

AFRICAN DECLARATION TO ELIMINATE HEPATITIS C AND IMPROVE THE HEALTH OF PEOPLE WHO USE DRUGS

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We, the community of people working to eliminate hepatitis C in the African region express alarm regarding the increasing impact of drug use, hepatitis C, and other viral co-infections (including HIV and hepatitis B) 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 and for improving the health of people who use drugs.

We are a community that includes people living with viral hepatitis, people who use drugs, advocates, health care providers, programme managers, harm reduction experts, researchers, and policy-makers.

In the African region and globally, we recognize that morbidity and mortality due to hepatitis C infection continue to rise¹. We acknowledge that people who use or inject drugs represent a priority population, given the high prevalence and incidence of hepatitis C infection. This is a failure of a commitment to harm reduction. This sees people who inject drugs unable to access injecting equipment, and unable to access opioid agonist therapy (e.g. methadone and buprenorphine) despite the evidence that methadone or buprenorphine is effective for the prevention of hepatitis C and HIV infection²⁻⁶. Further, mathematical modelling has demonstrated that increasing access to opioid agonist therapy, improving retention to opioid agonist therapy, and providing opioid agonist therapy in prison could avert considerable deaths related to HIV, hepatitis C, and drug overdose⁷. This limited action means that not only are we missing the opportunity to cure and prevent hepatitis C infection, we are missing the opportunity to respond to other health issues for people who inject drugs, including preventing HIV infection²⁻⁶.

We highlight the challenges facing people who use drugs in the African region, including the issues of co-infection with hepatitis B and HIV. We draw attention to the vulnerabilities of women who use drugs, particularly women who are pregnant or may become pregnant. These include the issues of co-infection, mother to child transmission and the impacts of discrimination and stigma around parenting and access to appropriate health care.

We highlight the evidence that shows that the coverage of needle and syringe programmes and opioid agonist therapy vary substantially globally, and the African region is no different. We shine a light on the reality that 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 services⁸. Access to services to prevent hepatitis C is a human right and has significant public health benefits.

We congratulate the innovation that has seen the development of direct-acting antiviral therapies that cure >95% of people with hepatitis C^{9,10}. This scientific advance has brought considerable optimism to people living with hepatitis C and people working in the field. We congratulate United Nations Member States to include hepatitis as a target of the Sustainable Development Goals, and the World Health Organization for setting viral hepatitis elimination as the goal of its first Global Health Sector Strategy on Viral Hepatitis¹¹.

We recognise the Sustainable Development Goals that include a commitment to health and well-being. We affirm the WHO targets to eliminate hepatitis C by 2030 (from 2015 levels) that set targets including¹¹:

- reducing new hepatitis C infections by 90%
- 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%.

We call for these goals to be applied equitably to all affected populations including people who use drugs across all global regions, with priority given to priority populations in low and middle-income settings, including the African region. We ask the global community to recognise that these targets will not be achieved without increased focus and funding and support the work to achieve these goals in the African region.

We highlight the reality that testing and treatment for hepatitis C among people who use or inject drugs remains suboptimal globally¹²⁻¹⁵. Some countries continue to restrict access to hepatitis C therapies for people who have recently used drugs^{16,17} 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 use¹⁸. The rate of hepatitis C reinfection among people who inject drugs is low¹⁹, but the availability of opioid agonist therapy and needle-syringe programmes will be critical to reduce the risk of reinfection. There is no scientific evidence to deny people who use drugs access to a cure for hepatitis C.

We highlight the evidence that has proven that access to interventions such as low-threshold needle and syringe programmes, opioid agonist therapy, and hepatitis C treatment are essential to reduce hepatitis C incidence and prevalence among people who use drugs^{4,5}. We once again bring attention to the consistent evidence that 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 drugs²⁰. We highlight the vital role of civil society to contribute to the efforts to eliminate hepatitis C, and the importance of involving people who use drugs in the efforts to provide appropriate hepatitis C prevention, treatment, care and support.

