



## Hepatitis Fund aims to accelerate viral hepatitis elimination

A foundation focused solely on ending viral hepatitis is holding an inaugural global resource mobilisation conference in May to raise US\$150 million. Jacqui Thornton reports.

Jacqui Thornton is being paid to moderate the conference by the Hepatitis Fund

For the **latest WHO strategies** see <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies/developing-ghss-2022-2030>

For more on **global hepatitis rates** see **Articles** *Lancet Gastroenterol Hepatol* 2023; published online Feb 7. [https://doi.org/10.1016/S2468-1253\(22\)00386-7](https://doi.org/10.1016/S2468-1253(22)00386-7)

For more on **global viral hepatitis deaths** see *N Engl J Med* 2019; **380**: 2041–50

For more on the **Hepatitis Fund** see <https://endhep2030.org/>

For **Hepatitis Fund grants** see <https://endhep2030.org/grants/>

For the **programme in Rwanda** see <https://endhep2030.org/advancing-towards-elimination-of-mother-to-child-transmission-of-hepatitis-b/>

For more on the **resource mobilisation conference** see <https://endhep2030.org/global-resource-mobilization-conference/>

For more on the **birth dose vaccine** see <https://www.worldhepatitisalliance.org/news/hepatitis-b-birthdose-advocacy/>

For more on the **US programme** see <https://www.statnews.com/2023/03/09/white-house-hepatitis-c-11-billion/>

For more on the **scheme in England** see <https://www.theguardian.com/society/2023/mar/31/more-than-200-children-cured-of-hepatitis-c-in-world-first-nhs-scheme>

For more on the **programme in Egypt** see *Glob Health Sci Pract* 2021; **9**: 187–200

In 2016, the UN's Sustainable Development Goals were published, including a pledge to combat hepatitis by 2030. Countries have endorsed successive WHO strategies to eliminate hepatitis, the latest in [June, 2022](#). Despite this goodwill and best intentions, there has been no formal funding mechanism in place to achieve hepatitis elimination, resulting in very few countries being on track to reach this goal. So, while excellent, cost-effective therapeutic tools are available, hepatitis remains underfunded, and is the most neglected infectious disease relative to its burden globally. It is estimated that more than 350 million people globally are living with chronic infection—295.9 million with hepatitis B virus and 57.8 million with hepatitis C virus. More than 1.1 million people with hepatitis die every year, and around 3 million are newly infected. If not addressed, global viral hepatitis deaths are projected to outnumber HIV, tuberculosis, and malaria deaths combined by 2040.

A newcomer to the field, the Hepatitis Fund, based in Geneva, Switzerland, is aiming to change this pattern, establishing an international funding mechanism to support hepatitis elimination efforts, inspired by the Global Fund model for AIDS, tuberculosis, and malaria. But there are significant differences: the Hepatitis Fund does not provide funding to ministries of health and does not pay for goods and medicines, unless in exceptional circumstances. “We help the system to buy them”, says Capucine Pénicaud, Programme and Partnership Director of the Hepatitis Fund.

The grant-making body, dedicated solely to viral hepatitis elimination, aims to help resource-limited countries by funding technical

assistance partners—local and national non-governmental organisations, research entities, and hospitals and clinics—that support the development of national action plans with the most effective interventions. Its strategy is to provide catalytic funding and kick-start implementation or substantially accelerate progress in countries where there is already political commitment and initial action. While the Hepatitis Fund team say that both the Global Fund and Unitaid have started to provide much-needed funding for hepatitis in the context of HIV co-infection, broader efforts from governments and philanthropic donors to eliminate hepatitis to date have been minimal.

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Kimberly Green, Global Program Director at the non-profit health organisation PATH, explains: “Viral hepatitis was put in the too hard bucket. For many years, it was very difficult to treat [hepatitis C], and for hepatitis B there was no cure. It was seen as too expensive, so was left out of the global health financing mechanisms.” WHO, which supports the initiative, agrees that financing needs to be addressed. Meg Doherty, Director of the Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes at WHO, says: “We have the tools to end the epidemics of hepatitis B and C, and we would love to have same level of financial support we have for HIV, yet because we do not, we’re so

far behind. Some would attribute that to the fact that there’s less general population knowledge about testing and treatment and the cure potential for hepatitis C and B, and others will argue that hepatitis has been left behind in terms of the financing, both globally and by government leaders.”

The idea for the Fund was conceived in 2015 by the head of the philanthropic ZeShan Foundation, Wangsheng Li, and by Charles Gore, the well known hepatitis advocate, then President of the World Hepatitis Alliance, who was cured of hepatitis C virus in 2002. Its birth was drawn out—in 2017, the Fund for Elimination of Viral Hepatitis, with the tag EndHep2030, was launched at the World Hepatitis Summit in São Paulo, Brazil. In 2019, the Fund changed its name to the Hepatitis Fund, taking on its first employee, Pénicaud, and opening an office in Geneva.

