



ALL4LIVER

Test. Link. Prioritize.

Striving for global viral hepatitis elimination by 2030

2023 Funding Opportunity Announcement by Gilead Sciences, Inc.

BACKGROUND

For more than two decades, Gilead has pioneered the way forward to improve the lives of people living with viral hepatitis around the world. We have transformed hepatitis C (HCV) from a chronic condition into one that can be cured for millions of people. For people living with hepatitis B (HBV) and hepatitis D (HDV), our focus on advancing our medicines drives hope that today's research will turn into tomorrow's cures.

But our commitment doesn't stop here. Through our ground-breaking science and collaborative partnerships, we strive to create healthier futures for everyone living with viral hepatitis.

The World Health Organization (WHO)'s global hepatitis strategy aims to reduce new hepatitis infections by 90% and deaths by 65% between 2016 and 2030, with the goal of eliminating viral hepatitis as a public health threat by 2030. Gilead seeks to support viral hepatitis elimination worldwide through providing grants to innovative programs to help achieve this goal.

The ALL4LIVER grant was initially launched in 2021 for the Asia Pacific region and has awarded more than US\$1 million in funding to support initiatives that enhance education about viral hepatitis, with a focus on chronic HBV in that region.

This year, the ALL4Liver grant is being expanded to applicants worldwide (excluding the United States) to support initiatives addressing one or more forms of viral hepatitis – HCV, HBV and HDV.

PROGRAM AND PURPOSE

Through this new funding opportunity, organizations may apply for a grant to support their work to increase viral hepatitis testing, improve linkage to care and/or advance understanding of viral hepatitis as a public health threat requiring prioritized action by multiple stakeholders.

Applications must align to one or more of the following three action areas as detailed on the following pages: ***Test. Link. Prioritize.*** In addition, within each action area, proposals should address stigma and health equity. Please note that the applications will be reviewed by an external review panel made up of experts globally (excluding the United States), recognized for their expertise in liver disease research, public health knowledge or patient advocacy work.

1. Test. *Driving testing for viral hepatitis*

Testing initiatives for viral hepatitis are essential for early detection, prevention of onward transmission, access to care, collection of epidemiological data, and wider awareness of the disease. Despite the crucial role testing plays, there are many barriers to it, including insufficient awareness and education, stigma and discrimination, access to/cost of services and the fact that viral hepatitis can be asymptomatic for many years. Applicants submitting proposals for this category should share insight-driven and integrated approaches to overcome these barriers and increase testing rates for viral hepatitis.

Potential programs could include but are not limited to:

- Innovative testing programs, including mobile outreach.
- Stigma reduction among key populations and healthcare providers.
- HCV micro-elimination efforts for key populations.
- Awareness campaigns focused on the value of testing for key populations and high-risk groups.
- Strategies and services to support the prevention of mother-to-child transmission.
- Awareness, anti-stigma and education campaigns aimed at the general population, non-hepatology specialists and/or allied professionals.
- Campaigns to drive viral hepatitis testing as part of any bloodborne virus testing.

2. Link. *Supporting linkage to care for people affected by viral hepatitis*

Regular screening among those at risk and subsequent linkage to care is vital to improve health outcomes and quality of life for people living with viral hepatitis. While anyone can contract viral hepatitis, it disproportionately affects people and communities most underserved by traditional healthcare models. As a result, linkage to and retention within care can be challenging. Applicants submitting proposals for this category should share creative and sustainable solutions to reach and engage key populations affected by viral hepatitis.

Potential programs could include but are not limited to:

- Education and awareness on benefits of screening and linkage to care for viral hepatitis.
- Peer navigation support aimed at enhancing linkage to care, including culturally safe and stigma-free outreach aimed at key populations and/or marginalized groups.
- Efforts to ensure those who are diagnosed but have been lost to follow-up are linked back into care, including mobile outreach/meeting people 'where they are'.
- Harm reduction interventions, including injection safety and viral hepatitis testing.
- Counselling services to address psychosocial aspects of living with chronic viral hepatitis.
- Capacity building and advocacy training for viral hepatitis ambassadors or 'grassroots' HCV, HBV/HDV community organizations.

