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TWELFTH PARLIAMENT- SECOND SESSION 2018

DEPARTMENTAL COMMITTEE ON HEALTH REPORT

ON

JOINT ACTION POLICY DAY AND THE 7TH INTERNATIONAL SYMPOSIUM ON HEPATITIS CARE IN SUBSTANCE USERS

LISBON AND CASCAIS, PORTUGAL

17TH - 21ST SEPTEMBER, 2018

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DAAs	Direct-Acting Antivirals
DIC	Drop-in Centre
HCV	Hepatitis C Virus
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
INHSU	International Network on Hepatitis in Substance Users
LMICs	Low-Income and Middle-Income Countries
MSF	Medically Assisted Therapy
NASCOP	National AIDS & STI Control Programme
NSP	Needle & syringe programs
OST	Opioid Substitution Therapy
PWID	People Who Inject Drugs
SDG's	Sustainable Development Goals (SDG's)
STI	Sexually Transmitted Infection
TB	Tuberculosis
TLC IDU	Test, Link, Cure Injection Drug Use
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNITE	Global Parliamentarians Network to end HIV/AIDS, Viral Hepatitis and other Infectious Diseases
UN	United Nations
WHO	World Health Organization

1.0 PREFACE

Hon. Speaker

This report is an account of the delegation from the Departmental Committee on Health's trip to Lisbon and Cascais, Portugal for Joint Action Policy Day and the 7th International Symposium on Hepatitis Care in Substance Users that was held from 17th – 21st of September, 2018.

The Departmental Committee on Health received invitation from the Portuguese National Parliament and International Network on Hepatitis in Substance Users (INHSU) to attend the Joint Action Policy Day and the 7th International Symposium on Hepatitis Care in Substance Users.

Portugal was chosen as the ideal location to host the two events as it has been an international leader in universal access to drugs for the treatment of Hepatitis C and has implemented a number of health policies for several years, including decriminalization of drug use. In the 1980's and 1990's Portugal reached crisis point as unprecedented number of its urban population grappled with the issue of substance use, it saw a sharp increase in blood borne infections like HIV and Hepatitis C, increase in crime and social disruption.

This prompted all sectors of society to come together with a view of finding solutions to the new phenomena. After almost 20 years of trying to find the right cure to their drug problem, the Portuguese Parliament in 2001 approved decriminalization of substance use. With time the nation's mindset of perceiving substance use as a criminal offence changed and substance abusers were seen as a group in need of health and social support rather than criminals.

Hon. Speaker

During the stay in Portugal the delegation managed to attend two site-visits where they witnessed ambulatory medical and psychological program oriented towards meeting the needs of users that, simultaneously use licit or illicit drugs.

The delegation also engaged with community of people working to eliminate hepatitis C, including legislators from around the world, researchers, policy makers, clinicians and affected community members where they discussed current international best practice in drug user health and hepatitis C prevention, treatment and care and to set out proposed actions to advance policy in these areas.

The outcome of the Joint Action Policy Day was launching of a Global Declaration to Eliminate Hepatitis C in People Who Use Drugs, the declaration was signed by different organizations and members of parliament.

The delegation also participated in the 7th International Symposium on Hepatitis Care in Substance Users that was held from 19th -21st September, 2018. The discussions focused on; Public health policies and the epidemiology, new strategies for the prevention and screening of HCV and new antiviral agents for the treatment of HCV.

1.2 Delegation

The following Members of the Departmental Committee on Health comprised the delegation to the Joint Action Policy Day and the 7th International Symposium on Hepatitis Care in Substance Users in Lisbon and Cascais, Portugal, 17th – 21st September, 2018

i) Hon. Sabina Wanjiru Chege, MP –Chairperson, Leader of the Delegation
ii) Hon. (Dr.) David Eseli Simiyu, MP
iii) Hon. Esther M. Passaris, MP
iv) Hon. Zachary Kwenya Thuku, MP
v) Hon. Christopher Odhiambo Karan, MP
vi) Mr. Muyodi Meldaki Emmanuel – Secretary to the delegation

1.3 Appreciation

Hon. Speaker

The delegation is grateful to the Offices of the Speaker and the Clerk of the National Assembly for facilitating the trip to Portugal for the Joint Action Policy Day and the 7th

International Symposium on Hepatitis Care in Substance Users that was held from 17th – 21st of September, 2018.

