ANNUAL REPORT 2017:

TEN YEAR ANNIVERSARY: ONE DECADE OF IMPACT, ONE VISION AHEAD
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MESSAGE FROM CEO

In 2017 we celebrated ten years of existence: ten years of demanding change, ten years of uniting the community and ten years of harnessing the power of people living with viral hepatitis. In these ten years, unimaginable progress has been made. From a little-known illness, almost completely ignored by policy-makers, to a global commitment to eliminate viral hepatitis from every country in the world, the past decade has proved that a strong patient voice really can change the world.

But these ten years haven’t been easy. Our journey first started with awareness. Exasperated by the fact that viral hepatitis was such a little-known disease, we assembled patient advocates from across the globe and together agreed to establish a World Hepatitis Day. We then had to create the World Hepatitis Alliance to run it. That was all we initially set out to do. Very quickly, we learnt that there was so much more that needed to happen. Without an official mandate, governments weren’t interested in supporting World Hepatitis Day. So WHA moved into advocacy. We mobilised patient groups from around the world and started working with governments to develop the first resolution on viral hepatitis.

But enough was still not being done. More commitment was needed from countries and more action was needed on the ground. So upskilling our membership became another pillar of our work. In this time, we have advocated, raised awareness, built capacity and influenced global policy to drive action towards a world free from viral hepatitis.

We have come a long way, but as we celebrate our ten year anniversary, we cannot allow ourselves to become complacent. With little more than another decade to reach elimination, the challenge ahead needs strong advocacy and a united front. Throughout 2017, we have worked to tackle the barriers that hinder our chances of reaching elimination. Our successes over the past ten years prove our role as the convener of the hepatitis community. We did this at the World Hepatitis Summit in 2017 and will continue to do this in the future.

As we celebrate ten years of the World Hepatitis Alliance, we celebrate what we have achieved as a community. We are committed to leading the way to elimination with the patient voice at the very heart of our efforts. We have demanded change for the past ten years and we will be demanding them for the next ten.

Raquel Peck
Chief Executive Officer
World Hepatitis Alliance

What our members say about us:

“
It’s given us the opportunity to convey to WHO how we can strengthen our partnership and amplify the voice of civil society in engagement with governments.

“
Thank you for the opportunity to join. I feel it’s an important opportunity and one that might be able to make a difference in my country.

“
Our Alliance membership is the best place to share experiences and to learn from other organisations.”
NOhep spotlighting the visionaries leading the way to elimination

Key changemakers across the world pledged their support to spearhead elimination efforts by signing up to the NOhep Visionaries Programme. Six national governments (Brazil, Bangladesh, Egypt, Georgia, Mongolia and the Gambia) and over 250 medical professionals joined the programme in 2017.

On 28 July 2017, 3,595 individuals showed their faces for WHD and told the world how they are standing up against viral hepatitis.

At the Pre–Summit Member Conference we brought together 215 individuals from 71 countries, 157 of which were WHA members. The event was a unique opportunity for patient advocates to share learnings, network and build capacity in order to strengthen the global patient voice.

Uncovering the true impact of stigma and discrimination

Our Holding Governments Accountable report revealed the devastating impact that stigma and discrimination has on the individual lives of people living with viral hepatitis. The findings act as a powerful tool for advocacy to ensure that governments uphold their commitment to elimination.

Demonstrating that financing doesn’t have to be a barrier to elimination

Through our financing work, we guided governments on the development of financing strategies to fund their national hepatitis plans.

Arming advocates with robust data to advocate for change

The launch of the WHO Global Hepatitis Report, 2017 heralded an opportunity for patient advocates across the world as now for the first time, we have baseline numbers against which progress can be measured and we can use to hold governments accountable.

2017: OUR TOP TEN MOMENTS

1. NOhep spotlighting the visionaries leading the way to elimination
2. Over 3,500 supporters across the globe putting a human face to elimination on World Hepatitis Day
3. Uniting over 150 WHA members at the Pre–Summit Member Conference
4. Uncovering the true impact of stigma and discrimination
5. Demonstrating that financing doesn’t have to be a barrier to elimination
6. Arming advocates with robust data to advocate for change
7. 12 ministers and ministerial representatives and 1 Bollywood superstar opening the World Hepatitis Summit
8. Ensuring the patient voice has a global platform to be heard
9. Spearheading calls to action that demand no one is left behind
10. Celebrating 10 years of achievements from WHA Founder and first President Charles Gore

Ministers and ministerial representatives from Brazil, China, Egypt, Georgia, Lesotho, Malta, Mongolia, Pakistan, Sudan, Syria and Uganda (plus a video from Australia) took to the stage to share their successes in implementing initiatives to reach elimination. Bollywood star and WHO SEARO Goodwill Ambassador Amitabh Bachchan also delivered a video message, reiterating his support and commitment to the fight to eliminate viral hepatitis.

By relaunching our Wall of Stories and providing a platform people to speak out openly and honestly about their experiences, we have encouraged people to share their stories and highlight the true impact of viral hepatitis. This is central to ensuring decision makers put people at the heart of their response.

From co-hosting the World Indigenous Peoples’ Conference on Viral Hepatitis to co-signing a declaration on decriminalisation of drug use, in 2017 we led calls to ensure that at-risk groups are given the attention they need and deserve to eliminate viral hepatitis.

Under the leadership of Charles Gore, WHA has driven efforts across the globe. From advocating for ground-breaking resolutions on viral hepatitis to establishing the World Hepatitis Summit, Charles has helped the hepatitis community realise great achievements.
THE CHALLENGE

Viral hepatitis is a leading cause of death globally, accounting for 1.3 million deaths per year – comparable to HIV/AIDS, tuberculosis or malaria. Together, hepatitis B and hepatitis C cause two in every three liver cancer deaths across the world.

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. In 2015, viral hepatitis was included in the Sustainable Development Goals (SDGs) and in 2016 the world’s first global hepatitis strategy to eliminate the disease was ratified.

