Experienced gardeners will tell you: “The first year it sleeps, the second year it creeps and the third year it leaps.” This gardening truism aptly describes the Coalition’s third year. Indeed, as highlighted in this annual report, the Coalition leapt forward in 2022, growing activities across all three of our strategic pillars.

To mobilize global commitments towards hepatitis elimination, the Coalition convened a Side Event at the United Nations, securing commitments from nine Member States to launch the first UN Group of Friends to Eliminate Hepatitis. Going forward, I am excited the Coalition will serve as Group of Friends Secretariat. In response to a call from the White House Office of Science and Technology Policy, the Coalition supported modeling of deaths averted and dollars saved by the scale-up of hepatitis C prevention, screening and treatment. With this unique set of data in hand, US policymakers are now making the case for a national hepatitis C elimination program.

Our efforts to support operational research and technical assistance with partners also grew this year. In Africa, the Coalition launched Impact-B, a multi-country study of hepatitis B birth dose, as well as global surveys of hepatitis vaccination. We also surveyed hepatitis care during the international response to COVID-19, and launched the Tip-HepC, the first global registry of pregnant women treated for hepatitis C.

I am proud the Coalition continues to build fruitful communities of practice involving all sectors of stakeholders. By convening webinars attended by over 5000 registrants from over 90 countries, the Coalition democratizes access to experts and the latest science, particularly for those working in resource-limited settings. Hepatitis elimination profiles, developed in collaboration with partners from over 20 nations, are unique information resources that reveal the status of countries’ essential plans, policies, and services needed to eliminate hepatitis. With agreement on the status of local programs, coalitions of partners can set priorities by overcoming the remaining challenges to hepatitis elimination. In 2023, I look forward to the continued expansion of commitments, technical assistance, and communities of practice to accelerate progress toward hepatitis elimination.

The Coalition cannot do this work alone. I’m grateful for the support of our donors, technical partners, Executive and Technical Advisory board members and others who, working together, are helping us to achieve elimination.

Sincerely,

John W. Ward, MD
Director
When multiple projects move quickly and inspire action, life-saving change is not far behind. Ghana was the focus of the first HEAT project, closely followed by the construction of a National Hepatitis Elimination Profile. Success from these projects prompted the hire of CGHE’s first HERO fellow to pursue future work in Ghana. As momentum built, CGHE brought data and interested parties together and released advocacy materials to the hepatitis community. These activities laid the foundation for a new Test and Treat project in Ghana, and prompted donations of treatments from the Egyptian government.

**ASSESS BURDEN AND LOCAL CAPACITY WITH HEAT**

The Hepatitis Evaluations to Amplify Testing and Treatment (HEAT) project combines two major capabilities: (1) analyses of verified epidemiological data and laboratory capacity, and (2) our tool that can model the best elimination scale-up strategies. HEAT then suggests a budget-based plan for the best mix of lab-based and point of care testing.

In Ghana and many other countries, an estimated 85% of persons living with HBV and HCV are unaware of their infection status. These “missing millions” present great challenges to determining what resources and actions are needed to fit the magnitude of the problem. Further, without solid evidence, advocates face a nearly impossible uphill battle in pushing for policy change.

Work in Ghana began in January 2021, as CGHE and local stakeholders gathered country-specific data for the HEAT analyses. To do this, coalition members consulted hospitals, public health laboratories, national health information management systems, and more than 134,676 records of HBV and HCV tests. Along the way, CGHE provided technical support and training to epidemiologists and trainees.

**HOW DID WE DO IT?**

CGHE projects and resulting initiatives converged to accelerate the pace of disease elimination in Ghana:

- National Hepatitis Elimination Profile (NHEP)
- Hepatitis Evaluations to Amplify Testing and Treatment (HEAT)
- New Hepatitis Evaluation, Research, and Outreach (HERO) Fellowship
- National Hepatitis C Program
- Public information campaign to increase awareness of the HepB birth dose
FIND STRENGTHS AND SOLVE GAPS NATIONALLY WITH NHEP

CGHE created NHEP profiles for Ghana to assess the country’s progress toward hepatitis elimination and reveal strengths and limitations in national plans, policies, and programs. This information, combined with the results from the HEAT project, supplied advocates with the evidence and planning tools necessary to inform Ghana’s decision-makers and achieve policy changes. NHEP profile recommendations were based on key data about Ghana’s disease burden, status of program delivery, and existing policies. Now established, the Ghana profile will continue to be updated as new information is shared.