Apart from the Hon. (Dr.) Eseli Simiyu, MP who had an advantage of coming from a medical background, the rest of the delegation found the trip most eye-opening with issues regarding Hepatitis, in particular Hepatitis C. It was also the first time that the delegation heard of harm reduction program and visited harm reduction programs where they witnessed ambulatory medical and psychological program oriented towards meeting the needs of drug users.

Hon. Speaker,

Pursuant to Standing Order no. 199(6), it is now my pleasant duty to table the Departmental Committee on Health Report on the Joint Action Policy Day and the 7th International Symposium on Hepatitis Care in Substance Users in Lisbon and Cascais, Portugal, 17th – 21st September, 2018, for consideration and adoption by the House.

Signed ..... **Date** 8/11/18

Hon. Sabina Chege, MP

Chairperson, Departmental Committee on Health

2.0 BACKGROUND

Hepatitis C refers to an inflammatory condition of the liver caused by the Hepatitis C virus (HCV). The spectrum of the disease varies from a mild illness lasting week to a chronic lifelong condition that can lead to liver cirrhosis or liver cancer. It is estimated that 71.1 million people are living with chronic hepatitis C virus (HCV) infection globally, including 6.1 million people with recent injection drug use.

The principal routes of transmission include; Blood and blood products, unsafe surgical or medical procedures, parenteral transmission via tattooing or acupuncture with unsafe materials, shared drug paraphernalia etc.

Chronic hepatitis remains a significant health problem in Kenya. Morbidity and mortality rates are high and this is compounded by ignorance of the disease, the cost of tests and treatment that is expensive and nearly inaccessible to many people.

To address this scourge that is creeping undetected into our societies there is a need for the government to act with urgency and include Hepatitis C treatment into the broader health portfolio this would help reduce morbidity and mortality from Chronic Hepatitis thus contributing to the development of the human capital necessary for the achievement of Vision 2030.

Global Parliamentarians Network to end HIV/AIDS, Viral Hepatitis and other Infectious Diseases (UNITE)

UNITE was established in February 2017 by Ricardo Baptista Leite, MP, with the support and under the auspices of The Joint United Nations Programme on HIV/AIDS (UNAIDS). UNITE was set as a non-profit, non-partisan, global network of parliamentarians (current and former Legislators) from State, National and Regional Parliaments, committed towards the Sustainable Development Goals (SDG's) and the elimination of HIV/AIDS, Viral Hepatitis and Tuberculosis as public health threats by 2030.

The organization successfully implemented its First Policy Day in September 2018 and in partnership with the 7th International Symposium on Hepatitis Care In Substance Users

(INHSU), they were able to bring together parliamentarians, policy makers, researchers, clinicians, and affected community members from all over the world where they discussed current international best practice in drug user health and hepatitis C prevention, treatment and care and set out proposed actions to advance policy in these areas.

So far they have a network of 54 MPs from 33 countries that are champions in raising awareness and advocating for ending of HIV/AIDS, viral hepatitis and other Infectious Diseases as public health threats by 2030.

International Network on Hepatitis in Substance Users (INHSU)

INHSU is an international organization dedicated to scientific knowledge exchange, knowledge translation, and advocacy focused on hepatitis C prevention and care for people who use drugs.

The International Symposium on Hepatitis Care in Substance Users is the leading International conference focused on the management of hepatitis among substance users. It is organized by the INHSU. The symposium is held bi-annually and was first held in Zurich, Switzerland, in 2009, Brussels, Belgium, in 2011, Munich, Germany, in 2013 and Sydney, Australia, in 2015. In 2015, INHSU decided to move to an annual symposium to keep pace with the rapid development of new therapies and exciting new research on HCV care among people who inject drugs. Hence, the 2016 INHSU symposium was held in Oslo, Norway, in 2017 Jersey City, United States and in 2018 the symposium was held in Cascais, Portugal.