THE 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 across 87 countries, WHA works with governments, national hepatitis organisations and other key partners to raise awareness of the disease and influence global change – transforming the lives of the 325 million people living with viral hepatitis and the future we share.

Our vision

A world free from viral hepatitis.

FIGHTING FOR A WORLD FREE FROM VIRAL HEPATITIS

Our work

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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 Members**

The World Hepatitis Alliance cannot act as a global voice for the 325 million people living with viral hepatitis without its strong base of member organisations. We are made up of over 250 patient groups in more than 80 countries. These organisations are united around one common aim, to see a world free from viral hepatitis.

Our member organisations play a crucial role in our global efforts: our members keep us up-to-date on the situation in their countries, ensure that our work remains patient-centred, and help to disseminate our advocacy and awareness messages further. By being a member of the World Hepatitis Alliance, these organisations are able to increase their influence and raise their profile. Membership also carries very practical benefits: we build capacity, support advocacy and fundraising as well as provide networking opportunities.

Our membership base continued to grow in 2017 when we welcomed 12 new members, closing the year with a milestone 256 members across 87 countries. With six additional countries represented, including Colombia, Denmark, Iran, Liberia, Morocco and Venezuela, we continue to work to increase our reach across the globe and to further increase the diversity of our membership. Unfortunately in 2017, we also lost one of our members based in the USA, Hepatitis Foundation International, who closed their doors after 23 years of operating.

Importantly, in 2017 we received significant engagement from our members in our key activities. Over 61% of the membership base (158 organisations) made the journey to São Paulo to participate in the World Hepatitis Summit (16% increase in attendance from 2015) and 67% of our members (172) participated in World Hepatitis Day in July 2017.

**Our Partners**

WHA believes in the power of collaboration. Only working in partnership can we achieve our ultimate goal of elimination. Throughout 2017, we widened the scope and impact of our activities by working with an increasing number of global partners. By the end of 2017, we counted the below organisations as strategic partners in our efforts to eliminate viral hepatitis:

- American Association for the Study of the Liver Disease (AASLD)
- Asian Pacific Association for the Study of the Liver (APASL)
- Center for Disease Analysis (CDA)
- Centers for Disease Control and Prevention (CDC)
- Clinton Health Assess Initiative (CHAI)
- Coalition Plus
- Coalition to Eradicate Viral Hepatitis in Asia-Pacific (CEVHAP)
- European Association for the Study of the Liver (EASL)
- European Liver Patients Association (ELPA)
- International Network on Hepatitis in Substance Users (INHSU),
- Médecins du Monde (MDM)
- Médecins Sans Frontières (MSF)
- Medicines Patent Pool (MPP)
- The Lancet
- Union for International Cancer Control (UICC)
- UNITAID
- World Health Organization (WHO)
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- **2007** WHA established
- **2008** Advocating for support for the first World Hepatitis Day
- **2009** Development of the first World Health Assembly resolution on viral hepatitis
- **2010** Adoption of the first resolution on viral hepatitis (WHA63.18)
- **2011** Global Hepatitis Programme established
- **2012** WHA organises a side meeting on viral hepatitis at the World Health Assembly
- **2013** WHA granted Special Consultative Status by the United Nations Economic and Social Council
- **2014** WHA organises a side meeting on viral hepatitis at the World Health Assembly
- **2015** WHA participates in WHO consultations on viral hepatitis elimination targets
- **2016** First global elimination strategy
- **2017** First official World Hepatitis Day
- **2018** WHA joins WHO Director-General’s STAC-HEP on hepatitis
- **2019** WHA launches the World Hepatitis Summit
- **2020** WHA makes an intervention at WHO technical briefing on elimination strategy
- **2021** May 2021 – present WHA seconded a technical officer to WHO EURO to be the hepatitis focal point for the region
- **2022** WHA advocates for global elimination strategy at WHO Executive Board meeting

**Ten Years of Impact**

In 2017, we celebrated ten years of the World Hepatitis Alliance and in those ten years, previously unimaginable progress has been made. Together with our members, we have completely transformed the viral hepatitis landscape. From a little-known illness, almost completely ignored by policy-makers, to a global commitment to eliminate viral hepatitis from every country in the world, the past decade has proved that a strong patient voice really can change the world. Here’s an overview of our last ten years of achievements:

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- **2016** First global elimination strategy
- **2017** First official World Hepatitis Day
- **2018** WHA joins WHO Director-General’s STAC-HEP on hepatitis

**World Hepatitis Alliance Annual Report 2017**
2017: Year in review

Strategic report 2017: The year we united the world for elimination

In 2017 we celebrated ten years of achievements. Since our inception in 2007, we have spearheaded global awareness days, launched a global movement, held two global summits, grown a membership base of over 250 patient organisations and successfully advocated for a global elimination strategy.

Yet, against this backdrop of greater political interest, we are still faced with an inexcusable death toll and heart-breaking tales of suffering. As we embarked on our tenth year, we adapted our strategy to concentrate on three fundamental areas that must be addressed to reach elimination:

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

This revised approach to our 2017 strategy ensured that the needs of people living with viral hepatitis continued to be at the very heart of our work. This report summarises our achievements and performance in 2017 against these goals.

1 Raising awareness of viral hepatitis

Viral hepatitis is one of the leading causes of deaths worldwide and each year claims more lives than any of the other big communicable diseases, such as HIV/AIDS, tuberculosis or malaria. Lack of awareness remains one of the biggest barriers to tackling the epidemic and saving millions of lives. With almost 300 million people living with hepatitis B or C unaware, raising awareness is a cornerstone of our work. In 2017, we focused our awareness-raising efforts on highlighting that elimination is achievable and using existing frameworks to hold governments accountable.

