VISION
A world free from viral hepatitis

MISSION
Harness the power of people living with viral hepatitis to achieve its elimination
The hepatitis community needs us now more than ever.

The COVID-19 pandemic left many people living with viral hepatitis unable to access the services they need. Closures of testing, treatment and prevention services have had a devastating impact on the global goal to eliminate viral hepatitis by 2030. However, the hepatitis community showed our determination and resilience by still providing support to the people and communities impacted by hepatitis. I couldn’t be prouder to be part of this community and I know that the elimination of hepatitis is still a possibility within the next decade. If we harness the power of the people impacted by viral hepatitis then our calls for action cannot go unheard.

Dr Su Wang, WHA President
VIRAL HEPATITIS: A GLOBAL CRISIS

Viral hepatitis claims 1.1 million lives every year more than HIV and malaria combined

Globally 350 million people live with hepatitis
HOW IS HEPATITIS TRANSMITTED

- Mother-to-child transmission
- Unsafe injections
- Blood-to-blood contact and contaminated blood products

Left undiagnosed they are at risk of developing liver cancer, or liver cirrhosis. 65% of all liver cancer cases are related to hepatitis B or C.

THE SOLUTION

We have all the tools we need to prevent, test and treat viral hepatitis, with a vaccine and effective treatments for hepatitis B and a cure for hepatitis C.

In 2016 all 194 Member States of WHO signed up to eliminate viral hepatitis by 2030.

With concerted action, political will and innovative financing we can reach the elimination goals.
The World Hepatitis Alliance and our global network of over 300 members in 100 countries has led the global hepatitis advocacy movement.
NEW MEMBERS

Our strength is in our collective voices. In 2020 we expanded our network by welcoming 16 more members who join us in working to achieve the elimination of hepatitis by 2030.

Texas Liver Institute, United States
Hepatitis Aid Organization (HAO), Uganda
Care For Social Welfare International, Nigeria
PARSA Trust, Pakistan
Abba Hepatitis Foundation, Nigeria
Yayasan Peduli Hati Bangsa, Indonesia
Healthy Livercare Initiative, Nigeria
Rights and Development for All – RADFA, Pakistan
Meson de la Misericordia Divina, A.C., Mexico
Organization For Medical Outreach To Communities, Tanzania
Manluku Youth Development, Tanzania
Reach52, Cambodia
KnowHep Foundation, Sierra Leone
Budi Lukmanto Foundation, Indonesia
Save Liver Association of Patients - SLAP, North Macedonia
National Hepatitis Association, The Gambia (NAHA), Gambia
"I remember my mom always telling me "don’t ask, don’t tell" in regards to illness. For my Chinese family, being sick is a taboo so we never talked about it.

When I became pregnant with my first child, I found out I have hepatitis B. I was shocked. Only then did I learn from my mom that she also has chronic hepatitis B, that I probably got it from her.

I know the transmission wasn’t her fault and yet I wish she had told me sooner. I decided I wanted to do motherhood differently. I was blessed because my obstetrician-gynaecologist knew what to screen for and took precautions to prevent transmission from mother to child.

My two children were given vaccines at birth and then completed the three doses afterwards.

When they were tested at age one and again at age two, the tests came back negative.

But my doctor told me that, because I have chronic hepatitis B, I have a 25 per cent chance of getting liver cancer. Would I be able to see my children grow up to adulthood? Will I have to leave them too early?
I remember my mom always telling me “don’t ask, don’t tell” in regards to illness. For my Chinese family, being sick is a taboo so we never talked about it.

When I became pregnant with my first child, I found out I have hepatitis B. I was very shocked. Only then did I learn from my mom that she also has chronic hepatitis B virus, and that I probably got it from her.

I know the transmission wasn’t her fault and I regret not telling her sooner. I decided to do motherhood differently. I was blessed because my obstetrician-gynaecologist knew what to screen for and took precautions to prevent transmission from mother to child.

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Would I be able to see my children grow up to adulthood? Will I have to leave them too early?

I chose to be very open with my children about the virus and I started reaching out to Asian communities too.

“I used to think my passion for preventing hepatitis B would live in me until I die. Now I think it will live longer than that.”

