Rapid hepatitis testing in Cote D'Ivoire by Yoman Yao Boniface.
Dear Hepatitis Elimination Partners,

I am pleased to present the first annual report for the Coalition for Global Hepatitis Elimination (CGHE). In July 2019, we launched the Coalition to build capacity for hepatitis elimination through technical assistance, knowledge generation and dissemination, and advocacy among partners united in a community of practice. We set forward four principles to guide our work: promote collaboration among all stakeholders; maintain trust through transparent decision making and delivery of quality services; assure integrity by acting on best available evidence with governance bodies guiding partnerships, science, and technical assistance; and stay responsive to new scientific findings, new partnerships, and the evolving needs of programs to meet goals for hepatitis elimination.

The Coalition defined five strategic axes of services to build capacity for hepatitis elimination: growing the community of practice for hepatitis elimination, building the evidence base, providing technical assistance, supporting operational research, and catalyzing community mobilization and advocacy.

Within these pages, we report on each axis, how we’ve built out our work, and what we have accomplished over the last year. We have remained true to our guiding principles, stayed on mission, and made great strides in each of these axes. Over 100 programs have joined our community of practice. CGHE has become the “Wikipedia” for hepatitis elimination by monitoring trends in disease burden, program quality, and the policy environment for over 190 countries. The Evidence Base now includes 99 national and sub-national hepatitis elimination plans. The Coalition responded to the COVID-19 pandemic by authoring a synthesis of data on SARS-CoV-2 epidemiology interaction of this infection with liver disease and global recommendations for clinical care of patients with chronic liver disease during the COVID-19 pandemic. The Coalition assisted partners with their programs and shared study findings in the scientific literature. To improve therapeutic outcomes, Coalition partners are studying options for retreatment of HCV in low- and middle-income countries (LMIC). Through all of these activities, CGHE increases the visibility of the hard work of many committed to eliminating hepatitis in their communities. As examples, please visit our website to get to know twelve remarkable “Hepatitis Elimination Champions” who, through their passion and dedication, significantly advanced progress toward hepatitis elimination in resource-constrained settings.

I invite all to join the Coalition and our commitment to hepatitis elimination and averting 5 million deaths by 2030. You will be rewarded working with the many remarkable people and organizations around the world committed to this cause. I thank our donors who make the Coalition’s work possible, the technical partners who share their expertise, and the members of our community of practice who share valuable lessons.

By working together, I know we can achieve hepatitis elimination. I look forward to the year ahead.

Regards,

John Ward
Director, Coalition for Global Hepatitis Elimination

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**Evidence Base**

CGHE provides credible evidence to guide program planning, implementation, and evaluation. These systematic reviews identify high-quality scientific and health policy literature to be included in open-access databases or “evidence bases.” The first evidence base released compiled the best guidance and systematic reviews on the hepatitis B birth dose implementation. A synthesis document was developed to provide an overview of current best practices and challenges described in the literature. In 2020, CGHE added a second evidence base on hepatitis action plans to address the need for improved strategic planning. A total of 99 published action plans at the local, provincial, and national levels were identified. These plans were evaluated against an adapted World Health Organization (WHO) checklist for strategic planning components, including specific elimination goals, targets for critical interventions, and whether they are costed or have a financing plan. An Action Plan synthesis document is forthcoming. The evidence bases are dynamic and are updated as new information is received.

In April, the Coalition coordinated the release of a special series on COVID-19 and liver disease in conjunction with Clinical Liver Disease. Dr. Ward co-authored two articles. The first article put forward a brief of the key facts of the COVID-19 pandemic for clinical and public health professionals. The second article synthesized current recommendations from the American Association for the Study of Liver Disease (AASLD), the European Association for the Study of the Liver (EASL), and the Asian Pacific Association for the Study of the Liver (APASL) on the care of hepatitis during the COVID-19 pandemic.
COMMUNITY OF PRACTICE

CGHE's website launched in July 2019 with the goals of promoting collaboration across elimination programs to share data, tools, and lessons learned; increase the accessibility of credible information to guide program development; and; make available technical assistance and other resources to programs.

Over the Coalition’s first year, more than 100 HBV and/or HCV elimination programs joined as partners in CGHE’s community of practice by sharing information on where and how they work, what activities they focus on, and their elimination goals and other performance targets. Programs share information on a profile page on our website that they are able to manage directly.

Egypt

Overview

<table>
<thead>
<tr>
<th>HBV elimination goal</th>
<th>HCV elimination goal</th>
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Proportion (national)

- HBV (vBNA) : 3.81% (95% CI: 3.42-4.16)
- HCV (vRNA) : 1.01% (95% CI: 0.92-1.15)

Survival rates:

- HBV (vBNA) : 71.70% (95% CI: 69.20-74.20)
- HCV (anti-HCV) : 83.2% (95% CI: 81.6-84.8)

Hepatitis-related deaths (national)

- HBV : 0.03/100,000
- HCV : 0.01/100,000

GLOBALHEP.ORG

CGHE launched activities with the release of its website which serves as a hub for Coalition partners and brings diverse data and resources to a single location.

