Fighting for a world free from viral hepatitis

To achieve a world free from viral hepatitis, the World Hepatitis Alliance provides global leadership in advocacy, awareness-raising and the fight to end its social injustice.
MESSAGE FROM OUR CEO

2016 will forever be remembered as a year of revolution for viral hepatitis. For all of us working in the field, 2016 was the year the world woke up from years of neglect and the year that after rallying together for the past decade, our efforts finally paid off.

The moment that governments made the greatest global commitment in viral hepatitis to date and adopted the world’s first global strategy on the epidemic was a truly momentous occasion; one which would not have been possible without the strength of our voices and perpetuity of our fight. Now that the world’s governments have joined us in the fight to eliminate viral hepatitis by 2030, we took a giant leap forward and our highlights of 2016 show just how large a leap this really is;

World Hepatitis Day 2016 was the most successful to date. With almost every country in the world participating and over half the world’s governments commemorating the day, it remains the most significant date in the hepatitis calendar. It represents an opportunity for everyone, from national governments to local patient organisations, to come together to raise much needed awareness and demand greater action across the globe. World Hepatitis Day 2016 was of particular significance as it was a moment to propel the elimination message. Over 1,100 events and activities were held across the globe, the vast majority of which focused around the theme of elimination.

Crucially World Hepatitis Day 2016 will forever be a key moment in our journey to elimination as it saw the launch of NOhep. NOhep is the first global grassroots movement focused on elimination of viral hepatitis by 2030 and unites all stakeholders in this fight. Existing to strengthen our voice and ensure targets outlined in the global strategy are met, it has already gained considerable momentum. With sign-ups from over 100 countries and 30,000 online conversations, over 90 million people have already been reached and its impact continues to grow.

As elimination gains ever more traction, we believe patient advocates hold the key to ensuring governments maintain their commitments. Therefore a key aspect of our work in 2016 has been educating and upskilling World Hepatitis Alliance members. Our two webinar series Tools for Change and Knowledge for Change aimed to enhance the power of patient advocacy by equipping members with the skills and knowledge to effectively lobby for change. To date the webinars have been watched over 2,358 times and key achievements throughout 2016 demonstrate patient advocates putting these learnings into action.

It is thanks to these tireless efforts that elimination is now firmly on the agenda. Now that we can forget the wishful thinking, we can focus on the action. There is still much work to be done but we have no intention of faltering. Neither do we have any intention of allowing a single government to forget their commitment and forget that elimination is achievable.

Raquel Peck
Chief Executive Officer
World Hepatitis Alliance
The World Hepatitis Alliance (WHA) is an ambitious patient-led and patient-driven organisation leading the global fight against viral hepatitis, one of the leading causes of death worldwide.

With over 250 member patient groups from 86 countries, we work with governments, national members and other key partners to raise awareness of viral hepatitis and influence global change – transforming the lives of the 325 million people living with viral hepatitis and the future we share.

**Our values**

- **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 go above and beyond to achieve 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; to 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. We use trust to strengthen our efforts worldwide.

**Our work**

**About viral hepatitis**

Viral hepatitis is a leading cause of death globally, accounting for 1.34 million deaths per year – comparable to HIV/AIDS, tuberculosis or malaria. Together, hepatitis B and hepatitis C cause 80% of liver cancer cases in the world and the viruses lead to 1 in every 12 cancer deaths.

With 325 million people living with viral hepatitis worldwide, it is not found in one location nor amongst one set of people; it can affect millions of people without them even being aware. Currently, only 11% of people living with viral hepatitis know about their status. This can result in the real possibility of developing fatal liver disease at some point in their lives and in some cases, unknowingly transmitting the infection to others.

With the availability of effective vaccines and treatments for hepatitis B and a cure for hepatitis C, the elimination of viral hepatitis is achievable, but greater awareness of the disease and the risks is a must, as is access to cheaper diagnostics and treatment.
Celebrating 15 years of World Hepatitis Day

In 2003, the World Health Assembly (WHA) established the Global Hepatitis Programme, followed by the first World Hepatitis Day (May 19, 2008), with the goals to increase awareness about hepatitis, support patient advocacy, and raise funds for research. Since then, WHA and WHO have worked tirelessly to address viral hepatitis and its deadly effects around the world.

In 2008, the WHA established the World Hepatitis Alliance (WHAA), an international non-governmental organization that aimed to help governments and people living with viral hepatitis. WHA and WHO have continued to work together to advocate for the first World Hepatitis Day and have established an official day since 2009.

In 2013, WHA and WHO launched the Global Policy Report on the prevention and control of viral hepatitis. In 2014, WHA and WHO adopted the first resolution on viral hepatitis (WHA64.18), which called for the development of global and national policies and programmes to address hepatitis.

The WHA continued to advance the policy framework to support hepatitis elimination. The WHA67.6 resolution, which asked WHO to examine the feasibility of elimination, was adopted at the 67th WHA in May 2014. The WHA67.6 resolution provided an opportunity for the WHA to address the need for elimination targets for hepatitis.

In 2015, WHA and WHO launched the Global Health Sector Strategy, in which WHO and its Member States committed to eliminate viral hepatitis by 2030. The WHA82.15 resolution, adopted in 2016, renewed the commitment to eliminate viral hepatitis by 2030.

WHA and WHO have continued to collaborate with civil society and experts in the field, including the first global hepatitis Summit in 2017, which aimed to bring together stakeholders to address the need for elimination targets for hepatitis.

This infographic highlights the milestones in the WHO’s commitment to eliminate hepatitis by 2030.

For full details, please refer to the report "World Hepatitis Day and World Hepatitis Day: 15 Years of Activism and Action".
2016: Year in Review

Strategic Report 2016: The Year We Put Elimination on the Map

In 2016 we published our Strategic Plan 2016-2017 highlighting the key challenges we must overcome to achieve our ambitious goal of the elimination of viral hepatitis.

