VISION
A world free from viral hepatitis

MISSION
Harness the power of people living with viral hepatitis to achieve its elimination
2021 was an exciting year for the World Hepatitis Alliance (WHA).

While the global health focus was still on Covid-19, the global hepatitis community did their best to continue to support the people and communities impacted by hepatitis. At WHA we saw the launch of our new strategy and a new campaign, Hepatitis Can’t Wait. We also saw the election of a new president-elect for WHA, Danjuma Adda will assume the role of president from 2022 and become the first WHA president from the WHO AFRO region.

Our work has never been more important, the Covid-19 pandemic continued to keep countries from accelerating action to the WHO’s goal of eliminating hepatitis by 2030. As the global health space calls for more support, it has never been more important for the hepatitis community to be vocal and have our voices heard. Hepatitis is one of the deadliest but most preventable health crises of our time. We can eliminate hepatitis, but it won’t just happen, we need to raise our voices, demand action, and support innovative approaches to ensure that we see hepatitis eliminated. It can be done, but it needs urgent action. Hepatitis Can’t Wait.

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 over 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.
NEW STRATEGY

Our new 2021-2025 strategy focuses on accelerating action towards the elimination of hepatitis by 2030.

At its heart, it strives to elevate the people and communities impacted by hepatitis as well as the organisations working to fight for the elimination of hepatitis. It holds governing bodies to account for their commitments and it works to mobilise much needed resources for elimination. It embraces a person centred approach and the evolving landscape of health systems caused by COVID-19 and the evolution towards Universal Health Coverage (UHC). It looks drive action through better integration within health systems including programmes addressing HIV and primary care. It seeks to create new partnerships to position hepatitis elimination as an essential element of liver cancer prevention and as a routine element of maternal and child health programmes.

The new strategy is bold and ambitious and will cement WHA as a leading organisation not only in the hepatitis space, but the wider global health landscape as well.

The four strategic objectives for the strategy are:

1. Mobilise resources for hepatitis elimination across global health priorities, national health systems, and UHC programmes.

2. Hold governing bodies to account to achieve the 2030 elimination goals.

3. Increase the impact of our members and civil society organisations by building capacity, facilitating innovation, strengthening networks, and increasing collaboration across the elimination ecosystem.

4. Amplify the voice and visibility of empowered people living with hepatitis and the affected communities to increase empathy and motivate action by decision makers.

The 2021-2025 strategy can be found here.
The World Hepatitis Alliance is a global network of 314 organisations working in 100 countries. Our strength is in our collective voices and in 2021 we expanded our network by welcoming six more members who join us in working to achieve the elimination of hepatitis by 2030.

**MEMBERS**

- Apoyo Positivo – Spain
- Youth Development & Health Initiatives – Nigeria
- Hepatitis C Task Force – USA
- Estonian Network of People Living With Viral Hepatitis – Estonia
- Gut & Liver Foundation – Ghana
- Hep Initiative Zambia – Zambia
2021 was a testing year, in more ways than one.

We were tested physically, mentally, and commercially through Covid-19, and tested by the uncertainty and pace of change in all aspects of life. We made it through the year by supporting each other, working together and never forgetting our purpose - to improve the lives of people living with hepatitis and to stop its spread for good. Despite the challenges, we launched several new initiatives to support our members, increase the focus on hepatitis, and advocate for change.

In April 2021 we launched our ‘NOhep Moms’ campaign that gave a platform to mothers and families impacted by the new guidelines on the prevention of mother-to-child transmission of hepatitis.

In May we launched our new flagship campaign ‘Hepatitis Can’t Wait’ which was used by WHA and the World Health Organization (WHO) as the theme for World Hepatitis Day 2021.

In September we launched our new brand and website which made our content more innovative and engaging, and put people at the centre. In October we launched our hepatitis B stigma report which highlighted the impact that hepatitis B stigma and discrimination has on people worldwide.

Together with our members, we are a group of people united around our ambition to make a positive difference towards hepatitis elimination. We look forward to demonstrating the impact of our work in this report. I would also like to pass on my personal thanks to our members and supporters who make all of our work possible. Your unwavering commitment allows us to do all that we can to advocate for the people and communities impacted by hepatitis at the global level.

"Despite the challenges, we launched several new initiatives to support our members, increase the focus on hepatitis, and advocate for change.”

