2022 was a significant year for the global hepatitis community. As a global community, we worked tirelessly to make hepatitis elimination a reality by advocating for its integration into global health initiatives.

In this year, we witnessed notable progress, with greater commitment from the Global Fund to support hepatitis related services in HIV programs, more than ever before. WHA, co-sponsored by the World Health Organization (WHO) successfully co-hosted the World Hepatitis Summit 2022 in Geneva, which featured an opening remark by the Director-General, Dr Tedros Adhanom Ghebreyesus. The summit provided a platform for countries to unite in their call for global action towards viral hepatitis elimination.

WHA and other global organisations also called on Gavi, the Vaccine Alliance, to immediately start their hepatitis B birth dose vaccine programme which was delayed due to the pandemic.

Furthermore, the adoption of a new WHO’s Global Health Sector Strategy for 2022-2030 on HIV, viral hepatitis and sexually transmitted infections (STIs), provided an opportunity to refocus global efforts, accelerate response and recommit to the elimination of viral hepatitis by 2030.

Although there is a cure and vaccine for hepatitis C and effective treatment for hepatitis B, populations are still disproportionately affected around the world, we continue to see stigma and discrimination as barriers to care and challenges around access to preventative testing and treatment services, especially among under-served populations. In 2022, the launch of WHO’s consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations emphasised the need to prioritise tackling structural barriers in all settings.

As a community, we are committed to our vision of “a World Free from Hepatitis”. Eliminating viral hepatitis will prevent hundreds of thousands of lives lost to liver cancer and other liver diseases resulting from chronic hepatitis. The global hepatitis community must continue to amplify the voice, needs and visibility of people living with hepatitis to motivate action and drive change. Collaborated efforts can save more lives, and the urgency to tackle hepatitis cannot be overemphasised. Hepatitis can’t wait!

Danjuma Adda, President
VIRAL HEPATITIS: A GLOBAL CRISIS

Globally over 350 million people live with hepatitis

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

HOW IS HEPATITIS TRANSMITTED

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

9 in 10 people living with viral hepatitis are unaware
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.

With concerted action, political will and innovative financing we can reach the elimination goals

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

World Hepatitis Alliance Report 2022

The World Hepatitis Alliance is a global network of 322 organisations working in 101 countries. Our strength is in our collective voices. In 2022 we expanded our network by welcoming eight more members who join us in working to achieve the elimination of hepatitis by 2030.

Our 2021-2025 strategy focuses on accelerating action towards the elimination of hepatitis by 2030. At its heart, the strategy 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.

Our strategy 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 to 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 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 (WHA) turned 15 in 2022 and we ended the year with significant progress towards hepatitis elimination.

Through our continued advocacy and collaboration, we facilitated several initiatives and programmes that helped to raise awareness and reach millions of people in the hepatitis space.

In June 2022, we successfully hosted the World Hepatitis Summit, which had over 750 delegates from 121 countries. We launched the Find the Missing Millions report and videos, which supported our members to develop and implement effective action plans to overcome the barriers to diagnosis of viral hepatitis within their community.

For World Hepatitis Day 2022, we launched a new campaign theme ‘I Can’t Wait’ under our flagship campaign, Hepatitis Can’t Wait. We also hosted several NOhep medical visionaries’ forums and celebrated the winners of the Global Hepatitis Stories Contest through a series of regional and domestic multisectoral workshops.

Towards the end of 2022, we launched the second phase of our financing for Viral Hepatitis Programme in Nigeria following the development of the investment case for financing a hepatitis C programme in the country in 2017/18. Our advocacy also led to the inclusion of hepatitis services in global health programmes.

Together with our members, we are a group of people united around our ambition to make a positive difference towards hepatitis elimination, and 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.

Cary James
CEO
You were diagnosed with hepatitis B at a young age?

I was adopted out of Seoul, South Korea when I was five months old. My adoptive parents were told that I had a clean bill of health and had already been vaccinated for hepatitis B. After having blood tests run in the United States, they discovered I had chronic hepatitis B and must have had it since birth, most likely perinatally.

