

STATEMENT

DNDi welcomes the progress report on this agenda item and notes that, despite the availability of improved diagnostics and effective treatments, only 26% of people living with hepatitis C have been diagnosed, and just 14% have received curative treatment. This underpins the need to take action to expand access to testing, including implementing community-based screening approaches. This must be complemented by strengthening the link between diagnosis and the provision of treatment and care.

There is also a pressing need to focus on populations at the highest risk of hepatitis C infection, such as people who inject drugs, who often face significant barriers to accessing national healthcare systems. A combination of social and medical interventions is required to increase the uptake of testing and treatment, as well as to enhance patient engagement and retention in care.

There is a danger of rising resistance of the hepatitis C virus to a class of antivirals that target the NS5A protein, that essential for the replication of the hepatitis C virus within host cells. Enhanced surveillance systems should be established to track the emergence of drug-resistant strains, identify patterns of resistance, and guide future treatment strategies. In addition, new, affordable direct-acting antivirals must be included in national essential medicines lists so that treatments can be adapted to patient needs.

Investment case studies from several countries demonstrate a return of USD 2-3 for every dollar invested in hepatitis B and C interventions. To achieve elimination targets, hepatitis programs must be sustainably financed.