In this vein, the overarching theme for World Hepatitis Day (WHD) 2017 was ‘Eliminate hepatitis’ and under this theme, we developed the #ShowYourFace campaign that sought to humanise and individualise elimination efforts. The concept strove to make participants feel empowered, personal connected and understand that everyone has a role in elimination. Over 1,200 WHD events took place in 162 countries and participants used the customisable posters and selfie tool to highlight their individual actions and show the true impact viral hepatitis has on individuals’ lives. At events throughout the year, such as the International Liver Congress in Amsterdam, the Netherlands and the World Hepatitis Summit in São Paulo, Brazil, we gained further participation by encouraging delegates to put a human face to the elimination goal with real life #ShowYourFace selfie booths. For more details on the impact of WHD 2017, turn to page 17.

To raise the awareness needed to reach elimination, our activities must go beyond a single day in the year. On WHD 2017, NOhep celebrated one year of existence and 365 days of action. Throughout the year, NOhep has been the driving force behind awareness-raising and advocacy activities across the globe. From ongoing campaigning and launching innovative programmes to supporting activities on the ground and increasing the NOhep supporter base, the movement has brought together activists from around the world with one common goal: the elimination of viral hepatitis. This unity was evident in the ‘We Are NOhep: Global Documentary’, a documentary launched on WHD 2017 that showcased actions to meet the 2030 goal. Most significantly in 2017, NOhep launched the NOhep Visionaries Programme. This global programme aims to bring governments, medical professionals and activists together to accelerate action to eliminate viral hepatitis by 2030. Read more about NOhep’s successes in 2017 on page 20.
Crucial to raising awareness of the importance of elimination is highlighting the link between liver cancer and viral hepatitis. Throughout our communications in 2017, we promoted the positive impact that elimination of viral hepatitis will have on liver cancer deaths.

Our activities included a social media campaign and blog on World Cancer Day, an article on International Children’s Day and social media support of a new cancer resolution adopted at the 2017 World Health Assembly.

Similarly, eliminating viral hepatitis will be key to achieving the Sustainable Development Goals (SDGs). In the SDGs, governments have committed to combatting viral hepatitis in Goal 3.3. By striving for elimination, we will not only achieve Goal 3.3 but eliminating viral hepatitis will also contribute to reaching many other SDG targets. We leveraged key opportunities to highlight this, such as World Water Day and Universal Health Coverage Day.

Central to reaching elimination is consistent and reliable data. Robust data is key to highlighting the burden of the disease, advocating for change and holding governments accountable. In April 2017, WHO launched its Global Hepatitis Report, which confirmed hepatitis data and provides baseline numbers against which progress towards global elimination targets can be measured. Armed with this data, we stand a better chance of drawing attention to our cause and highlighting the need for action.

**Having an impact: A Case Study from Bangladesh**

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

In 2016-2017, WHA member the National Liver Foundation of Bangladesh (NLFB) used the country’s love of cricket to raise awareness of viral hepatitis, reach wider audiences and spread the NOhep message. NLFB partnered with Bangladesh Cricket Supports’ Association (BCSA) to launch a NOhep cricket team. The association has a wide supporter network throughout the country and provided an opportunity to raise awareness of viral hepatitis among thousands of people.

BCSA and NLFB held a series of NOhep cricket tournaments across the country on public holidays. A national roll out of cricket tournaments followed in local clubs and universities. Online supporter groups were established to further promote the NOhep message throughout the country.

NLFB is in process of developing a partnership with the Bangladesh Cricket Board (BCB) to further promote NOhep and spread mass awareness through national and international activities.
2017 highlight: World Hepatitis Day

World Hepatitis Day (WHD) brings the world together on 28 July every year to raise awareness and demand action in disease prevention, access to testing, treatment and care. One of just four disease-specific global awareness days officially endorsed by the World Health Organization (WHO), WHD unites patient organisations, governments, medical professionals and the general public to boost the global profile of viral hepatitis. The efforts from each and every organisation and individual mean that steps are taken to transform the lives of the 325 million people living with the illness and help to eliminate viral hepatitis.

The seventh official WHD took place on 28 July 2017, under the theme of ELIMINATE HEPATITIS. The impact of the day was truly global, with 162 countries taking part across the globe and 106 national governments commemorating the day. With over 1,000 events held worldwide, WHD 2017 was marked with screening and vaccination drives, public seminars, press briefings, marches and health fairs, as well as more unusual events such as the illumination of well-known landmarks and music concerts. Throughout the world, the day was supported by heads of state, ministers, celebrities, private corporations, civil society organisations, the media and the general public. In order to support efforts across the globe, we created a global awareness campaign “#ShowYourFace”. #ShowYourFace was a personalised Polaroid photo campaign focusing on individual human faces. Individual human faces were accompanied by I AM statements, powerful personal messages that aim to make people feel empowered, personally connected and understand their role in elimination. Using the online selfie tool, over 3,500 individuals showed their faces for WHD and told the world how they are standing up against viral hepatitis.

WHD 2017 highlights:

• WHA CEO Raquel Peck appeared on Sky News breakfast to raise awareness of the issue.

• WHA President Charles Gore attended a WHD event organised by the Ministry of Health of Georgia and WHO Regional Office for Europe.

• The WHO Global Hepatitis Programme organised a photo booth to support the WHA’s #ShowYourFace campaign. Over one hundred WHO staff participated in the activity including many WHO Assistant Directors-General.

• French musician Louis Bertignac created a special video for WHA member SOS Hépatites.

• British actor and comedian Stephen Fry gave his voice by signing the WHD Thunderclap, helping to reach an additional 12.5 million people.

• WHA member SHECA Foundation gained lots of celebrity support in Nigeria, including actor Adeniyi Johnson, actress Funke Akindele Bello and members of royalty Ooni Adeyeye Enitan Ogunwusi and Queen Wuraola-Zynab Ogunwusi.

• Polish actors Piotr Fronczewski and Artur Barci spearheaded a hepatitis C campaign entitled “Do not be surprised” organised by Fundacja Gwiazda Nadziei Star of Hope Foundation.

• National Ambassador for UN Women Pakistan Muniba Mazari promoted WHD and her participation in the #ShowYourFace campaign to her 381,000 Instagram followers.

• Ghanaian rapper Okyeame Kwame marked WHD with a free hepatitis screening and vaccination.

