



**END~~HEP~~2030**  
The Hepatitis Fund

# SHARED VISION SHARED COMMITMENT

Activity Report  
**2021**

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# Foreword

**The Hepatitis Fund, after its first round of calls for proposals in 2020, is well on its way to show solid impact and results towards elimination of viral hepatitis.**

Our talented team has shown unwavering commitment to our mission. Throughout the year, it has worked closely with grant recipients to maximize impact and ensure catalytic effects for our investments, for example, in Uganda and Pakistan. Despite the challenging context of the COVID-19 pandemic, team members managed to make steady progress and raise new funds in 2021, starting a programme to prevent vertical transmission of hepatitis B virus (HBV) in Vietnam. They have also engaged successfully with leading public health funders and communities to put hepatitis on the global agenda.

After six months in our role, we fully understand the challenge posed by financing viral hepatitis elimination and have a clear idea of the solutions. It would be impossible to meet the goals if we continued with the current systems. We need to advocate for stronger inclusion of viral hepatitis responses into universal health coverage and national health plans. We need more commitment from politicians as key drivers to have discussions at the highest level and secure funding in national health plans. We need global health financing institutions to integrate more viral hepatitis interventions in their work with key populations. We need the people-centred approach to be more than words.

This is why we are launching [The Hepatitis Fund's five-year strategy](#) to accelerate the elimination of viral hepatitis as a public health issue in January 2022.

Viral hepatitis remains one of the larger public health concerns in the world today. Globally, millions of people are not tested, allowing viral hepatitis to kill more than one million people annually and cause severe liver disease in many more – and this has happened for decades. We have all the tools needed to eliminate hepatitis, but still funding in this area is scarce. Thanks to its contributors, The Hepatitis Fund works to change this, initiating work at all levels to improve the lives of those living with viral hepatitis.

We are grateful for the ongoing support from the ZeShan Foundation, without whom The Hepatitis Fund would not exist, and for the trust given by new donors, such as the City of Geneva.

We wish to welcome our new board members, Lynn Lau, Kenneth Kabagambe and Manal El Sayed. We also extend a heartfelt thank you to Past President Wangsheng Li for his vision and passion in co-creating and leading The Hepatitis Fund until the end of July 2021.



President  
Gregg Alton



Executive Director  
Finn Jarle Rode

# About the Fund

The Hepatitis Fund (THF) is a Swiss-based foundation designed as a collective funding platform to mobilize public and private financial resources globally to accelerate action to eliminate viral hepatitis as a major threat to public health. THF was incubated by the ZeShan Foundation at Rockefeller Philanthropy Advisors before becoming an independent foundation. THF is the only grant-giving organization for elimination of viral hepatitis. [Find out more.](#)

## Vision

A hepatitis-free world for generations to come, where no child is born with viral hepatitis and where people living with hepatitis do not die from preventable diseases, such as liver cancer. A world where hepatitis is no longer a public health threat.



## Mission

The Hepatitis Fund seeks to:

