THE HEPATITIS FUND

IMPACT REPORT

2022
Cover photo: A nurse takes a pinprick blood sample from a person who is being tested for Hepatitis C. Photo credit: Jeanine Nyinawabega/CHAI
We mobilize public and private resources to eliminate viral hepatitis as a global health threat.
We mobilize public and private resources to eliminate viral hepatitis as a global health threat. We provide grants, build partnerships, offer technical support on health financing and advocate for increased national and international funding to eliminate viral hepatitis.

A hepatitis-free world where no child is born with viral hepatitis and people living with hepatitis do not die from preventable diseases such as liver cancer.
2022 HIGHLIGHTS

DIRECT OUTCOMES:
- Health workers trained by our grantees: 580
- Total number of clients screened HBV and HCV: 204,530
- Total number of clients diagnosed with HBV and HCV: 30,360
- Total number of clients receiving treatment: 19,183

CATALYTIC IMPACT:
- Seven National Strategic Plans developed: Bangladesh, Ivory Coast, Nigeria, Peru, Sudan, Uganda, Vanuatu.
- Nine investment cases made: Bangladesh, Ecuador, Egypt, Ghana, Morocco, Nigeria, Peru, Sudan, Uganda.
- Four countries implemented new monitoring and evaluation systems.
- Two countries introduced the HBV birth-dose vaccines for pregnant women living with HBV.
- Pakistan expanded its viral hepatitis programme.
- At least three recipient countries used our support to integrate some hepatitis elements into their Global Fund proposal in 2023.
- Vietnam health insurance now reimburses outpatient confirmatory lab tests for HCV.
We fund projects or programmes with the highest potential public health impact. We assess the impact in terms of needs, feasibility, and sustainability. Our current geographical focus is on Asia-Pacific and Africa, the regions with the highest disease burden.

**OUR GRANT PROGRAMME**

**TYPES OF INTERVENTIONS SUPPORTED**

- Biomedical Prevention
- Epidemiology
- Screening & Testing
- Human Resources
- Other Prevention
- Economics & Financing
- Treatment & Cure
- Policy & Advocacy

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**AFRICA**

**GRANT RECIPIENT:**
Center for Disease Analysis Foundation, Inc.

**PURPOSE:**
Support national data analytics to inform policy formulation, national planning and implementation in ten African countries

**EXPECTED OUTCOMES:**
- 10 African countries reached

**GRANT**
US $ 225,000

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**ZAMBIA**

**GRANT RECIPIENT:**
University Teaching Hospital (UTH-HAP)

**PURPOSE:**
Implement a decentralized and integrated strategy through a national capacity building training programme in Zambia which could become a model for the African continent

**EXPECTED OUTCOMES:**
- 5 million people reached
- 30,000 people tested
- 2,000 people treated

**GRANT**
US $ 530,125
ANDES
GRANT RECIPIENT:
Coalition for the Elimination of Hepatitis in the Andean region.
PAHO-SAM-ORAS-CONHU
PURPOSE:
• Support a regional approach to hepatitis policy change in the Andean
EXPECTED OUTCOMES:
130.5 million people reached
GRANT
US $169,839

PAKISTAN
GRANT RECIPIENT:
Association for Social Development
PURPOSE:
Demonstrate how to effectively increase hepatitis C screening and treatment by mobilizing rural health centres in high prevalence settings and integrating hepatitis care into the regional healthcare systems
EXPECTED OUTCOMES:
• 110 million people reached
• 40,000 people tested
• 2,000 people treated
GRANT
US $ 557,036

GLOBAL
GRANT RECIPIENT:
Columbia University
PURPOSE:
Develop a monitoring and evaluation framework for viral hepatitis catalytic funding
EXPECTED OUTCOMES:
• High quality monitoring and evaluation tool for all hepatitis related grants
• Better understanding of progress towards hepatitis elimination
GRANT
US $45,523

GLOBAL
GRANT RECIPIENT:
London School of Hygiene & Tropical Medicine
PURPOSE:
Expand public engagement in HBV/HCV and crowdsourcing to spur hepatitis policy
EXPECTED OUTCOMES:
• Decreased stigma
• Increased community engagement
• Build local ownership of hepatitis programs
GRANT
US $ 250,000
**OUR GRANT PROGRAMME**

**GLOBAL**

**GRANT RECIPIENT:** World Health Organization  
**PURPOSE:** To allow high priority viral hepatitis countries to develop and update national and operational plans that are costed and well prioritized, in order to have a clearly framed, impactful country response.