When my children attended Chinese-language school, I set up a hepatitis education booth for parents. My children manned the booth with me and talked to their friends about vaccination.

Later, when they left home for university, they continued doing hepatitis B outreach on their own. I did too.

I remember my son coming home during a school break and saying “hepatitis B is a silent killer. Testing is so important, and vaccination can prevent the infection.” I told him “you got it! I am so proud of you”.

Thank you to The Hepatitis B Foundation for allowing us to share Alice’s story from their #justB storytelling campaign.
In 2020 we entered the decade of elimination with just ten years to go to reach the WHO target of eliminating hepatitis by 2030. 2020 was also a year when WHA faced unexpected challenges. Like nearly everyone around the world we were impacted by the COVID-19 pandemic. Our organisational plans had to be adapted and new issues needed to be addressed. I am incredibly proud of how the organisation adapted to the new environment and believe that we helped to keep hepatitis on the global health agenda even during the pandemic. We strived to provide the most up to date information for people living with viral hepatitis and worked to continue our advocacy even during the pandemic. We were amazed by the impact we generated on World Hepatitis Day and worked hard to highlight the stories of people living with viral hepatitis in our new podcast series, all while using the findings from WHA community-led research to highlight the impact of Covid-19.

2020 was the final year of our Find the Millions strategy and we have set ourselves a solid foundation to build upon for the coming years. We look forward to continuing to provide a platform for the voices of the people and communities impacted by viral hepatitis worldwide.

Cary James, WHA Chief Executive
Our members are at the heart of what we do. Each year we gather feedback on WHA activities from our members. The survey helps us set our priorities for the following year in order to better serve our membership and better represent people living with hepatitis on the global stage.

In the 2020 WHA members’ survey, the respondents answered to questions regarding the impact of the COVID-19 pandemic on their organisation as well as the value that WHA brings to their organisation. Over 90% of respondents found that COVID-19 had a negative impact on hepatitis services available in their country and half of them found that people were unable to access hepatitis testing and treatment.

80% of participants feel supported by the WHA and more than 90% of them have interacted with WHA over the year. Emails from WHA president were rated as the most effective method of communications with the members with 88% of respondent finding them useful.

90% of respondents feel a part of global community as WHA members

84% of respondents find that WHA membership benefits their organisation
COVID-19 RESPONSE

In 2020 the World Hepatitis Alliance and the global hepatitis community faced the realities of the disruptions caused by the COVID-19 pandemic. From the outset of the pandemic WHA looked to support the people and communities impacted by hepatitis. By providing information and advocating for hepatitis to remain a global health priority we looked to minimise the impact that COVID-19 had on hepatitis services globally.

“I know every one of our members will be working around the clock to minimize the impact of this pandemic on their communities and fight for the rights of their patients.”

Dr Su Wang
President, World Hepatitis Alliance
Online information hub

As the COVID-19 pandemic developed WHA looked to fill an information gap by supplying the latest information on COVID-19 and hepatitis as it was developing. Our online support page was translatable into over 100 languages and regularly updated with the latest information from WHO and the leading medical societies so that people living with hepatitis who were worried about the impact that COVID-19 would have on them could find the most up-to-date information.

Webinars

In the face of COVID-19, webinars have become a crucial way to gather an audience and disseminate information. Our webinar featuring leading medical professionals answered questions from people affected by hepatitis to give them the latest information on the impact of COVID-19 on their condition. Additionally, our global town hall brought together WHO representatives and community organisations and allowed the global community to share their experiences of how they were tackling the duel threats of COVID-19 and hepatitis.
COVID-19 RESPONSE

From this crisis, we have an opportunity to evolve health systems to better serve us all. Hepatitis elimination must not be left behind.

WHA article in The Lancet Gastroenterology and Hepatology
We undertook a global survey to gain an understanding of the impact that hepatitis was having on civil society organisations around the world. The survey entitled “The impact of COVID-19 on hepatitis elimination” was published in The Lancet Gastroenterology and Hepatology and can be read here.

The survey respondents reported that the COVID-19 pandemic affected hepatitis services around the world. Civil society representatives expressed worries over the lack of access to testing and treatment due to factors including restrictions on movement. In addition, a quarter of respondents outside the US reported inability to access medications which may cause increased anxiety among people living with viral hepatitis, many of whom might have been left with gaps in their hepatitis B medication or a delay to starting hepatitis C curative treatment.