These challenges included:

- The lack of thorough, up-to-date, and consistent epidemiological information on the magnitude and distribution of viral hepatitis
- The gaps in vaccination provision to newborns and to adults outside of the healthcare workforce
- Access to drugs and to diagnostics
- Workforce capacity
- The lack of a global funding mechanism to support national hepatitis programmes

To address these challenges our Strategic Plan 2016-2017 identified four Strategic Goals and accompanying actions:

- Strategic Goal 1: Many more countries with effective and funded hepatitis plans in place or at least in development
- Strategic Goal 2: Increased access to diagnostics, vaccines and new therapies for hepatitis
- Strategic Goal 3: Increased influence of the World Hepatitis Alliance and its members through capacity building programmes
- Strategic Goal 4: Greatly increased profile and priority of viral hepatitis

This report summaries our achievements and performance in 2016 against these goals.
2016 HIGHLIGHT

PUTTING ELIMINATION ON THE MAP

At the 69th World Health Assembly on 28 May, 194 Member States made a historic commitment by unanimously voting to adopt the first ever global hepatitis strategy, signalling the greatest global commitment in viral hepatitis to date. The strategy sets a goal of eliminating hepatitis B and C by 2030 and includes a set of prevention and treatment targets, which, if reached, will reduce annual deaths by 65% and increase treatment to 80%, saving 7.1 million lives globally.

The hepatitis community played a central role in ensuring the strategy’s adoption, from lobbying governments and raising awareness through the media to pushing, shaping and ensuring the adoption of previous resolutions on the disease that have led to the strategy. Much of our work in 2016 was focused on getting this global strategy adopted.

In January the draft strategy and its targets were discussed at the WHO Executive Board meeting. Ahead of the meeting we carried out targeted outreach with our members and we were encouraged to see a high majority of countries endorsing the draft strategy.

We also liaised directly with some key country champions such as Brazil and led efforts to neutralise others who offered potential challenge to the adoption of the strategy such as the UK. In May we attended the UK Global Health Team meeting where experts were invited to review issues on the World Health Assembly agenda. At the meeting we stressed that the strategy is the single most important document on viral hepatitis to date as it represents specific commitments in the form of targets and an elimination goal for the first time.

We also provided WHA members with materials to support advocacy ahead of the Assembly and media outreach around the event. These included an animated video explaining the strategy and its targets, a template letter to ministers, a template press release and sample social media posts. During the Assembly we secured placement in top tier media outlets including Al Jazeera and Devex as well as high profile global health blogs, which helped to draw attention to this momentous occasion.

MAKING AN IMPACT

“Support from the World Hepatitis Alliance greatly assists in getting our voice heard by the government. The resources and guidance provided, such as the template letter to ministers calling for the adoption of the Global Health Sector Strategy at the World Health Assembly, makes engaging with policy makers easier and more effective. By joining in such initiatives, we know we’re part of a larger global patient advocacy voice.”

National Organisation for People Living with Hepatitis B, Uganda
2016 HIGHLIGHT

NOhep

In 2015 at the World Hepatitis Summit there was a clear call for greater awareness of viral hepatitis, the need for a strong brand and most importantly, a global movement to uphold commitments to elimination. In response to this, we developed NOhep in consultation with WHA members and civil society organisations working in hepatitis.

Launched on World Hepatitis Day (WHD) 2016, NOhep is the first global grassroots movement focused on eliminating viral hepatitis by 2030. Aimed at uniting all stakeholders, NOhep has been created to build global awareness of the disease, similar to the red ribbon for HIV/AIDS, and to support the delivery of the targets outlined in WHO’s Global Health Sector Strategy on viral hepatitis.

The launch of NOhep was a phenomenal success with the movement being celebrated in 77 countries across the globe. To create buzz around the launch, we created the ‘2030: Year in Review’ video. Inspired by the Google 2015 Zeitgeist video, it takes a look ‘back’ at key achievements in 2030, the highlight being the elimination of viral hepatitis. The video concludes with a powerful call to action for people to join NOhep to make these achievements a reality. NOhep merchandise was provided to all WHA members to support the launch and many more advocates adorned the logo across T-shirts, wristbands, water bottles, badges, puzzles, stress balls, yoyos, and so much more. As a result the brand has become almost instantly recognisable as a symbol for elimination and this unified brand is bringing supporters together and elevating the voice of individuals.

Since its official launch on WHD 2016, the movement has gained considerable momentum and in the first six months saw sign-ups from over 100 countries, 30,000 online conversations and 90 million reached. Similarly, at a national level, NOhep is being used by medical professionals, patient groups and civil society groups to support on the ground activities to eliminate viral hepatitis. So far, we have seen NOhep testing camps in Pakistani slums, NOhep cricket tournaments in Bangladesh and NOhep academic conferences in Iran, amongst many others.

Although pioneered by WHA, NOhep is a grassroots movement which is now being used by a diverse range of stakeholders as a platform to support their own activities. Moving forward, NOhep will continue to unite all stakeholders who have a role to play in achieving the elimination of viral hepatitis and will firmly position itself at the forefront of the elimination conversation, showcasing exemplary leadership, fostering on the ground innovative solutions and taking action to support the policy change needed to eliminate this cancer-causing illness by 2030.

Making an Impact

“More than 15 million people are living with hepatitis in Pakistan. We used the platform of NOhep to engage multi stakeholders including young people, homeless people, pregnant women, transgenders, people who inject drugs, media, health care workers, academia and religious groups in hepatitis awareness and screening programs to achieve the common aim of leave no one behind.”

Bridging Health Foundation, Pakistan

2016 Successes

- 30,000 NOhep actions
- 77 countries launched NOhep on World Hepatitis Day
- >100 countries signed up
- >90 million online conversations
- 5 NOhep groups established
- 329,899 views on 2030: Year in Review video
2016 HIGHLIGHT

WORLD HEPATITIS DAY

The sixth official World Hepatitis Day (WHD) took place on July 28 2016, bringing the world together to raise awareness of the global burden of viral hepatitis and to influence real change in disease prevention and access to testing, treatment and care.

In order to support efforts throughout the world, WHA created a global campaign to assist individuals to raise mass public awareness. The theme of WHD 2016 was ELIMINATION to coincide with adoption of WHO’s Global Health Sector Strategy (GHSS) on viral hepatitis 2016-2021, which set a goal of eliminating hepatitis B and C as a public health threat by 2030.