• British TV personality and doctor Dr Christian Jessen participated in Public Health England’s WHD poster campaign.

• Nigerian healthcare philanthropist and Global Goodwill Ambassador for the International Confederation of Midwives Toyin Saraki participated in and promoted the #ShowYourFace campaign.

National Ambassador for UN Women Pakistan Muniba Mazari promoted WHD and her participation in the #ShowYourFace campaign to her 381,000 Instagram followers.
Launched on World Hepatitis Day 2016, NOhep is the first global grassroots movement focused on eliminating viral hepatitis by 2030. Aimed at uniting all stakeholders, NOhep was created by the World Hepatitis Alliance 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 hepatitis elimination strategy. In 2017, the objectives of the NOhep movement were to:

- Increase number of NOhep actions
- Increase level of on the ground activities
- Increase awareness of NOhep
- Secure longevity of the movement

Throughout the year, we carried out a number of activities to increase awareness of the movement and drive action amongst key stakeholder groups. Our three primary audiences in 2017 were medical professionals, policymakers and civil society organisations. We chose these groups as they are at the forefront of elimination efforts and therefore play a central role in achieving NOhep’s objectives and making elimination a reality.

Our flagship programme for 2017 was the NOhep Visionaries Programme. This global programme aims to bring governments, medical professionals and activists together to accelerate action to eliminate viral hepatitis by 2030. Specifically, the programme engages and profiles those leading the way so that successes are celebrated and learnings shared. The NOhep Visionaries Programme for Medical Professionals is spearheaded by eminent medical professionals from each region and was first launched in Europe at the International Liver Congress in April 2017. In October 2017, the next phase of the programme was launched in the Americas region at The Liver Meeting. By the end of 2017, over 250 medical professionals had signed up to it. The NOhep Visionaries Programme for Governments was launched at the World Hepatitis Summit in November 2017, where six governments, one from each WHO region, (Bangladesh, Brazil, The Gambia, Georgia, Egypt and Mongolia) committed to becoming an official NOhep Visionary, reaffirming their pledge to eliminate the disease by showcasing national prevention, treatment and care efforts.

Another key element in our NOhep strategy for 2017 was the engagement with awareness days to grow support for the movement and spread the NOhep message:

On World Hepatitis Day, we launched the “We Are NOhep: Global Documentary”, highlighting the different ways individuals, governments and communities are working to meet the 2030 targets. By the end of 2017, the documentary had been viewed over 50,000 times in 125 countries. On Zero Discrimination Day (March 1st 2017), we launched the NOhep NOExcuse pledge campaign. This was an advocacy and awareness-raising activity that called on the global hepatitis community to stop making excuses for neglecting viral hepatitis and to pledge simple actions to help reach elimination. We provided supporters with useful resources and received nearly 1,000 pledges worldwide.

Finally, we ensured NOhep was also present in key meetings and community gatherings such as the World Hepatitis Summit and WHA’s Pre-Summit Member Conference. These provided us with an opportunity to demonstrate the global impact of our global movement, to highlight ways WHA members could use NOhep in their national activities and to grow NOhep’s supporter base. This effort resulted in #NOhep dominating online conversations during the Summit and activists from across the globe sharing their successes with the movement.

Measuring NOhep’s impact: The impact of the movement is measured on NOhep actions which are based on both online and offline engagements and include, amongst other things, the number of national events, the number of NOhep supporter groups established, the number of times #NOhep is used in social conversations and the number of individuals and organisations signed up to the movement. By the end of 2017, over 80,000 NOhep actions had been taken and the movement had sign-ups from over 2,000 supporters across more than 120 countries. A total of nine national NOhep groups were established by the end of 2017 in Australia, Benin, Bosnia, Cameroon, Cote d’Ivoire, Iran, Russia, Uganda and Vietnam. In terms of social media, NOhep’s Twitter and Facebook followers more than doubled and we are especially proud that the NOhep hashtag has reached more than 90 million people online and is now being used by medical societies, academics, patients, and even notable institutions such as the World Health Organization (WHO) and the US Center for Disease Control and Prevention (CDC).
2 ADVOCATING FOR VIRAL HEPATITIS

After years of neglect, viral hepatitis has finally started to receive the attention it greatly needs, largely thanks to recent clinical advances and our successful collective advocacy work. We now have government commitment to eliminate the epidemic. Yet, many challenges still exist to turn commitment into reality. In a world filled with competing priorities and shrinking sources of funding, we must continue to make the economic and development case for viral hepatitis and convince governments that elimination is within reach. Strengthening the patient voice to increase impact on the ground and rallying the general public is key to sustained successful advocacy and ensuring that viral hepatitis remains a priority for policy makers. This sentiment has driven our advocacy work in 2017.

Our flagship event, the World Hepatitis Summit (WHS), sought to build the case for eliminating viral hepatitis and support governments fulfil their commitment. Attracting a global audience of over 750 delegates from 106 countries, WHS 2017 provided a platform for civil society and governments to come together to advance elimination efforts and improve the lives of people living with viral hepatitis across the globe. The three-day event facilitated networking and sharing of best practice to improve the development and implementation of viral hepatitis action plans. Learn more about WHS 2017 on page 24.

The World Hepatitis Summit also provided the unique opportunity to build the capacity and capability of our members. Ahead of the event, we convened 214 individuals from 68 countries for the Pre-Summit Member Conference. This was an opportunity for civil society organisations from around the world to learn from experts in the field and their peers (see page 27 for more details). Outside of the Pre-Summit Member Conference, we took advantage of online methods to collaborate with members and help them achieve a greater impact on ground. In 2017, we ran a series of webinars that totalled over 1,456 views and aimed to upskill members in key areas such as campaigning and social media management.

Successful advocacy relies on the voice of civil society and the affected community being heard. In 2017, we launched the findings of our civil society survey in the ‘Holding Governments Accountable’ report that shows what is actually happening on the ground in terms of policy implementation. The report highlighted the need for greater action to tackle stigma and discrimination and for civil society to have a more meaningful involvement in national responses. The report acts as a powerful advocacy tool for our members. For more details on the report, turn to page 28.