Cary James
CEO
Every 30 seconds, someone loses their life to hepatitis – don't be one of them. Don't wait. Get tested. It may save your life.

World Hepatitis Day
28 July, 2021

A selection of A4 size posters are available to download in six languages. You can also create your own custom posters using our tool. You can translate and edit the text, add your organisation's logo and choose an image that is right for your community. Download them now from worldhepatitisday.org/

The hepatitis B vaccine could prevent her baby from getting liver cancer later in life. Don't wait. Vaccinate your baby against hepatitis B.

World Hepatitis Day
28 July, 2021

The impact of stigma and discrimination affecting people with hepatitis B

9 out of 10 people with hepatitis don't know they have it. David could be one of them, and so could you. Don't wait. Get tested. Treatment could save your life.

World Hepatitis Day
28 July, 2021

9 out of 10 people with hepatitis don't know they have it. Lucy could be one of them, and so could you. Don't wait. Get tested. Treatment could save your life.

World Hepatitis Day
28 July, 2021

9 out of 10 people with hepatitis don't know they have it. Rodgers could be one of them, and so could you. Don't wait. Get tested. Treatment could save your life.

World Hepatitis Day – 28 July, 2021

When sharing any of our assets on social media always make sure to tag us @worldhepatitisalliance on Facebook and @hep_alliance on Twitter and use the hashtag #WorldHepatitisDay. Download and create customised social media graphics at worldhepatitisday.org/campaign

The impact of stigma and discrimination affecting people with hepatitis B

World Hepatitis Alliance Report 2021
My name is Silvana and I’ve lived with hepatitis B since I was a tiny cell. In 1982, the year that I was born, my mother was also carrying the virus, and she never thought she was infected with it. Because of reusable syringes, untested blood, and a lack of precautions, we became a part of global history by being among the 257 million chronically ill people that have been affected by this virus. Coincidentally, I was diagnosed at the age of 24 without being provided with reliable medical information and proper referrals for treatment. After many wanderings, I came across an internet forum of patients who supported each other in the best way that one suffering soul can help another – with guidance from specialists, emotional support, and a non-judgmental attitude. The help I got through such a forum saved the lives of both me and my mom, who when she got to the right doctor, was diagnosed with advanced liver fibrosis, stage F3/F4. Fortunately, the treatment helped both of us and we are healthy now. Altogether, with
a now healed
liver, I was gifted
with my true purpose
in life – to help those who are like
me, who wander from countless doctors and
websites while losing precious time because
the system is broken. In 2009, with another 8
patients, we created HepActive Association
with the sole purpose to assist people living
with viral hepatitis – with reliable information,
screening for HBV and HCV, emotional support,
and legal aid. For the last 7 years, I’ve been
the chair of the board, and for me, this is the
most meaningful part of my life. Along with the
daily care we provide to patients with hepatitis
B and C, we have contributed to historical
changes in Bulgaria – the creation of the first
National program for prevention and control of
viral hepatitis. But all this would not have been
possible without the patients who in 2009 and
chose to be brave and unite around a cause.

Let’s not whisper,
let’s speak loudly
and openly about who
we are, how we feel, and
lend a hand to the others
like us. And if you are a patient
who feels hopeless, misunderstood,
let me assure you: You are not alone – we are
a part of 257 million people in this world that
are desperate for the help, the compassion
and the understanding that every human being
deserves, no matter what. But the collective
change could happen only if we start it from
ourselves and pass it on.

So, what good will you do today?
2021 ACTIVITIES

HEPATITIS CAN’T WAIT CAMPAIGN

In 2021 WHA launched the ‘Hepatitis Can’t Wait’ campaign, a new multi-channel campaign which highlights the urgent need for action on viral hepatitis.

With a person dying every 30 seconds from a hepatitis related illness we can’t wait to act on viral hepatitis.

- People living with viral hepatitis unaware can’t wait for testing
- People living with hepatitis can’t wait for life saving treatments
- Expectant mothers can’t wait for hepatitis screening and treatment
- Newborn babies can’t wait for birth dose vaccination
- People affected by hepatitis can’t wait to end stigma and discrimination
- Community organisations can’t wait for greater investment
- Decision makers can’t wait and must act now to make hepatitis elimination a reality through political will and funding.
On 28 July 2021, individuals, organisations and governments around the world celebrated the tenth official World Hepatitis Day (WHD), which is one of the WHO officially-mandated global public health days.