Once again the impact of WHD grew substantially in 2016, with 174 countries taking part across the globe and 105 national governments commemorating the day. With over 1,100 events held worldwide, WHD 2016 was marked with screening and vaccination drives, public seminars, press briefings, marches, health fairs as well as more unusual events such as awareness-raising pop songs and the illumination of well-known landmarks. Throughout the world the day was supported by heads of state, ministers, celebrities, private corporations, civil society organisations, the media and the general public. On social media, the WHD hashtag trended and WHD posts were viewed 396 million times.

WHD 2016 highlights:

- London, UK: to mark WHD and launch NOhep, we held the world’s first hepatitis ‘die-in’ with one of our national members, the Hepatitis C TrusT. A video was shown on the iconic screens in Piccadilly Circus where nearly 100 activists participated to show solidarity with those who lose their lives to hepatitis every year.
- Mumbai, India: WHO and the Ministry of Health and Family Welfare of India held the official WHD global event where Bollywood star Amitabh Bachchan gave a speech highlighting the importance of awareness.
- Beijing, China: WHO Country Office for China and WHA member Wu Jieping Medical Foundation held a hepatitis C forum and press conference which we attended to launch NOhep in China.

The WHD 2016 Summary Report, detailing the day’s successes and highlighting WHO, government and WHA members’ WHD events and activities can be found here.

Making an impact

“Since 2010, we have joined forces with the World Hepatitis Alliance to celebrate World Hepatitis Day. The resources and guidance they provide us each year connects us with a global community of organisations, patients and governments, helping us to build awareness and deliver national impact.”

Deutsche Leberhilfe e.V., Germany

The WHD 2016 Summary Report, detailing the day’s successes and highlighting WHO, government and WHA members’ WHD events and activities can be found here.
2016 HIGHLIGHT

WEBINARS FOR CHANGE SERIES

In 2016 we launched two webinar series to build WHA members’ and patient representatives’ capability and capacity in key areas.

Tools for Change

Tools for Change aimed to enhance the power of patient advocacy by upskilling viewers on methods and tools needed to effectively lobby for change. Panellists included representatives from WHO, national governments and WHA member organisations as well as case studies from outside the field of viral hepatitis so patient advocates working in any disease area can benefit from the content.

• Webinar 1 ‘Understanding the Global Health Sector Strategy for Viral Hepatitis: Making an impact’ discussed the WHO Global Health Sector Strategy on Viral Hepatitis and how organisations can use global policy commitments as a lever for national change.
  • Webinar 2 ‘How to interpret and leverage results for effective advocacy: HCV Quest Global Patient Survey’ looked at the use of surveys as tools for effective lobbying and campaigning and provided an introduction to the HCV Quest toolkit.
  • Webinar 3 ‘Awareness as a policy lever’ looked at how creating public awareness is pivotal to policy change. The webinar discussed different ways to generate awareness and attention taking a closer look at awareness campaigns, demonstrations and global movements.

From sharing policy documents and new surveys to providing insights on effectively engaging policy makers, Tools for Change provided viewers with perspective and insights on how patient advocates can best engage policy makers to effect real, on-the-ground change.

Knowledge for Change

Knowledge for Change aimed to educate WHA members and patient representatives on relevant topics within viral hepatitis. The webinars featured renowned experts from organisations including WHO, Clinton Health Access Initiative, FIND, UNITAID, Medicines Patent Pool, TREAT Asia and the University of Liverpool.

• Webinar 1 ‘An Introduction to Diagnostics’ explored the issue of access to diagnostics in the viral hepatitis landscape. Diagnostic tests are the foundation of disease control and elimination and this webinar gave an introduction to the topic while touching on some of the challenges faced today.
• Webinar 2 ‘An Introduction to Medicines’ explored the issue of access to medicines specifically in the viral hepatitis landscape. With effective treatments available for hepatitis B and the increasing number of curative medicines for hepatitis C, access to medicines is an incredibly important issue, but one which can be complex to understand.
• Webinar 3 ‘An Introduction to Accessing Generic Hepatitis C Medicines’ discussed the issues of legalities, quality and performance of generic hepatitis C medicines and ways in which people are accessing them.

With presentations from experts in the field and a unique opportunity to ask questions, Knowledge for Change provided viewers with a solid introduction into complex yet important topics in viral hepatitis.
**Strategic goal 1**

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

**The challenge**

By the beginning of 2016 more countries had started the process of developing national plans but in February 2016 the World Health Organization confirmed that only 36 countries had viral hepatitis national plans in place and 33 had plans in development. This still left the great majority with no comprehensive national approach and even countries with plans were finding huge challenges in getting the financial resources needed. Strong patient advocacy plans a critical role in ensuring the necessary resources are allocated to viral hepatitis.

**What we aimed to do**

- An additional 10 countries with effective and funded national strategies either in place or in development (see Action 1.1, 1.2, 1.3, 1.7)
- Participation in key WHO meetings (see Action 1.4, 1.6, 1.10)
- A regional action plan to tackle hepatitis in Europe is developed (see Action 1.8)
- Hold broad consultation to develop the programme of the second World Hepatitis Summit (see Action 1.5)
- Produce a Pre-Summit survey on our members’ involvement in the development of effective and funded hepatitis plans (see Action 3.9)

**Our aims and results 2016**

**Action 1.1**

When no patient groups exist, respond to requests from national governments to support them in the development of effective and funded national plans

Throughout the year we have been supporting the development of national plans in a number of countries. In January we were represented at the African Viral Hepatitis Summit in Dakar, Senegal by Danjuma Adda, WHA Executive Board Member for the African Region. At the event Danjuma called for comprehensive national plans with robust prevention measures and access to affordable diagnostics and treatment to be implemented in the region.