One of the biggest barriers to elimination is financing, hence a good portion of our 2017 advocacy efforts looked at how to ensure the hepatitis response is adequately funded.

We developed a global investment case for hepatitis B and C that aims to galvanise commitment from global funders, global health decision makers and national governments. Through interviews with experts, we developed an economic and development case for eliminating viral hepatitis. The investment case was piloted with potential donors and feedback helped to shape a compelling argument for elimination, showing that achieving this goal would prevent approximately 36 million new infections and save 10 million lives globally. The findings were compiled into a two-page information document showing that elimination will not only save lives, but is cost-effective and will strengthen health systems and help to meet many of the Sustainable Development Goals, including targets to end poverty and reduce inequities. We also used the findings to issue a comment piece in the Lancet Gastroenterology and Hepatology Journal, calling for better donor involvement.

We supported national governments with costing, financing and investment case development with a number of projects. In Nigeria and Colombia we worked with the national governments to assist with the costing of hepatitis C programmes and we also launched a National Viral Hepatitis Programme Financing Strategy Template website that guides governments in the strategic approach to costing and financing programmes. You can find more details on page 30.

We further built the case for elimination and rallied champions to the cause by promoting the solvability of viral hepatitis through our communications. Our WHD campaign’s central message was that every individual action can help us achieve our elimination goal while blogs and social media campaigns around key global awareness days highlighted reasons why hepatitis should be championed by everyone.
2017 highlight: World Hepatitis Summit

The World Hepatitis Summit (WHS) is a large-scale, one of a kind global meeting hosted by WHA and WHO in collaboration with a different government each time. First initiated to forge relationships between civil society and governments with the aim of advancing the hepatitis agenda, the Summit provides a much-needed platform for the hepatitis community to share ideas, experiences and best practice in addressing the challenges of viral hepatitis.

The inaugural Summit took place in September 2015 in Glasgow, Scotland and sought to build momentum towards the development of comprehensive national plans within the framework of the WHO 2016-2021 viral hepatitis strategy. The second Summit in São Paulo, Brazil built on this starting point and looked at the implementation of such plans. Attracting a global audience of over 750 delegates from 106 countries that included patient groups, policy-makers, Ministers of Health, civil society organisations, public health professionals and funders, WHS 2017 aimed to:

• Increase the number of countries developing viral hepatitis action plans by making use of the latest public health research and technical support from WHO.
• Improve the implementation of existing viral hepatitis action plans through the sharing of best practice.
• Support clause 1.3 of WHO Resolution WHA67.6 which urges Member States to “promote the involvement of civil society in all aspects of preventing, diagnosing and treating viral hepatitis”.
• Discuss funding mechanisms for medicines and/or diagnostics through engagement of key stakeholders.
• Raise the profile of viral hepatitis by engagement of international top-tier media.
• Encourage and direct public health research where it is needed by engaging key global funders.

The event was a success, hosting 82 programme managers across 65 countries, 12 of which were ministerial representatives (Australia via video, Brazil, China, Egypt, Georgia, Lesotho, Malta, Mongolia, Pakistan, Sudan, Syria, Uganda). This represents a 95% increase in number of programme managers in attendance from the inaugural event in 2015. Bollywood veteran and WHO Goodwill Ambassador for Hepatitis in the South-East Asia region, Amitabh Bachchan, also welcomed delegates to the event.

At the heart of discussions was the patient voice and in 2017, civil society and patient organisations made up a third of attendance. To ensure the civil society was adequately represented, we fully funded 97.5% of delegates from resource-limited patient organisations. We also brought the experiences of people living with viral hepatitis to the fore with patient testimonials shown at the start of each plenary session.

Across three days of meetings, 118 senior-level, global expert speakers presented to delegates. The meeting agenda followed the structure of the WHO elimination strategy, addressing each of the strategic directions and covering a range of areas including prevention, diagnosis, treatment, financing and monitoring. A comprehensive programme with 17 workshops guaranteed that at-risk populations, such as Indigenous people and people who inject drugs, were not left out of discussions while side meetings addressed a number of specialist topics, giving sometimes overlooked issues such as hepatitis in children, hepatitis D and hepatitis E a global audience. 300 abstracts on innovative responses to viral hepatitis were accepted for posters and oral presentations, of which the top six innovation submissions were invited to give formal oral presentations at the close of the Summit.

WHS 2017 saw significant commitment from governments across the globe. At the event, the Brazilian Ministry of Health announced it would lift treatment restrictions for hepatitis C patients. Following their attendance at this global meeting, the government of Malta committed to hepatitis C elimination by 2025. Furthermore, out of the event emerged the ‘São Paulo Government Declaration on Viral Hepatitis’ whereby governments agreed to take a broad and coordinated approach to support implementation of the core interventions outlined in WHO’s elimination strategy with a special focus on viral hepatitis B and C. In response to the declaration, civil society issued the ‘São Paulo Community Declaration on Viral Hepatitis’, demanding that governments ensure that viral hepatitis is given the same priority as HIV/AIDS, malaria and TB.

Civil society also led another community declaration, “No elimination without decriminalisation!” calling on world political leaders to remove all barriers to the uptake of the full range of prevention services by people who use drugs and to adopt an approach based overwhelmingly on public health promotion, respect for human rights and evidence.

With the world’s attention firmly on the event, many organisations seized the opportunity to launch new projects at our Summit. We launched a tool which assists national governments who are facing challenges in fully funding their hepatitis response (WHA’s National Viral Hepatitis Programme Financing Strategy Template). WHO launched the hepatitis C economic analysis calculator, an interactive tool to help countries finance their national plans. Ricardo Baptista Leite, Member of Portuguese Parliament, shared his policy dashboard Let’s End Hep C that compares different EU member states policies while delegates were among the first to hear about EndHEP2030, a new fund for the elimination of viral hepatitis.