United under the ‘Hepatitis Can’t Wait’ theme, WHO, governments, civil society, people with lived experience, and others came together and made an incredible impact online and, in their communities, to reach hundreds of millions of people with life-saving information about viral hepatitis.
WEBINAR SERIES

In the run up to World Hepatitis Day, WHA ran a webinar series bringing together members of the affected community, civil society leaders and leading global experts together to discuss key issues within hepatitis elimination.

**Hepatitis Can’t Wait – accelerating action**, brought together a global panel of thought leaders to discuss their key lessons in accelerating action towards the elimination of hepatitis.

**Policy Makers Can’t Wait**, brought together policy makers from the UNITE, a global network of parliamentarians, and civil society leaders to discuss how to engage political leaders in the hepatitis elimination movement.

**Youth Can’t Wait** brought together young people impacted by hepatitis, young activists and people who support younger people to discuss the role of young people in hepatitis elimination.

94% said World Hepatitis Day increases their organisation's capacity to impact its community. (post-event evaluation survey)
There were many ways to get involved in the 2021 World Hepatitis Day campaign, we encouraged people to post a picture of them **pointing to the time** to show how time is running out to reach the WHO targets of hepatitis elimination by 2030.

We also ran our World Hepatitis Day **virtual global relay** which brought together WHA members, partners and other stakeholders together with a series of video messages that went around the world starting from New Zealand and ending in Hawaii. The video series is our way to show the global community that are working to eliminate hepatitis, giving everyone the platform to share their stories.

The theme has increased our ability to raise concerns to decision makers since they haven’t been taking hepatitis seriously. **The Hepatitis Can’t Wait** theme made it possible for us to have the community raise their voices.

Matiok Anthony Madut, Friends of Humanity, South Sudan

94% said World Hepatitis Day increases their organisation’s capacity to impact its community. (post-event evaluation survey)
I was given a deportation order based on my hepatitis B status, because the government decided that my treatment would cost the health system too much money.
Sidney Vo found out she was living with hepatitis B in 2007, when she became pregnant with her son in her home country of Vietnam. A year later, she moved to Australia, to help fill the gap in their workforce in early childhood education. After a decade of living in the country, Sidney applied for permanent residency. It was then that she was met with barriers from the government.

I was living in Australia for over a decade before I applied for permanent residence. Shortly after applying, I was given a deportation order based on my hepatitis B status, because the government decided that my treatment would cost the health system too much money. I knew other people living with hepatitis B that got their permanent residence, with the only difference in our cases being that they were not taking medication. Therefore, they were not seen as a burden to the healthcare system. The government saw me not as a person, but as an expense.

I tried everything. I pleaded to the authorities and offered to pay for medication myself. I even considered stopping my medication against my doctor’s advice, because I thought it could aid my immigration case. I was told not even the best lawyer could help me avoid deportation. I was desperate.

This process has taken an immense toll on me mentally, physically and financially. Despite the difficulties I faced, I am very happy I shared my story, because if I left quietly, nobody would know that people living with hepatitis B face discrimination in the immigration process. Even though I was successful, I still read stories of people who have been deported due to their hepatitis status. It is very cruel.
NOhep is the global advocacy 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 2021 we continued to grow the movement, welcoming more supporters to the programme.

**NOhep Moms**

In April 2021, we launched the ‘NOhep Moms’ campaign to raise awareness of the need for action to prevent the mother-to-child transmission of hepatitis B. As part of this campaign, we encouraged people to take to social media showing their support for the end of mother-to-child transmission. We also produced an adaptable and translatable poster which organisations could download to use with pregnant women in their community to educate them on what they should speak to their healthcare provider about to prevent mother-to-child transmission of hepatitis.

We ran an open letter to Gavi, the vaccines alliance, urging them to progress implementation of their support for hepatitis B birth dose.

This came as there has been an ongoing debate between Gavi-supported countries and Gavi on who should pay for hepatitis B vaccination, which was resolved in 2018 by the decision to support the programmatic costs for introducing birth dose. Unfortunately, since then, Gavi birth-dose decision has stayed mute. Gavi-supported countries have delayed their HBV birth dose introduction efforts, waiting for Gavi’s promised support, since the suspension of the programme due to Covid-19 (March 2020). This delay has had a significant adverse effect, resulting in Gavi supported countries making less progress that non-supported countries in reducing HBV infections among infants.