**Action 1.2**

Upon request, work directly with our members to support them in their collaboration with national governments in the development of effective and funded national plans

In February we joined WHA member Croatian Association of Treated and Ill from Hepatitis “Hepatos” and representatives from WHO Regional Office for Europe for a Hepatitis C: Beginning of the end meeting in Zagreb, Croatia. At the meeting Raquel Peck, WHA CEO chaired a discussion on hepatitis C elimination in Croatia and reiterated that elimination is feasible but scale up is required.

In May we attended the Regional Hepatitis Summit in Dhaka, Bangladesh alongside the Minister of Health and Minister of Information to assist with development and implementation of Bangladesh’s national hepatitis plan.

In June we participated in the Viral Hepatitis in Asia: Collaborating for results meeting in Hong Kong, China with WHA member Yellow Warriors Society Philippines where actions needed to harness recent policy, research and scientific advances were identified.

**Action 1.3**

Work with WHO to develop a monitoring mechanism in line with World Health Assembly Resolution 67.6

We continued to support WHO with the development of the Global Health Sector Strategy (GHSS) Monitoring and Evaluation Framework, which was completed in 2016. We are now discussing with WHO the timeframe for countries to report. We are also working with WHO and the
In April we attended the WHO Regional Office for Europe. It also included a pledge to ensure patients signed up to a hepatitis C elimination manifesto that outlined steps needed to achieve elimination in the region.

In February Charles Gore, WHA President and George Kalamitsis, WHA Executive Board Member for the European Region participated in the EU HCV Policy Summit in Brussels, Belgium where delegates from the patient perspective, moderated a panel debate and presented on global and national advocacy opportunities.

In May Raquel Peck, WHA CEO met the United Kingdom Global Health Team to review issues on World Health Assembly agenda. Raquel stressed the importance of the adoption of the Global Health Sector Strategy on viral hepatitis and provided the patient perspective on this important policy commitment.

In June and July we participated in the Economist Intelligence Unit’s The Path to Zero initiative. The programme is made up of a series of theme based discussions in research, policy and advocacy and a HCV Change Makers recognition programme that identifies and celebrates individuals and organisations as well as programmes and policies that are revolutionising the hepatitis C landscape. We met with experts to vote for nominees and participate in roundtable discussions to identify innovative strategies to raise the profile of hepatitis C and financing mechanisms to fund countries’ elimination.

In July Dee Lee, WHA Executive Board Member for Western Pacific Region and Kenneth Kabagambe of National Organisation for People Living with Hepatitis B, Uganda attended the International AIDS Conference in Durban, South Africa on behalf of hepatitis patients. Participating in the WHO Satellite Meeting on Viral Hepatitis, Kenneth spoke on the role of patient advocacy in eliminating hepatitis. At the Women in High Places meeting in September Su Wang, Executive Board Member for the Americas region highlight patient initiatives to eliminate hepatitis and liver cancer.

In October Raquel Peck, WHA CEO spoke at WHO’s press conference to launch their ‘Global Report on access to hepatitis C treatment – Focus on overcoming barriers’ and stressed the need to expand access to treatment to save lives and achieve elimination.

In January we joined the WHO Regional Office for the Western Pacific (WPRO) Hepatitis B Immunization Expert Resource Panel Consultation in Hanoi, Viet Nam to share experiences to contribute to increasing the rate of hepatitis B vaccination in the region.

In March we attended the HCV2020, Transforming HCV Care meeting in Barcelona, Spain where the University of Deusto’s HCV HUB Planning and Implementation database was launched. The database includes global and national hepatitis c data, action plans, interventions and tools that can be used by advocates to improve advocacy. In September we participated in a financing meeting convened by Polaris Observatory to discuss viability and mechanisms needed to establish a Global Hepatitis Fund.

In October we joined experts at a MSF Meeting on Hepatitis E in Geneva, Switzerland to discuss ways to increase hepatitis E awareness and propose a roadmap for filling key knowledge and policy gaps. The primary focus was on outbreak control for vulnerable populations and to develop a call for urgent action.

In February Charles Gore, WHA President and George Kalamitsis, WHA Executive Board Member for the European Region participated in the EU HCV Policy Summit in Brussels, Belgium where delegates signed up to a hepatitis C elimination manifesto that outlined steps needed to achieve elimination in Europe. It also included a pledge to ensure patients are directly involved in elimination strategies.

In April we attended the WHO Regional Office for South-East Asia Action Plan meeting in Jakarta, Indonesia to advise on the development of the regional action plan. We delivered opening remarks from the patient perspective, moderated a panel debate and presented on global and national advocacy opportunities.

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In September we participated in a financing meeting convened by Polaris Observatory to discuss viability and mechanisms needed to establish a Global Hepatitis Fund.
In partnership with WHO and the Scottish Government, establish a baseline for countries with effective national strategies either in place or in development

Throughout 2016 we worked closely with WHO, the Scottish Government and Glasgow Caledonian University to develop their Country Response Profile survey which will gauge the level of national responsiveness to viral hepatitis in terms of policy decisions and front-line processes. We met with the partners in July to map out the survey. In 2016 the survey was circulated amongst governments in the African region with the rest of the regions to be completed in 2017.

**Action 1.8**
Continue to second a technical officer to WHO EURO to support the development and implementation of a regional action plan

In 2016 we continued to second a technical officer to WHO EURO who became the organisation’s hepatitis focal point and led the efforts to develop the WHO EURO Regional Action Plan based on expert advice from key stakeholders, us included. The Action Plan was adopted in September at the 66th Regional Committee Meeting for Europe. At the event, we made an intervention, urging European representatives to ‘leave no-one behind’ and to adopt action plan.

**Action 1.9**
Support the policy work focused on the elimination of viral hepatitis in Egypt, Scotland, Mongolia, and Georgia

We have continued to feed into Scottish Government’s HCV Treatment and Therapies Advisory Group that has been examining how to increase treatment numbers and have been part of Scotland’s Short Life Working Group that advises on how best to fulfil the Penrose Report. In May we convened a meeting with WHO and the Ministry of Health of Mongolia entitled Innovative Financing Dialogue for Viral Hepatitis. Bringing together a wide range of stakeholders including governmental departments, development banks and civil society, the purpose of the meeting was to explore a number of financing options and their viability in Mongolia. WHA members Onom Foundation and FIRE also attended the meeting to represent the local patient voice.