**EXPECTED OUTCOMES:**  
• WHO Regional Advisors for hepatitis trained in four WHO regions.  
• 5 costed national strategic plans.

**GRANT**  
US $200,000

**GLOBAL**

**GRANT RECIPIENT:** World Hepatitis Alliance  
**PURPOSE:** Support efforts to maintain the momentum for a global campaign to eliminate viral hepatitis.

**EXPECTED OUTCOMES:**  
• Global hepatitis community strengthened  
• Increased capacity for advocacy at the national, regional and global levels

**GRANT**  
US $32,970

**VIETNAM**

**GRANT RECIPIENT:** PATH Vietnam  
**PURPOSE:** Demonstrate an integrated viral hepatitis strategy to increase access to diagnostic and treatment service in major urban areas with high prevalence in East Asia (HepLink).

**EXPECTED OUTCOMES:**  
• 1 million people reached  
• 20,000 people tested  
• 90% of people treated

**GRANT**  
US $715,000

**SOUTH-EAST ASIA AND WESTERN PACIFIC**

**GRANT RECIPIENT:** The Peter Doherty Institute for Infection and Immunity  
**PURPOSE:** Develop and roll out an operational guide to assist countries in performing monitoring and evaluation in the WPRO and SEARO regions.

**EXPECTED OUTCOMES:**  
• Increased capacity in the Asia Pacific Region to analyse the hepatitis landscape across countries  
• Augmented resources for advocacy  
• National planning, resource mobilization and allocation supported

**GRANT**  
US $225,000
**RWANDA**

**GRANT RECIPIENT:** Clinton Health Access Initiative (CHAI) co-funded with the Canton and Republic of Geneva.

**PURPOSE:** To scale-up HBV screening, diagnosis and antiviral treatment among pregnant women as well as demonstrate implementation of timely targeted hepatitis B birth dose vaccine, to prevent mother to child transmission (PMTCT) of HBV in Rwanda.

**EXPECTED OUTCOMES:**
- ≥90% pregnant women (PW) presenting at antenatal care receive HBsAg screening
- ≥90% pregnant women (PW) with high viral load receive antiviral treatment
- ≥90% infants of high-risk mothers receive targeted timely HepB-BD
- ≥90% all newborns receive complete HBV vaccine schedule (HepB3 vaccine)

**GRANT**
USD 954,000

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**VIETNAM**

**GRANT RECIPIENT:** PATH in collaboration with Nghe An Province CDC co-funded with the City of Geneva.

**PURPOSE:** Demonstrate the impact of introducing screening & treatment of pregnant women within the Maternal & Child Healthcare system as part of Vietnam’s 2030 triple elimination goal.

**EXPECTED OUTCOMES:**
- The project will aim 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 newborns with the HBV birth dose vaccine at the project sites by end of the project life.

**GRANT**
USD 327,000
ACCELERATING HEPATITIS DIAGNOSIS AND TREATMENT IN VIETNAM (HEPLINK)

GRANTEE: PATH

The project aimed at demonstrating the cost-effectiveness of a decentralized and integrated model of viral hepatitis service delivery.

From April 2021 until August 2022:

- HepLINK supported the decentralization and integration of viral hepatitis testing at 27 sites across two provinces.
- More than 20,000 vulnerable individuals were screened for HBV and HCV.
- Approximately 900 people received treatment for HCV and 500 people were enrolled in HBV treatment.

HepLINK represented a paradigm shift from a vertical viral hepatitis programme to an integrated health systems response rooted in person-centred care. Decentralizing HBV/HCV testing services and integrating them within primary health care proved to be an effective way to improve access to viral hepatitis testing and linkage to care while minimising service delivery costs and ensuring the full range of individuals' needs were met.

KIMBERLY GREEN,
Global Director, Primary Health Care, PATH
CATALYTIC IMPACT

PATH provided evidence to the Vietnamese health authorities for scaling up and financing interventions that are integral to elimination. The grantee worked to make diagnosis and treatment more affordable through several key actions, including the promotion of free HCV drugs from the Global Fund, continued advocacy with the Vietnamese administration for medical services and other relevant ministries on the issue to reduce the base co-pay cost, and an assessment of treatment accessibility to inform future action. With evidence generated from HepLINK, PATH is now working with Vietnamese health authorities to further target the key access barriers that hinder diagnosis uptake.