Despite COVID-19, and the small team operating in lockdown, in its first funding round in 2019–20 the Hepatitis Fund raised US\$10 million from family foundations, Swiss institutions, and private investors, and was awarded its first round of grants to ten projects. Now it has seven permanent employees and six consultants, as well as an impressive board, and has attracted Finn-Jarle Rode as Executive Director, who spent 10 years at the International Federation of Red Cross and Red Crescent Societies, where he was Director of Partnership and Resource Development. The President of the Fund is Gregg H Alton, the former interim Chief Executive Officer of the pharmaceutical firm Gilead, and Charles Gore is still closely involved, sitting on the board. Helen Clark, former Prime Minister of New Zealand and former Administrator of UNDP, is the Global Ambassador of the Fund.

Initial grants from the Fund have supported the sustainable integration of hepatitis elimination services in existing health programmes—for HIV, tuberculosis, and maternal and child health—in selected areas in Pakistan, Viet Nam, and Zambia. Grants have also supported policy changes, provision of technical guidance, and awareness raising in Africa, the Asia-Pacific region, and Latin America. For example, in Zambia, the University Teaching Hospital was a grantee and started a Train the Trainers programme. At the end of this project, 31 doctors were certified as hepatitis expert trainers. Before this programme, there were only five doctor experts in hepatitis in the country. This group will spearhead advocacy at the ministry of health level.

In total, the Hepatitis Fund has awarded 12 grants, ranging from \$150 000 to \$1 million each, with the biggest and newest grant awarded to the Clinton Health Access Initiative (CHAI) for a 3-year programme for prevention of mother-to-child transmission of hepatitis B virus in Rwanda. WHO says the Hepatitis Fund has made good use of funding, making a relatively small amount go a long way.

PATH has partnered with the Fund since 2020 in Viet Nam, after witnessing its growth and being impressed by its determination. “We understood how much effort and grit went into creating the Hepatitis Fund”, Green says. “It was an answer to a significant gap in public health and health equity. It was something that should have existed previously, and we were very grateful to learn that it did exist.” The team has clearly learned from other donors, and its core strengths are being empathetic, sensitive to what is critical for implementers, and accessible, notes Green.

Now the Fund is organising a global hepatitis resource mobilisation conference to raise \$150 million to take its work further, partnered by the CHAI. This event, being held in Geneva on May 17, and hosted by the Governments of Egypt and

Saudi Arabia, is intended to be held in 2-year cycles. Rode is positioning this first meeting as an opportunity to build a donor base, rather than a formal UN style pledging conference. Invitees who have been asked to pledge include the two host countries, Saudi Arabia and Egypt, and several other governments, international organisations, and high-net worth individuals and foundations. As well as money, the Fund would like to achieve price commitments during the conference for direct-acting antiviral agents and for diagnostics from pharmaceutical firms. Roche, Gilead, and Abbott will be attending.

Pénicaud says she would like the conference to enable the introduction of the hepatitis B vaccine birth dose in every country, which Gavi, the Vaccine Alliance, was supposed to start supporting in 2021, but has been delayed due to the COVID-19 pandemic. In Africa, only 30% of countries have introduced the birth dose vaccine and only 17% of newborn infants received a hepatitis B vaccine in 2021.

The timing of the conference is prescient, with hepatitis currently on the agenda in high-income countries. In the USA, the Biden Administration last month called on Congress to fund an \$11 billion programme to eliminate hepatitis C virus in all US states. National Health Service officials in England say they are on track to become the first country to wipe out hepatitis C virus by 2025 after a trace and treat pilot scheme. On April 18, Unitaid announced a \$31 million commitment to preventing hepatitis C among people who inject drugs and other at-risk populations such as people in prisons in low-income and middle-income countries.

The burden is disproportionately higher in low-income and middle-income countries in Africa, Asia, and the Eastern Mediterranean region, but success is possible, as shown in Egypt, Rwanda, and Mongolia. Egypt, which until recently had the highest burden

of hepatitis C worldwide, introduced a national elimination programme, with more than 50 million people screened and 4 million treated in 2014–20.

Doherty says: “The Hepatitis Fund has a role in trying to get [middle-income] countries to unlock whatever funding they may have internally in their health programmes, and push those that have a problem to want to address it.”

The Global Fund has been helpful with technical collaboration, as Hepatitis Fund programmes tend to build on existing structures built either by the Global Fund or PEPFAR—for example, in Pakistan the Hepatitis Fund supported a Global Fund tuberculosis grantee to work on hepatitis in rural health centres. Siobhan Crowley, Head of HIV at the Global Fund, told *The Lancet* that the Hepatitis Fund was important, and she felt the two organisations would complement each other. “Where they’re trying to position themselves could help drive better national responses given the lack of attention and action to a neglected area of public health concern.” Green also says there is a “wonderful opportunity” for collaboration between the two organisations to cross-amplify their resources. “The Global Fund is increasingly allowing for country investment in hepatitis C as well as [hepatitis] B. And that’s tremendous. But their central focus remains HIV, [tuberculosis], and malaria.”

Is \$150 million enough? Green noted that the precursor to PEPFAR, launched during the Clinton Administration, started off with a similar amount of \$200 million, but that was 23 years ago. “While [\$150m] is likely far from adequate for what would be required to support countries to achieve the 2030 goals of eliminating viral hepatitis, it’s certainly much larger amounts than has been contributed in the past. I very much hope that their goal is reached—and then some.”

*Jacqui Thornton*