HIRE A HERO

CGHE’s positive impact in Ghana paved the way for the hire of our first Hepatitis Evaluation, Research, and Outreach (HERO) Fellow. Dr. Yvonne Nartey, a physician specialist working at Cape Coast Teaching Hospital in Ghana, became our lead principal investigator on the Ghana HEAT Project. In this role, she is building the first sub-national HCV treatment program. She will also strengthen reporting systems for viral hepatitis at the national level, and update viral hepatitis treatment guidelines. She is partnering with the Ghana Association for Liver and Digestive Diseases to build stakeholder engagement. Outside of Ghana, she assists other countries with HEAT projects.

LAUNCH A NATIONAL TEST AND TREAT PROGRAM

The completed HEAT projects gave CGHE the experience to build capacity, knowledge, and technical expertise in testing around the globe, and it paved the way for the launch of the Test and Treat program in Ghana. To aid the Test and Treat startup, the Egyptian Ministry of Health donated a 50,000-person supply of direct-acting antiviral medication. To successfully test and treat across Ghana, the program conducts nationwide anti-HCV screening, with a focus on Northern Ghana as indicated by CGHE’s HEAT seroprevalence data. RNA tests will be used to confirm cases. The Test and Treat program includes plans to strengthen data reporting systems and train reporting personnel. The program offers nationwide enrollment of patients and links them with care in regional hospitals. CGHE is also supporting the Ghana National Viral Hepatitis Control Program in the treatment of persons living with chronic HCV. Program technical teams conduct field visits, and improve monitoring and evaluation systems.

UNIFY AND BUILD AWARENESS

CGHE motivates and organizes groups of professionals, stakeholders, and decision-makers. Those who previously struggled in isolation are brought together to share problems and leverage each other’s successes. In Ghana, CGHE convened a local coalition of public and private partners and built collaborations among health officials, clinicians, and civil societies to oversee strategy and implementation. We built and continue to sustain long-term partnerships with programs participating in the HEAT project by including them in our international community of practice. We pair early-stage participants with more advanced elimination programs, and offer other forms of assistance, from technical writing to dissemination of program outcomes.
HEAT Map showing regional seroprevalence of HBsAg in Ghana

- Upper West: 18%
- Upper East: 18%
- Savannah: 23%
- Northern: 22%
- Bono: 12%
- Bono East: 11%
- Ashanti: 11%
- Western: 10%
- Central: 11%
- Greater Accra: 7%
- Volta: 7%

Legend:
- >15%
- 8–15%
- <8%
- No data
FOCUS ON AFRICAN CHILDREN

Children infected with HBV at birth are at highest risk for remaining infected for life. Four of the five million infected children worldwide live in Africa, yet only 30% of African countries have introduced hepatitis B birth dose vaccine. Across Africa, only 17% of babies receive the birth dose vaccine, compared to 42% globally.

Ifeanyi Damian from the Care for Social Welfare International

Six million children younger than five years are living with HBV infection, with about 990,000, mostly children, newly infected annually. While anyone can become infected with HBV at any age, mother to child transmission during childbirth through contact with blood and other body fluids is emerging as a major route of infection.

Of babies infected with HBV at birth, 90% develop a lifelong infection and one in four die prematurely from progressive liver disease including liver cancer later in life. A timely dose of the hepatitis B vaccine to newborns can prevent most of these infections.

A safe and effective vaccine has been available for more than 30 years, yet many children still aren’t receiving it. A HepB birth dose vaccination, given within 24 hours of birth, and completion of the three-dose series of HBV infant vaccines, is the most effective way to prevent mother-to-child transmission. The complete vaccine series induces immunity in more than 95% of infants. Countries with high birth dose vaccine rates have realized significant reductions in new cases and deaths associated with HBV infection.

CGHE is uniquely suited to achieve safe and effective birth dose vaccines for every newborn. We possess the knowledge and skills necessary to build the consensus among stakeholders necessary to enact change, and we have the experience needed to overcome implementation challenges.
OUR GOAL:

ELIMINATE MOTHER-TO-CHILD TRANSMISSION OF HEPATITIS B VIRUS BEGINNING WITH A TIMELY HEPB BIRTH DOSE VACCINE FOR EVERY CHILD IN AFRICA.

HOW ARE WE DOING THIS?