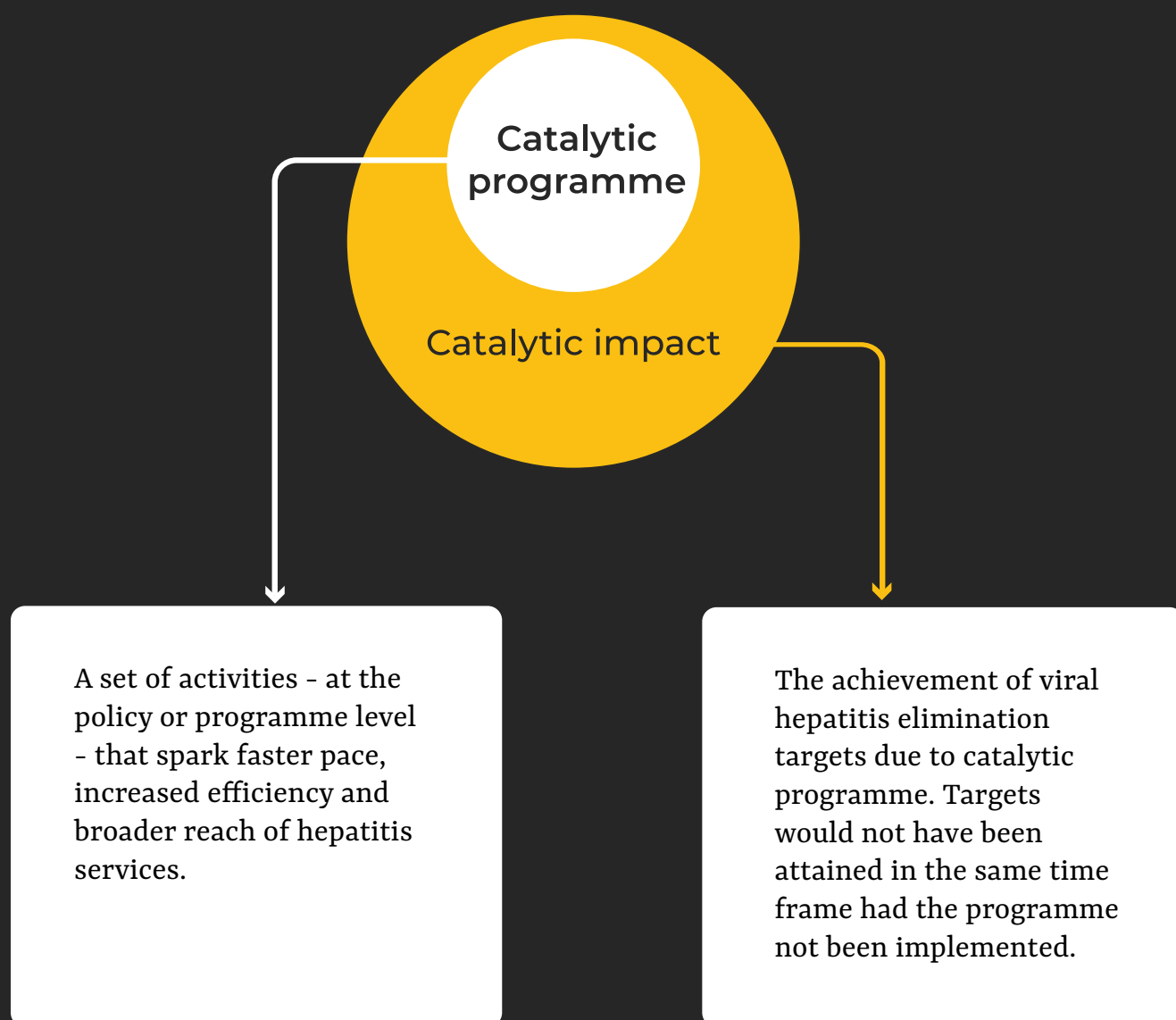
- Increase funding for viral hepatitis programmes globally and foster new public and private investments and financing mechanisms.
- Fully exploit synergies in global health, as well as enhance hepatitis awareness. It is making the global funding for hepatitis elimination bigger.
- Leverage domestic resources by providing direct catalytic grants for capacity building towards hepatitis elimination as a public health threat, integration of hepatitis in the universal health coverage package, and financial autonomy. THF aims to fill the funding gaps so that no one is left behind by global health mechanisms.
- Reach the United Nations Sustainable Development Goals (SDGs), in particular, SDG 3.3 and 3.8. THF supports the implementation of the World Health Organization (WHO) Global Health Sector Strategy on Viral Hepatitis (2016 ) and the triple elimination initiative of vertical transmission of HIV, syphilis and hepatitis B . THF is committed to cancer prevention, as per SDG target 3.4 .



# Catalytic Impact of Investment

Catalytic funding is grant making that aims for sustained impact beyond agreed deliverables. THF-funded projects are designed to demonstrate effective interventions that can accelerate hepatitis elimination to reach SDG 3, with the intention that national and regional domestic health systems adopt them.