As a direct, catalytic result of HepLINK, the Vietnamese Ministry of Health now allows social insurance reimbursement for outpatient PCR testing. Beyond direct programme outcomes, PATH supported the introduction of HCV self-testing piloting with complementary funding from Unitaid in 2022. This will be an essential continuation of HepLINK’s effort to expand access to HCV testing.

I am grateful for the health providers who tested and treated me for free [through the HepLINK initiative] and the CBO staff who accompanied and encouraged me throughout my whole treatment. I urge other people who belong to the drug-injecting community to get tested early, be patient during treatment, and use other safety measures like condoms and clean syringes to protect your loved ones.

Person who injects drugs who was cured of HCV with support from HepLINK.

TAY BAC HOSPITAL, THAI HOA DISTRICT.
Photo credit: CHAI.
GRANTEE: UNIVERSITY TEACHING HOSPITAL HIV AIDS PROGRAMME (UTH-HAP)

Our grantee started a “training of trainers” programme on hepatitis as Zambia had very few public health or clinical leaders prepared to train other health workers on viral hepatitis.

UTH-HAP has also worked with hospital leadership to ensure the decentralization of testing to various points and the orientation of nurses to offering tests. More service delivery points, such as antenatal, sexually transmitted infection (STI) and antiretroviral therapy (ART) clinics and sites doing HIV testing, are now integrating hepatitis into their routine services. When kits are available, hepatitis testing can now be offered at any service delivery point by a trained provider.

The ACCELERATE programme estimates that a total of 222,000 people are eligible for HBV treatment in Zambia, including 72,000 people for co-infection (HIV and HBV) and 150,000 for HBV mono-infection. The programme estimates, however, that 30.3% of the treatment need is being met. The gap is primarily among people with HBV only and not living with HIV, where only 1.7% of the need is being met compared with 90% among people with both HIV and HBV. This poses a severe challenge to health equity, which global health donors must address together.

CATALYTIC IMPACT

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 Zambia. This group will spearhead advocacy at the Ministry of Health (MoH) and its respective facilities. The expert trainers will also be assigned to HIV technical working groups where HBV integration is planned, including by building hepatitis components in Zambia’s application to the Global Fund. As a catalytic result, five project team members have been assigned to lead the national responses and the MoH recognized hepatitis as a vital area that needs attention. The programme has empowered 81 HIV mentors to drive hepatitis care at hundreds of outlying facilities.

Leveraging existing healthcare workforce programmes such as the ECHO model and HIV/TB mentorship programme to scale-up hepatitis B education and training promises to catalyze strides toward hepatitis B elimination in the entire country in Zambia.
Dr Diyase Agness Chola is a Senior Medical Officer based at Luangwa District Hospital. At the time of her enrolment in the Accelerate Hepatitis Programme, Dr Chola did not know much about hepatitis. With time, her understanding improved and her passion for hepatitis and infectious disease, in general, grew. She began to realize how much of a disease burden hepatitis is in the country and how neglected it has been over the years. The programme also provided her with knowledge of the latest information and statistics that were a true reflection of the disease burden in the African population through studies done locally and on the continent.

The Friday weekly clinics were also instrumental in her learning process as she could apply the knowledge she had learnt in lectures to people individually. This helped her identify which people living with HBV needed to be started on treatment and who could wait based on history, physical examination, laboratory findings and sonography/fibroscan findings.

During the training programme, Dr Chola was transferred to Luangwa district, where she now has a permanent position. In her new role, she serves as the focal person for hepatitis across the large and rural district. People travel more than 100km to see her at times. She successfully lobbied her administrator for more hepatitis testing kits and vaccines and is comfortable managing people on site instead of referring them to Lusaka, as was done in the past.

Overall, the ACCELERATE programme has empowered Dr Chola as a hepatitis expert and advocate in a rural area, highlighting the importance of building young hepatitis focal points across Zambia.
TESTIMONY
HBV IS A FAMILY DISEASE IN ZAMBIA

In Zambia, due to low awareness and training of health workers, HBV was viewed as a sexually transmitted infection, resulting in social stigma for those living with it. However, most people contract HBV at birth or during early childhood through contact with family members. The ACCELERATE programme in Zambia aimed to dispel this misconception and promote the idea that HBV is a family disease.

