BARRIERS, GAPS, AND GLOBAL TRENDS: ADVANCING HEPATITIS ELIMINATION FOR PEOPLE WHO USE DRUGS

HARM REDUCTION INTERNATIONAL

Author: Cortez Licona Paulina [1]
Presented by: Gurung Gaj [2]

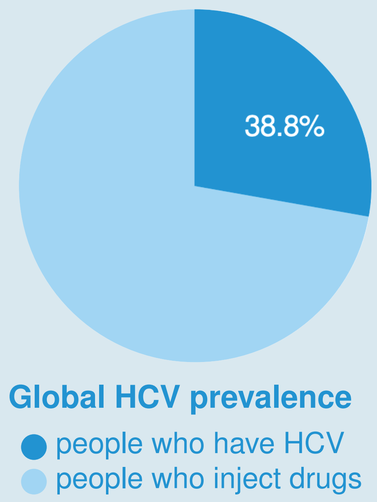
BACKGROUND

People who use drugs face a high risk of hepatitis B and C. Despite affordable prevention and treatment options, most countries lag behind the WHO's 2030 elimination targets. Many harm reduction programmes fail to integrate hepatitis services, and specific outreach and activities for people who use drugs are frequently absent in hepatitis programmes. Harm Reduction International (HRI) created a hepatitis repository in 2022, updated it in 2024, and incorporated new data into the Global State of Harm Reduction (GSHR) 2024 to enhance understanding and response.

RESULTS

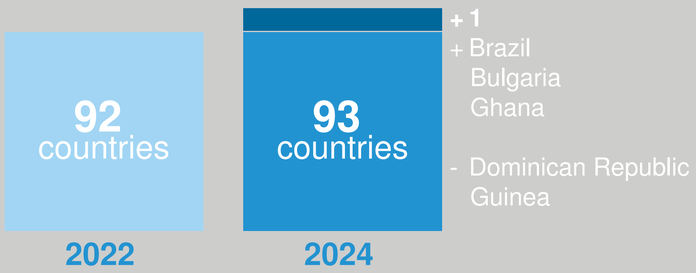
• The GSHR 2024, with 284 contributors from 101 countries, reports barriers to harm reduction service access and regional prevalence rates of hepatitis B and C among people who inject drugs.
• There has been a slight increase in the availability of harm reduction services since the Global State of Harm Reduction report in 2022. However, substantial regional differences still exist. Some of the barriers are stigma, criminalisation, and restrictive policies that prevent access to services, leaving people behind in elimination efforts.
• At least seven countries (Bosnia and Herzegovina, Brunei, Croatia, Guyana, Libya, North Macedonia, and Uruguay) require drug abstinence for HCV treatment, without evidence supporting this approach. Only 14 countries, mostly high-income nations, are on track to meet the elimination goals.
• According to the latest estimate published in The Lancet in 2023, the global prevalence of current HCV infection among people who inject drugs is 38.8%. This means that around 5.8 million people who inject drugs are living with HCV.

Global prevalence of HCV infection among people who inject drugs



NEEDLE & SYRINGE PROGRAMMES

People who inject drugs sharing contaminated injecting equipment drives infections, contributing to an estimated 43.6% of new HCV infections globally. Needle and syringe programmes (NSPs) provide people who inject drugs with sterile equipment (needles, syringes, swabs, sterile water) and connect them to health education, referrals, counselling, and other services.



As of 2024, 93 countries have at least one NSP, compared to 92 in 2022. However, injecting drug use is documented in 190 countries and territories, meaning people in 97 countries still lack access to NSPs.The need for NSPs continues to outstrip availability far.

DRUG CONSUMPTION ROOMS (DCRs)

Drug consumption rooms (DCRs) can provide a pragmatic approach to a complex social and public health issue by saving lives directly and indirectly by connecting people to healthcare and social welfare services.

The number of countries with DCRs remains very small, but it has increased from 16 to 18 since 2022. The two new countries on this list are Colombia and Sierra Leone.