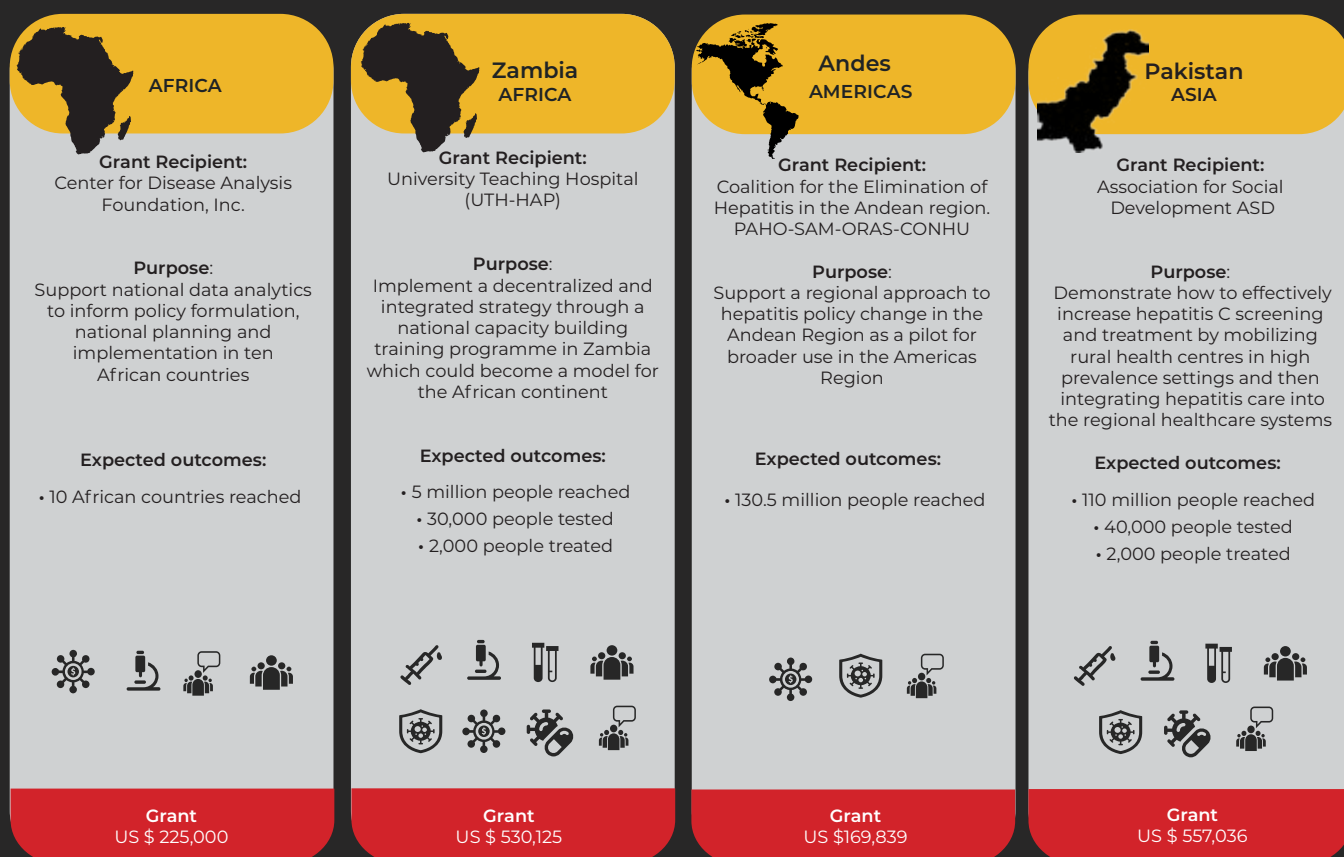
THF works within the universal health coverage (UHC) framework, creating incentives for countries to include hepatitis elimination in their UHC programmes and integrate hepatitis with primary care, sexual and reproductive health, vertical and immunization services.



# Current Grant Portfolio

On World Hepatitis Day 2020, The Hepatitis Fund (THF) awarded its first round of grants to 10 projects running over 18 months. Delays due to the COVID-19 pandemic have led to most grants being extended for six months. Despite this, these projects have already shown catalytic impact and some have now exceeded their objectives. An 11th grant has been awarded in partnership with the City of Geneva (Switzerland). This new three-year grant focuses on the elimination of vertical transmission of hepatitis B, a key priority for ending viral hepatitis globally.

These projects have been chosen from 120 proposals not only because they are excellent projects in themselves, able to be replicated in other countries or scaled up or both, but also because together they demonstrate our big-picture, strategic approach to ending viral hepatitis. They cover awareness, advocacy, community engagement, testing and linkage to care and treatment, as well how to assess the burden of disease, cost an elimination programme, make the case for financing it and assess the effectiveness of each element of the programme.