The campaign came together with a webinar featuring mothers with lived experience of hepatitis, together with community advocates and WHO, to discuss how hepatitis impacts mothers and families worldwide and how we can prevent the mother to child transmission of hepatitis B.
Stories competition

Together with the London School for Hygiene and Tropical Medicine (LSHTM), we launched our NOhep Stories competition. The call for stories looked at crowdsourcing stories from the people and communities impacted by hepatitis looking at videos, posters and written testimonials which demonstrated the impact of hepatitis and the work being done to support affected communities. The contest had over 80 submissions from around the world. A judging process took place to find eleven ‘winners’ of the contest and more notable finalists, these finalists were published on the NOhep website and prizes awarded to the top entries. View the NOhep Stories here.

Following the publication of the top entries a series of regional and domestic multisectoral workshops will be conducted to celebrate excellent submissions and discuss how we can address barriers in order to spur action towards elimination.

The first of these workshops brought together the four African finalists, along with other stakeholders in the region, ahead of the COLDA conference. The aim of the virtual meeting was to demonstrate how hepatitis is impacting people and communities in Africa and explore the role of different stakeholders in overcoming the challenges faced.

You can watch the meeting here.

Two further domestic workshops will be held in 2022.

Medical Visionaries

Over 600 medical professionals from across the globe have signed up to be NOhep Medical Visionaries. In 2021, we began work to engage these visionaries in the future development of the programme. As hepatitis testing and care is increasingly being decentralised, we want to ensure that the programme adapts with this and our activities go beyond the liver conferences.

A new three-year framework for the programme will be launched in 2022.

Alongside this development work, we have continued to update the NOhep Medical Visionaries web page with new resources for medical professionals.
WHERE WE WORK

The World Hepatitis Alliance and our global network of over 300 members in 100 countries has led the global hepatitis advocacy movement.
More than 290 million men, women and children globally are living with viral hepatitis and don’t know it. Their lives may be cut short as a result. 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’ (FMM) programme takes a multi-faceted approach to tackling the barriers which stopping people knowing their hepatitis status.

An online resource which is designed to help WHA members to address the barriers to diagnosis through their advocacy and on the ground programmes.

Throughout 2021 we shared eight case studies on the FMM advocacy resource, highlighting the different ways WHA members are addressing the barriers to diagnosis within their communities. Case studies included; working with refugee communities to test and treat hepatitis B, translating materials into local languages in Uganda to overcome stigma and discrimination and including viral hepatitis in the first National Declaration on Liver Cancer in Macedonia.

You can read these case studies and more here.
Through the FMM in-country programme WHA worked with the below members to support them to implement advocacy projects, addressing 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

Due to the impact of the Covid-19 pandemic all the projects were extended and so finished in 2021 rather than 2020. Working with the members throughout the pandemic and seeing their dedication to the communities they serve was inspirational and we were pleased to be able to support them in the delivery of this project. We look forward to disseminating the outcomes of the individual projects and the overall programme in a series of videos in Autumn 2022.

More information on the objectives of the individual projects can be found [here](#).
Financing should not continue to be a barrier to hepatitis elimination.

Working in Nigeria, Cambodia and India Punjab State, in partnership with the Clinton Health Access Initiative (CHAI), governments and stakeholders within countries, we have costed their hepatitis C programmes, developed a business case to support the required investment and, importantly, explored a range of options for financing the investment.

In 2021, we focussed on disseminating the findings of these reports with a specific focus on advocating for more financing for viral hepatitis.

In April, we had a comment piece published in The Lancet Gastroenterology & Hepatology. Titled ‘Investment cases for hepatitis C: never more important’, it demonstrated the impact of the work we have done to date in Nigeria, Cambodia and India Punjab State, and discussed the important role of investment cases both as a tool for governments and advocates. Policymakers must understand that the cost of inaction and investment cases alongside advocacy and action can have far reaching, measurable effects on communities. Finally, it calls on the global health community to demand action and secure the finances required for hepatitis elimination.

More details about the WHA’s financing programme can be found here.
In October 2021 we released a new report highlighting the issue of hepatitis B stigma and discrimination: *The impact of stigma and discrimination affecting people with hepatitis B.*

Millions of people living with hepatitis B face an added burden of stigma and discrimination. Misunderstandings about how hepatitis B is transmitted can affect people’s personal and professional lives, dividing families, splitting communities and restricting opportunities.