BUILD A COMMUNITY OF PRACTICE

The Coalition built a committed community of practice through a series of stakeholder meetings in 2021-2022. Participants included: CGHE, CDC, WHO, Gavi, country EPI managers, NITAG members or Secretariats, and hepatitis B researchers and technical assistance (TA) providers working in target countries that have not introduced the HepB birth dose vaccine and select countries that have already introduced the vaccine. This year, the Coalition partnered with the East African Hepatology ECHO hosted at St. Paul’s Millennium Hospital in Addis Ababa, Ethiopia to present three session on birthdose.

SUPPLY VALUABLE TOOLS AND EVIDENCE

New tools: To help countries in the African region in their decision-making process for HepB-BD vaccination, the Coalition for Global Hepatitis Elimination (CGHE), in collaboration with the US Centers for Disease Control and Prevention (US CDC), and the WHO Regional Office for Africa (WHO AFRO) prepared a toolkit for national immunization technical advisory groups (NITAGs) and other technical working groups advising ministries of health on adding HepB-BD vaccine to existing routine immunization schedules. The toolkit provides information covering at least five key areas: 1) HBV transmission and related disease; 2) the global and regional the burden of HBV infections 3) hepatitis B vaccine safety and effectiveness; 4) global guidelines for HepB-BD vaccination and related strategies, and 5) acceptability, cost-effectiveness, and other considerations for implementing HepB-BD vaccination in Africa.

New research: In 2022, we embarked on a new GAVI-funded study on the effectiveness of the hepatitis B birth dose vaccine. The study will identify pregnant women and follow them through the course of their pregnancy, birth, and vaccination to investigate the effectiveness and outcome of the Hepatitis B birth dose vaccine.
In 2022, CGHE granted funding to civil society organizations from Cameroon, Ghana, Malawi, Uganda, and Tanzania to educate pregnant women, caregivers, healthcare workers, and policymakers on the importance of hepatitis B birth dose vaccination. In addition, with technical assistance from CGHE and US CDC, the CSOs are developing information, education, and communication materials, offering healthcare worker training and arranging meetings with Ministry of Health officials and other policymakers to advocate for birth dose introduction in their countries.

Seven organizations received awards in 2022 to develop information and communication materials and mobilize support for birth dose vaccine:

- The Hepatitis Aid Organization, Uganda
- The Hepatitis Alliance of Ghana
- Care for Social Welfare International, Cameroon
- Health and Rights Education Programme, Malawi
- African Hepatitis B Network for Awareness and Education, Tanzania
- Africa Hepatitis Initiative, Uganda
- Great Lakes Peace Center, Uganda
Q: WHY IS OPERATIONAL RESEARCH CRITICAL FOR ELIMINATING HEPATITIS?
A: Advances in science have yielded effective treatments, but this still leaves us far from our goal to deliver these treatments to people amid real-life complex settings and life situations, especially in impoverished regions. For example, doctors may have limited access to pregnant women and miss a crucial window of opportunity to treat them and prevent mother-to-child transmission. Without further evidence of safety and efficacy, healthcare workers must wait until after a pregnancy, or until a child is a few years old to administer treatments. This is often too late for both mother and child. Treatments may be too costly, not covered under national insurance, or in short supply for a region. National policies for birth dose vaccines may be missing because there is insufficient evidence of their value to persuade policymakers. These are not shortcomings of science, but of delivery to people in challenging situations.

Q: HOW DO YOU LEARN THE NEEDS OF THE COMMUNITIES?
A: We work directly with Ministry of Health officials, healthcare workers, technicians, advocates, policymakers, and the public. We collect information through many mechanisms from meetings with communities of practice to formal surveys. We also run several projects that collect, verify, and analyze large amounts of data to clearly bring into focus the details of community needs. The questions from our partners and their challenges lead directly to our research questions. We then locate a match for funding and put research plans in motion.

Q: WHAT RESEARCH PROJECTS DO YOU CURRENTLY HAVE UNDERWAY?
A: We have several active research projects to provide the missing evidence necessary for effective delivery of HCV treatments. Our research covers topics like the safety and efficacy of direct-acting antivirals (DAA) for pregnant women and unborn children, the effect of timeliness on the efficacy of birth dose vaccines to prevent mother-to-child transmission, integrating administration of multiple vaccines, understanding healthcare provider perspectives, and projects that compile data to drive policy design.
2022 CGHE ACTIVE RESEARCH PROJECTS