As part of our work supporting elimination in Georgia, we attended the Ministry of Health 2nd Hepatitis C Technical Advisory Group Meeting in Tbilisi, Georgia in October. We sit on the Ministry of Health’s HepC TAG and attended the meeting to learn the country’s progress on their commitment to elimination and advised on policies, implementation strategies and monitoring and evaluation practices.

In October the Ministry of Health in Egypt celebrated Egyptian Liver Day, which coincided with WHO Regional Committee for the Eastern Mediterranean. The Ministry of Health announced that since the beginning of 2016, more than 800,000 people have been treated for hepatitis C and the country aims to treat 1 million patients by the end of the year. During the event the Ministry advanced its commitments to tackling hepatitis C by declaring that it expects the country to be hepatitis C free by 2020. We profiled this commitment in hepVoice and provided commentary in the Financial Times.

**Action 1.10**
Promote the inclusion of civil society in the development of effective and funded plans

Throughout the year we have promoted our members’ inclusion in the development of national plans in hepVoice, our monthly online magazine. For example, in January we profiled WHA member HCV Sin Fronteras and highlighted their involvement in the Government of Argentina’s national hepatitis strategy.

In August we co-wrote a letter with WHA member Asociación Ciudadana de Lucha contra la Hepatitis a Peruvian Ministry of Health, which asked the new Minister of Health for an increased government focus on viral hepatitis and for greater inclusion of civil society during consultations. The letter resulted in a positive response and a commitment to include civil society in conversations relating to viral hepatitis.

In November we participated in the Regional Consultation on Viral Hepatitis Control in the WHO African Region in Brazzaville, Congo. Following August’s launch of the ‘Prevention, Care and Treatment of viral hepatitis in the African Region: Framework for action 2016–2020’, we joined WHO Regional Director, Dr Matshidiso Moeti and 18 national governments to discuss ways to tackle viral hepatitis in one of the hardest hit areas of the world.

**Action 1.11**
Support WHO with the production, update and dissemination of guidelines, in particular on hepatitis testing and treatment

Throughout 2016 we supported WHO with the development and dissemination of guidelines, reports and action plans. We were part of the advisory groups for the updated Guidelines for the prevention, care and treatment of persons with chronic hepatitis C infection and Guidelines on hepatitis B and C testing. We also sat on the steering and judging committee for a competition to find examples of innovative testing programmes that featured in the guidelines.

Having previously provided input into its development, in May we helped to disseminate the newly adopted WHO Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020. In September we attended a WHO Regional Technical Consultation in Minsk, Belarus to discuss the dissemination of WHO guidelines on HIV and hepatitis in 12 Eastern European and Central Asian countries.

In October WHO launched the ‘Global report on access to hepatitis C treatment – Focus on overcoming barriers’, which illustrates experiences from 13 pioneering countries and shows that sound policy guidelines, combined with political will and smart strategies to reduce prices can enable hepatitis C treatment scale up. WHA CEO Raquel Peck spoke at the press conference to launch the report and stressed the need to expand access to treatment to save lives and achieve elimination.
**Strategic goal 2**

**Increased access to diagnostics, vaccines and new therapies for hepatitis**

**The challenge**

With the vast majority of people living with viral hepatitis still undiagnosed, it will be impossible to reduce the annual death toll without a huge scale-up in testing and treatment. To achieve this it is essential that neither availability nor price are barriers so throughout 2016 this was a key focus of our work.

**What we aimed to do**

- An additional 20 countries with affordable medicines and diagnostics available (see Action 2.5, 2.9)
- Survey establishing the level of access to affordable medicines and diagnostics conducted (see Action 2.5)

**Our aims and results 2016**

**Action 2.1**

Strengthen partnerships with key stakeholders such as MSF, DNDI, Coalition plus, FIND and CHAI to maximise efforts in this area.

With numerous organisations working on the issue of access, building partnerships is key to elevating the issue. Throughout the year we have worked with key stakeholders to maximise efforts in this area.

Ahead of the African Viral Hepatitis Summit in January, we connected with the communications department of Médecins Sans Frontières (MSF) to support their involvement. We also assisted the organisation with their research on hepatitis C drug pricing by reaching out to our membership base in Africa. In October we participated in MSF’s meeting on hepatitis E.

In April we supported Clinton Health Access Initiative (CHAI) and their new programme with AmeriCares that aims to treat 10,000 co-infected HIV and hepatitis C patients in Africa and Asia by issuing a statement of support.

We continued to build relationships though our Knowledge for Change webinar series with a series of panellists from organisations including FIND, CHAI, UNITAID, MPP and TREAT Asia.

**Action 2.2**

Provide advice as part of the MPP’s recently formed Expert Advisory Board for hepatitis.

As part of our role on the Medicines Patent Pool’s (MPP) Expert Advisory Board for hepatitis, we assisted them in connecting with key stakeholders.

In April this resulted in MPP hosting meetings at the EASL International Liver Congress. Throughout the year we highlighted the importance of MPP’s work through our social media channels and by featuring
experts from the organisation in the Knowledge for Change webinar series.

**ACTION 2.3**
Deliver, in partnership with WHO and in collaboration with the Government of Brazil and partners, the second World Hepatitis Summit
(See Action 1.5)

**ACTION 2.4**
Work with governments and the pharmaceutical industry to ensure rapid registration of technologies and medicines

As pan-genotypic drugs are starting on come on the market, focus will be given to ensuring registration of these.

**ACTION 2.5**
Conduct an annual survey of access to affordable medicines and diagnostics

Now that the first ever global strategy on viral hepatitis has been adopted, national governments seem ever more committed to tackling the disease. Yet we know that what governments say they are doing is not always an accurate representation of what’s happening on the ground. So in 2016 we developed a civil society survey, which was sent to all WHA members. The survey focuses on three key areas – stigma and discrimination, civil society involvement in the government response, and access to diagnostics and treatment. Findings will be released at the World Hepatitis Summit 2017.