The International Symposium on Hepatitis in Substance Users attracted delegates including health professionals (doctors, nurses and allied health), researchers, community organizations, people who use drugs and policy makers from all over the world.

3.0 SITE VISIT TO A COMMUNITY-BASED ASSOCIATION - THE LOW-THRESHOLD PROGRAMME (METHADONE)

On 17th September, 2018 the delegation undertook a visit to a harm reduction-low threshold methadone program run by an organization known as Ares do Pinhal.

During the tour the delegation learnt that this was an ambulatory medical and psychosocial program. The program consisted of three mobile units closely working with a support office, operating every day from five strategic points of western and eastern Lisbon. These strategic points were selected based on their greater proximity to areas of consumption and public transportation.

The delegation was informed that the program was oriented towards meeting the needs of users that, simultaneously abused other licit or illicit drugs, people who frequently engaged in risky behavior, homeless without social support, unemployed and those who are detached from health and social institutions. The program closely monitored these vulnerable people and assisted them in many ways; as booking their health/social appointments and providing them with transport when needed etc.

The program goals included reduction of individual, social and public health risks associated with illicit drug use, screening for infectious diseases, raising awareness on safe consumption and sexual practices as well as referral of clients to health and social services and/or more structured treatment projects in the community network, allowing continuity of health care.

This was done through providing low threshold harm reduction services such as syringe/needle exchange, distribution of consumption materials and condoms, surveillance of personal health and the administration of different medications under direct supervision (methadone, tuberculostatics, anti-retrovirals, etc.)

The aspect that makes it's a good practice is the accessibility of the service, with three

mobile outreach units operating every day from five strategic points. This made it easier for them to reach around 1200 heroin users.

4.0 JOINT ACTION POLICY DAY AT THE PORTUGUESE NATIONAL PARLIAMENT

On 18th September, 2018 the delegation joined other delegates at the Portuguese National Parliament for a joint action policy day. The meeting was hosted by the International Network on Hepatitis in Substance Users (INHSU) and the UNITE Network.

The objectives of the meeting were to;

i. Highlight global practices in drug user health, harm reduction and drug policy;
ii. Highlight global best practices and policies in prevention and treatment of HCV infection;
iii. Discuss what is required for policy change and expanding best practice; and
iv. Strategize actions for developing best practice policy implementation.

The meeting mainly focussed on integrating drug user health, policy, and hepatitis C prevention and care for people who use drugs and it brought together a community of people working to eliminate hepatitis C.

The delegation sat through the following presentations from other legislators, researchers and people who inject drugs, people affected by infectious diseases (HIV, Hepatitis C and TB);

1. A Global Review of Injecting Drug Use, HIV, Hepatitis C, Harm Reduction Coverage – by Sarah Larney, National Drug and Alcohol Research Centre, UNSW Sydney
2. Overview: Drug User Health and Hepatitis C Care in Portugal - by Ricardo Baptista Leite, UNITE Network, Portuguese Parliament
3. Policy Perspective: Decriminalization and Harm Reduction in Portugal – by João Goulão, General Directorate for Intervention on Addictive Behaviours and Dependencies
4. Clinical Perspective: Hepatitis C Care in Portugal – by Rui Tato Marinho, Hospital

Santa Maria

5. Community Perspective: Drug User Health and Hepatitis C Care in Portugal – by Luis Mendão, GAT/Coalition Plus
6. Practices and policies that have led to enhanced drug user health in Canada – by Mark Tyndall, British Columbia Centre for Disease Control
7. Practices and policies that have led to enhanced drug user health in Malaysia – by Yatie Jonet, Malaysian AIDS Council
8. Perspective from the community - by Judy Chang, International Network of People who Use Drugs
9. Practices and policies that have led to enhanced HCV prevention and care in Australia - by Gregory Dore, The Kirby Institute, UNSW Sydney
10. Practices and policies that have led to enhanced HCV prevention and care in Georgia - Mariam Jashi, Parliament of Georgia
11. Perspective from the community – by George Kalamitsis, World Hepatitis Alliance