  
Biomedical  
Prevention

  
Epidemiology

  
Screening  
& Testing

  
Human  
Resources

  
Other  
Prevention

  
Economics  
& Financing

  
Treatment  
& Cure

  
Policy &  
Advocacy

Global	Global	Global	Global
<b>Grant Recipient:</b> Columbia University	<b>Grant Recipient:</b> London School of Hygiene & Tropical Medicine	<b>Grant Recipient:</b> World Health Organization	<b>Grant Recipient:</b> World Hepatitis Alliance
<b>Purpose</b> Develop a monitoring and evaluation framework for viral hepatitis catalytic funding.	<b>Purpose:</b> Expand public engagement in HBV/HCV and crowdsource to spur hepatitis policy	<b>Purpose:</b> Develop and demonstrate the WHO-One Health Tool for costing of national hepatitis responses, and for adoption in all member states.	<b>Purpose:</b> Support efforts to maintain the momentum for a global campaign to eliminate viral hepatitis
<b>Expected outcomes:</b> <ul style="list-style-type: none"> <li>• High quality monitoring and evaluation tool for all hepatitis related grants</li> <li>• Better understanding of progress towards hepatitis elimination</li> </ul>	<b>Expected outcomes:</b> <ul style="list-style-type: none"> <li>• Decreased stigma</li> <li>• Increased community engagement</li> <li>• Build local ownership of hepatitis programs</li> </ul>	<b>Expected outcomes:</b> <ul style="list-style-type: none"> <li>• WHO Regional Advisors for hepatitis trained in four WHO regions.</li> <li>• 5 countries reached</li> <li>• WHO-One Health Tool for standard for costing of national hepatitis responses developed to be used as the future standard for all countries</li> </ul>	<b>Expected outcomes:</b> <ul style="list-style-type: none"> <li>• Global hepatitis community strengthened</li> <li>• Increased capacity for advocacy at the national, regional and global levels</li> <li>• Common acceptance that hepatitis elimination can be embedded in Universal Health Coverage post COVID-19</li> </ul>
<b>Grant</b> US \$45,523	<b>Grant</b> US \$ 250,000	<b>Grant</b> US \$200,000	<b>Grant</b> US \$ 32,970

Western Pacific VIETNAM	Western Pacific VIETNAM	South-East Asia and Western Pacific
<b>Grant recipient:</b> PATH, Vietnam <b>Co-funded by</b> The Hepatitis Fund and the City of Geneva (Ville de Genève)	<b>Grant Recipient:</b> PATH Vietnam	<b>Grant Recipient:</b> The Peter Doherty institute for Infection and Immunity
<b>Purpose</b> To demonstrate the impact of introducing screening & treatment of hepatitis B in pregnant women within the Maternal & Child Healthcare system as part of Vietnam's 2030 triple elimination goal (HIV, Syphilis & HBV).	<b>Purpose</b> Demonstrate an integrated viral hepatitis strategy to increase access to diagnostic and treatment services in major urban areas with high prevalence in East Asia (HepLink).	<b>Purpose</b> Develop and roll out an operational guide to assist countries in performing monitoring and evaluation in the WPRO and SEARO regions
<b>Expected outcomes:</b> The project aims to screen 90% of pregnant women receiving antenatal care, treat 80% of eligible pregnant women with Tenofovir (TDF) prophylaxis or treatment, and vaccinate up to 98% of new-borns with a birth dose HBV vaccine at the project sites.	<b>Expected outcomes:</b> <ul style="list-style-type: none"> <li>• 41 million people reached</li> <li>• 20,000 people tested</li> <li>• 90% of people treated</li> </ul>	<b>Expected outcomes:</b> <ul style="list-style-type: none"> <li>• Increased capacity in the Asia Pacific Region to analyse the hepatitis landscape across countries</li> <li>• Augmented resources for advocacy</li> <li>• National planning, resource mobilization and allocation supported</li> </ul>
<b>Grant</b> US \$300,000	<b>Grant</b> US \$ 715,000	<b>Grant</b> US \$225,000

# Impact Assessment

The first 18 months of THF have been deeply impacted by the COVID-19 pandemic. Nevertheless, after some initial adjustment time, hepatitis elimination services delivery and training programmes supported by THF have been rolled out according to plan, if not better.

At the beginning of the pandemic, some participants reported fear of seeking services at health facilities due to the risk of acquiring COVID-19. Access to screening has been initially reduced because of disruptions resulting from COVID-19 acquisitions, recurrent lockdowns and social distancing but is now back to normal.

