Together, we can advance this journey towards elimination, leaving behind a legacy of health, hope, and lasting change.

―Dr. John W. Ward, Director
Muhammad Irfan, LHEAP Program Associate, Pakistan

“The Coalition for Global Hepatitis Elimination team has been our steadfast ally in the fight against hepatitis. Their unwavering support has been the cornerstone of our success, shining a light on the path towards a hepatitis-free future for our community.”

COUNTRIES

Working in

60 countries in all 5 WHO regions

72% Low- and middle-income countries

PARTNERS

350+ global partners

EMPOWERMENT

REACH

33,000+ website users from 190+ countries/territories

4,200 followers across 5 social media platforms

2,236 newsletter subscribers

LEARN

6,800+ registrants from 143 countries across 12 webinars

220+ attendees across 3 policy forums

EVENTS

7 in-person events organized by CGHE, including United Nations side events, conferences, and workshops
CGHE is founded as a program of The Task Force for Global Health

CGHE responds to the COVID-19 pandemic, providing global recommendations for clinical care of patients with chronic liver disease during the pandemic

HEAT Projects are launched in Vietnam, Ghana, and Moldova

CGHE co-organizes the first North American Viral Hepatitis Elimination Summit

N-HEP program launches on World Hepatitis Day

First 8 National Hepatitis Elimination Profiles (N-HEPs) published

120+ partners contributing to the Coalition

CGHE partners with CDC to fund CSOs in Africa to promote HepB birth dose

United Nations Group of Friends to Eliminate Hepatitis is launched at UNGA 77

7 HEAT Projects are active or have been completed

30 N-HEPs published

UN Group of Friends reconvenes at UNGA 78

Building Resilient Health Systems: Sharing Investments in Hepatitis Elimination and Pandemic Preparedness report is published

280+ Partners contributing to the Coalition

TiP-Hep C webinar series launches
Empowering a local HERO in Rawalpindi, Pakistan

The Local Hepatitis Elimination and Prevention Program (LHEAP) launched in July 2023 in Rawalpindi, Pakistan, in partnership with the Coalition and the region’s District Health Authority. Pakistan has one of the highest burdens of viral hepatitis in the world, and this initiative aims to provide comprehensive hepatitis services to the community and increase testing and treatment. Dr. Nida Ali, a CGHE HERO Fellow, leads the project, which offers door-to-door testing, free vaccination, and treatment to residents. So far, the program has screened more than 34,000 people, with 200 people diagnosed with hepatitis C and linked to care, and more than 14,000 people vaccinated for hepatitis B. The LHEAP program can become a model for other regions and contribute significantly to hepatitis elimination goals in Pakistan and beyond.

I had deeply personal motivation to create this project. My mother died of hepatitis C and her final days were not easy. Her diagnosis was delayed as she had no symptoms. I tried incorporating in this project, all that I wish I had access to at that time.

—Dr. Nida Ali, HERO Fellow and LHEAP Project Lead, CGHE

CGHE’s Newest HERO: Dr. Nida Ali

Our HERO fellowship program identifies local hepatitis elimination leaders and provides support so they can strengthen and expand their good work to reach more people. Dr. Nida Ali joined the Coalition as an Emory Humphrey Fellow in 2022 and was awarded a CGHE HERO fellowship in 2023 to continue her work focusing on hepatitis elimination in her home country of Pakistan. A trained physician, Dr. Ali leads the LHEAP project in Rawalpindi, providing technical assistance and community outreach while maintaining a strong connection with CGHE.
HEAT Projects: Finding the Gaps

HEAT Project: Malawi

CGHE launched the Malawi HEAT project in 2021 through a partnership with Partners in Health and the Malawi Ministry of Health. The prevalence of hepatitis B virus (HBV) and hepatitis C virus (HCV) in Malawi’s general population was not well-known, and access to HBV and HCV services was limited. The Malawi HEAT project aimed to bolster existing efforts to establish a national HBV and HCV testing program in the public sector. Project objectives included collection of robust data regarding the burden of hepatitis B and C, as well as determining laboratory capacity. Then a National Viral Hepatitis Strategy was finalized, followed by Guidelines for Prevention and Clinical Management of Hepatitis B and C.

On September 28, 2023, HEAT project participants convened Malawi’s 3rd International Hepatology Conference. The conference brought together policymakers, physicians, lecturers, funders, implementers, civil society, and program managers at all levels of health care in Malawi and internationally together to identify necessary actions to ensure Malawi is “On the Road to Elimination of Hepatitis by 2030.”