3. Prioritize. *Putting viral hepatitis elimination (back) on the public health agenda*

National and international responses to COVID-19 showed how successfully countries could introduce and rapidly scale population-wide testing and treating initiatives. Yet COVID-19 also took priority over other diseases, pushing viral hepatitis further down the political and healthcare agenda. Applicants submitting proposals for this category should share innovative ideas to put viral hepatitis elimination targets firmly (back) on the agenda for policymakers and public health professionals, to help drive urgent action.

Potential programs could include but are not limited to:

- Engagement with local policymakers to help them better understand the impact of viral hepatitis and strategies to support elimination by 2030.
- Programs to quantify and/or qualify the burden of viral hepatitis to drive urgency among multistakeholder groups (e.g., through using patient reported and/or health economic data).
- Strategies or frameworks to support policymakers and public health officials in planning a robust approach to achieve local viral hepatitis elimination by 2030.
- Best practice sharing initiatives that showcase impact and inspire action to address unmet needs in viral hepatitis.
- Awareness events or educational meetings, where policymakers and other key stakeholders are invited to learn about and discuss potential systematic solutions.

GRANT MECHANICS

Funding	<ul style="list-style-type: none"> • Evaluation of grant funding amount will factor in the medium chosen, scale, project duration and cost of living across countries. • Applicant may team up with other groups for the execution of project, but funding will be granted to one group as the project coordinator. • Up to 10% of the budget may be dedicated to impact reporting.
Duration	<ul style="list-style-type: none"> • The selected project is required to conclude before 30 June 2025.
Limitation for the use of funds	<ul style="list-style-type: none"> • Gilead funding may not be used to pay for or offset the cost of: <ul style="list-style-type: none"> ○ Medications or purchase of medications ○ Direct purchase of equipment/hardware, including but not limited to, mobile phones, laptops, motor vehicles and furniture etc. ○ Direct medical expenses, including lab tests ○ Existing deficits or debts ○ Basic biomedical research, clinical research, or clinical trials ○ Projects that directly influence or advance Gilead’s business including purchase, utilization, prescribing, formulary position, pricing, reimbursement, referral, recommendation, or payment for products ○ Individuals, individual health care providers, policymakers or physician group practices ○ Events or programs that have already occurred ○ Government lobbying activities • Funding will not be provided to organizations that discriminate based on race, colour, gender, religion, disability, sexual orientation, gender identity or expression.
Measuring of impacts	<ul style="list-style-type: none"> • Successful applicants will be required to submit periodic written progress reports, including budget reconciliations as defined in the grant agreement. • Successful applicants will provide a final grant report in accordance with the ALL4LIVER Impact Report template (narrative, results, and budget accounting) at the conclusion of the grant period. • Such key performance metrics could include, but are not restricted to: <ul style="list-style-type: none"> Quantitative Metrics: <ul style="list-style-type: none"> ○ Reach and engagement of a campaign (no. of social media impressions, engagement) ○ No. of people who come for counselling / testing arising from awareness campaigns

	<ul style="list-style-type: none"> ○ No. of peer navigators / allied healthcare professionals trained for capacity-building ○ No. of people linked to care <p>Qualitative metrics:</p> <ul style="list-style-type: none"> ○ Shifts in perception (online sentiment tracking/ quantitative surveys) ○ Nurturing of a more hep-friendly environment (e.g., employers, media, policy) ○ New partnership built through execution of the project ○ New funding source identified through execution of the project
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APPLICATION PROCESS

Selection Criteria

- Grant proposal should demonstrate a well-structured project with clearly defined deliverable(s) and designed with sustainability (financing, longevity, scalability, and future replication) in mind.
- Grant proposal should enable and support the engagement of stakeholders to foster multistakeholder collaboration (e.g., cross-disease collaboration, participation or partnership with healthcare providers or institutes) to ensure that eliminating viral hepatitis as a public health threat is a priority on national health agendas.
- Grant proposal should demonstrate a defined and achievable approach to measuring impact against defined deliverable(s).
- Reputation and track record of the applying organization will also be reviewed to ensure the applicant has the ability to execute the project, with good governance and budget control.

