

# Global Priority Statement: Integrate Hepatitis B Responses into Harm Reduction

A Viral Hepatitis Pre-Conference was convened as part of the Harm Reduction International 2023 Conference in Melbourne, Australia, situated in the Western Pacific Region which has the highest prevalence of hepatitis B in the world.

People who use drugs have the right to be protected from hepatitis B infection, to know their hepatitis B status, and to have equitable and affordable access to prevention, treatment and care.

People who use drugs are significantly and disproportionately affected by the health and social impacts of hepatitis B, however to-date hepatitis B has been neglected in harm reduction programs and policies.

To deliver this, the following priority areas for action have been identified:

- **Integrate hepatitis B within existing harm reduction programs;** this offers one of the best platforms to provide screening and vaccination for hepatitis B among people who use drugs and appropriate linkage to care and treatment. Many existing harm reduction programs, especially those that are decentralised and community-led, are already testing for HIV and hepatitis C, and these programs can be strengthened to provide more holistic and needs based care which includes hepatitis B responses.

---

- **Implement the World Health Organization (WHO) recommendations for vaccination of people who use drugs,** and other high-risk groups. These recommendations have been in place since 2012 and reinforced in subsequent guidelines and position papers.

---

- **Include hepatitis B vaccination related cost for people who use drugs,** and other high-risk groups, **in domestic funding allocations and into proposals to the Global Fund,** which states that: *The Global Fund will fund hepatitis B (and C) testing for people who inject drugs regardless of HIV status if there is a strong epidemiological case and it is part of comprehensive HIV programming.*

---

- **Demand that GAVI meets its commitment** to support hepatitis B birth dose vaccine introduction, including for women who use drugs and their children.

---

- **Integrate hepatitis B** vaccination and linkage to care **within HIV programs** and amongst people accessing PrEP for HIV prevention.

---

- **WHO,** its regional and country offices **should play a more catalytic and proactive role to ensure that hepatitis B is prioritised** including screening, prevention through vaccination and harm reduction, diagnosis and treatment.

---

- **Harm reduction** sector, conferences and other fora should include **greater emphasis on hepatitis B** and hepatitis C.

---

- **Viral hepatitis** sector, conferences and other fora should include **greater emphasis on people who use drugs and harm reduction.**

---

# Global Priority Statement: Integrate Hepatitis B Responses into Harm Reduction

## Understanding the rationale for integration of hepatitis B into harm reduction:

- Hepatitis B is both a blood borne virus and a sexually transmissible infection.

---

- People who use drugs, particularly people who inject drugs are at significant risk of blood borne viruses including hepatitis B. An estimated 14.8 million people globally inject drugs of whom 8.4% or 1.2 million are living with hepatitis B. The global prevalence of HIV amongst people who inject drugs is 15.2%, and 38.8% for hepatitis C.

---

- Most people living with chronic hepatitis B are unaware of their infection. Of the 296 million people globally living with chronic hepatitis B, only 10% know their status and 2% are receiving antiviral treatment.

---

- Hepatitis B is preventable and treatable, but left untreated can cause liver damage, liver failure, liver cancer and death, with more than 60% of liver cirrhosis and liver cancer related deaths attributed to hepatitis B.

---

- 820,000 people die of hepatitis B infection annually although effective and safe treatments to prevent liver damage and liver cancer have been available for years.

---

- 1.5 million new infections occur annually despite the availability of extremely safe and effective vaccines, and effective harm reduction measures that prevent blood borne virus transmission such as needle and syringe programs.

---

## Providing hepatitis B testing, vaccination and care for people who use drugs is essential for meeting global goals:

- Sustainable Development Goal 3.3 commits to combating viral hepatitis by 2030 and this is not on track.

---

- A lack of genuine hepatitis B action and progress risks leaving people behind.

---

- The Global Health Sector Strategy on HIV, Viral Hepatitis and Sexually Transmissible Infections, 2022-2030, calls for the integration of hepatitis B within responses in order to reach the elimination targets.

---

- People who use drugs are identified as a key population for viral hepatitis elimination by WHO.

---

- It is critical that the elimination goals are equitably achieved including by people who use drugs.

---



May 2, 2023

### **ICE-HBV Endorsement of Integration Hepatitis B Responses in Harm Reduction**

To whom this may concern,

This statement is to express the strong support from the International Coalition to Eliminate HBV (ICE-HBV) for integration of Hepatitis B care into existing harm reduction programs, as detailed in the Viral Hepatitis Harm Reduction International Pre-Conference. Crucial conversations regarding those affected and the necessary implementation of harm reduction integration were shared solidifying our deep support.

well as have adequate access to treatment and care. Hepatitis B virus infection disproportionately affects those who utilize drugs, but hepatitis B has been neglected from previous harm reduction programs and policies.

Priority areas of integrating hepatitis B within existing harm reduction programs include creating a greater emphasis on harm reduction from hepatitis B and viral hepatitis for those who use drugs, implementing the WHO recommendations for vaccinations in those who utilize drugs, including hepatitis B vaccination in allocations from the Global Fund, demanding GAVI meets its commitment for HBV control, and integrating hepatitis B with HIV programs. Each of these interventions would benefit communities that suffer from high rates of hepatitis B virus infection. These steps are necessary to combat the spread of the virus, which causes 1.5 million new infections each year and 820,000 deaths annually.

ICE-HBV very strongly endorses integrating hepatitis B responses with existing harm reduction programs.

Sincerely,

A handwritten signature in black ink, appearing to read "John Tavis".

John Tavis, Ph.D.  
Professor, Saint Louis University  
ICE-HBV Chairperson

A handwritten signature in black ink, appearing to read "M Dandri".

Maura Dandri, Ph.D.  
Professor, University of Hamburg  
ICE-HBV Incoming Chairperson