being and specifically Target 3.3 strives to “end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases” by 2030. Given that viral hepatitis was left out entirely from the Millennium Development Goals, it is a great leap forward to see mention of hepatitis in these new targets. However, to simply endeavour to ‘combat’ the global hepatitis epidemic does not accurately reflect the scale of the issue nor encourage the commitment needed to significantly reduce the death toll. Ahead of the approval of the SDGs we sought to strengthen the language of Target 3.3, including an intervention at the World Health Assembly in May 2015.

Action 3.5 Hosting the first World Hepatitis Summit in partnership with WHO
The inaugural World Hepatitis Summit took place 2 – 4 September 2015 in Glasgow, Scotland. A joint WHO and WHA project, the event was hosted by the Scottish Government and attended by delegates (including 9 Ministers of Health) attended from 84 countries. The event provided an opportunity for Governments to learn about WHO’s Global Hepatitis Programme and directly supported the implementation of the WHA67.6 resolution by providing Member State representatives with the necessary tools to develop national hepatitis strategies. For more information, see A focus on: World Hepatitis Summit.

Action 3.6 Co-ordinating World Hepatitis Day in partnership with WHO
World Hepatitis Day remains the key event that unites the global hepatitis community and generates real public awareness across the globe. In the most successful World Hepatitis Day yet, 159 countries commemorated the day, prompting more to learn about the disease and how together we can tackle the global epidemic. To learn more, see A focus on: World Hepatitis Day.

World Hepatitis Day events raise much needed awareness

World Hepatitis Day activities take place in 159 countries
A unique opportunity to unify the global response to hepatitis, every year World Hepatitis Day vastly improves public awareness and enables us to demand better prevention programmes, access to treatment and government action by showing policy-makers that communities in different countries and regions are confronting many of the same key issues. Once again on 28 July 2015 we celebrated another extremely successful day and saw the global hepatitis community, governments across the world, WHO and the general public come together to highlight the urgent need to tackle viral hepatitis.

In order to support efforts throughout the world, we created a global campaign to assist individuals to raise mass public awareness. The theme of World Hepatitis Day 2015 was Prevent hepatitis: it’s up to you, emphasising the fact that the majority of the deaths caused by viral hepatitis can be prevented and everyone from policy-makers to the general public must play their part to prevent new transmissions. The campaign key messages were split into four key pillars (Know the Risks, Vaccination and Treatment, Blood and Injection Safety and Harm Reduction) and were brought to life with posters and infographics.

To encourage individuals across the globe to help raise awareness, we created the 4000 voices social media campaign, asking people to tweet #4000voices and provide a voice for the 4,000 lives lost every day due to hepatitis. All tweets were collated in an online mosaic, producing a powerful visual representation. The campaign was supported by an online quiz and Thunderclap and saw well-known celebrities and international organisations get involved, including Sir Richard Branson, singer Natalie Cole, British comedian Stephen Fry, TV Doctor Dr Christian Jessen, Fightstar, the United Nations, WHO and the UN Office on Drugs and Crime.

Whilst the phenomenal level of involvement in World Hepatitis Day is encouraging, we continue to strive to transform one day of recognition into a platform that builds sustained awareness and sustained commitment throughout the year.

For comprehensive country by country information on the day’s successes and highlights from WHO, government and WHA member events, read the World Hepatitis Day 2015 Summary Report available here.
A GLOBAL CAMPAIGN ON A LOCAL LEVEL

Globally, 4000 voices reached millions but one of the biggest signals of success is the adaptability of the concept on a local level. We witnessed 4000 voices lending itself well to local activities with many national patient organisations adopting the campaign. Here are just two examples of how local organisations were inspired by 4000 voices.

USA

In New York, as part of the NYC 2015 WHD event, WHA member Charles B. Wang Community health Center and Team HBV NYC and Hep Free NYC held a candlelight vigil in honour of the 4000 people worldwide who die every day from viral hepatitis. 125 students attended the event, decorated LED tea lights for the vigil and participating in a moment of silence in remembrance for the 4000 lives lost.