One of the programme’s trained experts, Dr Rokaya Ginwala, emphasized the importance of family testing for HBV. At a weekly HBV clinic, she visited a young pregnant woman who had tested positive for HBV and initiated antiviral therapy to prevent transmission to her baby. The woman had two other children, prompting Dr Ginwala to visit her home over a weekend. During the visit, one of the other children tested positive for HBV, and Dr Ginwala subsequently diagnosed several other family members with HBV.

This family cluster of cases has become a widely used teaching case in the ACCELERATE programme, highlighting the importance of family testing and the potential genetic risk for cirrhosis and liver cancer that runs in families with HBV. The success of the programme in diagnosing and treating numerous individuals living with HBV will help them avoid an early death from complications. The index testing strategy used in the programme is similar to that of HIV testing, demonstrating the potential for synergy between different public health initiatives.
GRANTEE: ASSOCIATION FOR SOCIAL DEVELOPMENT PAKISTAN (ASD)

As part of this project, from 2020 to 2022, more than 78,000 individuals vulnerable to viral hepatitis were screened at the primary healthcare level in Punjab: 39% of the tests came back positive.

After confirmatory testing, almost 11,000 of the screened people received programme-supported HCV treatment at rural healthcare centres (RHCs).

Decentralization of care – to get closer to people vulnerable to viral hepatitis – was a key aspect of the project: 461 basic health units got enabled and engaged in HCV rapid testing and were referred for care at RHCs.

The integrated hepatitis C test-treat-prevent care intervention was adapted and piloted at 48 rural health centres in six selected districts of Punjab province in Pakistan.

CATALYTIC IMPACT

- The Punjab hepatitis control programme will continue the ongoing human, material and PCR testing inputs for sustained hepatitis care at 48 rural health centres in six districts of Punjab.

- The experience of integrated hepatitis care at RHCs and Basic Health Units has encouraged and informed the Sindh Hepatitis Control Programme to plan province-wide implementation of similar programmes using the protocols and materials adapted and tested in the rural areas of Punjab.

- The project’s early implementation experience of integrated hepatitis care at primary-level health facilities is currently being considered to explore Global Fund funding to integrate hepatitis “test-treat-prevent” into the ongoing care of people living with HIV and key populations. ASD is now aiming to get additional Global Fund funding for extending hepatitis-HIV co-morbidity care and prevention activity in Pakistan.

- A meaningful engagement of the Directorate General Health Services (DGHS) and the Hepatitis Control Programme in project development, implementation and evaluation has enabled the programme to sustain hepatitis care at rural health centres beyond the project life.

- The implementation has encouraged the government’s Provincial Hepatitis Control Programme to consider wider scaling of integrated hepatitis care in Pakistan. This province-wide scaling has also been facilitated by providing master trainers for training district-level trainers in the province.

Measures implemented for sustained hepatitis care include:

- The programme has now taken over the supply of rapid test kits, initially supported by THF grant.

- PCR testing was supplemented through project sources for the first five months. Then, with DGHS endorsement, the activity was fully transitioned to the public-programme sources. This has been a significant development for sustained integrated hepatitis care at RHCs.

- For the length of the project, ASD was able to mobilize public resources for hepatitis care (rapid testing, PCR testing and HCV direct-acting antiviral, or DAA, drugs) at rural health centres. These programme inputs enabled the grantee to extend the implementation period, expand the scope and offer care-benefit to more people. Also, by linking people with hepatitis to public-funded laboratory services at (sub)district hospitals, ASD has saved direct programme and project expenses.
TESTIMONY
SAMINA’S JOURNEY: OVERCOMING HEPATITIS WITH PUBLIC-FUNDED TESTING AND TREATMENT

Samina, a 48-year-old homemaker from Bagh village, Jhang, sought medical assistance in June 2022 due to fatigue and loss of appetite. As she had received several injections from a private healthcare facility, staff at the nearby Rural Health Centre (RHC) suggested that she undergo rapid testing for hepatitis. Samina found getting rapid-tested at the RHC laboratory more feasible during that same visit. She received the test results via mobile message, and they confirmed she had hepatitis C. She was advised to visit the RHC for further assessment and treatment.

“I got worried about the possible family and social implications of my hepatitis diagnosis.”

The RHC staff informed her about the ease of access to public-funded testing facilities and encouraged her to get tested for her health and well-being and that of her family. She was offered a vaccine for protection against another form of hepatitis. After her husband tested negative for HCV, she underwent some blood tests at the district hospital in Jhang and was advised to undergo a three-month course of treatment.