What was your reaction when you heard the news?

I remember reacting very negatively while listening to the liver specialist explain what having chronic hepatitis B meant. I suddenly felt hopeless about my future and wanted to crawl inside a ball. The possibility of liver damage or taking lifelong medication with side effects scared me. The transmissibility aspect of hepatitis B made me feel like I needed to quarantine myself away from everyone and that I'd be alone for the rest of my life.

The next 15 years were a difficult and painful time in my life. I became extremely depressed and isolated myself from my social connections during the months that followed the visit to the liver specialist. A few months after that, I started High School. I was feeling suicidal nearly every day and didn't feel like I had anyone I could talk to about having chronic hepatitis B.

I self-medicated with cannabis and alcohol during my adolescence. I did the same thing in my twenties but added harder drugs such as cocaine, amphetamine, and oxycodone. Sometimes, the depression would get so bad that I would isolate and withdraw from my relationships for sometimes more than a year at a time. This cycle went on for years until my late twenties when I decided to finally be honest with my liver doctors and take my health seriously. On their recommendation, I got a liver biopsy, which came back with no liver damage. I'm now on a medication I take once a day and my hepatitis B is under control.

How do your peers react when you share your status with them?

The first time I shared my status with peers was when I was 18 years old. I told my older brother and some close friends from that time and they reacted in a very supportive and loving way. I remember crying and the tears wouldn't stop flowing. I had never expressed emotion like that in front of my peers before.

Over the years, the vast majority of my peers have reacted in an empathetic and supportive way when I share my status. I have many friends that live with different chronic illnesses and it's common for us to talk about our individual daily struggles. I think this is a huge part of having a support network for a person living with hepatitis B or other illnesses.

Encourage others to share their hepatitis story as well?

I would encourage others to share their hepatitis story because that is how we de-stigmatize hepatitis B. Most of the pain and suffering that comes from this disease is because of ignorance about hepatitis B and patients not knowing they have it until it's too late. When we speak up as patients, it spreads awareness and attaches faces and stories to a disease that is invisible to most of the world.

I've been doing advocacy work for a few years and can see the need for so many more patient voices to be active and loud.

Do you have a message for anyone who has been recently diagnosed with hepatitis?

I would tell anyone who has recently been diagnosed with hepatitis that “You are not alone and you are more than your diagnosis. Your voice matters and I hope you find a way to share your story, the world needs to hear it.”
For several years, the hepatitis community has been advocating to Gavi, the Vaccine Alliance, about the delay of their vaccine investment strategy (VIS) programme and its impact on hepatitis B birth dose introduction. Despite correspondences and open letters, no official response from Gavi was received, nor a timeline regarding the return of the birth dose programme.

On 5 December 2022, WHA, together with several partners, came together to sign an open letter to Gavi in The Lancet Gastroenterology & Hepatology, asking them to urgently accelerate the commitment they made to introduce the hepatitis B birth dose.

The parties to this letter were the CDA Foundation, CGHÉ, Hepatitis Australia, The Hepatitis Fund, the Hepatitis B Foundation, Medicins Sans Frontieres Access Campaign, PATH, Treat Asia/amfAR, The Foundation for Medicins Sans Frontieres Access Campaign, Hepatitis Fund, the Hepatitis B Foundation, CGHÉ, Hepatitis Australia, The Foundation for AIDS Research and the Union for International Cancer Control (UICC).

The letter was published in The Lancet Gastroenterology & Hepatology the day before the Gavi executive board meeting in December 2022. We also worked with several stakeholders to privately reach out to individual board members attending the meeting, to ask them to ensure the issue was tabled and discussed. WHA President, Danjuma Adda, also wrote a personal letter to Gavi CEO, Dr Seth Berkley, as well. WHA and our partners, based on insights from other stakeholders, were concerned the board were considering a further postponement on the hepatitis B birth dose programme until 2024, with further data being required to reach a decision. So, it was crucial we communicated the urgency of the need to act through our public and private advocacy activity.