Policy work has been most impacted due to COVID-19. Grantees have experienced COVID-19 reducing countries' responsiveness, particularly in ministries of health. Staff dedicated to working on hepatitis have often had to shift their efforts towards the response to COVID-19. That said, the grants have certainly promoted a deeper understanding of the hepatitis landscape. Evidence produced by THF grantees for decision makers has led to new programmes being started, such as programmes for elimination of vertical transmission in Uganda and Ghana thanks to costing analysis made by THF grantee CDAF (Centre for Disease Analysis Foundation).

Projects also reported on mitigation strategies implemented to overcome challenges linked to COVID-19. These reports showed how well creative solutions, such as appropriate decentralization of care, work for ending hepatitis. For example, the Association for

Social Development in Pakistan expanded its project objectives by 50%, thus hoping to reach 60,000 people through direct impact of the grant and many more via its catalytic impact (see page 5).

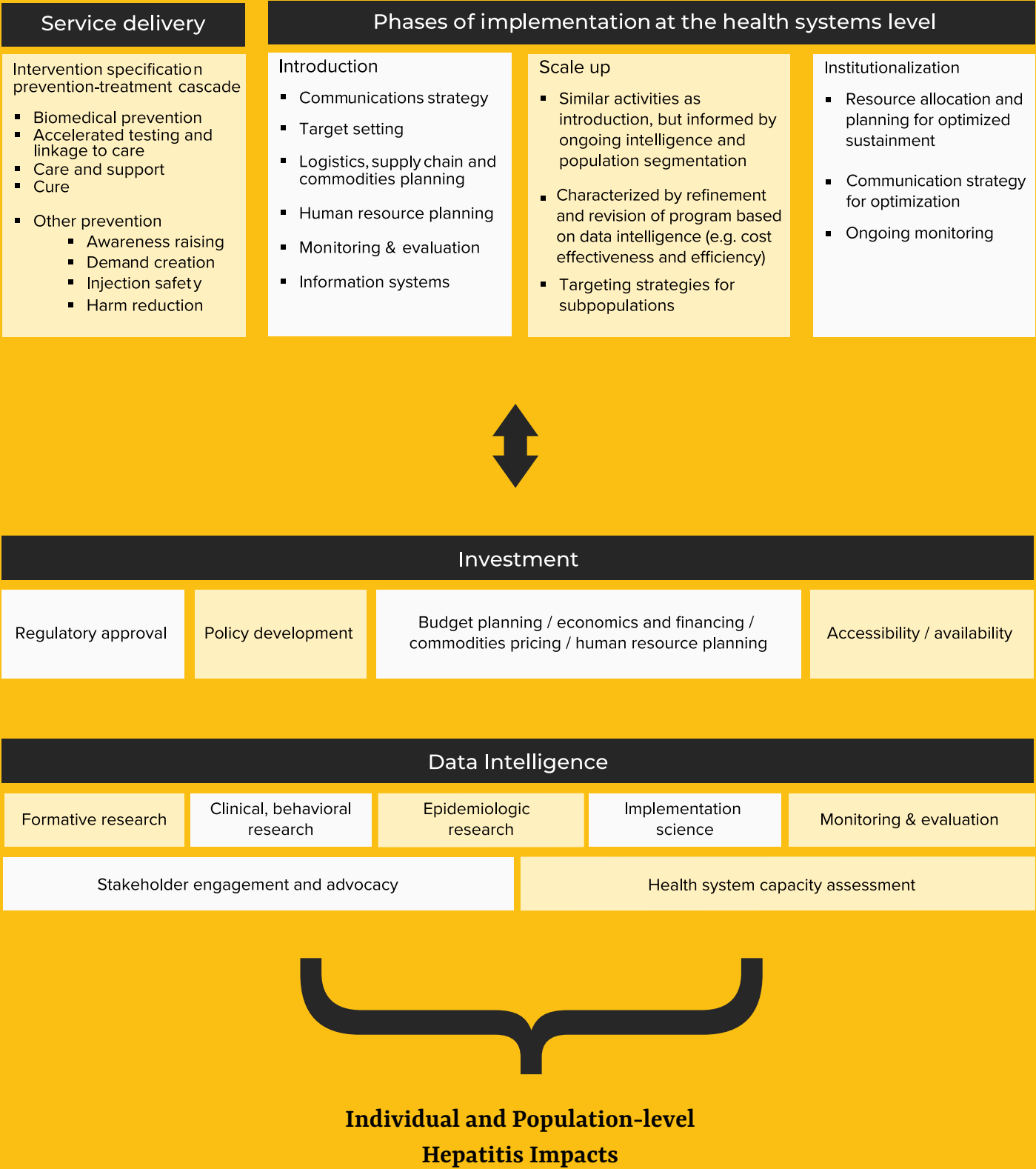
THF measured its programme progress and impact against the targets by means of a monitoring and evaluation (M&E) framework with specific indicators for each of the projects.