OPIOID AGONIST THERAPY (OAT)

Opioid agonist therapy (OAT) programmes are now in 94 countries, compared to 88 in 2022.

The new countries include Egypt, Jordan, Kuwait, the United Arab Emirates, Peru, Benin, and Sierra Leone, although access is limited in some cases. In Benin, a pilot OAT programme began at one site in the capital, Porto-Novo, in December 2023. In Sierra Leone, a small-scale OAT programme is led by peer educators and run by a community-led group.
Peru began implementing OAT, although access is again very limited and only available in medical settings. In West and Central Africa, Nigeria has ceased its OAT programme.

OTHER KEY GLOBAL FINDINGS

• **Globally, 90% of HBV infections remain undiagnosed, and 98% of those with HBV infections have not received treatment.**
• **Just 10 countries account for nearly 80% of all global HCV infections among people who inject drugs:** the USA, China, Russia, India, Ukraine, Italy, Vietnam, Kazakhstan, Japan, and Pakistan.
• Significant information gaps persist: HCV data are available for only 13 of 47 countries in Eastern & Southern Africa.
• Testing, prevalence, and treatment data for people who inject drugs are limited in many regions; for example, there are no recent HCV prevalence estimates for Pacific Island countries and states in Oceania.
• Globally, HCV prevalence among people who inject drugs is 38.8%, with striking regional extremes: Indonesia (67%), Mexico (71.6%), and Russia (53.2%).
• **The highest regional prevalence is in Eastern Europe, at 48.4%** (~1.1 million people).
• **The lowest prevalence is in Eastern & Southern Africa, as well as West & Central Africa** (combined prevalence of 15.3%, ~192,000).
• Testing coverage is highly uneven, even within regions. In East & Southeast Asia, only 26.8% of people who inject drugs have ever tested for HCV, compared to 5% in South Asia, with contrasts such as 4.3% in Indonesia versus 57.3% in Malaysia. Some regions report high coverage: Oceania (86.3%), North America (77.2%), and Eurasia (71.2%). In Latin America, recent data are available only from Costa Rica, where 73% of people who inject drugs have ever tested.
• **Treatment coverage remains insufficient across all regions,** for example, in North America, 31.1% of people who inject drugs have received HCV treatment. Lowest rates worldwide (1.9% in East & Southeast Asia, and 2% in South Asia).

CONCLUSIONS

Hepatitis elimination for people who use drugs requires scaling up harm reduction programmes and protecting existing programmes and achievements, ensuring wider access to testing, expanding treatment coverage, and addressing stigma and restrictive policies.

Many countries lack harm reduction services: e.g., NSPs are available in 93 countries, yet injecting drug use occurs in 190 countries; OAT coverage remains limited in several countries; DCRs exist in only 18 countries.

Persistent data gaps undermine monitoring and accountability, underscoring the critical role of the Hepatitis Repository and GSHR 2024 in guiding evidence-based responses at global, regional, and national levels.

Access to hepatitis C diagnosis and treatment is hindered by affordability, stigma, and limited harm reduction resources. A sustained commitment to the right to health, evidence-based services and responses, and investment is essential to achieving hepatitis elimination goals.

METHODS

We conducted an online expert survey with qualitative and quantitative questions from harm reduction stakeholders. Data collection for the ninth edition of the GSHR occurred from April to August 2024. We applied thematic analysis and expert peer review, supplemented by a literature review. The Hepatitis Repository provides global, regional, and national estimates across nine GSHR regions, drawing from sources including UNODC, UNAIDS, WHO, the Global Burden of Disease, and the Polaris Observatory.

Please note that the following results are from the 2024 data collection. This year, global health, including harm reduction services have been affected by funding reductions. We are currently working to gather more information to report on the main changes in 2025.

We invite you to visit our website for further details: https://hri.global/

[1] Project Coordinator and Researcher, Public Health and Social Policy Team, Harm Reduction International.
[2] Senior Analyst, Sustainable Financing Team, Harm Reduction International.