We were therefore delighted that Gavi CEO, Dr Seth Berkley, raised the topic of hepatitis B birth dose, and the open letter, as part of his CEO report, which led to a discussion from the board. We continued intensive advocacy work with partners to demand Gavi reinstate the VIS in full by 2023.

Recognising that the GFATM process involves many stakeholders to evaluate and determine country funding priorities and there are several GFATM documents/policies to navigate, WHA led into the development of a comprehensive toolkit on the Global Fund opportunities by Clinton Health Access Initiative (CHAI) which sets out both the support available for hepatitis and the process through which countries need to apply for it. Other partners such as the World Health Organization and The Hepatitis Fund also supported developing this resource toolkit.

The open letter received fantastic reach and engagement through our social media activity gaining over 4,700 impressions on WHA Twitter. Posts leading up to Gavi board meeting had up to 1,200 impressions on LinkedIn. It was also shared and publicised across social media by MSF Science, Hepatitis Delta Connect, Coalition Against Hepatitis for People of African Origin (CHIPO), Hepatitis Australia, Hepatitis B United, Hepatitis B Foundation, Liver Cancer Connect, The Lancet Gastroenterology & Hepatology, Devex and a number of hepatitis B advocates, including our members and campaigners working across hepatitis, HIV, key populations and maternal and child health.
The World Hepatitis Summit (WHS) was held as a predominately virtual event in 2022, with a small in-person hub at the World Health Organization in Geneva. The theme of the summit was “Achieving the elimination of viral hepatitis within evolving health systems.”

WHS 2022 was preceded by a pre-summit workshop which brought together 52 WHA members from six WHO regions to share experiences, build on advocacy and strengthen the patient voice. This year, the pre-summit was designed to facilitate peer-to-peer learning. Individuals from WHA member organisations had the opportunity to nominate themselves to present on a chosen topic.

The Summit programme introduced the Global Health Sector Strategy (GHSS) on respectively HIV, viral hepatitis and STIs, 2022 - 2030 and explored topics across the cascade of care for hepatitis A, B, C, D and E, including barriers such as stigma and discrimination and innovations, like the potential for a functional cure for hepatitis B. WHS 2022 was the first-time discussions on how to implement the GHSS strategy took place.

WHS 2022 bought together the hepatitis and broader health community from around the world to take stock of progress to date, share ideas, experiences and best practice surrounding the elimination of viral hepatitis worldwide. Importantly, given the multi-stakeholder audience of the summit, critical implementation partners, including representatives from Ministries of Health and civil society organisations, were part of these discussions.

Following an inspiring and productive week of high-level panels and sessions, the World Hepatitis Summit statement, with input from delegates was issued.

Read the statement and the full WHS report [here](#).

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**WORLD HEPATITIS SUMMIT 2022**

2022

The summit set a new pace for hepatitis elimination by 2030

Dr Tedros Adhanom Ghebreyesus, Director-General, WHO, World Hepatitis Summit 2022

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**ATTENDEES**

- 750 DELEGATES
- 218 SPEAKERS
- 120 COUNTRIES
- 28 MINISTRIES OF HEALTH
- 8% Industry/Private Sector/Funder
- 2% Media/Press/Other
- 17% WHA/WHO Agencies/Global Health Orgs
- 20% Healthcare professional
- 37% Advocate/Civil Society/Non-Profit
- 16% Government/Policy maker
- 8% Other

**SESSIONS**

36

**ABSTRACTS**

292

**VIEWS OF VIDEO CONTENT**

1.4 million

**REACHED THROUGH #WORLDHEPATITISSUMMIT**

41.1 million

**REACHED THROUGH GLOBAL MEDIA COVERAGE**

315 million

**OF DELEGATES SAID SUMMIT BENEFITED THEM OR THEIR ORGANISATION**

92%

**OF ATTENDEES SAID SUMMIT ENHANCED THEIR PERSONAL KNOWLEDGE**

86%

**GEOGRAPHIC PROFILE**

- 28% Americas
- 15% Africa
- 15% Western Pacific
- 7% Eastern Mediterranean
- 8% South-East Asia
- 26% Europe
- 1% Other

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"The summit provides the hepatitis community – and our growing network of allies – with a platform to share successes, discuss challenges, learn from each other and, through shared experience, build a stronger path forward to achieve the elimination of viral hepatitis."