90% of respondents reported that COVID-19 had a negative impact on the hepatitis services available in their country.

77% of respondents reported that their country’s progress towards hepatitis elimination has been affected.
On 28 July 2020, individuals, organisations and governments around the world celebrated the tenth official World Hepatitis Day (WHD), which is one of the World Health Organization’s (WHO) seven officially-mandated global public health days.

In spite of the ongoing COVID-19 pandemic, the global hepatitis community united with policymakers, medical professionals and the general public to reach hundreds of millions of people with life-saving information about viral hepatitis.

**2020 IMPACT**

- #WorldHepatitisDay gained over 500 MILLION Twitter impressions
- World Hepatitis Day trended in 15 COUNTRIES and worldwide
- More than 3,000 supporters signed NOhep’s open letter
- Our global virtual relay passed through 37 COUNTRIES spanning every time zone
In 2020, we worked with our members, stakeholders and other partners to conduct the first World Hepatitis Day virtual relay. The relay started at midnight as World Hepatitis Day started in New Zealand and a series of video messages were posted online as World Hepatitis Day crossed the world, until our last video message from Hawaii.

The relay brought together civil society leaders, people impacted by viral hepatitis, WHA partners and policymakers to show the global community fighting to eliminate hepatitis.

In the run up to World Hepatitis Day, we held a series of webinars exploring key issues within hepatitis elimination. The webinars brought together global experts and civil society leaders to address key issues including, mother-to-child transmission, hepatitis C among people who use drugs, the role of policy makers in hepatitis elimination and the key accelerators needed to push forward elimination efforts over the next ten years.
I was just 24 years old when I was diagnosed with HIV and hepatitis C. I was diagnosed with HIV over my lunch break from work and a week later I was told I also had hepatitis C. It came as a complete shock, and this double whammy had a huge impact on me. Emotionally, hepatitis C had a huge impact on me and I felt the stigma of my diagnosis acutely. Having been diagnosed with both HIV and hepatitis C, I had to deal with the stigma of being co-infected. I felt alienated from HIV negative men on account of my HIV, and I felt alienated from HIV positive men on account of my hepatitis C. I didn’t know where or how to fit in. I felt isolated. I really did feel that I was alone.

The year of my diagnoses was particularly difficult. During this time, I contemplated taking my life on three occasions. What pulled me back was thinking about the impact that this would have on my family and friends. I attended support groups where I met with other people living with HIV and hepatitis C. Hearing about their journeys really helped me come to terms with being HIV and hepatitis C positive, and I was able to gain objectivity and learn more about the viruses. This objectivity allowed me to slowly gain more acceptance around my diagnoses.

Though it took me a number of years to come to terms with my diagnoses, it was an amazing feeling when I cleared the infection. It felt like a huge weight had been lifted from my shoulders.

PHILIP’S STORY

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HEP VOICES
I was just 24 years old when I was diagnosed with HIV and hepatitis C. It came as a complete shock, and this double whammy had a huge impact on my life. I felt fear, shame, grief, and anger. Emotionally, hepatitis C had a huge impact on me and I felt the stigma of my diagnosis acutely. Having been diagnosed with both HIV and hepatitis C, I had to deal with the dual stigma of being co-infected. I felt alienated from HIV negative men on account of my HIV, and I felt alienated from HIV positive men on account of my hepatitis C. I didn't know where or how to fit in. I felt isolated. I really did feel that I was alone.

The year of my diagnoses was particularly difficult. During this time, I contemplated taking my life on three occasions. What pulled me back was thinking about the impact that this would have on my family and friends. I attended support groups where I met with other people living with HIV and hepatitis C. Hearing about their journeys really helped me come to terms with my diagnoses, and I really wanted to speak out because there is a real lack of awareness around the virus. In 2014, I started writing for the HuffPost (a popular online magazine) and in 2015, I left my job as a lawyer in the City of London to concentrate full time on my activism. I'm now a gay rights, and human rights activist and a writer. Ultimately, my diagnoses empowered me and I really wouldn't be the person that I am today if it hadn't been for them.