Our intermediate results show a general increase in access to hepatitis screening, diagnosis, treatment and care at the population level. Also, in some cases, for example, in Vietnam, these results show difficulty in linking screening and testing to treatment.

Access to medicines can be limited for many reasons, such as delays due to confirmatory testing requirements and processes, some of them requiring in-patient admissions, as well as lack of access to treatment for people who are living with HCV but not HIV. This shows the limits of siloed global health funding organisations and underlines the need for a universal health coverage approach.



# Framework for Catalytic Impact on Viral Hepatitis Elimination



# Key Results

## *Human Resources for Health*

- The University Teaching Hospital (UTH) Zambia started training a cadre of 40 hepatitis experts to lead hepatitis management and care in the country. This exceeded its initial objective of training 30 doctors. They take part in a weekly clinic and in the ECHO Africa programme.
- At 100 ECHO sites, 80 medical doctors, 250 nurses, 100 pharmacists and 70 others are also being trained for decentralization of care in Zambia.
- The Association for Social Development in Pakistan has trained 106 doctors and 162 allied staff at rural health centres.
- PATH trained 50 doctors, 51 nurses, 24 lab staff and 58 community counsellors at community-based organizations and key population clinics in Vietnam.

## *Policy & Advocacy*

- CDAF Uganda economic impact analysis informed the Ministry of Health decision to introduce hepatitis B birth dose vaccine in the country.
- The London School of Hygiene & Tropical Medicine, in collaboration with the World Hepatitis Alliance, started a crowdsourcing project to spark hepatitis policy and advocacy. The 10 top stories have been chosen and disseminated to illustrate the global impact that hepatitis is having on people and communities worldwide.
- HBV cost data collection for Ghana is completed and CDAF analysis of the economic impact of different strategies to eliminate HBV in Ghana has started. CDAF is working with WHO and the Morocco MoH to assess HCV burden and economic impact of HCV elimination in the country.
- UTH Zambia works with WHO Zambia to advocate for HBV birth-dose introduction locally.
- The Peter Doherty Institute for Infection and Immunity, with the WHO Collaborating Centre for Viral Hepatitis, has developed and piloted an operational guide for in-country implementation of the WHO core indicators to monitor and evaluate the health sector response to hepatitis B and C and assist ministries of health. The operational guide is now being tested in four priority countries in the Western Pacific region and the South-East Asia region for subsequent expansion in all WHO regions.



“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.”

Silvana Lesidrenska, Chair of HepActive Association Bulgaria and Member of Board of Liver Patients’ International

## Delivery of Services

- The Association for Social Development in Pakistan expanded its grant objectives by 50%. An HCV test-and-treat intervention was introduced at the primary healthcare level (48 rural health centres). Savings induced by a new subsidized programme for PCR testing has enabled expansion and led to one more level of decentralized screening. The health system provides treatment free of charge, thus enabling close to 95% follow-up and cure. By the end of 2021, 38,648 rapid tests had been performed.
- In Vietnam, many clients are not able to pay the long-term out-of-pocket payments or co-pay for treatment. More than 50% were lost between screening and treatment eligibility assessment for HBV and between HCV confirmation and treatment. Linkage to HCV confirmatory testing is significantly higher at public HIV clinics (77%), where free treatment is offered by the Global Fund, compared with private clinics (29%) and methadone maintenance treatment facilities (2.5%), where treatment costs are not covered for clients living with hepatitis but not HIV.

**ASD Pakistan**  
Expanded objectives by 50%

**PATH**  
27 community centres now  
screening in Vietnam

Uganda, Ghana, Morocco,  
and Egypt have updated  
epidemiology and costed  
elimination plans

M&E operational guide  
trainings in Bangladesh and  
Fiji



# Future Directions

Despite the COVID-19 pandemic, The Hepatitis Fund (THF) has managed to establish itself and develop its programme. THF is setting the following ambitious but realistic goals:

## Year 1

Raise funds for THF organizational sustainability and growth, focusing on domestic investments, governments official development assistance and high-net-worth individuals. Run a second call for proposals for USD 30 million in 10 priority countries, focused on eliminating viral hepatitis in children.

