Advocating for the inclusion of hepatitis services within the Global Fund strategy 2023- 2028.

World Hepatitis Alliance

The Global Fund is currently developing its 2023 -2028 strategy. Hepatitis advocates are urging the Global Fund to add more support for hepatitis services in the new strategy specifically:

- The prioritisation of testing and treatment for people living with HIV and viral hepatitis co-infection and for people living with tuberculosis (TB) and viral hepatitis.

- The improvement of harm reduction programmes and maternal health programmes to prevent new infections of both HIV and viral hepatitis.

This guide is for advocates wishing to persuade Global Fund stakeholders and decision-makers that the inclusion of hepatitis services benefits communities currently supported by the Global Fund and must be included within the 2023 -2028 strategy.

We want to address the misconceptions that exist around the inclusion of hepatitis services within the 2023 -2028 strategy and make clear our case as to why we think it makes economic, social and moral sense.

Myth
The inclusion of provision for hepatitis service is an expansion of the Global Fund mandate.

Reality
Current Global Fund policy enables countries to apply for support for work with HIV/AIDs and hepatitis C co-infection. Many countries have taken advantage of this support to catalyse their hepatitis C elimination programmes and to strengthen their HIV programmes. In the latest round of funding requests more countries than ever have put in requests for support to address hepatitis in their communities.

As one of the leading funders of harm reduction programmes, current Global Fund programmes are helping to protect the health of people living with HIV and the people at higher risk of contracting HIV. However, more can and must be done to stop these same people from dying of hepatitis. The inclusion of hepatitis in these services will achieves this.

More countries are using existing Global Fund support to address co-infection. The new strategy must give countries and communities the freedom they need to address co-infection among the affected communities and provide the support requested to prevent HIV, TB and hepatitis.

Viral hepatitis claims 1.4 million lives each year.[1]

By 2040, if nothing is done, hepatitis will claim more lives than HIV, TB and malaria combined.[2]

2.7 million people live with HIV and hepatitis B.[3]

2.3 million people live with HIV and hepatitis C.[3]

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Case studies: Rwanda and Cambodia, including hepatitis C programmes in Global Fund support requests.

In **Cambodia**, local studies showed that people living with HIV were at higher risk for hepatitis C, however; they recognised that patients actively enrolled in ART could be provided the necessary diagnostics and drugs required to cure hepatitis C through routine visits. With a strong rationale for integrating these services in 2017 Cambodia were successfully able to secure resources from the Global Fund to diagnose and cure their HCV/HIV co-infected population by using the underspend on their grant for hepatitis C drugs and diagnostics. The co-infection programme has screened over 42,000 people living with HIV and among those who have completed treatment and been tested for cure, 99% have eliminated hepatitis C, helping to ensure healthier lives for those living with HIV.

Rwanda has also used the underspend on their Global Fund budget to address hepatitis C among people living with HIV. This was the catalyst for a wider hepatitis C elimination programme which utilised the existing infrastructure built to tackle HIV. This has helped to strengthen the wider health system in Rwanda and the elimination of hepatitis C will bring monetary savings to the health budget.

Myth
Addressing hepatitis means reducing resources for existing HIV and TB services.

Reality
There is growing evidence that hepatitis C treatment programmes engage communities underserved by health systems, notably supporting HIV and TB testing and treatment. Many of the strategies and infrastructures required for hepatitis elimination can be effectively integrated with existing Global Fund programmes. For example:

- The molecular diagnostic systems used for TB and HIV can be used to detect viral hepatitis.
- With simple care models, a short course of hepatitis C therapy is readily integrated into HIV and TB care.
- The prevention of the mother-to-child transmission of hepatitis B can be integrated into existing maternal and child health programmes.

Hepatitis elimination can also strengthen harm reduction programmes, cancer prevention and wider health systems.

In some countries the prevalence of hepatitis C co-infection among PWID living with HIV is up to 90%.[4]

7% of people living with TB also live with hepatitis C.[5]

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Case study: Georgia, integrating hepatitis C testing and treatment to revitalize HIV programmes.

In **Georgia**, where HIV is highly stigmatised, the integration of hepatitis C testing with HIV has led to an upscaling of HIV and hepatitis C diagnosis among people who use drugs (PWUD). The cure for hepatitis C can be used to engage PWUD in wider health programmes as well as housing and employment services where needed. These results are replicable and scalable. A person-centred approach provides better outcomes for this population and the wider community.

Myth
Hepatitis treatment and the hepatitis B vaccine can be expensive.

Reality
Generic versions of the hepatitis C curative therapies have had a massive reduction in price and the full 12-week course can now be procured for just $60USD per full course by low-and-middle-income coutries. The same generic drug (Tenofovir) which is widely used to treat HIV and costs below $50USD per year, is also a standard of care for hepatitis B and the birth-dose vaccine for hepatitis B is widely available for less than $1USD.

Myth
Addressing hepatitis will slow down progress to achieving SDG 3 which includes “ending the epidemics of HIV, TB and malaria” by 2030.

Reality
Combating hepatitis is also included in SDG 3. Without combatting hepatitis, SDG 3 will not be achieved.

The development of the 2023-2028 Global Fund strategy is a real opportunity to step up the fight against HIV, TB, malaria while also tackling hepatitis in the communities that are most impacted by these four deadly diseases, In doing so, we will improve the lives of families and individuals as well as supporting countries to reduce the cost burden of these diseases.

Further resources
- Coalition Plus: Mind The Gap report
- WHO report: Accelerating access to hepatitis C diagnostics and treatment
- WHO report Financing prevention, testing and treatment of

References
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