"Ultimately, my diagnoses empowered me."

I am very privileged to have the voice that I do around HIV, hepatitis and human rights issues. I have magazine columns where I frequently write about hepatitis, and I discuss it on radio, and on TV. I try to be as candid as possible about my own journey with hepatitis C. We need to raise awareness around the virus and educate people. Being an activist doesn't just mean taking part in protest marches. I would encourage anyone who has the confidence to do so to speak about their own experiences with hepatitis – personal stories and experiences are very compelling and help to break down stigma. After all, hepatitis doesn't discriminate and people from all walks of life can have it.

I accessed treatment for hepatitis C in December 2016. I found the 12-week treatment to be side-effect free and it was an amazing feeling when I cleared the infection. It felt like a huge weight had been lifted from my shoulders. I no longer had to worry about the potential health consequences of hepatitis C.

I think that it is really important that we find the many people who are living with viral hepatitis but are undiagnosed. We need to dramatically increase testing and, in my view, we need to aim to move testing beyond prisons, beyond substance misuse services, beyond sexual health clinics. It needs to become the norm that people are tested. This would help break down stigma surrounding the disease, too.
In 2018 we launched ‘Find the Missing Millions’ (FMM), a three-year campaign and programme looking to break down the barriers to diagnosis. No one should have to live with viral hepatitis without knowing; yet more than 290 million men, women and children globally do. Unless there is a massive scale-up in screening, diagnosis and linkage to care, more people will become infected and lives will continue to be lost. Our ‘Find the Missing Millions’ programme takes a multi-faceted approach to tackling the barriers to diagnosis.

We used the FMM theme to campaign around World Hepatitis Day. The campaign targeted the communities at the highest risk of viral hepatitis with messages about hepatitis and the need for testing. In 2020 we launched the final year of the three year campaign with messages that resonated about the importance of testing, even during the COVID-19 pandemic.

As part of the Find the Missing Millions programme we partnered with InTec Products, an infectious disease diagnostics manufacturer, to distribute 25,000 point-of-care rapid tests for viral hepatitis C (HCV) to five World Hepatitis Alliance member organisations in four countries. This enabled these members to scale up their screening activities in both key populations and the general population.
An online resource which is designed to both build members knowledge in relation to screening and diagnosis of viral hepatitis. Alongside this it provides practical tips and approaches to help WHA members to address the barriers to diagnosis through their advocacy and on the ground programmes.

In 2020 we continued our educational webinar series with the Foundation for Innovative New Diagnostics (FIND), exploring strategies to increase access and linkage to care for hepatitis C. The webinar can be viewed here.

Throughout 2020 we shared nine case studies on the FMM advocacy resource. These all highlighted different ways in which WHA members have worked to overcome the barriers to diagnosis within their communities. Case studies included; advocacy for hepatitis to be part of the national health insurance in Mongolia, micro elimination of hepatitis C in an Egyptian Village and integrating hepatitis testing with wound care for homeless people in Hawaii.

You can read these case studies and more here.
In-country programme

Through the FMM in-country programme WHA works with the below members to support them to implement advocacy projects which address the barriers to diagnosis within their settings.

- Positive People Armenian Network, Armenia
- National Liver Foundation of Bangladesh, Bangladesh
- Hepatitis Alliance Ghana, Ghana
- Koalisi Satu Hati, Indonesia
- Caribbean Hepatitis C Alliance, Jamaica

The project was launched in June 2019 and was due to conclude at the end of 2020 but the Covid-19 pandemic impacted all our members and their ability to implement their projects. As a result of this we worked with them to assess their objectives and if needed amend them to reflect the new situation on the ground. We also extended the project end date into 2021 to allow for the delays caused by local lockdowns.

More information on the individual projects can be found here.
WHA was very helpful in every step of project implementation. They helped to overcome all the obstacles, they were very flexible and openminded, which helped to change some activities accordingly to the country situation.

Positive People Armenian Network
FINANCING FOR ELIMINATION

Financing should not continue to be a barrier to hepatitis elimination. To help address this in 2017 WHA launched a financing for hepatitis programme. Working with the Clinton Health Access Initiative (CHAI), governments and stakeholders within countries we costed their entire hepatitis C programme in budgetary terms, developed a business case to support the required investment and, importantly, explored a range of options for financing the investment.

