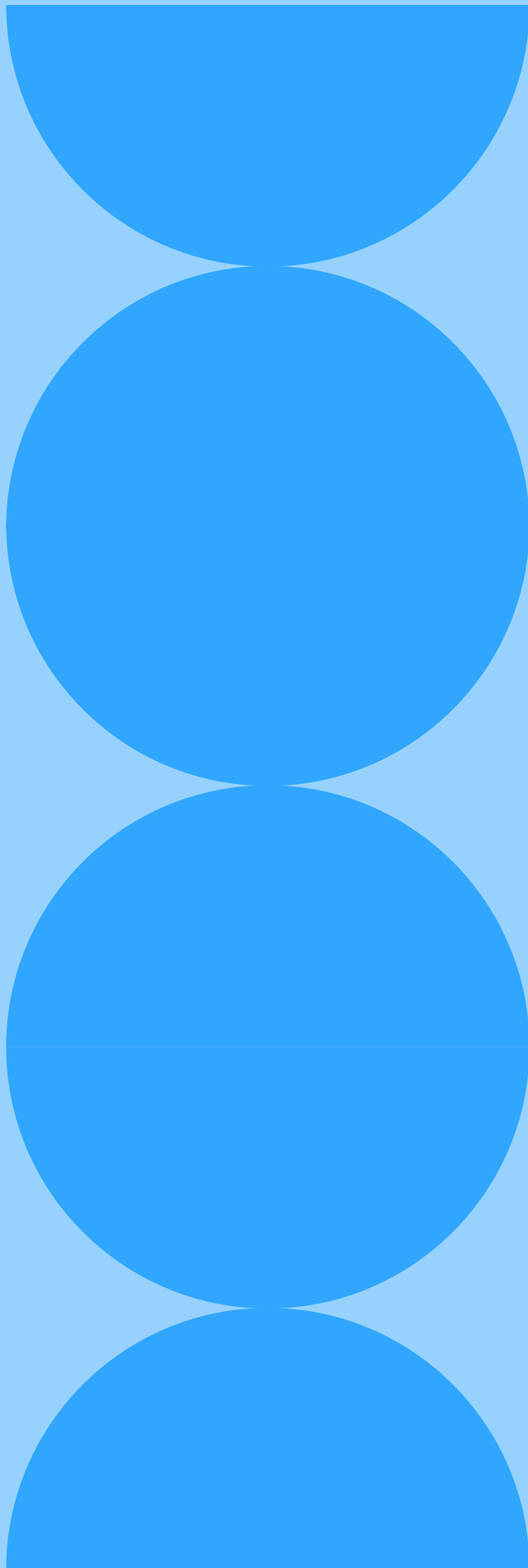


THEMATIC CHAPTER: HEPATITIS



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HEPATITIS

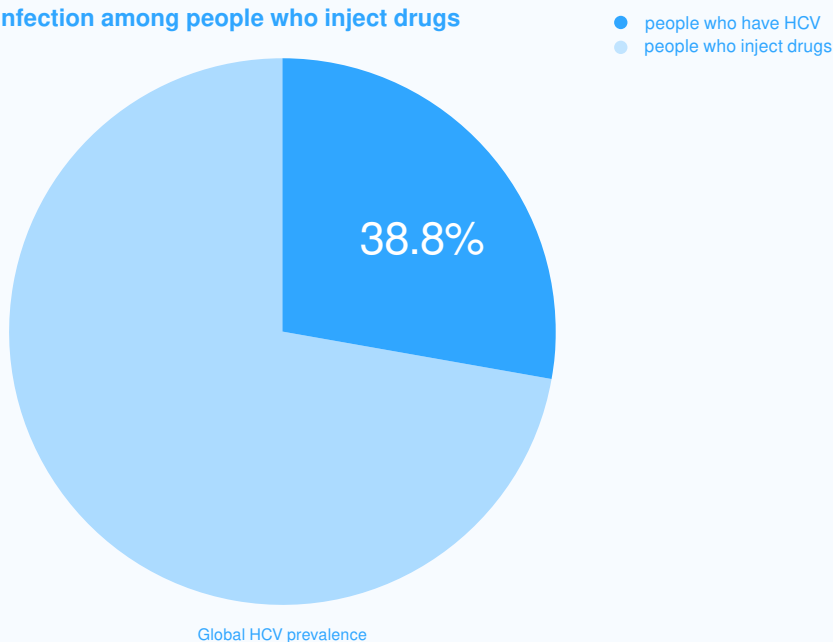
People who use drugs are at greater risk of acquiring hepatitis B and hepatitis C. This can be related to sharing drug use equipment as well as sexual activities. Harm reduction interventions are essential to the global commitment to eliminate hepatitis C by 2030.