We congratulate and support the Ministers of Health of the African Union Member States for the drafting of the Cairo Declaration on Viral Hepatitis in Africa, reviewing the progress and challenges on Viral Hepatitis prevention and control in Africa²¹. The declaration commits Ministers to government leadership, implementation of hepatitis programs, developing budgeted national plans, integration of viral hepatitis care into existing services, raising awareness, ensuring access to hepatitis prevention and treatment services (including comprehensive care for key populations, including people who inject drugs), accelerate access to new diagnostics and medicines.

We also congratulate African Member states on the adoption of the African Union Plan of Action on Drug Control and Crime Prevention 2019-2023. This recognizes the war on drugs has failed and supports alternatives to crime and punishment.

We, the community of people working to eliminate hepatitis C in the African region, bring our support to the United Nations and African Union Member States working towards the goal of eliminating viral hepatitis by 2030. We call on African political leaders and all global partners to strive towards eliminating hepatitis C infection as a public health threat by 2030 among people who use drugs by achieving the following actions²².

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 health²³. 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. Health responses must be integrated with the holistic health needs for people who use drugs. Highly marginalized groups including women who use drugs should be provided with tailored and specific services that meet their needs, and the needs of their children.

3. Supporting community empowerment and community-based programmes – Programmes must implement interventions to enhance community empowerment and promote involvement in particular for people who use drugs^{23,24}. 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 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, funders, and policy-makers must work together to eliminate stigma, discrimination and violence against people who use drugs;

6. Reforming drug policies – In line with the commitment to ensure drug policies improve the health, safety, security and socio-economic well-being of people that is contained in the African Union Plan on Drug Control and Crime Prevention 2019-2023, 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 agonist 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). This would be facilitated by a regional framework for the African Union; and

7. Enhanced funding for harm reduction approaches and 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. This would also be facilitated by a regional framework for the African Union. Governments at all levels need to introduce sustainable funding models to support these efforts.

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, and policy-makers around the world to work together to make this happen.