The programme was successfully piloted in Nigeria and in 2019 we expanded this work to Cambodia and India Punjab State. This year we shared the final investment case reports.

Cambodia

Cambodia has one of the highest burdens of hepatitis C in the Western Pacific Region but access to testing and treatment is currently limited due to the lack of a public programme and high private sector costs. Momentum has been growing within the country in recent years for a public programme to address hepatitis C, however; with limited global donor funding, the launch of a programme hinges on the ability to secure a domestically funded budget.

The investment case models done as part of this project showed that an elimination programme would save USD $18.3 million, or $0.30 per USD invested. Though the investment case did not consider the indirect costs of associated with hepatitis C such as absenteeism, productivity loss, and non-medical costs this is likely a conservative estimate.

In the short-term, this report should provide CDC-MOH with the necessary tools to advocate for dedicated financial resources to launch a hepatitis C programme. The longer-term objective is to grow those resources and secure external resources, if required, to reach the goal of elimination.

The full report can be read here
India Punjab State is a global leader in the hepatitis response. However, despite the progress made to date the State Viral Hepatitis Management Unit (SVHMU) within the Punjab State government identified that without a scale up of current interventions and roll out of new interventions they would fail to reach elimination.

The investment case that was developed by SVHMU, CHAI and WHA showed that a 2030 elimination scenario is found to not only be cost-effective but cost-saving. In fact, if an additional INR 267 crores (USD $3.5 million per year) is invested in Punjab for hepatitis C in the next 10 years, Punjab will not only reach elimination, but will save 550,000 lives and 1,400 Crores (USD $188 million).

Consensus from stakeholders within Punjab State was that the primary source of funding for scale-up must come from the government. The report therefore gives the SVHMU the information they need to more effectively advocate to the Ministry of Finance for resources and so continue to ensure that Punjab State is a leader in eliminating hepatitis C.

The full report can be read here.

550,000 lives could be saved
$188m dollars could be saved
NOhep is the global movement for the elimination of hepatitis. The movement brings together all stakeholders to hold governments accountable to their promise of eliminating hepatitis by 2030. In 2020 we continued to grow the movement, welcoming more supporters to the programme.

Medical visionaries

The NOhep Medical Visionaries programme is a global network of medical professionals who are committed to driving hepatitis elimination efforts. 2020 was a year of firsts for this programme. In March we convened the first NOhep Medical Visionaries forum in Asia Pacific. The meeting was held at APASL in Bali, Indonesia and saw visionaries and civil society organisations come together to explore how hepatitis elimination efforts can be accelerated in the region. In response to the Covid-19 pandemic we also held our first virtual forum at AASLD. This meeting saw 25 visionaries and community representatives come together to discuss the key learnings from the conference.
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Our NOhep open letter was launched in the run up to World Hepatitis Day, it offered supporters the chance to add their voice to a letter calling on ministers of health to keep their promise to eliminate hepatitis. The letter was promoted online and through our partners. More then 3,000 people and organisations signed the letter which was sent to every ministry of health in the world. We urged them to commit to their promise of eliminating hepatitis by 2030 and do everything they can to accelerate action towards elimination, even within the context of the COVID-19 pandemic.

During the COVID-19 pandemic, we have seen the importance of decisive political leadership to co-ordinate effective responses from healthcare systems for the community and to provide adequate resources to save lives. Viral hepatitis is no different. Strong political leadership, which works hand-in-hand with the healthcare systems, civil society and the affected community, can drive forward efforts to eliminate hepatitis and save millions of lives.

-NOhep open letter
I am Baltazar C. Lucas. I have been diagnosed with liver cancer from hepatitis B. Between 2008-2013, I lost all three of my brothers to hepatitis B and liver cancer. As the last of my brothers remaining, it can be easy to lose hope, but I am also a son, a husband, and a father, and I cling to the hope that I will not leave my remaining family prematurely.

It all started when my youngest brother, Marc Anthony, fell ill in January 2008. He was diagnosed with tuberculosis but responded poorly to treatment. After medical exams, he was found to have hepatitis B. We tried everything we could, but despite our best efforts, Marc deteriorated and died of liver failure before the year ended, shortly before he was to turn 20.