- HepB birth dose evidence compilation in support of vaccine introduction and policy enactment in Africa
- TIP-HepC, a registry to build evidence for HCV treatment in pregnancy (clinical information and case reports on exposure to DAAs during pregnancy)
- Gavi-funded study on the effectiveness of timely HepB-BD in preventing mother to child transmission in Africa
- Country survey to understand plans for HepB-BD introduction in Africa (with US CDC, GAVI, BD-CoP)
- Survey of provider perspectives on long-acting DAA formulations
- National Hepatitis Elimination Profile country data and analyses
- Comparison of effective HCV elimination program components across different countries

Zunaid Murshed Paiker, Hepatitis Testing Campaign Bangladesh
CGHE BY THE NUMBERS

31,000
Unique website visits in last year

8
Published Peer-reviewed publications and abstracts in 2022

5
In progress

10
Webinars presented in the last year
5325 registrants from over 100 countries

Photo and video contest to inspire action and raise awareness

12 COUNTRIES
14 ORGANIZATIONS
96 SUBMISSIONS

12 COUNTRIES
7 CIVIL SOCIETY ORGANIZATIONS
5 COUNTRIES

NATIONAL HEPATITIS ELIMINATION PROFILES

15
Released in the past year

19
Country profiles available on CGHE's website

55+
Collaborating institutions and individuals involved in profile development
11 local coalitions of >2 stakeholders

Hep B birthdose organizations supported

280+
Cumulative number of partners

3
Countries with new HEAT projects

12 INTERNS
1 HERO FELLOW
1 PHAP FELLOW
1 DRPH PRACTICUM STUDENT

Building Hepatitis Workforce
CGHE MENTORS
Our work keeps hepatitis on the global agenda. We mobilize commitment and focus awareness and urgency on the importance of hepatitis elimination.

CGHE acts as an advocate, bringing together donors, policymakers, and experts while supplying knowledge and evidence to ignite action. To do this, we convene and present at meetings, hold events, and create publications on the need for hepatitis elimination.

Organizing Committee and supporter of the reception at the World Hepatitis Summit in June 2022

Presenter at Egypt EXCON: Connecting with African Countries on Hepatitis Elimination in Cairo, Egypt, June 2022

Presenter at the International Viral Hepatitis Elimination Meeting (IVHEM), convened by the Academic Medical Education, Virology Education, and CGHE in Netherlands, Amsterdam, December 2022

Steering Committee Member for the Conference on Liver Disease in Africa (COLDA 2022) in Cape Town, South Africa, September 2022

Steering Committee Member for the North America Hepatitis Elimination Summit, April 2022

Co-convener of INSHU side event on hepatitis elimination in incarcerated populations in October 2022

Participant in World Hepatitis Day July 2022 activities including highlighting the need to protect women and children against hepatitis B and announcing winners of the Coalition’s video and photo contest

Attended a White House event convened by former NIH Director and current Scientific Advisor to POTUS, Frances Collins, launching an initiative to eliminate Hep C in the US.

“I support the Coalition because they use resources wisely to provide the practical know-how, mentorship, and resources to countries and programs to make hepatitis elimination a reality.”

— SAMIR DESAI President & Head BU Biologics, Cadila Healthcare Limited (Zydus Cadila)
A highlight of our work this year was holding a side event at the World Economic Forum in Davos, Switzerland in May 2022. This event shined a spotlight on the case for hepatitis elimination and potential financing solutions bringing together existing and new partners to broaden our base of support.

CGHE moderated the first-ever viral hepatitis side-event at the World Economic Forum Annual Meeting in Davos, Switzerland, in May 2022. Seventy participants registered for the event.
“With recent developments in diagnosis, treatment and vaccines, it is now within our grasp to meet the WHO’s challenge of eliminating hepatitis as a major public health threat by the end of this decade.”

- DR. HARVEY ALTER
Nobel Laureate

“I congratulate and support CGHE for its initiative on the Treatment in Pregnancy for Hepatitis C (TiP-HepC) Clinical Case Registry. This is another important project the Coalition is leading toward achieving its mission.”

- PROF. MARIA BUTI
EU Policy Counselor, EASL

Screen from Davos presentation
UN GROUP OF FRIENDS

Our work throughout the year in engaging new stakeholders, providing actionable information to policymakers, and raising the visibility of hepatitis elimination culminated in a side event at the United Nations General Assembly in New York, NY in September 2022 to gather support for the creation of a United Nations Group of Friends for Hepatitis Elimination.