Finally, the World Hepatitis Summit helped to raise awareness of viral hepatitis. Over 900 pieces of media coverage were secured across 53 countries, reaching 400 million people worldwide. Coverage came from a mixture of online, broadcast and print outlets including BBC World News, The Lancet, El Mundo, The Times, AFP and Al Jazeera. The event made waves across social media too, with a total of 8,060 tweets sent using the event’s dedicated hashtag (#HepSummit2017) amassing 91.3 million impressions.

WHAT OUR MEMBERS SAY:

“The Summit was a masterpiece. I enjoyed every segment. I returned home with a renewed vision for and commitment to elimination of viral hepatitis.”

“The balance between the high-level overview of the strategy and the practical presentations from county learnings and the tools developed to date was very helpful to have.”
2017 highlight: Pre-Summit Member Conference

In 2015, the World Hepatitis Alliance (WHA) brought its members from around the world together for the very first time. Ahead of the inaugural World Hepatitis Summit, World Hepatitis Alliance members convened in Glasgow, Scotland to meet, learn from one another and enhance the global advocacy voice. Building on the incredible momentum of that event, we were delighted to host the second WHA Pre-Summit Member Conference on 30-31 October in São Paulo, Brazil. This time, we welcomed not only our members but also expert speakers, World Health Organisation staff and supporters. The event was designed to highlight civil society’s role in reaching the elimination targets and stress the importance of a unified patient voice in achieving our goal. More specifically, the objectives of the Pre-Summit Member Conference were to:

• Increase members’ engagement with the NOhep elimination movement and highlight how the NOhep brand can be incorporated into their current activities;
• Educate members around barriers to access for medicines and diagnostics, exploring areas beyond the issue of pricing and how to overcome them;
• Empower members to advocate at a national level for access to diagnostics and medicines;
• Initiate a working relationship between members and their WHO focal points;
• Facilitate networking and collaborative learning between delegates.

This second community gathering brought together 215 individuals from 71 countries. 157 of the attendees were WHA members, representing 138 different viral hepatitis patient groups from 66 countries. Over one and half days, attendees participated in a mix of expert and peer-led presentations and workshops covering topics including regional advocacy, access to medicines and diagnostics and the NOhep movement. The programme was developed using feedback from the first Pre-Summit Member Conference in Glasgow and our own needs assessment and sought to cater for all groups, regardless of individual member priorities. Participants were further empowered to shape the programme with the open space session, a collaborative session led by members which enabled them to suggest and attend discussions on topics that would be of most benefit to them. In particular, the event facilitated connections between civil society organisations from across the globe and gave members an opportunity to network not just with one another but also with key strategic stakeholders, including WHO regional focal points, experts in the field of access to medicines and programme managers.
2017 highlight: Holding Governments Accountable

Following the adoption of WHO’s Elimination Strategy we carried out a civil society survey in the final quarter of 2016 to establish what was actually happening on the ground in terms of policy implementation. This survey was developed by WHA with input from the World Health Organisation (WHO) and Glasgow Caledonian University (GCU). It focused on three key areas: stigma and discrimination, civil society involvement in the government response and access to diagnostics and treatment*. 156 responses were received from 72 countries.

The survey responses were analysed and findings were released in our ‘Holding Governments Accountable: World Hepatitis Alliance Civil Society Survey Global Findings Report’. The findings reveal that stigma not only affects an individual’s ability to access diagnostics and treatment but also impacts their personal life, mental health and ability to work, learn and maintain relationships. Yet, despite this, very few respondents felt that their government was effectively addressing it on a national level, making stigma and discrimination a significant barrier to the elimination of viral hepatitis. The report acts as a powerful advocacy tool, highlighting the need for greater action to tackle stigma and discrimination and more meaningful involvement of civil society in national responses. This report was released at the World Hepatitis Summit in November 2017.

* Due to the timings of the project and the rapidly changing situation with access to medicines and diagnostics, findings from this section of the survey were unlikely to still be accurate and as such were not included in the final report.
2017 highlight: Financing for viral hepatitis

Following the adoption of the WHO’s Elimination Strategy in 2016, we are seeing an increasing number of countries begin to implement national plans. These are however rarely accompanied by a robust financing strategy. In the absence of large external donor funding, there is a high risk that the plans will not be effectively implemented, jeopardising the global goal of elimination of hepatitis B and C by 2030.

Tackling hepatitis C may be not just cost-effective, but in fact cost-saving for many countries and front-loading the response is likely to generate the most cost savings. With this knowledge, we started working with the governments of Nigeria and Colombia to cost their entire hepatitis C programme in budgetary terms, develop a business case to support the required investment and then produce a range of options for financing the investment.

In Colombia, we partnered the Centre for Disease Analysis (CDA), the Colombian Federal Ministry of Health and WHA member Fundación Ifarma. Two technical working group meetings were convened in the final quarter of 2017 to agree the inputs for the investment case, build the case and finally discuss financing options. The outcome of these meetings was a finalised investment case which looked at a number of scenarios for reaching elimination, all of which included a commitment from the Colombian Ministry of Health to scale up the number of people they are treating and continue to cover treatment using the national health insurance.

In Nigeria, we worked in partnership with the Clinton Health Access Initiative (CHAI), the Nigerian Federal Ministry of Health and our 13 members within the country. The first technical working group to discuss the inputs and costing of an investment case took place in October 2017 with work ongoing to reach agreement on these figures. Discussions on the financing options will take place in 2018. We will then work with our members in Nigeria to build an advocacy strategy around financing for viral hepatitis in Nigeria. The need to also address hepatitis B came up as part of the project, especially in Nigeria where the prevalence for hepatitis B is significantly higher than for hepatitis C. As it can be difficult to create a strong investment case for hepatitis B, it was agreed that starting with hepatitis C and looking at areas of integration was a good approach.