“I lost all three of my brothers to hepatitis B and liver cancer.”

We all decided to have ourselves checked and we found out that we all had hepatitis B. I vowed to myself to practice clean and healthy living, avoiding drinking and smoking to increase my chances of surviving the disease.

Joey died November 2013, a month after Aris. He battled the cancer to the very end.

I tell my story in the hope that others may learn about how common hepatitis B is, how deadly it can be, but also how early detection can help.”
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Given our family history, I had myself frequently tested. But in December 2013, I was surprised to find out that I too already had liver cancer despite all precautions. A 10 cm mass in the right side of my liver. I was heartbroken but I refused to think that this was to be the end for me. I was determined to fight.

After consulting with my doctor I had my tumor removed as soon as possible. The operation was a success. I followed all my doctors without question. I became hopeful again and very thankful to God, the doctors and all those who supported me.

"Against all odds we continued to fight."

In January 2014, I was able to go back to work but was on close follow-up. In May 2014, tests showed that the cancer had come back. I decided to undergo TACE (Transarterial Chemoembolization) to stop the growths while they were small. At present, I still am not cancer-free. I have been advised that a liver transplant will be the next step in this fight against this brutal disease. My hepatitis B infection is now controlled with medication. I continue to work as long as my physical condition allows me, to continue to support my family and my medical needs. I am sure that somewhere my brothers are rooting for me to pull through. I am all that’s left of my brothers and I am all that my parents, wife and son have.

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HIGH-LEVEL ADVOCACY

WHA and our members make an integral part of the planning, implementation, monitoring and governance of Hepatitis elimination programmes and services around the world.

In 2020 we took part in several high-level advocacy activities representing people with lived experience the highest levels to change the course of hepatitis elimination.

Universal health coverage

In celebration of Universal Health Coverage (UHC) Day, on the 11 December 2020, WHA, together with the International AIDS Society (IAS), Global Network of People Living with HIV (GNP+), the UNITE Global Network of Parliamentarians to End Infectious Diseases, the NCD Alliance and the Civil Society Engagement Mechanism (CESM), hosted a webinar supporting the theme of UHC Day – “Health for all: protect everyone”.

Speakers and panellists from across the world highlighted the importance of the right to health and why health systems must be designed to serve the needs of people rather than to only treat a specific disease. The webinar emphasised that achieving this will require meaningful and ongoing engagement with civil society organisations in the design and implementation of UHC programmes.

Watch the webinar here.

World Health Assembly

WHA's statement for the 73rd World Health Assembly, drew on findings from our global COVID-19 survey. The intervention highlighted the impact of COVID-19 on people living with viral hepatitis and on hepatitis services.

The statement formed part of our continuous efforts to ensure that hepatitis remained firmly on the global health agenda. It urged Member States to seize the unprecedented opportunity presented by the current pandemic to make the most of synergies in screening opportunities and embed hepatitis elimination within evolving health systems.
Without the availability of effective prevention, testing and treatment services, our hopes of eliminating hepatitis by 2030 are diminished, and thousands of people affected by viral hepatitis are left facing an uncertain future.

WHA statement at the World Health Assembly
GLOBAL BOARD

Our global board is comprised of a president and six regional board members, all of whom are living with or have had viral hepatitis. Board members are democratically elected from each of the World Health Organization’s six regions: Africa (AFRO), the Americas (PAHO), Eastern Mediterranean (EMRO), Europe (EURO), South-East Asia (SEARO) and Western Pacific (WPRO).

Board members are unpaid and their primary role is to provide governance and strategic direction to the organisation and in doing so make sure that we always remain an organisation for people living with viral hepatitis.

Dr. Su Wang serves as the president of the World Hepatitis Alliance and is the Medical Director of the Center for Asian Health at Saint Barnabas Medical Center.

Dr. Wang is a Fellow of the American College of Physicians (FACP) and a member of the American Association for the Study of Liver Diseases. She also serves on the Board of Directors for the Hepatitis B Foundation and co-chairs the New Jersey Hepatitis B Coalition.

