

# Global Declaration to Eliminate Hepatitis C in People Who Use Drugs

## A call for political leaders to take action

**We, members and representatives of the community working to eliminate hepatitis C — a community that includes people living with viral hepatitis, people who use drugs, advocates, health care providers, programme managers, harm reduction experts, researchers, the pharmaceutical industry, and policy-makers — are concerned with the gap between the global impact of hepatitis C on the health and well-being of people who use drugs and the limited access to evidence-based services effective for the prevention, diagnosis and treatment of hepatitis C infection.**

Globally, morbidity and mortality due to hepatitis C infection continue to rise<sup>1</sup>. People who use or inject drugs represent a priority population, given the high prevalence and incidence of hepatitis C infection resulting from inadequate access to sterile injecting equipment<sup>2-5</sup>. Globally, it is estimated that among the 15.6 million people with recent injecting drug use, 39% (4.6 million) are living with hepatitis C infection<sup>6,7</sup> and 1.4 million with hepatitis C and HIV<sup>8</sup>. Sharing of needles and syringes among people who use drugs is estimated to account for 23% of new infections globally<sup>9</sup>.

Opioid substitution therapy with methadone or buprenorphine is effective for the prevention of hepatitis C and HIV infection<sup>10-15</sup>. Combination opioid substitution therapy and high-coverage needle and syringe programmes (adequate needles/syringes to cover all injecting episodes) can reduce hepatitis C incidence by up to 80%<sup>15-20</sup>. Needle and syringe programmes also prevent HIV infection<sup>21</sup>.

However, the coverage of needle and syringe programmes and opioid substitution therapy vary substantially globally. In most countries, harm reduction coverage is well below the World Health Organization recommended levels, with less than 1% of people who inject drugs living in countries with high coverage of both services<sup>22</sup>. Access to services to prevent hepatitis C is a human right and has significant public health benefits.

The availability of direct-acting antiviral therapies that cure >95% of people with hepatitis C infection is one of the greatest medical advances<sup>23,24</sup>. This has brought considerable optimism to people living with hepatitis C and people working in the field. This has led United Nations Member States to include hepatitis as a target of the Sustainable Development Goals, and the World Health Organization to set viral hepatitis elimination as the goal of its first Global Health Sector Strategy on Viral Hepatitis<sup>25</sup>. To achieve elimination by 2030 (from 2015 levels) the World Health Organization set targets that include<sup>25</sup>:

- reducing new hepatitis C infections by 80%
- reducing the number of hepatitis C deaths by 65%
- increasing the number of sterile syringe/needles distributed for people who inject drugs from 20 to 300 per person per year
- increasing hepatitis C diagnoses from <5% to 90%
- increasing the number of eligible persons receiving HCV treatment from <1% to 80%.

These goals should also be applied equitably to all affected populations, including people who use drugs<sup>26</sup>.

However, testing and treatment for hepatitis C among people who use or inject drugs remains suboptimal globally<sup>27-30</sup>. Some countries continue to restrict access to hepatitis C therapies for people who have recently used drugs<sup>31,32</sup> based on unfounded concerns of poor response to therapy and risk of hepatitis C reinfection. This is despite evidence that direct-acting antiviral therapy for hepatitis C infection is effective among people with recent or ongoing drug use<sup>33,34</sup>. The rate of hepatitis C reinfection among people who inject drugs is low<sup>35-37</sup>. There is no scientific evidence to deny people who use drugs access to a cure for hepatitis C.

Ensuring access to interventions such as low-threshold needle and syringe programmes, opioid substitution therapy, and hepatitis C treatment are essential to reduce hepatitis C incidence and prevalence among people who use drugs<sup>17,20</sup>. These interventions are in line with United Nations technical guidance<sup>38</sup> and are cost-effective<sup>39,40</sup>. Consistent evidence also demonstrates that supervised drug consumption facilities also mitigate overdose-related harms and unsafe drug use behaviours, and may facilitate uptake of other health services, such as hepatitis C testing and treatment, among people who use drugs<sup>41</sup>.

We, the community of people working to eliminate hepatitis C, whole heartedly support the commitment by United Nations Member states to the goal of eliminating viral hepatitis by 2030. In order to achieve that goal, we call on world political leaders to strive towards eliminating hepatitis C infection as a public health threat by 2030 among people who use drugs by achieving the following actions<sup>42</sup>:

**1. Scaling up harm reduction services** – Governments and funders must improve access to harm reduction services and overdose prevention services (e.g. naloxone) by increasing financial support of harm reduction services and protecting funding for programmes;

**2. Making health services accessible for people who use drugs** – Health services must be made available, accessible and acceptable to people who use drugs, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health<sup>43</sup>. Recent or ongoing drug use should not be a criterion for access to or reimbursement of hepatitis C therapies. Programs already providing services for people who use or inject drugs (e.g. HIV services, drug treatment services, primary care services, harm reduction services, supervised drug consumption facilities, prisons, pharmacies, and homelessness settings) should provide services for hepatitis C.

**3. Supporting community empowerment and community-based programmes** – Programmes must implement interventions to enhance community empowerment, in particular for people who use drugs<sup>43,44</sup>. People who use drugs must be included in efforts to strengthen health systems and shift tasks in scaling up hepatitis C testing and treatment services. Governments and funders must also improve access to peer-based and community-based programmes designed by, led by and for people who use drugs by increasing financial support and protecting funding for such programmes;

**4. Improving access to affordable diagnostics and medicines** – The affected community, advocates, researchers, health care providers, programme managers, harm reduction experts, researchers, the pharmaceutical industry, funders, and policy-makers must work together to negotiate better prices for diagnostics and treatments and work towards broadened access;

**5. Eliminating stigma, discrimination, and violence** – The affected community, advocates, researchers, health care providers, programme managers, harm reduction experts, researchers, the pharmaceutical industry, funders, and policy-makers must work together to eliminate stigma, discrimination and violence against people who use drugs;

**6. Reforming drug policies** – Countries must urgently consider drug policy reforms. This includes the decriminalization of drug use and/or possession; developing policies and laws that decriminalize the use or possession of sterile needles/syringes (thereby permitting needle and syringe programmes); and reducing barriers to, and stigma around the delivery of opioid substitution therapy and overdose prevention (e.g. naloxone) in the community and in prison. These drug policy reforms would potentially reduce incarceration and transmission of hepatitis C and HIV related to the sharing of unsterile needles and syringes (which are rarely available in prisons); and

**7. Enhanced funding for hepatitis C elimination efforts** – Government and global donors need to provide funding for national programmes to eliminate hepatitis C in line with the WHO goal they have all adopted.

The ambitious targets for hepatitis C elimination set by the World Health Organization are achievable but will require a community that includes people living with viral hepatitis, people who use drugs, advocates, health care providers, programme managers, harm reduction experts, researchers, the pharmaceutical industry, and policy-makers around the world to work together to make this happen.

## Organizations that Support the Declaration



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