BULGARIA

WHA members HepActive and Hepasist joined forces to launch 841 voices and raise awareness of the 841 people who die from hepatitis C in Bulgaria every year. As part of the campaign, the organisations held a concert with famous musicians and invited doctors and patients to speak on stage. At the event the groups organised a flashmob making the letter ‘C’ as well as offering attendees free testing. As part of the initiative, a patient video was launched and John Lawton from rock band Uriah Heep donated a song to the campaign. The organisations also created their own Facebook campaign asking people to lend their photos to their “Wall of Faces” in line with the WHA's 4000 voices mosaic to raise awareness and show support for patients.
A focus on

World Hepatitis Day

Harnessing celebrity support

- John Lawton from rock band Uriah Heep donated a song to the WHD campaign in Bulgaria.
- Right Said Fred fronted hep C testing campaign “I’m not too sexy to get tested” which launched on World Hepatitis Day.
- Singer Marianne Faithfull launched a week-long series of information events that took place across Dublin, Ireland.
- National Liver Foundation of Bangladesh worked with the Bangladesh Cricket Supporters Association (BCSA), the biggest Cricket Supporters Community of the country, to promote viral hepatitis awareness on social media among the cricket supporters of Bangladesh. Captain of Bangladesh cricket team, Mushfiqur Rahim, gave a special awareness message on World Hepatitis Day.
- Ghanian rapper Okyeame Kwame organised a car wash with local celebrities.
- President of Uganda, H.E. Yoweri Kaguta Museveni, launched the National Hepatitis B Programme on World Hepatitis Day.
- President of the United States Barack Obama released a Presidential Proclamation.
- Key figures that signed the World Hepatitis Day 2015 Thunderclap and/or joined the 4000 voices campaign: Actor & Comedian Stephen Fry; Comedian Ben Miller; TV Doctor Dr Christian Jessen; Fightstar; British Secretary of State for Heath Jeremy Hunt; Singer Natalie Cole; Richard Branson; Actress & Fashion Designer Sadie Frost; Labour MEP Theresa Griffin; Scottish Minister for Sport, Health Improvement and Mental Health Jamie Hepburn; Broadcaster & Activist Mohammed Anwar; Labour MP Virendra Sharma MP; World Health Organization; United Nations Office on Drugs and Crime; US Office for HIV/AIDS, United Nations Office at Geneva.
Inexplicably, so little of the information available about hepatitis C comes from those living with the disease. In order to address this imbalance and ensure the patient voice is truly heard throughout the world we created the HCV Quest Global Patient Survey and surveyed almost 4,000 people from 73 countries on how living with hepatitis C impacts all aspects of their lifestyle, how much they knew before they were diagnosed and their experience of diagnosis, care and treatment. In April 2015 we revealed the findings in a Global Report that confirms not nearly enough is being done by governments to raise awareness, that physicians persistently miss opportunities to diagnose people, that living with hepatitis C and undergoing interferon-based treatment has a greater than appreciated impact on a person’s physical, psychological and emotional health, that the impact is too often unappreciated by healthcare professionals in particular and that in general not enough is being done to inform and support patients throughout the world. The findings of the survey sent very clear messages: more action is needed across the globe and far more must be done to ensure that people with hepatitis C are given the support and care they deserve.

Analysing the responses in greater depth, we produced country specific reports that reveal insights into the experiences shared by patients in each country and highlight pertinent findings in comparison with regional results. Reports were made available in the native language of the following countries from which the most survey responses were received: Argentina, Austria, Australia, Belarus, Belgium, Brazil, Bulgaria, China, Egypt, France, Greece, Hungary, Israel, Japan, Malaysia, Mexico, Poland, Romania, Russia, Spain, UK and USA.

All WHA members attending the Summit were given USB sticks with copies of the reports to complement their newly consolidated advocacy skills. We encouraged members to utilise the findings from the reports to raise awareness of the impact of the disease, highlight government and health service shortfalls and improve doctor-patient relationships.
The year ahead

As a result of our achievements in 2015, the viral hepatitis landscape is rapidly changing. The inclusion of viral hepatitis in the Sustainable Development Goals heralds the most significant commitment to date and with over 80% of the world marking World Hepatitis Day 2015, hepatitis is benefiting from greater awareness than ever before. Accelerating this progress will be key to our efforts in 2016. WHO has developed a Global Health Sector Strategy (GHSS) on viral hepatitis with ambitious targets and a stronger focus on governments to develop national plans. 2016 therefore signals an unprecedented opportunity for hepatitis to be firmly placed on the global health agenda and elimination to become a realistic goal.

To reflect the changing environment, our strategic goals for 2016 have evolved to include a fourth goal – increased access to diagnostics, vaccines and new therapies for hepatitis. This reflects the need for the huge scale-up needed to achieve the global targets proposed by the GHSS.