5.0 KEY MESSAGES FROM THE JOINT ACTION POLICY DAY MEETING

i. Criminalization of drug use is counterproductive and that other countries need to learn from best practices such as Portugal.

ii. The costs and negatives consequences of criminalization need to be compared with elimination costs at all levels.

iii. Harm reduction is one of the most impactful measures that is supported by evidence. There is a need to find ways to ensure effective universal implementation and integration of innovative best practices.

iv. Policies should hinder circuit distribution of major quantities of drugs (moving away from street sellers) and focus on safe supply.

v. Advocacy for and by people who use drugs is poorly funded and has the potential to promote human rights-based policies - people who use drugs should not be treated as second class citizens.

vi. Importance of peer networks and support among drug users to help navigate among formal and informal social services.

vii. Stigma and discrimination against people who use drugs continue to be an accepted reality that all stakeholders should actively fight against.

viii. Prison health is public health. Easy to reach opportunity to achieve micro elimination with impact in all society.

ix. Promote clear and comprehensive policies and actions throughout the whole cascade (prevention, treatment and follow-up) to avoid risks of generation gaps through targeted approaches.

Thereafter all present signed the 'Global Declaration to Eliminate Hepatitis C in People Who Use Drugs', in which they called on world political leaders to adopt the United Nations goal of Hepatitis C elimination by 2030.

The Declaration outlined seven actions to close the "gap between the global impact of Hepatitis C 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.

6.0 7th INTERNATIONAL SYMPOSIUM ON HEPATITIS CARE IN SUBSTANCE USERS

After the policy event the delegation participated in the INHSU Conference and specifically focused on sessions that addressed the issues of Hepatitis C in the low-income and middle-income countries (LMICs). One of the session that the delegation was keen on was a session titled "Improving Access to Care for PWID in Kenya - *from Pilot Study to National Programme*" that was presented by Abigael Lukhwaro, Program coordinator, Médecins du Monde -Doctors of the World.

The delegation learnt that since 2013 Médecins du Monde had been providing comprehensive Harm Reduction services through its Drop-in Centre (DIC) and Outreach activities, based in Nairobi and in 2016 the organization in partnership with Médecins Sans Frontières – Belgium, supported by MSF and UNITAID added a pilot treatment program to its existing Harm Reduction program.

The reason for addition of pilot treatment program was to demonstrate the effectiveness of Direct-Acting Antivirals (DAAs) in treating HCV amongst PWID, with the objective to increase equity in access to DAAs and scale-up HCV treatment for PWID.

She said that before Médecins du Monde added the pilot treatment program to its existing Harm Reduction program in 2016, the following were prevalent;

a. Limited access to rapid testing of hepatitis B and C.
b. Coverage of harm reduction services was only 40 %.
c. Limited access to HBV vaccination for PWID.
d. Limited access to OST before December 2015.
e. Lack of awareness on viral hepatitis among decision maker and general population and minimal political good will to invest in viral hepatitis.
f. Minimal peer involvement.
g. No HCV treatment except in private health facilities which PWID could not afford.
h. No DAAs registered.
i. No updated guidelines for viral hepatitis to include DAAs and PWID as a key population.

She further reported on the post pilot study status of the program:

i. That the Ministry of Health took over and treated about 400 patients at the Coastal region.
ii. Viral hepatitis guidelines was developed and launched.
iii. After the launch of the viral hepatitis guidelines Harvoni was registered and other DAAs were scheduled for registration.
iv. National Aids and STI Control Program TLC IDU study and treatment were put in place.
v. NASCOP was tasked to spearhead hepatitis intervention.
vi. Hepatitis sub-committee was put in place to provide technical support.