HEAT Project: Uruguay

Prior to Uruguay’s HEAT project, there was limited and fragmented data available on the burden of HCV. The Uruguay HEAT project aimed to address the baseline epidemiological needs for national HCV elimination planning, especially to support the development of a national HCV testing strategy. The HEAT project activities sought to answer key questions for a national testing approach by identifying populations with the highest burden of disease, identifying key roadblocks to testing and possible solutions, and estimating the number of people needed to be screened per year to reach elimination goals.

Collaborating organizations included Uruguay’s Ministry of Health, the Central Hospital of the Armed Forces, and Massachusetts General Hospital/Harvard Medical School. The project ultimately produced locally-relevant epidemiological and laboratory testing capacity assessment tools and a summary report on epidemiological and laboratory capacity assessments that can be used in national planning and response.
In the wake of the Coalition’s HEAT Project in Ghana, Egypt’s Ministry of Health announced it would begin supplying Ghana with medicines to treat hepatitis C, a unique collaboration celebrated at the September 2022 meeting of the UN Group of Friends to Eliminate Hepatitis. The first shipment of drugs was delivered in March at a ceremony in Accra, with top Ghanaian health leaders receiving the medicine in a ceremony with Egypt’s ambassador and attended by CGHE. Egypt has pledged to supply Ghana with medicine to treat 50,000 Ghanaians with hepatitis C, and patients will receive the drugs free of charge. Along with eliminating enormous out-of-pocket costs for medicines, Ghana’s STOP Hep-C program aims to eliminate or lower other barriers to care, including the cost and availability of testing, and making treatment available outside of large specialist or teaching hospitals.

Stop Hepatitis C has expanded treatment to centers where care may not have previously been available. For example, we now have a treatment site at Sanderma District Hospital in the Upper East region. Without this project, people living in that area would have had to travel 220 kilometers to the nearest teaching hospital to receive treatment.

“Stop Hepatitis C has expanded treatment to centers where care may not have previously been available. For example, we now have a treatment site at Sanderma District Hospital in the Upper East region. Without this project, people living in that area would have had to travel 220 kilometers to the nearest teaching hospital to receive treatment.”

Dr. Yvonne Nartey, HERO Fellow and Resident at Cape Coast Teaching Hospital, Ghana
Making the Case for a US HCV Elimination Program

Empowering the effort with convincing analysis

The US Centers for Disease Control and Prevention (CDC) estimates that more than 2 million people in the US are living with hepatitis C. This burden is expected to grow, and despite the availability of effective antiviral therapies, a recent CDC report revealed that only 1 in 3 US adults who had been diagnosed with hepatitis C had been cured.

To combat these concerning trends, the White House proposed a National HCV Elimination Plan in their budget for 2023-2034. Supporters of the plan, including CGHE, have mobilized to urge Congress to allocate funds for the program. After a request from the White House, CGHE partnered with Jagpreet Chhatwal at the Institute for Technology Assessment at Massachusetts General Hospital and Harvard Medical School to perform an analysis of the proposed plan to estimate cost and lives saved. This data, published in the National Bureau of Economic Research, was shared with the Congressional Office of Management and Budget to demonstrate that the national plan to eliminate hepatitis C could save more than 90,000 lives and nearly $60 billion by 2050.

CGHE engaged media outlets to encourage political and public support for the US HCV plan. Outlets ranging from PBS to the LA Times to Healio published quotes from our director in support of a national program.

Additionally, CGHE established an online hub to provide resources for policymakers, advocates, and media to learn more about the US HCV plan.

Los Angeles Times

Biden administration seeks billions to stop a killer: Hepatitis C

“We have safe and effective therapies. We’ve shown we can do it for thousands of military veterans,” Ward said, citing previous efforts in the Veterans Affairs system. “Now it’s time to do it for the whole country.”
In 2023, the Coalition achieved our goal of completing National Hepatitis Elimination Profiles (N-HEPs) for 30 countries. The N-HEP program was launched on World Hepatitis Day in 2021 as an effort to create a resource that brings together national epidemiological, program, and policy data with achievements, innovations, and challenges. Between September 2022 and September 2023, the Coalition published 11 new N-HEPs and updated five. Crafted through close collaboration with in-country partners, our N-HEPs have been used around the world to provide up-to-date policy information on the need for hepatitis vaccination, testing, and care. Downloaded thousands of times each year, the N-HEPs are one of the most popular elements of the CGHE website.