Submission

- All grant proposals must be submitted online through the Gilead grant portal.
- Submissions need to be completed in English; applicants who need support in submitting their proposals in English can send in their queries through the grant portal.
- Please tag Gilead ALL4LIVER Grant Program within the grants portal and specify which of the focus areas the proposal falls under.

Selection

- The applications will be reviewed by an external review panel made up of experts globally (excluding the United States), recognized for their expertise in liver disease research, public health knowledge or patient advocacy work. Upon recommendation of the review panel, the Gilead grant review committee will make the final decision.
- All official notices regarding the award decision will be sent by email, directly to the applicants.

Timeline

Date	Activity
World Hepatitis Day: 28 July 2023	Grant application opens
30 September 2023	Grant application closes

Early 2024

Notification of Application Result

APPENDIX A - Countries and Territories Eligible for Award by Continent

Africa

Algeria	Gabon	Rwanda
Angola	Gambia	Sao Tome and Principe
Benin	Ghana	Senegal
Botswana	Guinea	Seychelles
Burkina Faso	Guinea Bissau	Sierra Leone
Burundi	Kenya	Somalia
Cameroon	Lesotho	South Africa
Cape Verde	Liberia	South Sudan
Central African Republic	Libya	Sudan
Chad	Madagascar	Tanzania
Comoros	Malawi	Togo
Congo	Mali	Tunisia
Cote D' Ivoire	Mauritania	Uganda
Djibouti	Mauritius	Zambia
DR Congo	Morocco	Zimbabwe
Egypt	Mozambique	Western Sahara
Equatorial Guinea	Namibia	
Eritrea	Niger	
Eswatini	Nigeria	
Ethiopia		

Asia and Oceania

Armenia	Kiribati	Qatar
Australia	Kuwait	Samoa
Azerbaijan	Kyrgyzstan	Saudi Arabia
Bahrain	Lao DR (Laos)	Singapore
Bangladesh	Lebanon	Solomon Islands
Bhutan	Malaysia	South Korea
Brunei	Maldives	Sri Lanka
Cambodia	Marshall Islands	Taiwan
Cook Islands	Micronesia	Tajikistan
China	Moldova	Thailand
Georgia	Mongolia	Timor-Leste
Fiji	Myanmar	Tonga
Hong Kong	Nauru	Turkey
India	Nepal	Turkmenistan
Indonesia	New Zealand	Tuvalu
Iran	North Korea	United Arab Emirates
Iraq	Oman	Uzbekistan
Japan	Palau	Vanuatu

Jordan
Kazakhstan

Pakistan
Papua New Guinea
Philippines

Vietnam

Europe

Albania
Austria
Belarus
Belgium
Bulgaria
Bosnia and Herzegovina
Croatia
Czech Republic
France
Germany

Greece
Hungary
Ireland
Italy
Kosovo
Malta
Moldova
Montenegro
North Macedonia
Norway

Romania
Russia
Poland
Portugal
Serbia
Slovenia
Spain
Sweden
Switzerland
Ukraine
United Kingdom

North America---Central and the Caribbean

Anguilla
Aruba
Bahamas
Barbados
Belize
Bermuda
British Virgin Islands
Canada
Cayman
Costa Rica

Curacao
Dominica
Dominican Republic
Ecuador
El Salvador
Grenada
Guatemala
Haiti
Honduras
Jamaica

Mexico
Montserrat
Nicaragua
Panama
Saint Maarten
St. Kitts & Nevis
St. Lucia
St. Vincent & Grenadines
Trinidad and Tobago
Turks and Caico

South America

Argentina
Bolivia
Brazil
Chile

Colombia
Ecuador
Guyana
Paraguay

Peru
Suriname
Uruguay
Venezuela