2021 United Nations Political Declaration on Ending AIDS:
Priorities for the people and communities affected by HIV and viral hepatitis.

World Hepatitis Alliance

At the upcoming United Nations High-Level Meeting on HIV, due to take place from 8-10 June 2021, UN Member States will negotiate a UN General Assembly Political Declaration on ending AIDS, which is expected to build on previous declarations in 2001, 2006, 2011, and 2016.

Millions of people worldwide live with both HIV and viral hepatitis. HIV and viral hepatitis disproportionately affect the same communities with many of the populations at risk from HIV also at risk from hepatitis, including sex workers, migrants, men who have sex with men, people who inject drugs (PWID), and prisoners. We cannot protect these populations against HIV and leave the same people with the burden of viral hepatitis. The ending of HIV as a public health threat cannot be achieved without the elimination of viral hepatitis.

The World Hepatitis Alliance calls for UN Political Declaration on HIV to include the following priorities to acknowledge and address the needs of the communities and people living with hepatitis and HIV and to strengthen responses to both HIV and hepatitis:

• The prioritisation of testing and treatment for people living with HIV and viral hepatitis co-infection.

Diagnosing everyone living with the disease is a priority for both HIV and hepatitis elimination. Through effective testing, led by civil society and the affected community, we can diagnose everyone living with HIV and hepatitis and link them to care.

• Harm-reduction services which provide HIV testing and services should also include testing for hepatitis as rates of co-infection among PWID can be more than 95% in some countries.

PWID are at risk from both HIV and viral hepatitis, measures to support the PWID community against HIV should also include measures to protect the same community from hepatitis.

• Prevention of mother-to-child transmission of HIV, hepatitis and syphilis should be integrated to be in line with WHO's triple elimination strategy

Services to prevent the mother-to-child transmission of both HIV and hepatitis must be made avaliable to all mothers to ensure that the next geneation can be HIV and hepatitis free.

• Ensure that hepatitis and HIV services are integrated, equitable, person-centred, rights-based and address stigma and discrimination

Many of the strategies and infrastructures required to address hepatitis can be effectively integrated with existing HIV programmes. For example, the molecular diagnostic systems used for HIV are used to detect viral hepatitis. The same generic drug (Tenofovir), which is widely used to treat HIV and costs below $50 per year, is also a standard of care for hepatitis B. With simple care models, a short course of hepatitis C curative therapy is readily integrated into HIV care.

UN Member States need to implement ongoing reforms to ensure that HIV and hepatitis services are available equitably and that services take a person-centred approach to achieve better outcomes for individuals and health systems. Approaches to address HIV and hepatitis need the active participation of civil society and the affected community at all levels of development and implementation.

2.3 million people live with HIV and hepatitis C.

2.7 million people live with HIV and hepatitis B.

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Case studies: Rwanda and Cambodia, including hepatitis C programmes the HIV response.

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 infrastructure built to tackle HIV to address hepatitis C among people living with HIV. This was the catalyst for a wider hepatitis C elimination programme which has helped to strengthen the wider health system in Rwanda.

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.