## Year 2-4

The Hepatitis Fund supports domestic financing systems in 10 priority countries. In addition, THF puts out yearly calls for proposals and directly funds selected initiatives.

## Year 5

THF yearly budget is approximately USD 100 million, programmes have now been set in 25 priority countries, and national responses are sustained in most of these countries. THF provides small grants to support national programmes adjustments when required. Gavi is now rolling out the hepatitis B birth dose vaccine introduction and the Global Fund is also focusing on hepatitis, THF can envision quietly scaling down by 2030.

# Programme Priorities

THF primary criteria for funding a project or programme is its potential public health impact. This is assessed in terms of need (for example, focusing on high-prevalence areas), feasibility (such as health system readiness for the intervention and commitment from local political health authorities) and effectiveness (evidence-based priority interventions). Hence, THF's work is focused on elimination of hepatitis in the two regions with the highest disease burden: Asia-Pacific and Africa.

THF programme endorse the five strategic directions of the WHO Global Health Sector Strategy 2016-2021 (THF 2021 Report, Page 6). Within this framework, THF focuses on:

***a. Accelerating planning and implementation of national elimination strategies, by:***

- Decentralizing hepatitis services and task shifting of hepatitis care
- Strengthening hepatitis response capacity at national and regional levels
- Raising awareness about the viral hepatitis challenge and solutions
- Supporting advocacy and technical assistance for increased financing at global and national level

***b. Integrating hepatitis services delivery within universal health coverage, with a specific focus on:***

- Ending vertical transmission of hepatitis B via antenatal screening and antiretroviral treatment
- Rolling out of the HBV birth dose vaccine in every national immunization schedule

- Ensuring equitable access to essential medicines and technologies to address hepatitis B, C and D viruses, including by improving procurement systems
- Working with local authorities on simplified testing and treatment approaches
- Screening key populations and addressing stigma associated with viral hepatitis infections

***c. Strengthening national health systems capacity, for example:***

- Establishing quality national data collection, surveillance and modelling
- Improving and integrating data systems for better policy formulation



# Eliminating vertical transmission of hepatitis B

## A silent epidemic with rising mortality

- 350 million people live with viral hepatitis.
- 1 million children acquire viral hepatitis every year. This is not curable but is preventable.
- >80% of children who acquire hepatitis before 1 year old will develop chronic liver disease.
- Eliminating vertical transmission can effectively prevent the majority of liver cancers and cirrhosis, which often hits individuals and families in their most productive years.



Hepatitis B vertical transmission is a mode of transmission also referred to as perinatal transmission. During and immediately after birth, children are at more vulnerable to acquiring hepatitis because of exposure to blood and other body fluids. Eliminating this mode of transmission is a priority for The Hepatitis Fund.

## What is vertical transmission of hepatitis B?



## Highly effective interventions exist now

- Childhood vaccination for hepatitis B is 95-100% effective. It is safe, affordable and offers lifelong protection, but only 6% of African newborns receive birth-dose vaccines.
- Screening and treating mothers living with hepatitis B to prevent transmission is simple and cost effective.
- Combined, these interventions will set the course for a whole generation of hepatitis-free children.

As per the World Health Organization (WHO) strategy for triple elimination of vertical transmission (HBV, HIV and syphilis), a comprehensive package of interventions, fully integrated with existing maternal health services, is needed to achieve the global goal of elimination of vertical transmission of hepatitis B. This includes:

- A robust and timely hepatitis B vaccination programme
- Strong reproductive and maternal and child health services aimed at preventing infection of young women
- Screening and care of pregnant women with chronic hepatitis B, the possible use of antiviral drugs and hepatitis B immunoglobulin among infants born to hepatitis B-positive mothers

# Current Projects

## Eliminating vertical transmission of viral hepatitis B in Vietnam

Co-funded by Geneva City

Partners: PATH Vietnam & Nghe An province CDC

The purpose of this project is to demonstrate the impact of introducing screening & treatment of pregnant women as part of Vietnam's 2030 triple elimination goal.

**The three-year project aims to implement a scalable pilot model towards a hepatitis-free future for newborn babies in Nghe An Province.**

The project will aim to screen 90% of pregnant women receiving antenatal care, treat 80% of eligible pregnant women with prophylaxis or treatment, and vaccinate up to 98% of newborns with a birth dose HBV vaccine at the project sites by end of the project life.