Aside from these two in-country projects WHA also launched the National Viral Hepatitis Programme Financing Strategy Template website, in partnership with CHAI. The website serves as a guide for national governments on how to adopt a strategic approach to the costing and financing of a viral hepatitis programme. Using a mix of theory and case studies, it explores each of the following steps that are required when developing a comprehensive financing process: costing, creating an investment case, budgeting and catalytic financing strategies. Also featured is an interactive costing tool to help countries that want to start looking at financing themselves. Importantly, the website also highlights the critical role that advocating for financing plays in achieving a funded viral hepatitis programme. The website will continue to be updated and will become a vital resource for those interested in developing a financing strategy. The reports from our financing work in both Colombia and Nigeria are available on the site.
ENDING THE SOCIAL INJUSTICE OF VIRAL HEPATITIS

Two key issues underpin the bitter social injustice of viral hepatitis: stigma and inequity. Many people living with viral hepatitis face discrimination or stigma and just one in five people feel comfortable disclosing their status. Furthermore, many of the groups most affected by viral hepatitis (such as people who inject drugs, Indigenous populations, prisoners, and men who have sex with men) are already marginalised by society and struggle to access adequate healthcare. Even though the tools exist to make elimination a reality, unless we tackle the injustice surrounding the illness, elimination will not be achievable. This is why, in 2017, we worked to tackle the issue head-on.

At the World Hepatitis Summit often overlooked at-risk groups such as people who use drugs, Indigenous populations and prisoners featured heavily in discussions. Speakers throughout the event stressed the need for harm reduction policies while presentations and side meetings looked at specific issues including service delivery for priority populations, viral hepatitis in children and the burden of hepatitis D. A unique interactive workshop on delivering equitable services encouraged delegates to work together and think differently by applying an equity framework to imagined country scenarios. Fifteen civil society organisations including Médecins du Monde (MDM), International Drug Policy Consortium, Treatment Action Group, Coalition Plus and WHA launched a declaration calling on political leaders to remove barriers that prevent people using drugs from accessing services, including criminalisation of drug offences and to adopt a public health approach. Evidently, one of the resounding messages of WHS17 was not only to leave no one behind but ensure that efforts reach the furthest behind first.

To further tackle viral hepatitis among vulnerable populations, we co-organised the Second World Indigenous Peoples’ Conference on Viral Hepatitis. Coinciding with the International Day of the World’s Indigenous Peoples, the event brought together over 150 delegates from 14 countries and provided a platform to profile and further the conversation on viral hepatitis in Indigenous communities. Turn to page 35 to find out more.

In an effort to highlight the reality of viral hepatitis and give people with viral hepatitis a voice, we relaunched our Wall of Stories. An interactive section of the WHA website now allows visitors to browse a range of stories and throughout 2017 we took every opportunity to gather patient testimonials when meeting members. Learn how we sought to ensure the true impact of living with viral hepatitis was understood on page 34.
2017 highlight: Wall of stories

Together our stories can change the way the world sees viral hepatitis. The stories of those living with or impacted by viral hepatitis can help educate and raise awareness, provide support and inspiration and tackle stigma and discrimination. To ensure that the true impact viral hepatitis has on individuals is understood and the voices of those living with the disease are heard, this year we re-launched the newly designed Wall of Stories section of our website on 19 May.

The new site is fully interactive, allowing visitors to browse stories on a world map or search by country and topic. The new section also supports text, video and photo content, welcoming stories from every corner of the globe - and from all those impacted by viral hepatitis, from patients to family members, medical professionals and policy makers. In 2017 we received 47 submissions from countries including Uruguay, Uzbekistan, Yemen and Romania. Every month we profile a different story of someone living with viral hepatitis through the ‘Wall of Stories Snapshots’ section of our e-magazine, hepVoice.

Our members are best placed to source stories, many of them patients themselves or the organisations working first-hand to improve the lives of people living with viral hepatitis. At events throughout 2017, we worked with our members to film video testimonials. This proved successful in gathering powerful stories and enabled us to show these videos to a global audience of the World Hepatitis Summit.

2017 highlight: World Indigenous Peoples’ Conference

From the Brazilian Amazon to the Aboriginal areas of Australian, Indigenous Peoples across the globe are disproportionately affected by viral hepatitis. Yet, these groups are so often overlooked in the response. In an effort to ensure that Indigenous people are given a voice and receive the hepatitis prevention and treatment programmes they need, we have been working with key partners over the past few years to develop the World Indigenous Peoples’ Conference (WIPC) on Viral Hepatitis.

The event aims to bring together Indigenous peoples, those living with viral hepatitis, clinicians, researchers and policy-makers to provide a forum to share common experiences and innovative solutions, and to develop new relationships to enable collective responses. The inaugural event took place 14 – 16 September 2014 in Alice Springs, Australia and resulted in the adoption of the Awernekenhe consensus statement which aims to promote greater visibility, action, knowledge and accountability by nation-states in recognising viral hepatitis as a major chronic disease in Indigenous peoples, within an Indigenous and human rights framework.

In 2017, we worked closely with the Alaska Native Tribal Health Consortium to develop and co-host the second World Indigenous Peoples Conference on Viral Hepatitis.

The objectives of the 2017 event were to:
• Facilitate an international network of researchers, policy-makers, clinicians and people living with viral hepatitis to convene, deliberate, profile and negotiate consensus on approaches concerning viral hepatitis in Indigenous peoples.
• Continue to discuss and document our knowledge of the prevalence of hepatitis viruses in Indigenous Peoples across the globe and to profile and summarize current national activities.
• Review our consensus statement on Viral Hepatitis and Indigenous Peoples to assist nations, states, clinicians, researchers, scientists, people living with hepatitis, and Indigenous communities, to address viral hepatitis.
• Establish an on-going International Forum with contributions from Indigenous Peoples across the globe.
• Develop an on-going agenda for 2015–2025 for future conferences, workshops and symposia.