Program successes

a. Through Global Fund support, they have been able to treat 1000 patients among key population.
b. The Ministry of Health has been in the forefront in scaling up of Harm reduction

services ongoing especially NSP and Medically Assisted Therapy; there are now 7 clinics (2 in Nairobi, 4 in coast , and 1 in Kisumu) as compared to only 2 clinics (1 in Nairobi and 1 at the Coast) in 2015.

c. MoH spearheaded celebration of world hepatitis day for the first time in Kenya in 2018

Program Challenges

a. The government is yet to negotiate for cheaper generics.

b. There is still limited access to diagnostics in public health system.

c. Awareness is still poor among general population and some PWID.

d. Beyond the global fund support, there is no clear financing strategy.

e. A number of PWID in need of harm reduction services are not accessing the service due to;

- Punitive drug policy;
- Stigma and discrimination;
- Under age users need an adult to consent for them to access services like MAT; and
- Incarceration.

7.0 DELEGATION OBSERVATIONS

From the foregoing, the delegation observed that;

1. There is still little information regarding Harm Reduction Strategies, such as needle and syringe exchanges, or methadone treatment in Kenya. For example providing clean needles to PWID is still controversial in Kenya as people see it as encouraging drug use. There is need to scale up on these strategies as they are the most effective way of reducing prevalence of infectious diseases among drug users.

2. In Kenya morbidity and mortality rates from chronic hepatitis are high and this is compounded by ignorance of the disease, the cost of tests and treatment that is expensive and nearly inaccessible to many people.

3. Advocacy for and by people who use drugs is poorly funded and the country still views substance users as criminal offenders rather than a group in need of health and social support.

4. Portugal's policy of decriminalization of substance use has proved that criminalization of drug use is ineffective and counterproductive in the war against drug use. The approaches so far used in Kenya only targets poor people. Kenya can learn from Portugal and come up with alternative sentencing for low-level drug use and small-time offenders.

5. There is need to rethink our prohibition and punitive drug control with a view of moving towards drug policies based on a balanced approach consistent with human rights, public health, safety and the needs of affected communities.

6. We need to recognize that even though it is desirable to envision a drug free society, drug use and supply seem to be an enduring challenge worldwide and while we aspire to suppress supply and demand, we need to remain cognizant on the impact of our approaches on the lives of the mostly low level drug

dependent (addicts) whose lives only become worse with the repressive law enforcement approaches.

7. The delegation witnessed very progressive approaches to the drug problem in Portugal, where the Government supports Civil Society Organizations to avail the necessary support to persons with drug use disorders who are then able to regain their productivity and social functionality through the health and social support system rather the criminal justice. In Kenya we have nearly 30,000 young persons with opioid use challenges who would benefit from such responsive approaches.

8. The delegation learnt that change would be best achieved when drugs, drug use, and drug markets are regarded as challenges to be managed rather than problems to be "solved." In seeking to manage the challenge of drugs in society. There is need to support a range of public policies options to reduce the harms of drugs and the harms of prohibition. These were very visible in Portugal where progressive laws have been passed to support this and evidence was abundantly visible during the various site visits undertaken by the delegation.

9. The delegation realized that unlike the rest of the world where positive results are being realized through thoughtful, progressive drug policies that distinguishes what is problematic and what may be less problematic; in Kenya where current drug control regime tend to lump together (conflate) various types of drug use challenges and fail to make these important distinctions, for instance between drug use and problematic use, we end up creating bigger challenges for many people.

8.0 DELEGATION RECOMMENDATIONS

The delegation makes the following recommendations;

1. Given that there is still no strong donor support programme for hepatitis C and the cost of tests and treatment for the diseases is expensive and nearly inaccessible to many people, there is need for the government to negotiate with manufacturers to have generic forms of the drugs instead of the original ones which are not affordable to most Kenyans.

2. Public health awareness is needed to reduce prevalence of hepatitis C; this can be done by continuous screening of all vulnerable groups and providing rehabilitation services for injecting drug users.

3. The government should also work with other agencies to increase coverage of immunization for hepatitis C, especially among the most vulnerable people.

4. There is need to evaluate the drug use problem in Kenya and how the approaches currently in use have helped or aggravated the drug use challenge.