## Accelerating the Hepatitis B Response in Zambia (ACCELERATE)

Partner: University Teaching Hospital HIV AIDS Programme

The project aims to address fundamental barriers to viral hepatitis in Zambia by putting in place a multi-faceted, decentralized, integrated healthcare worker training programme.

The programme is cultivating a core group of local hepatitis experts, increasing healthcare professional competency and raising awareness among community health workers and at the Ministry of Health. **This includes trainings on preventing vertical transmission and work towards introduction of birth-dose vaccines for HBV.**



# 1,000,000

Newborns infected with Hepatitis B Annually

Together we'll make it zero

# Leadership

## Gregg Alton

Gregg Alton is President of the Board of The Hepatitis Fund. He spent more than 20 years at Gilead Sciences, serving in an array of leadership roles across a portfolio of responsibilities. From January 2019 until March 2019, Mr Alton was Gilead's interim Chief Executive Officer. Before that, he was the company's Chief Patient Officer, responsible for Gilead's government affairs, public affairs, patient outreach and engagement initiatives, as well as efforts to facilitate access to its medicines around the world. At Gilead, his wide-ranging roles included leadership of commercial operations in Europe, Asia, Latin America and Africa. He also served as General Counsel and Chief Compliance Officer. Previously, Mr Alton was an attorney at the law firm, Cooley Godward, LLP, where he specialized



in corporate finance transactions for healthcare and information technology companies. Mr Alton is a member of the boards of Corcept Therapeutics, Enochian Biosciences and several non-profit organizations, including Black Women's Health Imperative, AIDSVu, and the Boys and Girls Clubs of Oakland. He received a bachelor's degree in legal studies from the University of California at Berkeley and a law degree from Stanford University.

## Finn Jarle Rode

Finn Jarle Rode is Executive Director of The Hepatitis Fund. Previously, he was Executive Director of the Oslo Center, where he ran a turnaround operation regarding both finances and strategy. Finn Jarle also served as Director in the Global Partnership team of the International Federation of Red Cross and Red Crescent Societies (IFRC) headquarters in Geneva. He has more than 20 years of experience in IFRC and ICRC as well as the Norwegian Red Cross. He has been IFRC's Country Director in Afghanistan and North Korea, then Regional Director for Eastern Africa and Indian Ocean Islands. Finn Jarle also held various positions in the private sector in Norway, including in shipping and the hotel industry. He holds an MBA from Heriot-Watt University focused on organizational development and international finance.

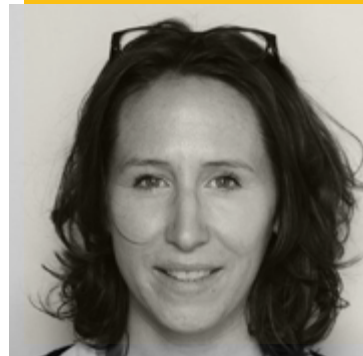


***“ My focus is always on the long-term goals when looking for funding. Dynamics of funding can be quite different depending on the donors you are working with, but the long-term strategic goals of The Hepatitis Fund will always have its focus on improving the situation for the individuals facing the consequences of viral hepatitis. ”***



## Capucine Pénicaud

Capucine Pénicaud is Director, Programme and Partnership. She has run the design and implementation of the THF grant cycle since its inception, as well as special projects developed with external partners. Capucine has 15 years of experience in global health in non-profits (International AIDS Society, IAS), academia (The University of Melbourne/Melbourne Health) and government organizations (French Foreign Affairs Ministry). Before joining THF, her work focused on the design and development of strategic initiatives, such as the IAS's Towards an HIV Cure programme and the International Coalition to Eliminate HBV (ICE-HBV). Capucine holds an LLM from La Sorbonne and a MA from Sciences-Po.



***“ I am passionate about health equity and ensuring access to medicines. I work relentlessly to ensure that people living with hepatitis can access the drugs they need at a fair price, on par with those affected by other diseases. ”***



The Hepatitis Fund leadership and partners in Davos, raising awareness and support for hepatitis elimination

# Acknowledgements

Every year as we prepare our Activity Report, we look back with deep gratitude at the vision and generosity of our donors, without whom our work would not be possible.

We are especially grateful this year, as many donors maintained their support, and new donors joined the movement for viral hepatitis elimination, enabling us to thrive despite the challenges of 2021.