ELIMINATION TARGETS OUT OF REACH

People who inject drugs are disproportionately affected by hepatitis C virus (HCV). 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.¹ There are considerable regional

differences in HCV prevalence among people who inject drugs. The highest prevalence^a is in Eastern Europe where 48.4% of people who inject drugs have HCV (1.1 million), while the lowest is in the two regions of Eastern and Southern Africa and West and Central Africa where combined prevalence is 15.3% (192,000).^{b,2,3} The largest number of people who inject drugs with HCV is found in East and Southeast Asia, where 1.5 million people are living with the virus (a prevalence of 40.1%).⁴

Global prevalence of HCV infection among people who inject drugs



a Prevalence rates in this chapter refer to current HCV infection rates among people who inject drugs, unless otherwise stated.

b HCV prevalence data was available for only 13 countries out of 47 in the two regions (Eastern and Southern Africa; West and Central Africa).

People who inject drugs sharing contaminated injecting equipment drives infections, contributing to an estimated 43.6% of new HCV infections globally.⁵ A World Health Organization (WHO) analysis indicates that 10 countries account for nearly 80% of all global HCV infections among people who inject drugs, with the most infections occurring in the USA, followed by, China, Russian Federation, India, Ukraine, Italy, Vietnam, Kazakhstan, Japan and Pakistan.⁶

Most countries are off course to reach WHO viral hepatitis elimination targets.^{7,8} Only 14 countries are on track to reach these goals (Australia, Austria, Canada, Denmark, Egypt, Spain, Finland, France, United Kingdom, Iceland, Malta, Norway, Rwanda, Saudi Arabia), most of which are high-income countries.⁹

Viral hepatitis is still one of the leading causes of infectious disease deaths worldwide. This is despite effective hepatitis B virus (HBV) vaccines having been available for more than four decades. And it is despite chronic HCV being a curable health condition due to the availability of tolerable (interferon free) direct-acting antiviral therapies, with cure rates above 95%, and the costs of diagnosis and treatment continuing to fall.¹⁰ Globally, 90% of HBV infections remain undiagnosed, and 98% of HBV infections have not been treated.^{11,12}

The situation is marginally better for HCV but still dire: 79% of infections remain undiagnosed, and 87% of infections have not been treated.^{13,14} One of the main reasons for this lack of progress is that HCV disproportionately affects marginalised populations, people who inject drugs and people who are in prison and other closed settings, and HCV prevention, treatment and harm reduction among people who inject drugs is not implemented at scale.^{15,16,17}

According to the latest available data, which covers 61% of people who inject drugs worldwide, fewer than half (47%) have ever tested for HCV.¹⁸ In most countries with available data, fewer than 25% of people who inject drugs living with HCV receive treatment.¹⁹

People who inject drugs are often neglected in HBV prevention efforts even though drug use is included in international guidelines as a risk factor for HBV. This has been the case since at least 2012, when it was included in WHO's guidelines on viral hepatitis and position paper on HBV vaccination.^{20,21,22}

The persistent stigmatisation of people who use drugs, and the criminalisation of drug use, creates and maintains barriers that prevent people who use drugs from accessing services, leaving them behind in efforts to eliminate hepatitis.^{23,24,25} At least seven countries (Bosnia and Herzegovina, Brunei, Croatia, Guyana, Libya, North Macedonia, Uruguay)^c require people to abstain from drug use in order to receive HCV treatment, despite there being no evidence to support this approach.²⁶

HCV elimination targets cannot be achieved without implementing harm reduction programmes.