References

1. Stanaway JD, Flaxman AD, Naghavi M, et al. The global burden of viral hepatitis from 1990 to 2013: findings from the Global Burden of Disease Study 2013. *Lancet* 2016; **388**(10049): 1081-8.
2. MacArthur GJ, van Velzen E, Palmateer N, et al. Interventions to prevent HIV and Hepatitis C in people who inject drugs: a review of reviews to assess evidence of effectiveness. *Int J Drug Policy* 2014; **25**(1): 34-52.
3. Degenhardt L, Mathers B, Vickerman P, Rhodes T, Latkin C, Hickman M. Prevention of HIV infection for people who inject drugs: why individual, structural, and combination approaches are needed. *Lancet* 2010; **376**(9737): 285-301.
4. Hagan H, Pouget ER, Des Jarlais DC. A systematic review and meta-analysis of interventions to prevent hepatitis C virus infection in people who inject drugs. *The Journal of infectious diseases* 2011; **204**(1): 74-83.
5. Platt L, Reed J, Minozzi S, et al. Effectiveness of needle/syringe programmes and opiate substitution therapy in preventing HCV transmission among people who inject drugs. *The Cochrane database of systematic reviews* 2016; **2016**(1).
6. Aspinall EJ, Nambiar D, Goldberg DJ, et al. Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis. *International journal of epidemiology* 2014; **43**(1): 235-48.
7. Degenhardt L, Grebely J, Stone J, et al. Global patterns of opioid use and dependence: harms to populations, interventions, and future action. *Lancet* 2019; **394**(10208): 1560-79.
8. Larney S, Peacock A, Leung J, et al. Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. *Lancet Glob Health* 2017; **5**(12): e1208-e20.
9. Dore GJ, Feld JJ. Hepatitis C virus therapeutic development: in pursuit of "perfectovir". *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America* 2015; **60**(12): 1829-36.
10. Falade-Nwulia O, Suarez-Cuervo C, Nelson DR, Fried MW, Segal JB, Sulkowski MS. Oral Direct-Acting Agent Therapy for Hepatitis C Virus Infection: A Systematic Review. *Ann Intern Med* 2017; **166**(9): 637-48.
11. WHO. Global health sector strategy on viral hepatitis 2016-2021. 2017. <http://apps.who.int/iris/bitstream/10665/246177/1/WHO-HIV-2016.06-eng.pdf?ua=1> (accessed June 5, 2017).
12. Saraswat V, Norris S, de Knecht RJ, et al. Historical epidemiology of hepatitis C virus (HCV) in select countries - volume 2. *Journal of viral hepatitis* 2015; **22 Suppl 1**: 6-25.
13. Liakina V, Hamid S, Tanaka J, et al. Historical epidemiology of hepatitis C virus (HCV) in select countries - volume 3. *Journal of viral hepatitis* 2015; **22 Suppl 4**: 4-20.
14. Bruggmann P, Berg T, Ovrehus AL, et al. Historical epidemiology of hepatitis C virus (HCV) in selected countries. *Journal of viral hepatitis* 2014; **21 Suppl 1**: 5-33.
15. Lazarus JV, Sperle I, Spina A, Rockstroh JK. Are the testing needs of key European populations affected by hepatitis B and hepatitis C being addressed? A scoping review of testing studies in Europe. *Croatian medical journal* 2016; **57**(5): 442-56.
16. Barua S, Greenwald R, Grebely J, Dore GJ, Swan T, Taylor LE. Restrictions for Medicaid Reimbursement of Sofosbuvir for the Treatment of Hepatitis C Virus Infection in the United States. *Annals of internal medicine* 2015; **163**(3): 215-23.
17. Marshall AD, Cunningham EB, Nielsen S, et al. Restrictions for reimbursement of interferon-free direct-acting antiviral drugs for HCV infection in Europe. *Lancet Gastroenterol Hepatol* 2018; **3**(2): 125-33.
18. Hajarizadeh B, Cunningham EB, Reid H, Law M, Dore GJ, Grebely J. Direct-acting antiviral treatment for hepatitis C among people who use or inject drugs: a systematic review and meta-analysis. *Lancet Gastroenterol Hepatol* 2018; **3**(11): 754-67.

19. Hajarizadeh B, Cunningham EB, Valerio H, et al. Hepatitis C reinfection after successful antiviral treatment among people who inject drugs: A meta-analysis. *J Hepatol* 2019.
20. Kennedy MC, Karamouzian M, Kerr T. Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review. *Curr HIV/AIDS Rep* 2017; **14**(5): 161-83.
21. African Union. Draft Cairo Declaration on Viral Hepatitis in Africa. 2019. https://au.int/sites/default/files/newsevents/workingdocuments/36768-wd-sa24616_e_original_declaration_on_viral_hepatitis.pdf2020).
22. Grebely J, Dore GJ, Morin S, Rockstroh JK, Klein MB. Elimination of HCV as a public health concern among people who inject drugs by 2030 - What will it take to get there? *J Int AIDS Soc* 2017; **20**(1): 22146.
23. United Nations Office on Drugs and Crime INoPWUD, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, World Health Organization, United States Agency for International Development. . Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions. . 2017. [http://www.unodc.org/documents/hiv-aids/publications/Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS.pdf](http://www.unodc.org/documents/hiv-aids/publications/Implementing_Comprehensive_HIV_and_HCV_Programmes_with_People_Who_Inject_Drugs_PRACTICAL_GUIDANCE_FOR_COLLABORATIVE_INTERVENTIONS.pdf).
24. Schatz E, Schiffer K, Maher M, et al. The Berlin Hepatitis C Manifesto: access to prevention, testing, treatment and care for people who use drugs. *Hepatology, Medicine and Policy* 2016; **1**(14): 1-9.