“Family encouragement, especially by my husband, helped me to complete my treatment as advised and get cured. Public-funded testing and treatment at rural health centres made it possible for me to get timely diagnosed and successfully treated without worrying about care expenses.” She strongly recommends expanding these public-funded services to other parts of the province or country.
GRANTEE: CENTRE FOR DISEASE ANALYSIS FOUNDATION (CDAF)

The project aimed to increase domestic and international investments for hepatitis elimination in Africa by providing up-to-date data and analysis on HBV/HCV by collaborating with country stakeholders and showing the potential impact of action and inaction to drive political will and decision making at the national and regional (African continent) level.

A cost-effectiveness analysis for Egypt showed that the HCV elimination programme was highly cost-effective. Egypt’s programme was unique in that it used a loan to fund the national HCV elimination program. This paved the way for the government to develop an HBV elimination programme and considering funding that program through a similar mechanism.

In Morocco, CDAF found that the national programme would benefit from age cohort screening (40+ expanded to 35+ followed by 18+ year olds) since more than 75% of all HCV cases are in older age cohorts. The analysis also showed that HBV/HCV elimination has a positive return if the government was willing to negotiate and reduce the price of HCV/HBV diagnostics and treatment.

In Ghana, the analysis resulted in the MoH appointing a viral hepatitis coordinator for the country. The economic impact analysis showed that under government and commercial pricing, the elimination of HCV will be highly cost-effective as soon as 2026 and could result in a return of investment by 2035. The analysis showed that HCV elimination is cost-saving in Ghana if the government is willing to negotiate diagnostic and medicine prices.

CDAF’s models and forecasts were developed for 49 African countries for HBV and 23 countries for HCV, and they are published by the Polaris Observatory www.cdafound.org/polaris/.

CATALYTIC IMPACT

The analysis in Uganda highlighted that HBV and HCV elimination were cost-saving with modest budget requirements. As a result, the MoH announced that it would provide HBV birth-dose vaccination. A current project (supported by CDAF) is assessing the impact of HBV birth-dose vaccination of infants born to mothers with HBV and treatment of mothers with high HBV+ loads. If successful, this project will lead to a change in the national guidelines. Uganda has started screening pregnant women for targeted birth-dose delivery.

“A big concern with implementing a national programme is cost. Using our economic analyses, we show that the cost of doing nothing is higher and that hepatitis elimination is more cost-effective or cost-saving. This typically leads to a draft of the national hepatitis plan.

HOMIE RAZAVI, Managing Director of CDAF.
GRANTEE: WORLD HEALTH ORGANIZATION (WHO)

WHO ran processes to develop costed National Strategic Plans (NSPs) or operational plans in Bangladesh, Nigeria, Sudan, and Uganda building on previous experiences in Nepal. Direct results from the project were:

- A fully prioritized new NSP was designed in Nigeria, including current cost-effectiveness and impact projections and a national task force for viral hepatitis.

- The cost of national diagnostic, treatment and vaccination costs for HBV and HCV was performed in Uganda, Bangladesh, and Sudan. The final section of the NSPs now includes a section on financial implications.

CATALYTIC IMPACT

The plans will be highly beneficial in supporting funding and donor engagement approaches. The project is particularly timely; Bangladesh, Nigeria, Sudan and Uganda will be able to use the updated NSP and costing and cost-effectiveness projections for building the next round of funding requests to the Global Fund, focusing on co-infection, triple elimination of vertical transmission and key populations.

Bangladesh will be able to use the costed operational plans for upcoming negotiations of its next five-year health budget plan in 2023-2024. Each country’s extensive strategic and planning work has allowed for a renewed focus on a robust viral hepatitis response.

The project has supported and accelerated the national response beyond the direct outcomes of the grant, notably by further supporting and highlighting the introduction and extension of timely birth dose in Uganda and Nigeria while developing and updating clinical guidelines and monitoring and evaluation frameworks, as well as trainings of healthcare workers, in Vanuatu, Sudan and Nigeria.

Thanks to this project, Vanuatu included HIV and STIs as part of one consolidated National Action Plan, including triple elimination of vertical transmission. The country created a task force for viral hepatitis, HIV and STIs, which included national stakeholders and international technical partners.

The WHO Regional Office and WHO HQ will continue to support Vanuatu as the COVID-19 response and epidemic interrupted some of the work in 2021 and early 2022 on the island.