Cary James, WHA Chief Executive
As WHO works toward its goal to eliminate hepatitis B by 2030, the quest to halt hepatitis B mother-to-child transmission has never been more urgent.

Many of the key issues brought into focus over recent years have combined to delay progress of the prevention of mother-to-child transmission (PMTCT) of hepatitis B. Such issues include racial inequality, discrimination against women, and gross inequalities of healthcare access across the globe.

If we are to reach the 2030 hepatitis B elimination goals, we must address the systemic barriers to PMTCT around the world. Caring for women means providing antenatal care, sexual and reproductive health promotion, and access to essential and lifesaving care. Providing this to mothers, their new-borns and their children is vital for ensuring that hepatitis B is adequately addressed.

The triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B is an effort by WHO to encourage integrated care, and a commitment from countries to address all three diseases. As a global community, it is an opportunity for us to work together, strategically and cooperatively, to alter the lives of poor and underserved women and children within our global society.

WHA launched a white paper, outlining the context and human impact of mother-to-child transmission. The white paper makes recommendations, which, when carried out in addition to established guidelines, will ensure that PMTCT services are equitable, accessible, and available to all who need them.

Read it here.

WHA is working with partners and across different channels to advocate for the delivery of these recommendations, and raise awareness of the content of the report.

In Africa, only about 6% of infants receive timely birth dose vaccine.
Then, I learned that my liver was already in Stage 3 – full bridging fibrosis. I began the treatment. However, I was to experience another major shock in that period. Although I had faithfully completed 48 miserable weeks of the treatment and had shown a response in the first three months, it ended with the fact, that I was a non-responder. I felt devastated at the time and as much as I tried, could not find a whole lot of support or even research about what happens when a person has not responded to the treatment. Research regarding hep C was definitely still too new and so I realised that no one could actually predict what could happen in my case.

A few years later, I received a surprising phone call from a nurse who worked in a local society supporting people living with hepatitis C. She asked if I would be interested in joining a clinical trial. However, I was only given four hours to decide. It was a resounding “YES.” I can never thank this nurse enough for remembering me and suggesting my name in the first place. Thus began another journey through another round of medication. I am very happy to say that as a result of the treatment, my body registered a negative status and that has not changed since.

However, the troubles with my liver were not over just yet. When I had been off the treatment for just two weeks, my gastroenterologist called to confirm that I did indeed have two cancer tumours on my liver. There were days when I felt like I had been kicked in the stomach and other days that I was extremely grateful that I was attending a clinic and it was only because I was on a clinical trial that the tumours were found so quickly. I am still recovering from a liver resection, but for now and the rest of my foreseeable future, I intend to live only in the positive.

I would like to be available to help ANY other person that is facing this horrible condition. I believe that we all must come together as one voice, in order to raise awareness and educate others about both diseases hepatitis B and hepatitis C and the hundreds of thousands of lives they affect every single day. I really do believe that both kinds of viral hepatitis are an epidemic around the world and not nearly enough has been done by various governments or health organisations to allow this news to be made public. ‘The silence must end NOW.’

When I learned I was hepatitis C positive, I was in shock! I was not at-risk from contacting hepatitis C and had not even felt sick enough to see a doctor in over two years.
At the AASLD meeting in November 2022, the World Hepatitis Alliance held a NOhep Medical Visionaries forum which explored how the HIV U=U movement could help people living with hepatitis B and how similar messaging could be developed for the disease. Speaking on the community perspective, Michael Ighodaro, Director, Global Policy Advocacy at Prevention Access Campaign, explained that people living with HIV have been described to be permanently infectious, which has led to stigma and discrimination. However, the powerful message that U=U offers has the ability to change and transform patient lives – and has played a key role in eliminating discriminatory policies, improving social and professional opportunities for people living with HIV globally.