Coinciding with the International Day of the World’s Indigenous Peoples, the 2017 World Indigenous Peoples Conference on Viral Hepatitis took place in Anchorage, Alaska on 8 – 9 August and brought together over 150 delegates from 14 countries, providing a platform to further the conversation on viral hepatitis in Indigenous communities. A total of 31 scholarships were awarded, facilitating greater representation from Indigenous Peoples. A key outcome of this meeting was the Anchorage consensus statement, which built on the consensus statement drafted at the inaugural meeting in Alice Springs in 2014. The updated consensus statement addresses the need to maintain the momentum the conference created and calls for the formation of a working group to drive international action for the elimination of viral hepatitis in Indigenous People.
2018: THE YEAR AHEAD

The progress made in tackling viral hepatitis over the past few years is undeniable. In 2015, the world finally recognised viral hepatitis as a global issue; in 2016, countries adopted the first elimination strategy to tackle viral hepatitis as a public health threat; and in 2017, governments and the community united at the World Hepatitis Summit to ensure the elimination goal is met. We have a real opportunity to eliminate this global killer.

Yet the clock to 2030 is ticking and while all the tools needed to reach elimination exist, a crucial piece of the puzzle is missing to make this a reality. What’s missing is the people: 290 million people who are suffering from hepatitis B and C but are completely unaware of their illness. These people can transmit the disease to others and are at risk of developing fatal end-stage liver disease. Without finding the missing millions, elimination will remain nothing but a pipe dream.

Furthermore, we know that the voice of people affected by viral hepatitis is paramount to achieving elimination. The efforts made over the past decade is testament to this. The progress already made would be inconceivable without strong patient advocacy that has tirelessly demanded attention. With drastically scaled-up awareness and diagnosis efforts to find and educate the millions currently in the dark, there is potential to shout so much louder. Once the missing millions become aware, we have a powerful army of 325 million advocates who can drive prevention, demand access, encourage innovation and save lives.

This is why in 2018 we are uniting with our 256 member organisations under a renewed mission to harness the power of people living with viral hepatitis to achieve its elimination. From prevention and diagnosis through to treatment and care, people living with viral hepatitis need to be recognised for the unique contribution they can make and their power should be harnessed to bring about the changes we need to make elimination a reality.

Under the leadership of new President, Michael Ninburg, our activities in 2018 will be focused on scaling up diagnosis efforts and ensuring people living with viral hepatitis are linked to care. We know that finding the millions of people living with viral hepatitis unaware and giving the affected community a voice on the global stage will be essential to achieving elimination. Unlocking the potential of the missing millions and harnessing the power of the people living with viral hepatitis means acceleration, momentum and determination towards our elimination goal.

FINANCIAL REVIEW

WHA ended 2017 in a strong financial position. We carry forward £803k of unrestricted reserves into 2018 (previous year - £821k), meaning that nearly all our expenditure was funded from current year income - a remarkable achievement in a year where we hosted the World Hepatitis Summit in Brazil. This was a result of careful budget monitoring in general and strict management of the Summit budget in particular, cutting costs and using economy of scale wherever possible.

Income

In 2017 we received a total of £2,565k income, of which £1,745k was restricted:
- £1,279k restricted to the World Hepatitis Summit in Brazil. This was a result of exceptional £1,524k relating to the World Hepatitis Summit held in November 2017 in Brazil.
- £466k to support three other key projects in 2017 - the Global Economic Case, Financing for HCV and NOhep, the global movement to eliminate viral hepatitis by 2030.

Expenditure

Our restricted spending in 2017 included an exceptional £1,524k relating to the World Hepatitis Summit. This was funded in part by £1,279k of income restricted to the Summit, with the remaining spending funded from our unrestricted income in line with budget.

Aside from Summit spending, the total expenditure was £838k, compared to £846k in 2016 (£924k total expenditure, including £78k Summit expenditure).

Reserves

Unrestricted funding is crucial to allow the growth and strategic development of the organisation, and to provide financial stability to underpin our long term success. We hold unrestricted reserves to allow continued operations in the event of:
- temporary shortfalls in income, typically in the first half of the year before sponsors have formally approved annual grants.
- permanent shortfalls in income, to allow time to find alternative sources of income, or adjust expenditure plans.
- future projects or spending plans that cannot be met from the income of a single year, for example the World Hepatitis Summit.

Reserves are also held:
- to fund the legal commitments and orderly closing down of the WHA in the unlikely event of the organisation being wound up.

The reserves policy is reviewed annually by the Board, and looking forward to 2018, the Board believes unrestricted reserves which vary within the range £300k - £860k through the year are appropriate.
## Financial Review

### Notes to the Financial Statements as of 31 December 2017

#### 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".
- **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.

The restricted funds, which were only partially spent in 2017, are shown under the balance sheet liability item "Restricted funds". These funds will be used in similar projects in 2018.

The tax administration confirmed in 2009 and 2017 the tax ruling under which the entity is not subject to Swiss income tax and capital tax. This tax ruling is valid for an indefinite period.

#### 3. Contingent Liabilities and Pledged Assets

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<th>31/12/2017</th>
<th>31/12/2016</th>
</tr>
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#### 4. Social Security and Pension Liabilities

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#### 5. Off Balance Sheet Commitments

None

#### 6. Subsequent Events

None
### Balance Sheet 2017

**Balance sheet as of 31 December**

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<tr>
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**OPERATING PROFIT**

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**Movements of restricted fund to balance sheet:**

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<tbody>
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<td></td>
<td>GBP</td>
<td>GBP</td>
<td>GBP</td>
<td>GBP</td>
</tr>
<tr>
<td>Allocations</td>
<td>-165,733.04</td>
<td>-165,733.04</td>
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<td></td>
<td><strong>-18,723.15</strong></td>
<td><strong>-246,487.01</strong></td>
<td><strong>227,763.86</strong></td>
<td><strong>156,649.12</strong></td>
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<tr>
<td>Retained earnings at 1 Jan</td>
<td>821,499.27</td>
<td>-</td>
<td>821,499.27</td>
<td>664,850.15</td>
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<td>Transfer between funds</td>
<td>-</td>
<td>246,487.01</td>
<td>-246,487.01</td>
<td>-</td>
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<tr>
<td>Retained earnings at 31 Dec</td>
<td>802,776.12</td>
<td>-</td>
<td>802,776.12</td>
<td>821,499.27</td>
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