Our actions will strive to deliver our single over-arching goal: the elimination of hepatitis B and C. The very same goal that WHO proposes all 194 Member States sign up to in GHSS.
Here is a snapshot of our plans for 2016

1. Many more countries with effective and funded hepatitis plans in place or at least in development

- Central to our work in 2016 will be ensuring that the GHSS is adopted at the World Health Assembly. We will work closely with governments and civil society to encourage its adoption and subsequently work with national governments on the development and implementation of hepatitis strategies.
- We will continue to support WHO with the production and dissemination of guidelines, such as the upcoming hepatitis B and C testing guidelines.
- We will work closely with WHO regional offices to assist in the development and implementation of regional strategies.

2. Increased access to diagnostics, vaccines and new therapies for hepatitis

- Aware of complexity of the issue of access to medicines, we will work to educate members around the issue through website and magazine updates and webinars.
- To establish a reliable understanding of the level of access to affordable medicines and diagnostics across the world, we will conduct a survey among WHA members.
- We will hold meetings in different countries to explore innovative funding solutions.

3. Increased influence of the World Hepatitis Alliance and its members through capability building programmes

- Following the launch of the HCV Quest Global Patient Survey findings, we will develop a toolkit that includes documents and resources designed to support the development, roll-out and utilisation of survey findings for advocacy activities.
- We will launch an advocacy webinar series that focuses on developing advocacy capacity to effectively engage policy makers, share policy developments and opportunities and train advocates on new surveys and tools.
- We will conduct a survey to assess the level of stigma and discrimination in different countries.

4. Greatly increased profile and priority of viral hepatitis

- To push the elimination up the global health agenda, we will develop and launch a global hepatitis movement that aims for the elimination of viral hepatitis by 2030.
- We will develop concepts and collaterals for World Hepatitis Day and support activities across the world.
- We will highlight the inclusion of hepatitis in the SDGs to the wider global health community.
1. ENTITY PROFILE

“The Association World Hepatitis Alliance has been registered in Geneva since 5 December 2007. The entity is a non profit organisation providing global leadership to drive action to help eliminate viral hepatitis as a public health threat. The Association has less than 10 full time employees.”

2. SUMMARY OF MAIN ACCOUNTING PRINCIPLES

The financial statements are prepared according to the Swiss accounting principles, in particular according to the articles 957 to 962 of the Swiss code of obligations.

The main accounting principles applied are described below:

a. “Donations received with a specific aim are booked as "WHA income restricted"”. Donations received with no specific aim are booked as “WHA income unrestricted” and can be freely used within the statutory objective of the Association.”

b. Trades receivables and other receivables accounts are stated at nominal value less appropriate allowances for estimated irrecoverable amounts.

c. Accrued income / expenses, prepaid expenses and prepaid income include portions of costs and revenues which are common to two or more financial years, in accordance with accrual basis accounting.

d. Fixed assets are stated at cost, less accumulated depreciation and impairment. Depreciation is calculated on a straight line basis according to the expected useful life of the fixed assets.

e. 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.

   • All profit and loss statement items are translated into Swiss francs 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 Association has obtained a tax ruling valid until 2017 under which the entity is not subject to Swiss income and capital taxes.

The company has adopted the new accounting prescriptions of the Swiss code of obligations since 01.01.2015. This did not have a significant impact on the accounts.

3. CONTINGENT LIABILITIES AND PLEDGED ASSETS

31/12/2015

CHF 31/12/2014

CHF

4. SOCIAL SECURITY AND PENSION LIABILITIES

PAYE Control 11,631.95 10,715.14
Pension Control 1,062.89 701.98

5. OFF BALANCE SHEET COMMITMENTS

None

6. SUBSEQUENT EVENTS

None

FINANCIAL REVIEW

NOTES TO THE FINANCIAL STATEMENTS AS OF 31 DECEMBER 2015

Balance sheet as of 31 December

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### NET ASSETS

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### Exchange rate

to translate net assets | 1.475340 | 1.549320

### Income Statement 2015

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### EXPENSE

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### Exchange rate

to translate Income Statement | 1.47062605 | 1.50862261
### Financial Review

#### Cumulative Translation Adjustment

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CTA in net equity as of 31.12.2014 | 42,593.84 |
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London
SE1 1YW
UK

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1211 Genève 6
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Email: Contact@worldhepatitisalliance.org

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