Discussions explore how the current guidelines can unfortunately, hinder discussions on hepatitis B treatment with patients. Additionally, a large proportion of those who are diagnosed with liver cancer in Sub-Saharan Africa do not meet any guidelines for treatment. Hence, delegates proposed that it was necessary to assemble the current evidence available for hepatitis B and discuss the potential benefits in a guidance document about different scenarios where U=U is important.

A primary care provider and person living with hepatitis B, Dr Su Wang, also shared personal experience emphasising the positive impact of the U=U messaging for those living with hepatitis B—highlighting that it needs to be front and centre for those living with hepatitis B, as it could lessen the worry of transmission.

The meeting was a first step in exploring U=U messaging for hepatitis B. However, further discussion is required to assess scientific data, gather clinical and patient perspectives, and develop an appropriate and accurate messaging campaign similar to U=U for hepatitis B.

Read the full report of the forum here and watch the full video here.

At the International Liver Congress 2022, WHA held a NOhep Medical Visionaries Forum on ‘Hepatitis B cure: Bridging scientific and affected communities’. It was an exciting meeting where we explored important aspects of the journey to hepatitis B cure with the leading experts and discuss with fellow ILC attendees.

The forum was really well attended, and we heard from leading medical professionals from around the world, including Veronica Miller (Director, Forum for Collaborative Research), Ahmed Elsharkawy (Consultant Transplant Hepatologist), Fabien Zoulim (Professor of Medicine, Lyon University), Jordan Feld (Professor of Medicine, Toronto Centre for Liver Disease), and Thomas Tu (President, Australian Centre for Hepatitis Virology). We also had 71 medical professionals sign up to the NOhep Medical Visionaries programme, taking the total number of visionaries to just under 700. WHA had significant presence at ILC with a pledge board branded under the ‘I Can’t Wait’ theme, and delegates at the Congress were encouraged to sign the pledge to eliminate hepatitis. Read more here.
NOhep Global Hepatitis Stories Contest

WHA and the London School of Hygiene and Tropical Medicine (LSHTM), launched a crowdsourcing challenge in 2021 to gather stories and infographics from the public, with a focus on people living with and affected by hepatitis B, hepatitis C and hepatitis D.

Through analysis of the submissions, the aim was to identify barriers in people’s health seeking process and find culturally sensitive, locally appropriate solutions to improve health services delivery for viral hepatitis. Further, through sharing the contest submissions, it aimed to spur the interest of health leadership and integrate community perspectives into the policy-making process. View the stories here.

Following the receipt of the contest submissions a series of regional and domestic multisectoral workshops were conducted in 2022 to celebrate excellent submissions, discuss problems and solutions and spur action.

- **Bangladesh – National Liver Foundation Bangladesh (NLFB):** NLFB submitted two exceptional stories to the Global Hepatitis Contest, including finalist Muslima Kader Mili. WHA and LSHTM partnered with NLFB to conduct a multisectoral workshop exploring what can be done to eliminate viral hepatitis in Bangladesh. The hybrid meeting was held at The Daily Star Centre, Dhaka, Bangladesh on 25 March 2022 and it brought together representatives from the affected community, the Ministry of Health & Family Welfare, medical professionals, civil society organisations, and medical students along with WHA and LSHTM. Watch the meeting here.

- **Philippines - Yellow Warriors Society (YWS) of the Philippines:** YWS submitted two informative posters to the Global Hepatitis Contest. WHA WHA and LSHTM partnered with YWS to conduct a multisectoral workshop exploring how best to protect those living with hepatitis from discrimination in the Philippines. To celebrate World Hepatitis Day, the hybrid meeting was held on 28 July 2022 at Shangri-la BGC in the Philippines. Watch the meeting here.

**Hep-cast**

The Hep-cast podcast was about the people whose lives have been changed by viral hepatitis and those fighting to eliminate it as a public health threat by 2030. Podcast guests included people living with viral hepatitis, healthcare professionals, policymakers, and activists. In the podcast they exposed the human cost of hepatitis and explored what can be done to win the fight against it.