5. There is need to explore avenues, support policy innovations and legal reforms that utilizes the evidence available. From the outset it is imperative that we should explore legal reforms that would minimize harm to the already suffering low level drug dependent individuals who would benefit more from a health system rather than the criminal justice system. This will also help to avoid the unnecessary burdening of our justice system while also freeing the law enforcement to pursue the supply side actors

6. Even though MOH within the HIV intervention approaches are offering various medically assisted therapy like Methadone and even increased the number of clinics to 7 (2 in Nairobi, 4 in Coast, and 1 in Kisumu) offering Harm reduction services, these are not anchored in law and thus are implemented at the discretion of the law enforcement apparatus. Therefore, there is need to find ways of anchoring these promising interventions in law as they have proved more helpful than the criminal justice sanctions that our legal system emphasize.

ANNEXURE

INHSU Declaration

INHSU

Global Declaration to Eliminate Hepatitis C in People Who Use Drugs

A call for political leaders to take action

We, members and representatives of the community working to eliminate hepatitis C — a community that includes people living with viral hepatitis, people who use drugs, advocates, health care providers, programme managers, harm reduction experts, researchers, the pharmaceutical industry, and policy-makers — are concerned with the gap between the global impact of hepatitis C 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.

Globally, morbidity and mortality due to hepatitis C infection continue to rise[1]. People who use or inject drugs represent a priority population, given the high prevalence and incidence of hepatitis C infection resulting from inadequate access to sterile injecting equipment[2-5]. Globally, it is estimated that among the 15.6 million people with recent injecting drug use, 39% (4.6 million) are living with hepatitis C infection[6,7] and 1.4 million with hepatitis C and HIV[8]. Sharing of needles and syringes among people who use drugs is estimated to account for 23% of new infections globally[9].

Opioid substitution therapy with methadone or buprenorphine is effective for the prevention of hepatitis C and HIV infection[10-15]. Combination opioid substitution therapy and high-coverage needle and syringe programmes (adequate needles/syringes to cover all injecting episodes) can reduce hepatitis C incidence by up to 80%[15-20]. Needle and syringe programmes also prevent HIV infection[21].

However, the coverage of needle and syringe programmes and opioid substitution therapy vary substantially globally. 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 services[22]. Access to services to prevent hepatitis C is a human right and has significant public health benefits.

The availability of direct-acting antiviral therapies that cure >95% of people with hepatitis C infection is one of the greatest medical advances[23,24]. This has brought considerable optimism to people living with hepatitis C and people working in the field. This has led United Nations Member States to include hepatitis as a target of the Sustainable Development Goals, and the World Health Organization to set viral hepatitis elimination as the goal of its first Global Health Sector Strategy on Viral Hepatitis[25]. To achieve elimination by 2030 (from 2015 levels) the World Health Organization set targets that include[25]:

- reducing new hepatitis C infections by 80%
- 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%.

These goals should also be applied equitably to all affected populations, including people who use drugs[26].

However, testing and treatment for hepatitis C among people who use or inject drugs remains suboptimal globally[27-30]. Some countries continue to restrict access to hepatitis C therapies for people who have recently used drugs[31,32] 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 use[33,34]. The rate of hepatitis C reinfection among people who inject drugs is low[35-37]. There is no scientific evidence to deny people who use drugs access to a cure for hepatitis C.

Ensuring access to interventions such as low-threshold needle and syringe programmes, opioid substitution therapy, and hepatitis C treatment are essential to reduce hepatitis C incidence and prevalence among people who use drugs[17,20]. These interventions are in line with United Nations technical guidance[38] and are cost-effective[39,40]. Consistent evidence also 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 drugs[41].

We, the community of people working to eliminate hepatitis C, whole heartedly support the commitment by United Nations Member states to the goal of eliminating viral hepatitis by 2030. In order to achieve that goal, we call on world political leaders to strive towards eliminating hepatitis C infection as a public health threat by 2030 among people who use drugs by achieving the following actions[42]:

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 health[43]. 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.

3. Supporting community empowerment and community-based programmes – Programmes must implement interventions to enhance community empowerment, in particular for people who use drugs[43,44]. 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 pharmaceutical industry, 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, the pharmaceutical industry, funders, and policy-makers must work together to eliminate stigma, discrimination and violence against people who use drugs;

6. Reforming drug policies – 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 substitution 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); and

7. Enhanced funding for 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.

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