**ACTION 2.6**
Host two pilot meetings in different countries to explore innovative funding solutions for hepatitis

In June we joined WHO, US Center for Disease Control and the Zeshan Foundation, a private philanthropic foundation, for a meeting to examine the idea of establishing a fund of US$50-100 million to provide grants to projects that help countries take a public health approach to tackling viral hepatitis.

**ACTION 2.7**
Support discussions with our African members and partners focusing on the creation of an African structure focused on access to medicines and diagnostics

Action was not met in 2016.

**ACTION 2.8**
Continue to promote our access to treatment open letter

Action was not met in 2016.

**ACTION 2.9**
Elevate the access issue through external media statements, including blog posts, website statements and monthly magazines

We drew attention to important access issues through our webinar series Knowledge for Change (see 2016 highlight: Webinars for Change).

For our media outreach on World Hepatitis Day 2016 we focused on the access issue and highlighted that 99% of people with hepatitis C don’t access treatment, as shown by new research from Polaris Observatory.

In October we supported the launch of the WHO Global report on access to hepatitis C treatment – Focus on overcoming barriers’. As well as speaking at the press conference, we disseminated the report amongst our network.

**ACTION 2.10**
Educate our members around access to diagnostics and medicines

The Knowledge for Change webinar series aimed at educating WHA members and patient representatives important access issues including access to diagnostics, access to medicines, access to generic hepatitis C medicines (see 2016 highlight: Webinars for Change).
Strategic Goal 3

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

The Challenge

In order to stimulate political interest and action from policy makers in 2016, advocacy was ever more important in a world of strongly competing priorities and in particular the new emphasis on non-communicable diseases. Robust data, effective therapies and public health/clinical champions are vital but without the patient perspective (the human face), civil servants, politicians and governments are less likely to respond effectively. Throughout 2016 we continued to promote our and our members’ work in order to increase our influence with governments and other key global health stakeholders. We also propose to deliver much needed capability-building work, focusing on upskilling existing members but also on creating new member organisations.

What we aimed to do

• 20% increase in the number of members involved in the development of effective and funded hepatitis plans (see Action 3.9)
• Work with professional medical societies to scope opportunities for creating new patient groups (see Action 3.6)
• Booth at EASL International Liver Congress (see Action 3.4)
• Launch of the webinar series and user guide and tools (see Action 3.2)
• Put our members in touch with their respective WHO regional offices (and through them country offices) (see Action 3.5)
• Survey establishing a baseline for members that are involved in the development of effective and funding hepatitis plans (see Action 3.9)

Our aims and results 2016

Action 3.1
Create a capacity/capability building hub initially in the areas of advocacy, access to medicines and diagnostics and communications to be hosted on our website

While scoping out the capacity building project in 2016, we identified a number of similar resources and a mechanism that already exists through the resources section of the NOhep website. Rather than duplicating efforts, we decided a Capacity Building Programme would be more beneficial. To ensure we are creating content that best caters for our members’ needs and allow time to focus on creating content in key areas such as access, advocacy and awareness, at the end of 2016 we sent all WHA members a needs assessment. Results of this will help to shape our activities throughout 2017, firstly with the development of a resources hub focused on the access issue. We also aimed to improve members’ knowledge of the access landscape through our Knowledge for Change webinar series (see 2016 highlight: Webinars for Change).

Action 3.2
Produce an advocacy webinar series and a user guide and tools that focus on developing advocacy capacity to effectively engage policy makers, share policy developments and opportunities, share/ train advocates on new surveys, tools etc

From February to April we ran our advocacy webinar series Tools for Change that aimed at educating and up-skilling viewers on various aspects of advocacy and tools needed to effectively lobby for change (see 2016 highlight: Webinars for Change).
**Action 3.3**
Make the outcomes from the WHO/WHA monitoring mechanism available to members to inform their advocacy efforts

The monitoring mechanism was completed in 2016 and this will be made available to members at the Pre-Summit Member Conference in October 2017.

**Action 3.4**
Strengthen the visibility and influence of our member groups at high profile conferences such as EASL and AASLD

Throughout 2016 we attended a number of high profile medical conferences to strengthen the visibility and influence of our organisation and our member groups.

In April we participated in the European Association of the Study of the Liver’s (EASL) International Liver Congress (ILC) in Barcelona, Spain where WHA CEO Raquel Peck spoke at the opening ceremony to an audience of 11,000 people and reinforced the importance of multi-stakeholder commitment to achieve elimination. During the event WHA CEO Raquel Peck and WHA President Charles Gore led the WHA/EASL joint session, the first ever policy focussed session held at the ILC with a patient group. The session attracted over 400 attendees and featured presentations from WHA, WHO and WHA Executive Board Member for the African Region Danjuma Adda. During the congress we also opened the EASL Transforming HCV Care Session by providing an overview of the current environment of hepatitis C care.

In June we attended the Asian Pacific Association for the Study of the Liver’s (APASL) single topic conference on hepatitis C in Kaoshiung, Taiwan where APASL kindly provided us with a booth to exhibit our work and WHA President Charles Gore co-chaired a session.

At the American Association for the Study of Liver Diseases’ (AASLD) The Liver Meeting in Boston, USA in November WHA Executive Board Member Su Wang helped spread the NOhep message to over 9,500 healthcare professionals. In between attending sessions on the latest updates from the world of hepatology, Su could be found distributing free NOhep pins to attendees and encouraging sign-ups to the movement.

**Action 3.5**
Connect our members with strategic partners such as WHO country and regional offices and equip them to build a strong advocacy voice at a national level

Action was not met in 2016.

**Action 3.6**
Partner with professional medical societies to set up new patient groups in target countries using our Patient Advocacy Creation Tool (PACT)

Action was not met in 2016.

**Action 3.7**
Deliver capacity/capability building workshops for our members during the second World Hepatitis Summit in Brazil

Action was not met in 2016.

**Action 3.8**
Build member’s capability to promote their inclusion in the development of effective and funded national plans in line with resolution WHA67.6

The first webinar in the Tools for Change series looked specifically at how organisations can use global policy commitments as a lever for national change and how to promote their inclusion in national plans (see 2016 highlight: Webinars for Change).