Episode topics included how people affected by hepatitis C are leading the fight against the virus in their communities, the hepatitis care pathway for incarcerated people, empowering young people in the fight against hepatitis and health equality: fighting for testing and treatment among migrant and refugee populations.

Listen to Hep-cast on Apple Podcasts here.
WORLD HEPATITIS DAY!
CELEBRATED ACROSS THE WORLD!

#WorldHepatitisDay reached over 300 million people on social

Over 100,000 visits to the World Hepatitis Day website

Over 600,000 views of World Hepatitis Day videos on social media

Over 25,000 downloads of campaign resources

745 press and media articles, with a reach of over 1.5 billion readers

Over 70 organisations and individuals joined our global virtual relay across 26 countries, including WHA members, international organisations, policymakers and stakeholders. From Australia to Hawaii, voices told the world why they can’t wait for hepatitis elimination.

We saw the launch of the campaign video “I Can’t Wait”, which shows people from across the world, from Thailand to Uganda, telling us why they can’t wait for a world without hepatitis. Watch the video here.

Cary James, WHA Chief Executive, discussed the importance of World Hepatitis Day in supporting efforts to eliminate hepatitis globally in Healthcare Digital. Read it here.

WHA hosted a series of webinar discussions focusing on some of the key topics surrounding hepatitis elimination. The webinars saw people living with hepatitis, as well as healthcare professionals, policy makers, hepatitis advocates and other key experts in the field, discuss various issues, challenges and solutions. Watch the webinar series here!

WHA collaborated with UNITE, the global network of parliamentarians, to call for policy makers and parliamentarians around the world to pledge their support and commitment to World Hepatitis Day. Parliamentarians from France, Mexico, Honduras, and Ecuador showed their support!
WHA MEMBERS INSPIRE ON WORLD HEPATITIS DAY

Every year WHA members around the world find new and creative ways to raise awareness of viral hepatitis on World Hepatitis Day. United under the ‘I Can’t Wait’ theme, they showed their commitment to achieving elimination by 2030.

Thank you to everyone who took part in WHA activities this World Hepatitis Day!
Globally, 290 million people are living with viral hepatitis unaware. The Find the Missing Millions (FMM) programme supported WHA members to develop and implement effective action plans to overcome the barriers to diagnosis of viral hepatitis within their community. The programme brought together four WHA members from different countries across the world.

Positive People Armenian Network

Positive People Armenian Network (PPAN) is an NGO working towards improving the quality of life for those living with HIV/AIDS, tuberculosis and hepatitis. They aim to make sure they are given the same rights as other members of society and are able to disclose their status without fear of discrimination.

The government of Armenia considers hepatitis B and hepatitis C to be an urgent public health issue, with the prevalence of hepatitis C varying from 0.5% (among migrants) to 81.8% (among people who inject drugs (PWID), with a median of 11.1%.

However, Armenia was hit drastically by Covid-19 and faced political issues which impacted PPAN’s ability to carry out their initial project objectives. Despite this, they persevered and focussed on one key objective;

For this project, PPAN had two objectives:
- Advocating for combination testing to be implemented at NCAP (National Centre for AIDS Prevention)
- Ensuring micro-elimination of hepatitis C among those living with HIV

PPAN developed an informative Public Service Announcement (PSA) regarding hepatitis, which provided information regarding where and how individuals could get hepatitis C testing and treatment, as well as the cost of the treatment. PPAN were able to share this on one of the regional TV channels and through social media platforms such as Facebook and YouTube. Watch PPAN’s activities here.

National Liver Foundation of Bangladesh

National Liver Foundation of Bangladesh (NLFB) is a not-for-profit organisation established in April 1999. The organisation is the first of its kind in Bangladesh and is dedicated to prevention, treatment, education and research on liver diseases with special emphasis on viral hepatitis.

Bangladesh has an estimated prevalence of hepatitis B of 5.5% and a hepatitis C prevalence of 0.6% in the general population.