The project also catalysed the creation of the new WHO/ECHO-webinar series, “Dialogues for Viral Hepatitis Elimination”, which was designed as a platform to facilitate the country-country exchange to accelerate the viral hepatitis response. It will attract more than 36 WHO Member State participants, with a strong focus on national planning and costing.

ZAMBIA. A NURSE COLLECTS SPECIMENS.
Photo credit: Michael Vinikoor.
The guide will reduce reliance on external experts and give Member States practical, easy-to-follow information and suggestions. Collecting, utilizing and analysing strategic information will catalyse viral hepatitis elimination efforts and enable focused action.

The Doherty Institute, serving on a range of international committees tasked with guiding strategic responses to viral hepatitis, will keep translating the findings of this project into policy and practice globally, sustaining the effectiveness and enduring impact of this work beyond the funded period.

Country-specific workshops were held in Bangladesh, Fiji, Indonesia and Lao PDR for feedback on the operational guide. These allowed those involved in the hepatitis response to come together for the first time since the pandemic began and mark the re-engagement with viral hepatitis elimination as a key public health action for the decade ahead.

CATALYTIC IMPACT

The grant recipient is committed to assisting WHO in generating and analysing epidemiological and programmatic data to guide public health policy and practice related to viral hepatitis and related complications, including liver cancer.

The development of the guide is a key catalytic action that will substantially reduce reliance on external experts, WHO staff and repeated missions to each country. The aim is to increase the number of countries that are reporting against the core indicators.
ELIMINATING HEPATITIS IN THE ANDEAN REGION: SUPPORTING NATIONAL RESPONSES

GRANTEE: PAN AMERICAN HEALTH ORGANISATION (PAHO)

PAHO’s project raised the level of awareness of hepatitis and hepatitis elimination across Colombia, Ecuador and Peru. This was the first time such a significant hepatitis-specific project had been undertaken on the South American continent.

Key outcomes:

- The 2020 meeting of Regional Health Ministers of Andean countries (REMSAA) endorsed that hepatitis elimination is a public health problem.
- The first national elimination plan for viral hepatitis in Peru, where hepatitis B is an important public health problem, was developed. The Center for Disease Analysis Foundation developed investment cases for HBV and HCV in Ecuador and Peru. The investment cases have provided tools for Ministries of Health to plan their nations’ paths towards elimination, allowing countries to estimate the impact of actions, the cost of expanding them and their effectiveness in reducing acquisitions, cases of liver disease and deaths. These investment cases have become an important tool for technical authorities to advocate for expanding activities related to the prevention and management of hepatitis B and C.
- Two assessments of the national health sector response to viral hepatitis were carried out in Colombia and Peru in late 2022.
- This project had a strong equity and human rights component, benefiting vulnerable groups living in the Andean subregion, with special emphasis on primary care health personnel who provide primary care to migrants and vulnerable populations and populations with high rates of viral hepatitis. As a result, the Colombian authorities agreed to revise guidelines and simplify health services delivery to close access gaps, particularly for vulnerable populations.
- Through the work on national plans and clinical guidelines in Colombia and Ecuador, the project promoted an approach to hepatitis B control beyond vaccination.

CATALYTIC IMPACT

Because of the success of the missions in Colombia and Peru, partners decided to carry out similar missions in Ecuador and Bolivia. PAHO and the Organismo Andino de Salud-Convenio Hipolito Unanue (ORAS-CONHU) will enhance their efforts to eliminate viral hepatitis in the Andean countries. ORAS-CONHU will now develop a plan for the elimination of viral hepatitis in the Andean region – the first such subregional initiative in the Western Hemisphere.
Jorge’s story is one of resilience and survival. When he was diagnosed with chronic HCV, his journey towards a cure was a difficult one. The side effects from his initial treatment with interferon were unbearable. He felt like giving up and found himself contemplating suicide. His symptoms persisted for over a year, but he was forced to continue working to make ends meet.

Jorge’s life took a turn for the better when he switched to a new treatment with DAAs. The side effects were minimal, and he was able to finally beat the virus. In Jorge’s own words, the new treatment made him feel like himself again. It was a life-changing experience for him, and he can now enjoy the things he loves. He can go out dancing and participate in sports just like he used to.

Jorge was proud to share his story to raise awareness about HCV treatment. Although the project was not aimed at individuals, the stories of people like Jorge have been collected and included in videos produced for advocacy and awareness.