**Action 3.9**
Establish a baseline for members that are involved in the development of effective and funding hepatitis plans

Throughout 2016 we worked closely with WHO, the Scottish Government and Glasgow Caledonian University to develop their Country Response Profile survey (see Action 1.7).

**Action 3.10**
Conduct a survey to identify the levels of stigma and discrimination in different countries

WHA members were asked to identify levels of stigma and discrimination experienced in their country in the civil society survey. The survey also looks at civil society involvement in government response and access to diagnostics and treatment and findings will be released at the World Hepatitis Summit 2017 (see Action 2.5).
Strategic goal 4

Greatly increased profile and priority of viral hepatitis

The challenge

Viral hepatitis kills more each year than any of the other communicable diseases and yet its profile and priority still do not reflect this properly. In 2016 viral hepatitis remained the 7th leading cause of death and throughout the year we continued to work to ensure it is recognised as such.

What we aimed to do

- 90 governments participating in World Hepatitis Day (see 2016 highlight: World Hepatitis Day)
- Launch of the hepatitis community movement (see Action 4.1)
- Provide our members with concepts and collaterals to support their activities on World Hepatitis Day (see Action 4.3)

Our aims and results 2016

Action 4.1
Run a consultation with the community and develop, launch and host a global hepatitis movement with elimination as the theme

In 2015 at the World Hepatitis Summit there was a clear call for a global movement to eliminate viral hepatitis. Following a consultation with WHA members and the wider global hepatitis community, we developed the NOhep movement and launched NOhep on World Hepatitis Day. Throughout the year this movement grew, with over 30,000 NOhep actions taking place in 2016 and sign-ups from over 100 (see 2016 highlight: NOhep).

Action 4.2
Ensure that the WHO Global Health Sector Strategy for viral hepatitis, together with its targets on diagnosis and treatment, is adopted at the World Health Assembly 2016

At the 69th World Health Assembly on 28 May 194 Member States made a historic commitment by unanimously voting to adopt the first ever global hepatitis strategy. The hepatitis community played a central role in ensuring the strategy’s adoption, from lobbying governments and raising awareness through the media to shaping and ensuring the adoption of previous resolutions on the disease that have led to the strategy. Much of our work in 2016 was focused on ensuring its adoption (see 2016 highlight: Putting elimination on the map).

Action 4.4
Work with healthcare professionals to strengthen their partnerships with patient groups and to further the SDGs and GHSS agenda

Improving partnerships with healthcare professionals and raising the SDGs and Global Health Sector Strategy (GHSS) agenda among this audience is key to increasing the disease’s priority.

In April at the EASL ILC we led the WHA/EASL joint session, the first ever policy focussed session held developed a campaign to ensure the awareness day is a success. To coincide with the first global strategy on hepatitis featuring on the World Health Assembly agenda and the launch of NOhep, the theme for 2016 was ELIMINATION. To support our members’ World Hepatitis Day efforts we developed a full set of campaign materials and website and supported members’ event organisation and media engagement (see 2016 highlight: World Hepatitis Day).
at the ILC with a patient group, and reminded healthcare professionals of their role in elimination.

In April we also co-hosted a workshop the inaugural meeting of the Hepatology Academy, an initiative aimed at upskilling the next generation of healthcare professionals in areas such as policy and advocacy. At the event.

In October WHA CEO Raquel Peck and WHA Executive Board Member for the Americas Region Su Wang participated in a HepCure webinar that highlighted the central role healthcare professionals play in the elimination of viral hepatitis. The webinar had a specific focus on NOhep and shared examples of activities led by healthcare professionals, ending with a call for greater collaboration with local patient groups.

**ACTION 4.5**
Continue to fight stigma through our work with the media

In September we presented a workshop addressing the causes and effects of stigma and highlighted examples of campaigns that have aimed at tackling the stigma of hepatitis at the ELPA University IMPACT Programme in Lisbon, Portugal.

**ACTION 4.6**
Utilise the findings of our HCV Quest to educate the hepatitis community, healthcare professionals and the general public about the impact of hepatitis C.

In 2015 we launched the findings of our HCV Quest Global Hepatitis Patient Survey and a series of country specific reports to provide local insights and highlight pertinent findings in comparison with regional results. To ensure the survey data could be best leveraged on a local level, in 2016 we developed the HCV Quest Toolkit: an online hub with all the documents you need to develop and use survey findings in advocacy activities. The hub included a user guide showing how the data can be used with different stakeholders and tips on how to engage media and how to carry out surveys; advocacy tools such as fact sheets, template letters to policy makers and sample presentations; and communications tools such as a template press release, sample social media posts and infographics. To support the HCV Quest Toolkit launch and provide an introduction to the hub, in February the second webinar in the Tools for Change series looked at using surveys as tools for effective lobbying and campaigning.

In April this was followed by co-ordinated media efforts with WHA members. To help amplify the impact of the HCV Quest Toolkit, we issued a global press release around EASL ILC and encouraged WHA members to adopt the sample release with local data and share with local media. The collective efforts provided a success and the HCV Quest Global Hepatitis Patient Survey featured in 18 outlets in 6 countries.

**ACTION 4.7**
Examine replicating the concept of the HCV Quest by undertaking a survey on the impact of hepatitis B on patients

**ACTION 4.8**
Hold a World Indigenous Peoples meeting at APASL to promote engagement in the region ahead of the second World Indigenous Peoples Conference on hepatitis to be held in Brazil, September 2017

We liaised with partners to set motions in place for the development of the second World Indigenous Peoples’ Conference on Viral Hepatitis. With Brazil already committing to deliver the World Hepatitis Summit in 2017, they asked to postpone their hosting to 2018/2019. However, we felt that following the successful inaugural event in Alice Springs, Australia in 2014, the second conference should take place sooner and decided to organize it in Alaska, USA. It will take place on August 9, to coincide with International Day of the World’s Indigenous Peoples.

**ACTION 4.9**
Work to raise the profile of hepatitis within the field of global health through our ECOSOC consultative status, participation on NCD Consultation and UNGASS events

In March we joined civil society groups from all over the world by supporting a statement condemning governments for failing to acknowledge the consequences of punitive and repressive drug policies at the Commission on Narcotic Drugs in Vienna, Austria.