- Country-level data dashboards
- Programs profiles
- Evidence bases
- Resources from countries

LATEST NEWS

ASTMH Session on Viral Hepatitis
24 Nov 2019

ACTION PLAN

Egypt Plan of Action for the Prevention, Care & Treatment of Viral Hepatitis 2014-2018
2014
Egpyt’s Ministry of Health and Population

The CGHE data dashboards provide country-level data for 190 countries. To build these dashboards, CGHE developed partnerships with WHO, the Institute of Health Metrics and Evaluations (IHME) at the University of Washington, Medicine Patent Pool, the European CDC (ECDC), national hepatitis programs, and other partners and researchers to bring together existing data sources. A “Wikipedia” for hepatitis elimination, the data dashboards are the first resource to compile data across multiple sources to monitor the disease burden, access to key interventions, the policy environment, and show the data alongside program experiences shared by national and sub-national programs. Programs are encouraged to update data with additional sources.

CGHE was able to convene groups of partners and present at meetings in 2019 and early 2020. We hosted a Coalition launch event with partners in November 2019 and held meetings of the Executive Board and Technical Advisory Board at that time. CGHE staff traveled to attend and present at meetings such as the Conference for Liver Disease in Africa (COLDA) 2019, the ECDC 2019 Network Meeting, and APASL 2020. The emergence of COVID-19 has prevented any travel since early 2020. The Coalition is turning to webinars and online learning to support our community and connect with new partners.

Diversity of the Community of Practice

- Total programs: 103
- HCV programs: 60
- HBV programs: 43
- National programs: 36
- WHO regions represented: 6

Door to door hepatitis education in Ghana.
TECHNICAL ASSISTANCE

The Coalition has offered technical assistance to programs ranging from on-site consultation on strategic information analysis in Bangladesh and Tanzania to fielding questions on program policies and procedures, and managing a resource library.

Hepatitis Evaluation to Amplify Testing (HEAT) project
The HEAT project supports hepatitis programs in bringing together epidemiological data and laboratory capacity assessments with a modeling tool to identify the best mix of lab-based and point of care testing and develop a budget-based plan to achieve HCV elimination goals. In early 2020, CGHE put forward a call for expressions of interest to the community of practice. Over ten expressions of interest were received, and discussions have been underway to identify pilot countries best suited to build local elimination coalitions and work towards improved screening policies and testing strategies.

Hepatitis C Elimination Tool
The web-based HCV Elimination Tool is currently under development by researchers at the Harvard Medical School/Massachusetts General Hospital. When completed at the end of 2020, the tool will serve three purposes: 1) budget-based planning by identifying required resources and testing and treatment targets to reach elimination 2) selection of improved screening policy and testing strategy and 3) monitoring of progress to elimination goals. The tool will assist the countries working on the HEAT project and be an open-access resource to the community.

OPERATIONAL RESEARCH & COMMUNITY MOBILIZATION

Operational Research
Through the Technical Advisory Board, CGHE convenes leading scientists, clinicians, and program managers to identify operational research needs and priorities collectively.

The Coalition’s first operational research project was developed in partnership with CHAI and partners in Egypt, Pakistan, Georgia, Rwanda, and Myanmar. With Technical Advisory Board members, CGHE coordinates a multi-country retrospective study to document current HCV retreatment practices and outcomes in LMIC. This study will inform forthcoming WHO guidelines. Preliminary data can reassure the public, clinicians, and policymakers that effective and affordable second-line therapy options are feasible for national programs in diverse LMICs settings.

Community Mobilization
CGHE highlights global commitment and actions towards elimination through the Elimination Champions awards to attract new stakeholders, funders, and government officials to these outstanding programs. Coalition partners nominate Champions as individuals who have made remarkable contributions to improved political commitment, policies, and programs that expand access to interventions and accelerate progress toward hepatitis elimination, particularly in areas with limited resources.

2019 Elimination Champions

Carlos Varaldo
Brazil

Dr. Lesley Miller
USA

Dr. Madhumita Premkumar
India

Dr. Ba Wensheng
China

Dr. Petros Katsioloudes
Cyprus

Dr. Khaled Kabil
Egypt

Carlo Varesdi
Brazil

Dr. Madhumita Premkumar
India

2020 Elimination Champions

Mr. Dieudonne Hakizimana
Burundi

Mrs. Jo de Lisle
New Zealand

Dr. David Kershenobich
Mexico

Mrs. Linda Zhang
China

Mr. Kenneth Kabagambe
Uganda

Mrs. Jo de Lisle
New Zealand

Dr. Brian Cowen
Canada

Mr. Kenneth Kabagambe
Burundi

Dr. David Kershenobich
Mexico

A Call to Action
In late 2019-2020, CGHE chaired the Elimination Task Force of AASLD, who led four global hepatology associations and CHAI to commit to a global call to action to simplify hepatitis testing and treatment to help countries move closer to elimination.

Video Contest
In the spring of 2020, the first Hepatitis Elimination Video Contest was announced and received over 17 submissions from 13 countries in 5 categories: political and civil support, data to plan and evaluate programs, appropriate and feasible interventions, sustainable financing, and participation in operational research.
DONOR ACKNOWLEDGEMENTS

CGHE is grateful for the support of our donors who make the work of the Coalition possible.

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Ray Schinazi
Roche
Siemens
US National Institutes of Health, National Cancer Institute
Zydus Cadila Healthcare

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