This event brought together participants from more than 20 countries, including ministers of health, permanent representatives to U.N. missions, national hepatitis program coordinators, alongside international partners. A total of 10 official country representatives from Chile, Egypt, Georgia, Ghana, Malaysia, Nigeria, Portugal, Sierra Leone, Tanzania, and Ukraine voiced commitment to joining a Group of Friends over the course of the event. Similar support was voiced by government-affiliated academic representatives from China and Japan. Korea announced readiness to explore formation. The Acting Director of Africa CDC, Dr. Ahmed Ouma, and Dr. Meg Doherty, Director of HIV, Hepatitis, and STIs at the World Health Organization encouraged these efforts to accelerate hepatitis elimination.

To build on the momentum from the event, Member States will look to finalize the Group of Friends governance and goals. Egypt has expressed a commitment to chairing the Group with Minister Ghaffar expressing, “The formation of this group is a glimmer of hope...we are ready to help all countries that suffer the threat of hepatitis.” The Coalition will act as the secretariat for the Group of Friends and support the Minister and other appointed officials to lead discussions among interested member states on finalizing the Group of Friends Charter and identifying priority activities.

“When we gather in the village square, it is not because we need food...it is because it is good to come together. Today it is really good to come together to speak about eliminating hepatitis from the world...We call on all the countries on our continent to be part of this effort.”

- Dr. Ahmed Ogwell Ouma, Acting Director of CDC Africa
CREATING A NEW DATA RESOURCE: NATIONAL HEPATITIS ELIMINATION PROFILES

To create a National Hepatitis Elimination Profile (NHEP), partners embark on a collaborative journey of discovery. The ambitious new initiative to develop over 30 user-friendly country profiles began in 2021, with Coalition members and regional collaborators working shoulder-to-shoulder to reveal gaps and collect data. The result: profiles that combine and display multiple sources of data to assess the status of prevention, testing, and treatment programs. The profiles contain an overview of the national commitment to elimination, the epidemiologic situation, progress toward WHO goals, and a policy framework. They also highlight recent advances, key challenges, and notable innovations. The policy framework is the most comprehensive portion of the profile and seeks to lay out the essential components with next steps to build and scale an equitable elimination program.

OUR PROGRESS

In 2021, the Coalition launched the initiative with the release of profiles for Argentina, Brazil, Canada, Mexico, Peru, and the United States. In 2022, we completed profiles for Pakistan, Ghana, Egypt, Rwanda, Georgia, Ethiopia, Italy, Portugal, Spain, South Africa, Senegal, Nigeria, South Africa and Switzerland.

HOW ARE NHEPS CREATED?

Profile development relies on close collaboration with government officials, leading clinicians, and civil society, a reflection of the Coalition’s work building communities of practice. Data is collected from credible sources, including government and WHO reports and the peer-reviewed literature, building on the Coalition’s country data dashboards.

<table>
<thead>
<tr>
<th>Mortality</th>
<th>3,118 (2,273-4,155)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV deaths, 2019</td>
<td>9.89 (7.21-13.20)</td>
</tr>
<tr>
<td>Deaths per 100,000</td>
<td>1.75 (1.23-2.42)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>552 (387-764)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV deaths, 2019</td>
<td>Modelled estimate</td>
</tr>
</tbody>
</table>

3

Screenshot from Ghana NHEP
NHEPs: MAKING A DIFFERENCE IN MEXICO

Completed NHEPs are proving critical for driving policy change, and for forming regionally feasible elimination strategies. Participants revealed that the development process also brought many benefits.

In Mexico, each state has a Ministry of Health, and the development of a tool that could help her visualize across this varied landscape was “highly motivating,” she said. “We could see the gaps, and finally understand clearly what needed to be done. The reveals during the process, and meeting counterparts in other countries whom we could converse about problems saved valuable time in ramping up our elimination strategies.”

“The experience was invaluable. The profile was a necessary step to evaluate what was missing, and the format allowed us to compare and converse with peers. We could then organize, assess, and make problems visible.”