The profile can be used by policymakers to effectively mobilize financial, technical, and human resources to fight viral hepatitis. Partners, being aware of successes and plans, can also be involved more actively in efforts in this direction.

—Iryna Ivanchuk, Head of Viral Hepatitis and Opioid Dependency Dept., Ministry of Health of Ukraine
Empowering Countries to Act: HepB Birth Dose in Africa

A cornerstone of hepatitis elimination is effective vaccination programs for hepatitis B. In Africa, where 70% of new hepatitis B infections occur, only 1 in 5 newborns receive the birth dose vaccine, and just 14 out of 47 African nations have incorporated the hepatitis B birth dose vaccine (HepB-BD) into their immunization strategies.

CGHE, in partnership with US CDC and WHO, developed a toolkit for hepatitis B birth dose immunization in Africa.

This toolkit is designed to assist national immunization technical advisory groups by offering insights, data, and best practices for implementing HepB birth dose programs.

Good policy also requires effective communication. In 2022, CGHE worked with five civil society organizations (CSOs) to develop effective advocacy campaigns, including culturally appropriate communication products, such as radio advertisements, jingles, posters, and pamphlets. CDC support for this program has been extended for 2023-2024, with additional funds to include more CSOs in more countries.

ADVOCATING FOR ACCESS:
Urging Gavi, the Vaccine Alliance to support birth dose implementation in Africa

In 2018, Gavi, the Vaccine Alliance, prioritized funding for HepB-BD, but that was put on pause due to the Covid-19 pandemic and had not been reinstated. CGHE conducted a survey of African countries to assess readiness for introduction and scale-up of HepB-BD vaccination and how Gavi funding might assist implementation. The results of this survey showed that Gavi support was the largest influence on HepB-BD policy for the participating countries.

CGHE sounded the alarm about the urgency of the problem in an op-ed by director John Ward, which was published in Devex.

Less than a month after CGHE’s op-ed was published, Gavi announced it would lift the pause on support for hepatitis B birth dose vaccine in Africa. CGHE is participating in the HepB Birth Dose Coordination Team, co-chaired by WHO and Gavi, which is preparing for the launch of the Gavi HepB Birth Dose program.
Convening experts to develop an HBV “Research Roadmap”

Approximately 3% of the world’s people live with chronic hepatitis B infection. Sadly, fewer than 10% of those infected are receiving treatment, leading to over 800,000 annual deaths due to untreated complications. Hepatitis B treatment is feasible, yet current recommendations are complex, often inaccessible, and challenging in low- and middle-income countries. CGHE aims to improve access to hepatitis B treatment through a roadmap funded by Open Philanthropy. This project, initiated in Fall 2022, began with a literature review and interviews with key informants to identify important areas of focus. CGHE convened a meeting in May 2023 with over 20 international experts to identify research gaps hindering treatment accessibility.

Using the information gathered from the literature review, key informant interviews, and outcomes of the simplification meeting, CGHE developed a report that will be released in late 2023: “An Operational Research Roadmap to Simplify Hepatitis B Care in Low- and Middle-Income Countries.”

Developed with the participation of 36 experts from 20 countries, the report and accompanying "roadmap" proposes high-priority operational research studies urgently needed to overcome these gaps to scale up hepatitis B testing and treatment and reduce hepatitis B related mortality in low- and middle-income countries.
Building Resilient Health Systems: Sharing Investments in Hepatitis Elimination and Pandemic Preparedness

PANDEMIC PREPAREDNESS

The COVID-19 pandemic threatened to throw progress towards hepatitis elimination off course. The health system disruptions caused by the pandemic have had a negative impact on hepatitis services worldwide, pushing many countries further behind on WHO’s 2030 goals. However, the pandemic also resulted in an exponential global increase in vaccination, viral testing and treatment capacity, and an unprecedented pace of innovation that has the potential to push hepatitis elimination forward.

In July of 2023, CGHE published a white paper examining lessons learned from the COVID-19 pandemic that can be used to support progress towards hepatitis elimination. Countries with robust viral hepatitis elimination testing and treatment programs were better positioned to respond to the pandemic. Other countries experienced an expansion of health infrastructure like testing technology and telemedicine. Many countries are now well-positioned to expedite hepatitis elimination efforts while at the same time maintaining these systems to respond to new outbreaks.