People living with hepatitis B are often subject to discriminatory policies, which are sometimes disguised as public health interventions, but provide no benefit for people with hepatitis B or their families. These frequently impact their human rights to work, study and travel.

“When I came to get the results, the doctor at the health check department told me I had hepatitis B and that I would therefore not be able to go overseas. I did not know about hepatitis B, so I did not question his advice. I blindly trusted him and rejected the scholarship. It was only when I was older that I found out that that doctor was wrong. I could have taken up the scholarship.”

Lien Tran is a researcher at the WHO Collaborating Centre for Viral Hepatitis, Doherty Institute, Melbourne, Australia.

Policy and decision-makers have an essential role in ensuring that anti-discrimination laws, public health policy, education and health systems work together with civil society and the affected communities to tackle the crisis of stigma and discrimination.

“I thought that everyone living with hep B would need treatment immediately which is clearly not the case. I thought hepatitis B was a death sentence and I worried about my career and my future.”

Danjuma Adda is public health expert and 2021 president-elect of the World Hepatitis Alliance and a leading voice for hepatitis patients in Nigeria and across Africa.
The report brings together existing research on stigma and discrimination together with stories of the people and communities impacted by hepatitis B stigma and discrimination and the stories of those that are fighting stigma and discrimination. The report was released during AASLD (The American Association for the Study of Liver Diseases), The Liver Meeting, Digital Experience.

Later in the year we held a webinar to discuss the subjects raised the white paper, looking at the impact of stigma and discrimination together with how we can address the issues.

Reducing the stigma surrounding hepatitis B is crucial to improving the quality of life of people living with hepatitis B. This is a difficult task that requires the educating of both communities and healthcare professionals, while also providing people living with hepatitis B with accurate information and support.

Arafat is a public health worker in a rural part of western Uganda.

"With the stigma and discrimination white paper, WHA has issued an important call for action"

WHA member

Read the report here.
In 2021 the Covid-19 response continued to have a devastating impact on hepatitis elimination services. WHA worked with our members to highlight the impact that Covid-19 was having on hepatitis elimination services worldwide. This included conducting a survey of WHA members on the impact of Covid-19 which we then published in the Lancet Gastro Hep as a comment piece, highlighting the need for support.

Although the global health agenda looks at how we can build back better after COVID-19, there is a real danger that many viral hepatitis community organisations might not survive because of substantial financial hardship. Countries must include support of civil society organisations in their elimination planning to ensure that the vital work of community-level awareness and involvement of the affected community continues.

WHA comment piece in the Lancet

In partnership with the Hepatitis B Foundation, in March 2021, we delivered a webinar which looked at the short and possible long-term impacts of the global pandemic on hepatitis B initiatives. Panellists explored the impact of the pandemic in relation to disruptions to prevention, diagnosis, and treatment services, all of which potentially threaten global hepatitis B elimination goals. Speakers also shared local experiences and recommendations on strategies to mitigate the impact of the COVID-19 pandemic.
WHO committed to creating a new Global health Sector Strategy (GHSS) on Viral Hepatitis as the first GHSS entered its final year. The new GHSS would integrate strategies to tackle HIV and STIs to create one document. WHA worked closely with WHO and others to help create the new strategy by holding feedback sessions with WHO and our members, conducting surveys and having group representatives create the document. WHA advocated for more support for communities, greater emphasis on the crucial role of civil society organisations, and for more integration for a holistic person-centred approach to health care. The new document is due for release at the World Health Assembly in 2022.

WHA relentlessly advocates for more support from global funders to help low- and middle-income countries to tackle the hepatitis crisis. Our work has involved advocating to the Global Fund, PEPfar, UNAIDs and Gavi to increase the support available to countries and to integrate hepatitis into their responses into other health programmes.
Our global board is comprised of a president and six regional board members, all of whom are living with or have had viral hepatitis, as well as skill-based members. Regional board members are democratically elected from each of WHO’s six regions: Africa (AFRO), the Americas (PAHO), Eastern Mediterranean (EMRO), Europe (EURO), South-East Asia (SEARO) and Western Pacific (WPRO). Skill-based board members are appointed by the president, in consultation with the rest of the board.

