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Financing viral hepatitis: catalysing action for impact

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Globally more than 350 million people are living with viral hepatitis, and 1·1 million people die due to viral hepatitis every year.[1] The World Health Assembly committed to eliminating viral hepatitis as a major public health threat by 2030,[2,3] but countries are not on track to meet this target. To achieve elimination, a rapid scale-up in prevention, diagnostic, and treatment services in low-income and middle-income countries is required.

Despite this, viral hepatitis remains largely neglected by health financing mechanisms. The announcement by The Global Fund to fight AIDS, TB, and Malaria at the 2022 World Hepatitis Summit to expand support for hepatitis-related services, and the subsequent guidance note,[4] has the potential to boost the funding landscape.

This Global Fund funding cycle is an immediate opportunity for countries to mobilise catalytic or additional funding to introduce or strengthen hepatitis programmes through existing HIV, sexual and reproductive health, harm reduction, antenatal and postnatal, and primary health-care service delivery platforms. Countries including Viet Nam, Cambodia, and Rwanda have previously mobilised Global Fund support for integrating hepatitis programming and have shown the feasibility and impact of these investments.[5] We call on all Global Fund eligible countries to apply for viral hepatitis prevention, care, and treatment in the following contexts.

The first of these applies to people living with HIV and other key populations (who are disproportionately susceptible to viral hepatitis). Countries can include screening, testing, and treatment for hepatitis B and C, and hepatitis B vaccination delivery, within HIV prevention and treatment services, sexual and reproductive health services, and harm reduction services.

Harm reduction services are a programme essential in this funding cycle. The Global Fund will support hepatitis B and C testing and treatment for people who inject drugs and people in prisons regardless of HIV status if there is a strong epidemiological case and it is part of comprehensive HIV programming.[6,7]

The triple elimination of mother-to-child transmission of HIV, syphilis, and hepatitis B is another context in which funding is available. The Global Fund support for this includes integrated screening for HIV, syphilis, and hepatitis B and linkage to treatment for eligible pregnant women. Investment in the integrated service delivery of hepatitis B vaccination at birth (excluding vaccine costs) is also supported, opening a timely opportunity for Gavi to resume and honour their commitment to hepatitis B birth dose vaccine.[8]

To reach the WHO 2030 elimination targets, greater investment is required. We call on all funders, including the President's Emergency Plan for AIDS Relief, working with affected communities and specifically in HIV, harm reduction, and maternal and child health, to integrate viral hepatitis into their programmes to ensure that they too are supporting equitable, people-centred programming. Hepatitis can't wait.

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