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Email

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OPEN LETTER

28 July 2020

Dr Harsh Vardhan **Honourable Health Minister Government of India**

Respected Sir,

In 2016, at the 69th World Health Assembly, your government made a commitment to eliminate viral hepatitis by 2030, as set out in the WHO Global Health Sector Strategy on Viral Hepatitis.[i] With less than 10 years to go, only a handful of countries are on track to eliminate hepatitis C, and progress towards eliminating hepatitis B is lagging as well.[ii]

We, the undersigned, people living with viral hepatitis and the wider community, call on you to honour your commitment to eliminate viral hepatitis by 2030.

Viral hepatitis affects 325 million people worldwide and claims 4,000 lives every day, more than malaria and HIV combined. Yet, all the tools to reach elimination exist; we have effective treatments and a vaccine to protect children from hepatitis B infection and an easily administered cure for hepatitis C. Elimination can be reached with concerted - and properly resourced - action.

Viral hepatitis elimination by 2030 will prevent seven million deaths from hepatitis B and hepatitis C. In all countries, viral hepatitis elimination is a cost-effective investment with long-term savings to health systems. The global financial outlook should only increase your willingness to invest in hepatitis elimination and benefit from cost saving health outcomes that strengthen health systems and aid preparation for the next health crises. [iii]

During the COVID-19 pandemic, we have seen the importance of decisive political leadership to coordinate effective responses from healthcare systems for the community and to provide adequate resources to save lives. Viral hepatitis is no different. Strong political leadership, which works hand-in-hand with the healthcare systems, civil society and the affected community, can drive forward efforts to eliminate hepatitis and save millions of lives.

Numerous countries are scaling-up services to achieve viral hepatitis elimination by 2030, implementing WHO's regional and global action plans. Yet, despite the availability of reliable and accurate tests for diagnosis; approved, affordable treatments that work; and a safe and effective vaccine, millions continue to die. The viral hepatitis community demands action.

To achieve the historic outcome of elimination by 2030, we call on you to:







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1) Prioritise and scale-up hepatitis elimination prevention, testing and treatment programmes ensuring no one is left behind.

The tools to eliminate viral hepatitis exist, but without an urgent scaling-up of services the opportunity to eliminate viral hepatitis by 2030 will be lost. This includes embedding the prevention of mother-to-child transmission of hepatitis B into maternal and child health services through hepatitis screening and linkage to care for pregnant mothers and vaccination for new born children.

In scaling up services, special focus should also be given to the most disproportionately affected communities. These communities are also the most underserved by health systems, including refugees and displaced people, migrant populations, people who inject drugs and people in prison. Through effective collaboration with civil society, rapid scale-up can be achieved in these communities. Evidence shows that the countries furthest ahead with hepatitis elimination involve civil society at all levels of health systems, including the development and implementation of programmes. [iv]

2) Make viral hepatitis prevention, vaccination, testing and treatment part of the package of services for Universal Health Coverage (UHC) programmes.

Viral hepatitis vaccination, screening and treatment should be integrated into health services as they evolve to achieve UHC in line with WHO recommendations. The United Nations Declaration on Universal Health Coverage, adopted during the United Nation General Assembly in September 2019, includes the strengthening of hepatitis responses and integrating them into efforts to tackle other communicable diseases. [v]

Hepatitis elimination can also help to strengthen responses to non-communicable diseases as set out in paragraph 33 of the UN Political Declaration on UHC. [v] As the leading cause of liver cancer worldwide, viral hepatitis elimination could greatly reduce the rates of cancer deaths but only if we can find the millions of people who are unaware they are living with the condition.

3) Implement proven models of community-based hepatitis services, tailored to meet the needs of the affected communities.

The 290 million people living with viral hepatitis unaware need to be found, diagnosed, and linked to care. In 2019 the leading international liver societies called for decentralisation of services to front line workers and task shifting. We must make these life-saving testing, vaccination and treatment services more accessible to the community. [vi]. With COVID-19 making people fearful about entering traditional health care settings, it is crucial that community-led health care is able to provide prevention, testing and treatment services to improve service access and address stigma and discrimination. We encourage countries to explore opportunities where the decentralisation of services can make services more effective. This includes more nurse-led and pharmacist-led models of care which recognise the vital role of peer support in engaging communities.









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Now is the time to act. We have the rare opportunity to eliminate the second deadliest infectious disease and avert 7 million deaths by 2030. We urge you to seize this opportunity.

Signed on the occasion of World Hepatitis Day 2020 by the International Institute for Human Development, India

Dr Ruchi Sogarwal Founder & CEO

References

[i] https://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/

[ii] https://cdafound.org/polaris/

[iii] https://www.who.int/hepatitis/news-events/eliminating-hepatitis-costs-but-saves-more/en/

[iv] https://www.sciencedirect.com/science/article/pii/S2589555919300321

[v] '32. to Strengthen efforts to address communicable diseases, including HIV/AIDS, tuberculosis, malaria and hepatitis as part of universal health coverage and to ensure that the fragile gains are sustained and expanded by advancing comprehensive approaches and integrated service delivery and ensuring that no one is left behind; '- UN Political Declaration on Universal Health Coverage 2019 [v] '33. Further strengthen efforts to address non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, as part of universal health coverage;' -UN Political Declaration on Universal Health Coverage 2019 [vi] https://www.aasld.org/programs-initiatives/viral-hepatitis-elimination-call-action