Jorge’s story is a testament to the importance of access to life changing DAA treatment options and a reminder that with the right treatment, it is possible to survive and have a healthy, active life after HCV.
Our grantees worked on a crowdsourcing challenge contest to encourage the submission of stories about how hepatitis affects individuals and communities. As a result of the project, LSHTM partnered with the National Liver Foundation of Bangladesh for a follow-up project to use crowdsourcing to raise awareness, promote HBV/HCV testing and reduce stigma. The grantees received 119 submissions from 27 countries. 

Hepatitis is one of the most devastating diseases on earth, but it’s also one of the most preventable and treatable ... there are few diseases we can realistically dream of eliminating but hepatitis is one of them. Sustained funding, relentless advocacy, and visionary political leadership will be essential for realising that dream.

DR TEDROS GHEBREYESUS, Director-General, WHO, World Hepatitis Summit 2022, opening session.

Almost 800 delegates from 120 countries joined the third World Hepatitis Summit, organized by WHA. The summit registered a record digital reach of over 41 million people. Almost all delegates felt that the summit benefitted them or their organization, and a vast majority reported that it had enhanced their knowledge.

Many milestone achievements were announced at the summit. The Health Minister of Guyana declared that his country would make DAAs for hepatitis C available in the country for the first time. The Uzbekistan Minister of Health presented the country’s new elimination programme, designed in partnership with CDA Foundation.

The Global Fund announced that its next round of funding would include increased opportunities to support hepatitis B and C prevention, testing and treatment for key populations.

Sharing my story with others has become an incredibly important part of my life. Sometimes we forget a story can have as much power to change minds, hearts, and policy as all the facts and figures in the world. The World Hepatitis Summit left me with a stronger sense of purpose and community and has inspired me often since I returned home.

DAVID, Activist living with hepatitis.
FIVE KEY LESSONS FROM THE FIRST ROUND OF GRANTS:

- Service delivery has been proven to be highly impactful.
- Advocacy-driven programmes perform better in terms of catalytic impact when they are integrated with service delivery.
- Working with well-established organizations in-country (organizations that the government recognizes as influential) brings highly effective results with strong catalytic impact.
- The M&E process and continued work by THF enabled cross-correcting actions and accompanied the grantees all along their grant cycle to achieve the results and outcomes expected.
- The integration of hepatitis into HIV programmes has more impact and results than isolated hepatitis programmes.

PARTNERSHIPS

AWARENESS RAISING AND ADVOCACY

In 2022, we contributed to the following advocacy initiatives:

- The movement demanding that Gavi, the Vaccine Alliance, resumes the HBV birth dose introduction programme. We have worked closely with a wide array of partners, such as the World Hepatitis Alliance and Médecins Sans Frontières, to ensure that the topic was back on the Gavi Board’s agenda. After numerous direct actions and an opinion piece in The Lancet, Board members raised the topic at Gavi’s December 2022 meeting, to be followed up on in 2023. HBV birth-dose is an essential component for effective prevention of vertical transmission. Building on this work, we are collaborating with the Elizabeth Glaser Pediatric AIDS Foundation and Yale University to launch a triple-elimination advocacy network.

- The design and development of the Clinton Health Access Initiative (CHAI) resource toolkit on the Global Fund 2023-2025 Funding Opportunities for Hepatitis, released in December 2022, is part of a multi-organizational effort to support the integration of appropriate hepatitis response components into selected countries’ proposals to the Global Fund. We have engaged with our grantees and their governments to foster integration in Pakistan, Vietnam and Zambia. Results will be known in 2023-2024.
PARTNERSHIPS

- We took part in the preliminary process to review and revise the WHO guidelines for HBV management, which will be issued in 2023. The aim is to simplify the monitoring and treatment guidelines to enable better access to care and effective liver disease prevention in people living with HBV in resource-limited settings, where all monitoring technologies are not always available and affordable.

- We also took part in the consultative meeting to co-design the Africa Centres for Disease Control and Prevention (CDC) continental viral hepatitis prevention and control programme with African Union members.

AMPLIFYING THE MESSAGE: THE HEPATITIS FUND AT GLOBAL GATHERINGS

DAVOS

In May, we were in Davos for the World Economic Forum. In partnership with the Drugs for Neglected Diseases initiative (DNDi), in collaboration with the Coalition for Global Hepatitis Elimination and with support from Abbott, InTent and Roche, we organized the roundtable, “An SDG target we can reach: Financing viral hepatitis elimination”, to raise awareness and support and to discuss with public and private actors how to accelerate action. Roundtable discussions led to the acknowledgement that current investments and advocacy are not enough to end hepatitis and that big donors and innovative financing are needed. In this light, the Muslim World League announced a new partnership with The Hepatitis Fund. As a follow-up action, we decided to call for a resource mobilization conference in May 2023.