For this project, NLFB chose to focus on two objectives:
- Address the lack of awareness and misconceptions surrounding viral hepatitis among rural and urban populations
- Advocate for testing facilities in hard-to-reach communities for an affordable price

NLFB believe that being part of the FMM programme helped increase the organisations knowledge of viral hepatitis and they learnt how to amplify their viral hepatitis awareness and testing campaigns.

Watch NLFB activities here.
**Hepatitis Alliance of Ghana**

Hepatitis Alliance of Ghana (HAG) is a non-governmental organisation operating in five out of 16 regions in Ghana to create a society free from viral hepatitis.

Around 12.3% of the adult population are living with viral hepatitis. There are also a lot of myths and misconceptions surrounding hepatitis.

Through the FMM project HAG aimed to:

- To increase political will to implement the hepatitis national plan
- To increase knowledge amongst healthcare providers
- To increase knowledge amongst selected communities

HAG worked closely with WHA to achieve their objectives. Through the programme, HAG were able to build healthy and longstanding relationships with healthcare providers. This made it easier to initiate testing and linkage to care for any individual who needed it. 800 healthcare workers were also trained and hepatitis was included in parliamentary discussions for the first time. HAG utilised press briefings with media houses including print and TV stations to present the burden of hepatitis and its negative effect on the lives of Ghanaians. HAG believe that being part of the programme enhanced their organisations performance and made them more visible to policy makers and healthcare providers in Ghana.

Watch HAG’s activities [here](#).

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**Yayasan Koalisi Satu Hati**

Yayasan Koalisi Satu Hati is a non-profit organisation for people living with, and affected by, viral hepatitis and HIV. The organisation was formed to increase awareness of viral hepatitis and HIV in Indonesia and to educate the general public about the disease and the treatment options available in Indonesia.

Indonesia is the home of 265 million people and it is estimated that the prevalence of hepatitis C in Indonesia is 1.1%.

For the project, Koalisi Satu Hati had three objectives:

- Working on a national strategic and action plan for viral hepatitis
- Increase awareness of viral hepatitis to both the general population and key populations
- Reduce out of pocket expenditure on diagnosis and care

Koalisi Satu Hati achieved their objectives and one of their most notable achievements was working closely with the Ministry of Law and Justice in order to prioritise hepatitis in the national five-year plan. The Indonesian government was able to put viral hepatitis as one of their priority focuses in the 2020-2024 National Medium-Term Development Plan, which previously only encompassed HIV and TB as the two focus areas of communicable disease in the National Plan.

Watch Koalisi Satu Hati’s activities [here](#).

Read the full [Find the Missing Millions in-country report](#).

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The knowledge gained through the programme made it easier to speak to the Government as we are seen as an equal partner.
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 c-chairs the New Jersey Hepatitis B Coalition.

Theobald is President of the Hepatitis Foundation of Ghana and Hepatitis Coalition of Ghana, and has been working tirelessly to eliminate hepatitis B and C in Ghana.

Dr. Shannugam 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, Stabnley Medical College in Chennai, India. He had also performed the country’s first liver transplant in 1996.

Dr Shannugam 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.

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.

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 Tyrrell, Skills-based

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. Helen is a founding board member 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 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.