We call on global health leaders, funders, and national policymakers to utilize investments in pandemic preparedness that accelerate the fight against viral hepatitis and, in return, harness strengthened viral hepatitis elimination infrastructure to support pandemic preparedness—integrating these programs to provide both cost savings to the system and better outcomes for populations.

"Hepatitis is uniquely placed to take advantage of lessons that COVID-19 has provided."

—Jimmy Kolker, US Ambassador (ret) Former Assistant Secretary for Global Affairs, Department of Health and Human Services, Part-time Senior Advisor, Global Covid Response and Health Security, Department of State

"Leverage COVID-19 investment and innovation to accelerate the fight against viral hepatitis. Invest in viral hepatitis elimination to support pandemic preparedness."
A UN Group of Friends to Eliminate Hepatitis

In September of 2022, CGHE organized a side-event to the 77th Assembly of the United Nations to call for formation of a UN Group of Friends to Eliminate Hepatitis. In the wake of this successful event, Egypt’s permanent mission formally launched the UN Group of Friends to Eliminate Hepatitis in February of 2023.

On September 22, 2023, the Group of Friends convened for a second time in New York City, this time as a side event to UNGA 78. With a focus on ensuring that hepatitis elimination was included in the declarations around universal health coverage and pandemic preparedness, the September 2023 meeting consisted of two sessions. The first session was “Strengthening Political Commitment and Global Solidarity for Hepatitis Elimination: Hepatitis service integration via UHC.” The second session was “Elimination of Mother-to-Child Transmission of Hepatitis B virus: Achievement of the UN SDG.” Diplomats and health ministers from 15 member states presented, and representatives from 14 international organizations participated, as well as officials from WHO (New York and Geneva), World Hepatitis Alliance, Africa CDC, Gavi, HepB Foundation, and the Clinton Health Access Initiative.

Global Policy Forums

The Coalition convened regional policy forums in Asia, Africa and Europe to provide a platform for highlighting achievements and lessons learned around policy development and implementation:

- **February 2023, APASL:** “WHO’s Goal: Policy Forum on HCV Elimination”
- **June 2023, Africa Health Exhibition and Conferences:** “Health Diplomacy & International Cooperation for Elimination of Hepatitis in Africa – A Call for Health Equity”
- **June 2023, EASL:** “HCV Elimination in Europe, Health Equity, and the Impact of Armed Conflict”

WEBINAR SPOTLIGHT

Webinars and Virtual Symposia, Sep 2023 – Sep 2024, *Indicates part of NIH series

- Improving access to HCC care globally & the importance of HIV co-infection: Research advancing the field*
- Developing national testing strategies to reach the elimination goals: Findings from the HEAT Project and plans for future studies
- Research of Hepatitis B Virus and Related Disease in the United States: Key Findings from the NIDDK Hepatitis B Research Network*
- Hepatitis C Elimination at the Intersection of People Who Inject Drugs in Rural Settings
- Leaving No One Behind: Interventions that Address Systems and Structures to Reduce Hepatitis C Virus Disparities*
- Virtual Symposium | Controlled Human Infection Model (CHIM) for HCV Vaccine Development*
- Challenges in HCV Linkage and Treatment in Pregnancy (Three part series)
- Expanding access to HCV prevention, testing, and treatment in prisons: Recommendations from the INHSU 2022 Prisons Workshop
- HCV Elimination in Europe, Health Equity, and the Impact of Armed Conflict
- Global HDV Elimination: Challenges and Opportunities
- Connecting Pandemic Preparedness with Hepatitis Elimination to Strengthen Health Systems
Hepatitis C Treatment in Pregnancy

Over one-fifth of HCV infections occur in women of childbearing age. At least 19 countries have policies or guidelines recommending universal HCV screening during pregnancy, but options for management and treatment of HCV infection during pregnancy are not well defined. Ideally, pregnant people with hepatitis C are referred for treatment after pregnancy, but unfortunately, many are lost to follow-up. In order to improve the knowledge base around hepatitis C treatment in pregnancy and provide a repository for case studies regarding outcomes of maternal-infant pairs exposed to direct-acting antiviral medicines (DAAs) during pregnancy, CGHE created the Treatment Exposure In Pregnancy Registry (TiP-HepC Registry). To date, the registry has received 30 cases, and preliminary and final evidence briefs have been published on the Coalition website.