Ahead of the United Nations General Assembly Special Session (UNGASS) in New York, USA, we wrote to key Ministries of Health, asking for them to include reference to hepatitis whenever HIV was mentioned in UNGASS outcome documents. We also made an intervention with this request at the WHO Executive Board in January. Our efforts were successful as viral hepatitis was then included in the agreed final document.

**ACTION 4.10**
Highlight the inclusion of hepatitis in the SDGs to the wider global health community

To coincide with #GlobalGoals week on 18-25 September, we ran a Twitter campaign to highlight the inclusion of viral hepatitis in the Sustainable Development Goals (Goal 3.3). Throughout our campaign we shared an infographic showing that viral hepatitis isn’t just a health issue but affects many areas of our society and ‘combating’ it will contribute to achieving many other of the SDG targets.

**ACTION 4.11**
Engage non-traditional supporters through strategic corporate partnerships

In 2016 we employed a sponsorship agency to help secure support from corporates. Efforts were not successful in 2016. We will continue to explore opportunities in 2017.

**ACTION 4.12**
Elevate the profile viral hepatitis by systematically reviewing and creating new website content and collaterals

In January we launched the first edition of hepVoice, our monthly magazine and throughout the year published the magazine to provide our members and the community with updates from the field and information on our activities.

In February we issued a press release to coincide with World Cancer Day and highlight that 80% of liver cancer deaths can be prevented.

For World Hepatitis Day we provided a range of translated resources to support events and the launch of NOhep. These included posters, postcards, infographics, videos and NOhep merchandise. Upon request we also filmed personalised videos with WHA staff to highlight the importance of the day and provided these to members to show at high-profile events.

In December we supported the ‘Films For Change’ initiative by media charity tve in which student filmmakers in India were given bursaries to produce films raising awareness of viral hepatitis. The films were shown at public screenings in Lucknow and we hosted the films online, promoting them extensively through our channels.
In 2017 we celebrate ten years of the World Hepatitis Alliance and in those ten years previously unimaginable progress has been made. From a little-known illness almost completely ignored by policymakers to a global commitment to eliminate viral hepatitis from every country in the world, the past decade has proven that a strong patient voice really can change the world.

Testament to the tireless efforts of patient advocates across the globe, progress shows no sign of halting. The past year has proved to be a truly pivotal moment for viral hepatitis. The global community came together at the inaugural World Hepatitis Summit in September 2015 to help countries develop national hepatitis plans; viral hepatitis was finally recognised as a global development priority in the adoption of the Sustainable Development Goals (SDGs); and every national government committed to the goal of eliminating viral hepatitis by 2030 by unanimously adopting the first-ever global strategy for viral hepatitis.

Yet, against this backdrop of greater political interest, we are still faced with an inexcusable death toll and heart-breaking tales of suffering. Now that elimination is the accepted goal we have adapted our Global Strategy 2017-2018 to concentrate on the three fundamental areas that must be addressed to make this possible:

- Raising awareness of viral hepatitis
- Advocating for viral hepatitis
- Ending the social injustice of viral hepatitis

We believe this revised approach ensures that the needs of the people living with viral hepatitis continue to be at the very heart of our work.

Only by taking an all-encompassing approach will we change the lives of the 325 million people we serve, as well as the millions more put at risk each year.

As we celebrate our ten year anniversary, we cannot allow ourselves to become complacent. We must honour our accomplishments by using them to encourage greater action. We must build on what we have achieved and in particular we need to make elimination a cause that everyone, not just our community, can get behind. We are going to have to galvanise global will and we are going to have to fight if we really want to live in a world free from viral hepatitis.
FINANCIAL REVIEW

NOTES TO THE FINANCIAL STATEMENTS AS OF 31 DECEMBER 2016

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
- -

4. SOCIAL SECURITY AND PENSION LIABILITIES

   PAYE Control and NIC 13,571.22 11,631.95
   Pension Control -1,936.32 1,062.89

5. OFF BALANCE SHEET COMMITMENTS

   None

6. SUBSEQUENT EVENTS

   None
# Balance Sheet 2016

**Balance sheet as of 31 December**

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<tr>
<th>ASSETS</th>
<th>2016 CHF</th>
<th>2015 CHF</th>
<th>2016 GBP</th>
<th>2015 GBP</th>
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<th>2016 GBP</th>
<th>2015 GBP</th>
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**NET ASSETS**

- 2016 CHF: 1,031,685.61
- 2015 CHF: 980,880.02
- 2016 GBP: 821,499.27
- 2015 GBP: 664,850.15

Cumulative Translation Adjustment
- 2016 CHF: -145,985.70
- 2015 CHF: -62.40
- 2016 GBP: n/a
- 2015 GBP: n/a

**Retained earnings**

- 2016 CHF: 1,177,671.31
- 2015 CHF: 980,842.42
- 2016 GBP: 821,499.27
- 2015 GBP: 664,850.15

**Total NET EQUITY**

- 2016 CHF: 1,031,685.61
- 2015 CHF: 980,880.02
- 2016 GBP: 821,499.27
- 2015 GBP: 664,850.15

**Exchange rate to translate net assets**

- 2016: 1.255857
- 2015: 1.475340
### INCOME STATEMENT 2016

#### Income Statement for the year ended 31 December

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<th>2016 CHF</th>
<th>2015 CHF</th>
<th>2016 GBP</th>
<th>2015 GBP</th>
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<td><strong>INCOME</strong></td>
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<th>2016 CHF</th>
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<th>2016 GBP</th>
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<td><strong>EXPENSE</strong></td>
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<td>Gift</td>
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<td>Hosting &amp; Maintenance</td>
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<td>Exchange Rate Difference</td>
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<td><strong>NET RESULT FOR THE YEAR</strong></td>
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<td><strong>156,649.12</strong></td>
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<td>Retained earnings as of 1 January</td>
<td><strong>980,942.32</strong></td>
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</tbody>
</table>
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