— DR. ALETHSE DE LA TORRE ROSAS Mexican physician and infectious diseases specialist
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paige Armstrong</td>
<td>Associate Director for Global Health, Division of Viral Hepatitis at the US CDC in the USA</td>
</tr>
<tr>
<td>Graham Cooke</td>
<td>NIHR Professor of Infectious Diseases at Imperial College London, UK</td>
</tr>
<tr>
<td>Hailemichael Desalegn</td>
<td>Associate Professor and Consultant Gastroenterologist and Hepatologist at St. Paul’s Hospital, Ababa, Ethiopia</td>
</tr>
<tr>
<td>Jason Grebely</td>
<td>Professor of Viral Hepatitis, Clinical Program at the Kirby Institute, Australia</td>
</tr>
<tr>
<td>Saeed Hamid</td>
<td>Professor, Department of Medicine, and Director of the Clinical Trials Unit at Aga Khan University, Karachi, Pakistan</td>
</tr>
<tr>
<td>Karine Lacombe</td>
<td>Infectious Disease Specialist and Professor at Sorbonne University Medical School Paris, France, Head of the Infectious Diseases Department at St Antoine Hospital Paris, France</td>
</tr>
<tr>
<td>Christian B. Ramers</td>
<td>Senior Clinical Advisor in the Global Hepatitis Program at the Clinton Health Access Initiative, USA</td>
</tr>
<tr>
<td>Shiv Kumar Sarin</td>
<td>Senior Professor of Hepatology and Director, Institute of Liver and Biliary Sciences in New Delhi, India</td>
</tr>
<tr>
<td>Maud Lemoine</td>
<td>Hepatologist at Imperial College London, England</td>
</tr>
<tr>
<td>Jeffrey Lazarus</td>
<td>Infectious Disease Policy and Health Systems Expert at Barcelona Institute for Global Health in Barcelona, Spain</td>
</tr>
<tr>
<td>Liudmyla Maistat</td>
<td>Policy and Advocacy Manager at the Medicines Patent Pool in Geneva, Switzerland</td>
</tr>
<tr>
<td>Yong Poovorawan</td>
<td>Head of the Center of Excellence in Clinical Virology, Faculty of Medicine at Chulalongkorn University in Bangkok, Thailand</td>
</tr>
<tr>
<td>Stacey Trooskin</td>
<td>Director of Viral Hepatitis Programs, Philadelphia FIGHT Community Health Centers, USA</td>
</tr>
<tr>
<td>Imam Waked</td>
<td>Professor of Medicine, Department of Hepatology at the National Liver Institute in Shibin el Kom, Egypt</td>
</tr>
<tr>
<td>Olufunmilayo Lesi</td>
<td>Hepatitis Team Lead in the Global HIV, Hepatitis and STI Programmes at the WHO, Nigeria</td>
</tr>
<tr>
<td>Liang Xiaofeng</td>
<td>Professor at the School of Medicine and Public Health at Jinan University, China, Vice President at the Chinese Preventive Medicine Association in Beijing, China</td>
</tr>
</tbody>
</table>

**TECHNICAL ADVISORY BOARD**
EXECUTIVE BOARD

Danjuma Adda
President at World Hepatitis Alliance

Vera Bitcon
Global Marketing Director, Infectious Diseases at Siemens Healthineers

Gavin Cloherty
Director, Infectious Disease Research at Abbott Diagnostics

Samir Desai
President and Head of BU Biologics at Cadila Healthcare Limited (Zydus Cadila)

Matthew D’Uva
Chief Executive Officer at the American Association for the Study of Liver Diseases

Tommy Good
Senior International Product Manager, Hepatitis at Roche Diagnostics

Ben Hainsworth
Managing Director at the European Association for the Study of the Liver

Sherine Helmy
Chief Executive Officer at Pharco Pharmaceuticals

Bruce Kreter
Executive Director, Global Liver Diseases Medical Affairs at Gilead Sciences

Lillian Lou
John C. Martin Foundation

Aaron Rak
Vice President: Immunization Policy, Government Affairs, and Advocacy at VBI Vaccines

Paul Schaper
Executive Director, Global Pharmaceutical Public Policy at Merck Inc.

Ray Schinazi
Frances Winship Walters Professor of Pediatrics, School of Medicine at Emory University

Marcelo Silva
Head of Hepatology and Liver Transplant Unit at Austral University Hospital, President at the Latin American Association for the Study of the Liver

Sam So
Executive Director, Asian Liver Center at Stanford University

Paul Sutton
Global Director, Immunology & HCV, International Government Affairs at AbbVie

Carolyn Wester
Director of the Division of Viral Hepatitis at the US Centers for Disease Control and Prevention

DONORS

Siemens Healthineers
Abbott Diagnostics
Cadila Healthcare Limited (Zydus Cadila)
American Association for the Study of Liver Diseases
Roche Diagnostics
European Association for the Study of the Liver

Pharco Pharmaceuticals
Gilead Sciences
John C. Martin Foundation
VBI Vaccines
Merck Inc.
Latin American Association for the Study of the Liver

Asian Liver Center at Stanford University
AbbVie
US Centers for Disease Control and Prevention
National Institutes of Health
Raymond F. Schinazi and Family Foundation