In addition to the Tip-HepC Registry, another important component of our work to improve outcomes for pregnant people living with hepatitis C is the Tip-HepC Community of Practice, which was convened as a webinar series. Three virtual events were held between November of 2022 and March of 2023 focusing on strategies to improve linkage to care for pregnant people who receive a positive HCV diagnosis. 473 unique participants from 43 countries participated in the webinars, and CGHE is developing a review of HCV in pregnancy linkage to care as a joint recommendation from the Community of Practice.
Eliminating Hep C in Prisons
Investigating an Overlooked Problem

In October 2022, CGHE convened a workshop with the International Network on Health and Hepatitis in Substance Users (INHSU) Prisons on the strategies for expanding access to HCV prevention, testing, and treatment in prison settings. The workshop was held as a satellite meeting of the 10th International Conference on Health and Hepatitis Care in Substance Users in Glasgow, Scotland. The workshop highlighted the barriers to care for people who are incarcerated, created a forum for sharing strategies to improve access to HCV care, and put forward a call to action with recommendations on how to accelerate progress toward HCV elimination for those who are incarcerated.

In March of 2023, CGHE partnered with INHSU Prisons to publish a report based on recommendations from the workshop. “Expanding access to hepatitis C prevention, testing, and treatment in prisons: Recommendations from the INHSU 2022 Prisons Workshop,” provides a comprehensive roadmap for improving HCV care and treatment for people who are incarcerated across diverse settings. To release the report, CGHE and INHSU Prisons co-hosted a webinar, which attracted 241 registrants, to further promote improved outcomes for hepatitis C treatment in prisons.

ACT NOW TO ELIMINATE HEPATITIS C VIRUS (HCV) IN PRISONS

THE PROBLEM

We are falling behind in global goals set to eliminate HCV by 2030. Achieving it will be impossible if we fail to address the inequities around treatment of HCV in prisons.

HCV prevalence among people in prisons is extremely high, estimated at 13-26% vs. 1% in the general population.

However, persons who are incarcerated do not receive equitable access to HCV prevention, testing, and treatment.

Strengthening HCV care in prisons is urgent, both as a human rights issue and as a necessary public health intervention to stop transmission of HCV worldwide.

Graphic courtesy of Rabin Martin
Refugees, migrants, and internally displaced people are often at increased risk for HBV and HCV. Over the past 20 months, the war in Ukraine has displaced millions of Ukrainians within their country and as refugees in neighboring countries. Among World Health Organization regions, Europe is home to the largest number of people living with hepatitis C (12.5 million of the 58 million people living with HCV globally). Only an estimated 26% of those living with HCV are aware of their infection and only approximately 10% have been treated across the European region.

In June of 2023, CGHE hosted a Policy Forum Side-Event at EASL Congress to explore HCV elimination in Europe and the achievements and challenges in providing equitable access to hepatitis prevention, testing, and treatment for refugees, migrants, and other marginalized populations. Participation in the event was both wide-ranging and in-depth, with presentations from public health officials from Ukraine, Moldova, Georgia and Romania. Experts on HCV from these countries as well as Poland and Lithuania also contributed to the discussion.

“More than 118 healthcare facilities were destroyed and cannot be restored...We have no electronic system for checking results of diagnostics. It is challenging.”

- Dr. Maryna Aleksandrova, Specialist in the Management and Counteraction of Viral Hepatitis and Opioid Dependency, Ministry of Health of Ukraine
EMPOWERMENT = ELIMINATION

It takes empowerment, access, information and amplification to increase equity through disease elimination. It also takes all of us, working together.

As we acknowledge these impacts, we humbly recognize the contributions of our many partners, supporters and donors who make them possible. This annual report details Coalition activities from September 2022 to September 2023, but many of these efforts began long before and will continue in the years ahead. Your commitment makes that possible. You empower us. To those of you who have been working alongside us towards elimination, we at the Coalition extend our heartfelt gratitude.

We thank you for your support, and we welcome your continued collaboration.
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The Coalition for Global Hepatitis Elimination is a nonprofit founded in 2019 as a program of The Task Force for Global Health. The Coalition pursues worldwide elimination of viral hepatitis by strengthening capacity at the local level, bringing together global partners to share knowledge, data, and experiences related to hepatitis prevention, testing, and care and treatment. The Coalition also strengthens the evidence base to support countries with the greatest hepatitis burden by spearheading new research and developing novel technical assistance resources. Finally, the Coalition mobilizes commitment to build awareness and urgency around the importance of hepatitis elimination from public and policy stakeholders.