Edo comes from a drug user community and had worked in the field of HIV and access to medicines since 2003. Since then, he has co-founded several organizations in sub and national level to do advocacy work for harm reduction and human rights. He was elected as the National Coordinator for Indonesian Drug User Network (PKNI) in 2011.

Dr. Coulibaly is the president of the Association for Health and the Development Promotion in Mali.

He has been working with people at-risk of viral hepatitis for over 20 years, with a particular focus on prevention of mother-to-child transmission of hepatitis B in Africa.
Dr. Shanmugam has over 50 years experience in medical practice. He is the first qualified surgical gastroenterologist in his country specialised in liver disease. He founded the Department of Gastroenterology, Stanley Medical College in Chennai, India. He had also performed the country’s first liver transplant in 1996.

Dr. Shanmugam is working with the Government of India to push for elimination of viral hepatitis by 2030.

Rachel has worked for over 20 years with people at risk of viral hepatitis – the homeless, prisoners, substance misusers and migrants. In serves as the CRO of the Hepatitis C Trust.

Before this, she was the CEO of Women in Prison, a UK NGO supporting women affected by the criminal justice system. She sits on a number of national boards, as well as representing The Hepatitis C Trust at a European level.

Michael Ninburg is the Executive Director of the Hepatitis Education Project (HEP). HEP works with patients, clinicians and policymakers, and provides direct services and advocacy for some of the community’s most underserved and marginalized populations.

Michael has served as consultant or partner to a variety of governmental agencies and multilateral organizations, including the WHO, the Pan American Health Organization/WHO, and the US Department of Health and Human Services (HHS) and its agencies, including Centers for Disease Control and Prevention (CDC).

Dr. Gamal Shiha is the Founder and Head of the Association of Liver Patients’ Care (ALPC), Dakahlia, Egypt since 1997. Also, Founder and CEO of the Egyptian Liver Research Institute and Hospital since 2011.

Dr. Shiha is also a Prof. Internal Medicine, Department Gastroenterology and liver unit; Faculty of Medicine, Mansoura University. Shiha was recently elected Head of Education and scientific research committee in the Egyptian Parliament.
Lien is an epidemiologist and PhD scholar at the WHO Collaborating Centre for Viral Hepatitis, Doherty Institute, Australia. Her current research is on improving engagement in care and treatment of people living with viral hepatitis in Primary Care.

In addition to the involvement with Hepatitis Victoria, Lien currently moderates two online support groups for people living with viral hepatitis, one in Australia and one in Vietnam.

Helen worked as a clinical nurse, manager and executive in public hospitals in England and Australia prior to joining Hepatitis Australia as the CEO in 2005. During her fifteen years at Hepatitis Australia, Helen successfully led campaigns for the establishment of Australia’s first national hepatitis B strategy and for universal government funded access to direct acting antivirals to cure hepatitis C.

Dr. Velez-Moller, is a physician with a master’s in public health and postgraduate studies in microbiology. She co-founded the Guatemalan Liver Association.

At country level she is working with the government on the development of the first national hepatitis guidelines. At international level Dr. Velez-Moller participated in the Hepatitis technical Advisor Committee of PAHO/WHO.
Finances
## World Hepatitis Alliance
### Geneva

**Income statement for the year ended 31 December 2020**

<table>
<thead>
<tr>
<th>ACCOUNT</th>
<th>2020 Restricted income and expenses</th>
<th>2020 Unrestricted income and expenses</th>
<th>2020 Total</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GBP</td>
<td>GBP</td>
<td>GBP</td>
<td>GBP</td>
</tr>
</tbody>
</table>

### INCOME

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2020</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmes</td>
<td>£357,776</td>
<td>£76,039</td>
<td>£433,815</td>
<td>£253,010</td>
</tr>
<tr>
<td>Core</td>
<td>£0</td>
<td>£547,105</td>
<td>£547,105</td>
<td>£548,959</td>
</tr>
<tr>
<td>Interest Income</td>
<td>£0</td>
<td>£3,406</td>
<td>£3,406</td>
<td>£7,028</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>£0</td>
<td>£76,359</td>
<td>£76,359</td>
<td>£16,773</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>£357,776</td>
<td>£702,910</td>
<td>£1,060,685</td>
<td>£825,770</td>
</tr>
</tbody>
</table>

### EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2020</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>£3,913</td>
<td>£395,741</td>
<td>£399,653</td>
<td>£430,912</td>
</tr>
<tr>
<td>Equipment, office and overheads</td>
<td>£10,261</td>
<td>£87,265</td>
<td>£97,526</td>
<td>£125,237</td>
</tr>
<tr>
<td>Travel and representation</td>
<td>£1,966</td>
<td>£29,165</td>
<td>£31,131</td>
<td>£86,179</td>
</tr>
<tr>
<td>Communications</td>
<td>£13,783</td>
<td>£16,251</td>
<td>£30,035</td>
<td>£41,297</td>
</tr>
<tr>
<td>Consulting</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
<td>£93,270</td>
</tr>
<tr>
<td>Voluntary contribution</td>
<td>£0</td>
<td>£11,755</td>
<td>£11,755</td>
<td>£170,797</td>
</tr>
<tr>
<td>Project management and overhead recharges</td>
<td>£32,687</td>
<td>-£32,687</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>£62,611</td>
<td>£507,490</td>
<td>£570,100</td>
<td>£947,692</td>
</tr>
</tbody>
</table>

### Exchange Rate difference (-loss, + gain)

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2020</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>-26,314</td>
<td>-£18,865</td>
<td>-£45,179</td>
<td>-£22,507</td>
<td></td>
</tr>
</tbody>
</table>

### OPERATING PROFIT

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2020</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>£268,851</td>
<td>£176,555</td>
<td>£445,406</td>
<td>-£144,429</td>
<td></td>
</tr>
</tbody>
</table>

### MOVEMENTS OF RESTRICTED FUNDS

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2020</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocations</td>
<td>-£269,238</td>
<td>£0</td>
<td>-£269,238</td>
<td>£96,901</td>
</tr>
<tr>
<td>Transfer between funds</td>
<td>£387</td>
<td>-£387</td>
<td>£0</td>
<td>£0</td>
</tr>
</tbody>
</table>

### RESULT FOR THE YEAR

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2020</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0</td>
<td>£176,168</td>
<td>£176,168</td>
<td>-£47,528</td>
<td></td>
</tr>
<tr>
<td>Retained earnings at 1 Jan</td>
<td>£0</td>
<td>£912,051</td>
<td>£912,051</td>
<td>£959,579</td>
</tr>
<tr>
<td>Retained earnings at 31 Dec</td>
<td>£0</td>
<td>£1,088,219</td>
<td>£1,088,219</td>
<td>£912,051</td>
</tr>
</tbody>
</table>
## World Hepatitis Alliance
### Geneva

**Balance Sheet at 31 December 2020**

<table>
<thead>
<tr>
<th></th>
<th>31 December 2020</th>
<th>31 December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>£1,853,016</td>
<td>£1,292,965</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>£4,483</td>
<td>£15,532</td>
</tr>
<tr>
<td>Other debtors</td>
<td>£9,804</td>
<td>£4,095</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>£1,869,857</td>
<td>£1,313,698</td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>£2,555</td>
<td>£1,106</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>£12,934</td>
<td>£15,857</td>
</tr>
<tr>
<td>Accruals and deferred income</td>
<td>£384,748</td>
<td>£271,074</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>£750</td>
<td>£750</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>£781,637</td>
<td>£401,647</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>£1,088,219</td>
<td>£912,051</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Year Earnings</td>
<td>£176,168</td>
<td>-£47,528</td>
</tr>
<tr>
<td>Unrestricted Net Assets</td>
<td>£912,051</td>
<td>£959,579</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>£1,088,219</td>
<td>£912,051</td>
</tr>
</tbody>
</table>
World Hepatitis Alliance
Geneva

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:

**Donations:**
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. The restricted funds, which were only partially spent during the current year, are shown under the balance sheet liability item “Restricted funds”. These funds could be used in the future in order to cover a loss issued from the “Restricted income and expenses”.

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

**Accrued income / expenses, prepaid expenses and prepaid income:**
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.

**Fixed assets:**
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.

**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 prevailing exchange. Foreign exchange result is recorded in the income statement as a component of the net result of the period.