In June, we were at the World Hepatitis Summit, where we co-chaired a session on financing the response to viral hepatitis and released a white paper on opportunities to eliminate hepatitis C through alternative financing mechanisms. The paper offers examples of elimination programmes that have been successfully financed and implemented in low- and middle-income countries, including Egypt, Georgia, Mongolia, Rwanda and Uzbekistan.
AIDS 2022

In July, we co-organized a satellite session at the 23rd International AIDS Conference (AIDS 2022) in partnership with WHO, PATH and CHAI, titled “HIV and Viral Hepatitis: Integrating programmes and financing to accelerate the achievement of twin goals to eliminate HIV and viral hepatitis by 2030”. The session aimed to showcase successful integration examples and encourage further development of integrated programmes and inclusion of viral hepatitis in HIV programmes.

We also joined a Viral Hepatitis Call to Action to integrate viral hepatitis care into primary and maternal care settings alongside HIV and other infectious diseases and meet key populations where they are, including harm reduction and sexual health settings.

In September, we joined heads of state, ministers of health, civil society organizations and partners to support the newly created UN Group of Friends to Eliminate Hepatitis, a critical step toward gaining stronger political will and investments in hepatitis elimination.

In October, we supported the launch of WHO’s Eastern Mediterranean Regional Office action plan to implement the global health sector strategies on HIV, hepatitis and STIs.
HARNESSING THE POWER OF COLLABORATION: JOINT PROJECTS

We develop programmes with partners to strengthen the global viral hepatitis elimination movement.

● In December, the Board of Unitaid approved the HepC3P project (Hepatitis C prevention among people who inject drugs and prisoners), which runs from the beginning of 2023 to the end of 2026. This multi-million USD project aims to accelerate access to innovative and underused tools and approaches to prevent, diagnose and treat HCV in harm reduction settings. It is led by PATH in partnership with Population Services International (PSI), the London School of Hygiene & Tropical Medicine, the University of Bristol, Medicines Patent Pool and The Hepatitis Fund. The project is currently focusing on five countries: India, Nigeria, South Africa, Ukraine, Vietnam. We will provide technical advice and M&E support and contribute to the policy and sustainability workstream, with the hope that evidence generated along the way can be rolled out in other priority countries.

● With the Ville de Genève, we are co-funding a project run in Vietnam by PATH in collaboration with Nghe An Province CDC. The purpose of this project is to demonstrate the impact of introducing screening and treatment of pregnant women within the maternal and child healthcare system 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 through the following objectives:
- Provide testing for hepatitis B in pregnant women receiving antenatal care or delivery services at health facilities in two districts in Nghe An.

- Facilitate linkage to HBV prophylaxis or treatment for pregnant women living with hepatitis B to prevent perinatal transmission of HBV.

- Promote newborn HBV birth-dose vaccination.

- Provide clinical and operational evidence for policy formulation at both the provincial and national levels.

- With the support of the Canton of Geneva, we are investing close to USD 1 million in CHAI’s Rwanda programme to set the country on a path towards the elimination of perinatal transmission of HBV, ultimately building a generation free from HBV.

- Over three years (2023-2025), the project will address critical barriers to scaling up HBV screening, diagnosis and antiviral treatment among pregnant women. It will demonstrate implementation of a timely targeted HBV birth-dose vaccine to prevent perinatal transmission of HBV in Rwanda and to inform and strengthen the provision of HBV prevention of perinatal transmission, including HBV birth-dose services in other countries in the AFRO region.

- We are a founding member of the APAC Liver Disease Alliance. Diagnostic and pharmaceutical companies, academia, NGOs, liver coalitions and experts are also involved. The Liver Disease Alliance is the first APAC platform working on the prevention, early detection, timely referral and research of broad liver diseases, including cirrhosis, hepatocellular carcinoma and viral hepatitis. The alliance will provide a platform for public-private dialogues on liver diseases, highlight the value of better liver disease prevention, control and management, and advocate for the importance of optimal policies for the benefit of health systems and society. This new partnership is aligned with our aim to break down barriers between different diseases’ responses.