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

Danjuma Adda has been a fierce and vocal advocate for people living with viral hepatitis in Nigeria, regionally in Africa and on the global stage. From 2014-2016, he served as World Hepatitis Alliance board member for the AFRO region. He is the Executive Director of Chagro-Care Trust (CCT) and the Center for Initiative & Development, non-profit healthcare organisations in Nigeria. He is also the national coordinator for the civil society network on viral hepatitis in Nigeria, a network of organisations that held the first Nigeria Hepatitis Summit in 2018. He is currently a fellow in the prestigious New Voices program for the Aspen Institute and the president-elect of the World Hepatitis Alliance since January 2021.

Dr. Su Wang is past 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.

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.
Rachel has worked for over 20 years with people at risk of viral hepatitis – the homeless, prisoners, substance misusers and migrants. She now serves as the CEO 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.

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, Stablney 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.

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.

Lian 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 Tyrrell, a skilled clinical nurse, manager, and executive, worked in public hospitals in England and Australia before joining Hepatitis Australia as the CEO in 2005. Throughout her fifteen years at Hepatitis Australia, Helen successfully led initiatives for the establishment of Australia’s first national hepatitis B strategy and the universal government-funded access to direct acting antivirals for hepatitis C. Helen is a co-founder of the WHA and currently serves as a skills-based board member with a keen interest in governance.

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 the country level, she is collaborating with the government on the development of the first national hepatitis guidelines. At an international level, Dr. Velez-Moller was a participant in the Hepatitis technical Advisor Committee of PAHO/WHO.

Helen worked as a clinical nurse, manager, and executive in public hospitals in England and Australia before 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. Helen is a founding board member of the WHA and currently serves as a skills-based board member with a keen interest in governance.
## INCOME STATEMENT
For the year ended 31 December 2021

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<th>2021 Unrestricted income and expenses</th>
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<td>£422,836</td>
<td>£795,433</td>
<td>£570,100</td>
</tr>
</tbody>
</table>

|                      | -£6,295                             | -£6,392                               | -£12,687   | -£45,179   |
| **FOREIGN EXCHANGE GAIN / (LOSS)** |                                     |                                       |            |            |

| **OPERATING PROFIT** |                                     |                                       |            |            |

|                      | -£200,146                           | £0                                    | -£200,146  | -£269,238  |
| Balance sheet allocations |                                 |                                       |            |            |
| Transfers between funds | £76,131                            | -£76,131                             | £0         | £0         |

|                      | £0                                  | -£236,496                             | -£236,496  | £176,168   |
| **RESULT FOR THE YEAR** |                               |                                       |            |            |

|                      | £0                                  | £1,088,219                            | £1,088,219 | £912,051   |
| Retained earnings at 1 Jan |                                 |                                       |            |            |

|                      | £0                                  | £851,723                              | £851,723   | £1,088,219 |
| **RETAINED EARNINGS AT 31 DEC** |                               |                                       |            |            |
## BALANCE SHEET
At 31 December 2021

<table>
<thead>
<tr>
<th>Assets</th>
<th>31 Dec 2021</th>
<th>31 Dec 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>£1,531,583</td>
<td>£1,853,016</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>£25,485</td>
<td>£4,483</td>
</tr>
<tr>
<td>Other debtors</td>
<td>£393,536</td>
<td>£9,804</td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>£1,859</td>
<td>£2,555</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>£1,952,463</td>
<td>£1,869,857</td>
</tr>
</tbody>
</table>

| Liabilities             |             |             |
|**CURRENT LIABILITIES** |             |             |
| Accounts payable        | £85,521     | £12,934     |
| Accruals and deferred income | £431,869   | £384,748    |
| Other liabilities       | £0          | £750        |
|**NON-CURRENT LIABILITIES** |             |             |
| Restricted funds        | £583,350    | £383,204    |
| **TOTAL LIABILITIES**   | £1,100,740  | £781,637    |

|                |             |             |
|**NET ASSETS**  | £851,723    | £1,088,219  |

| EQUITY         |             |             |
| Current Year Earnings | -£236,496 | £176,168    |
| Unrestricted Net Assets | £1,088,219 | £912,051    |
| **TOTAL EQUITY** | £851,723    | £1,088,219  |
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.
WORLD HEPATITIS ALLIANCE

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