---

### INCOME STATEMENT

<table>
<thead>
<tr>
<th>INCOME</th>
<th>2022</th>
<th>2021</th>
<th>2022 Total</th>
<th>2021 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmes</td>
<td>£498,783</td>
<td>£12,763</td>
<td>£511,546</td>
<td>£502,907</td>
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<tr>
<td>Core</td>
<td>£0</td>
<td>£268,266</td>
<td>£268,266</td>
<td>£238,699</td>
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<tr>
<td>Interest Income</td>
<td>£0</td>
<td>£7,520</td>
<td>£7,520</td>
<td>£83</td>
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<tr>
<td>Other Revenue</td>
<td>£0</td>
<td>£60,752</td>
<td>£60,752</td>
<td>£30,080</td>
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<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>£498,783</td>
<td>£349,001</td>
<td>£848,084</td>
<td>£771,770</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>£28,231</td>
<td>£407,861</td>
<td>£436,092</td>
<td>£459,552</td>
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<tr>
<td>Equipment, office and</td>
<td>£3,944</td>
<td>£69,326</td>
<td>£73,269</td>
<td>£70,957</td>
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<tr>
<td>overheads</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel and representation</td>
<td>£54,905</td>
<td>£64,386</td>
<td>£119,291</td>
<td>£4,645</td>
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<tr>
<td>Communications</td>
<td>£35,016</td>
<td>£92,184</td>
<td>£127,199</td>
<td>£86,145</td>
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<tr>
<td>Consulting and outsourced</td>
<td>£159,754</td>
<td>£9,131</td>
<td>£168,885</td>
<td>£18,793</td>
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<tr>
<td>support</td>
<td></td>
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<tr>
<td>Voluntary contribution</td>
<td>£159,645</td>
<td>£82</td>
<td>£159,727</td>
<td>£155,341</td>
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<tr>
<td>Project management and</td>
<td>£263,690</td>
<td>£263,690</td>
<td>£0</td>
<td>£0</td>
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<tr>
<td>overhead recharges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>£705,184</td>
<td>£379,279</td>
<td>£1,084,464</td>
<td>£795,433</td>
</tr>
</tbody>
</table>

| FOREIGN EXCHANGE GAIN / (LOSS) | £64,545 | £39,051 | £103,596 | -£12,687 |
| OPERATING PROFIT           | -£141,857 | £9,073 | -£132,784 | -£36,350 |
| Balance sheet allocations  | £207,497 | £0     | £207,497 | -£200,146 |
| RESULT FOR THE YEAR        | £65,640  | £9,073  | £74,713   | -£236,496 |
| Retained earnings at 1 Jan | £0       | £851,723 | £851,723  | £1,088,219 |
| Transfers between funds    | -£65,640 | £65,640 | £0        | £0        |
| **RETAINED EARNINGS AT 31 DEC** | £0       | £926,436 | £926,436  | £851,723  |
# 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.

## BALANCE SHEET

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>31 Dec 2022</th>
<th>31 Dec 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>£1,616,078</td>
<td>£1,531,583</td>
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<tr>
<td>Prepayments and accrued income</td>
<td>£25,985</td>
<td>£25,485</td>
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<tr>
<td>Other debtors</td>
<td>£43,231</td>
<td>£393,536</td>
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<tr>
<td>FIXED ASSETS</td>
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</tr>
<tr>
<td>Tangible fixed assets</td>
<td>£1,454</td>
<td>£1,859</td>
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<tr>
<td>TOTAL ASSETS</td>
<td>£1,686,748</td>
<td>£1,952,463</td>
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<tr>
<td>LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>£134,308</td>
<td>£85,521</td>
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<tr>
<td>Accruals and deferred income</td>
<td>£250,150</td>
<td>£431,869</td>
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<tr>
<td>Other liabilities</td>
<td>£0</td>
<td>£0</td>
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<tr>
<td>NON-CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted funds</td>
<td>£375,853</td>
<td>£583,350</td>
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<tr>
<td>TOTAL LIABILITIES</td>
<td>£760,312</td>
<td>£1,100,740</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>£926,436</td>
<td>£851,723</td>
</tr>
<tr>
<td>EQUITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Year Earnings</td>
<td>£74,713</td>
<td>-£236,496</td>
</tr>
<tr>
<td>Unrestricted Net Assets</td>
<td>£851,723</td>
<td>£1,088,219</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>£926,436</td>
<td>£851,723</td>
</tr>
</tbody>
</table>
Thank you to all of those who supported our work in 2022

The work of the World Hepatitis Alliance is made possible by the commitment and partnership of our supporters. We are grateful to every organisation and foundation that has generously supported us to deliver our mission in 2022.

AbbVie
Alchemie Medical Education
Echosens
Gilead
GSK
Hepatitis Australia
Janssen
Kedrion Biopharma
PRIME International
Roche
The Hepatitis Fund
The John C Martin Foundation
Abbot

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