The WHO has developed indicators to help countries monitor and assess their progress toward eliminating viral hepatitis. Indicators relating to needle and syringe programmes (NSP) and opioid agonist therapy (OAT) were included as core indicators.^d This means data on these indicators should be feasible

c There is no data on HCV treatment restrictions in Albania, Bolivia, China and the Philippines, so no conclusions can be made on whether these countries use abstinence as a prerequisite for treatment.

d NSP-related indicator: number of needles and syringes distributed per person who injects drugs per year. OAT-related indicator: coverage of opioid agonist therapy among people who inject drugs.

to collect, monitor and track in most contexts.²⁷ This adds to the long line of international guidelines and recommendations that consistently include harm reduction services among the interventions that are crucial to prevent the spread of blood-borne viruses and reach global viral hepatitis and HIV targets.^{28,29,30} The global targets for viral hepatitis elimination include an indicator for people who inject drugs. This sets a 2025 target for reducing annual new HCV

infections among people who inject drugs to 3 per 100 persons and 2 per 100 persons by 2030.³¹ It is clear that the public health steps needed to reach these goals involves embracing harm reduction and community-based services. The WHO explicitly recommends integrating HCV testing and treatment into harm reduction services.^{32,33}

Box 1: Harm reduction-related global viral hepatitis target indicators ¹²⁸

Indicator	Target	Calculation	
Coverage of NSP at population level	At least 300 syringes and needles distributed per person who injects drugs per year	Number of sterile needles and syringes distributed in the past 12 months by NSPs (data can include the number of needles/syringes sold to people who inject drugs by pharmacies or other outlets in the reporting period)	Divided by population-size estimate of people who inject drugs in relevant geographical area at country level
Coverage of OAT among people who inject drugs	At least 40% of people who inject drugs receive opioid agonist therapy	Estimated number of people who inject drugs who are receiving OAT in the reporting year or the latest year with available data	Divided by Estimated number of opioid-dependent people who inject drugs in the country in the reporting year or the latest year with available data

“The persistent stigmatisation of people who use drugs, and the criminalisation of drug use, creates and maintains barriers that prevent people who use drugs from accessing services, leaving them behind in efforts to eliminate hepatitis.”

To eliminate HCV, enhanced models of care for people who inject drugs are needed. HCV care must address the unique barriers that people who inject drugs face when trying to access HCV care at the individual, provider and systems level. A recent systematic review found that

integrating HCV care into services already being accessed by people who inject drugs, plus peer support, on-site HCV rapid tests and providing ‘patient navigators’ improves linkage to care.³⁴

A patient navigator is a person who supports individuals receiving healthcare by identifying the barriers they face and providing extra support as needed. This is especially important, given the substantial stigma, discrimination and inhumane treatment people who use drugs can experience in healthcare settings. The study also found that integrated care, motivational interviewing and on-site HCV rapid tests increased HCV treatment initiation.³⁵

To effectively address the barriers to care that people who use drugs face, combined and varied interventions are needed. This can include patient education to improve people who use drugs’ understanding of HCV and HCV treatment, patient navigation, peer support and testing/treatment reminders.³⁶ Harm reduction organisations are equipped to implement these services, and many already do; some despite unfavourable national policy environments.

To substantially increase access to testing and treatment for viral hepatitis (and HIV and sexually transmitted infections), stigma and discrimination in healthcare settings needs to significantly decrease so that everyone can access the services they need. An inclusive, non-discriminatory and supportive environment for these services is one of the key actions the WHO recommends to advance

a public health approach and reach elimination goals, especially in low- and middle-income countries.³⁷ Harm reduction services, especially community-based and community-led ones, provide exactly that. Most recent guidelines and strategies strongly recommend decentralising the delivery of care and treatment to enable more people from key populations^e to access services and to increase community engagement in relation to advocacy and service delivery.³⁸ This makes harm reduction programmes an obvious choice. To achieve this, governments need to do more to partner with harm reduction organisations to give them a greater role in reaching public health goals, accompanied by adequate funding.

e UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

HEPATITIS BY REGION^c

^c The below subsections are based on the regions used by the *Global State of Harm Reduction* which are different from other regional systems (for example UN regions); cited articles and reports might used.

Asia

The latest data estimates HCV prevalence to be between 34-40% (40.1% in East and Southeast Asia, 34.5% in South Asia). HBV prevalence is estimated to be between 6.6-16.1% (16.1% in East and Southeast Asia, 6.6% in South Asia). This suggests HCV prevalence is increasing since the last estimate in 2017.³⁹ Indonesia has the highest HCV prevalence at 67%; this equates to a significant number of people as an estimated 200,000 people inject drugs in the country.^{40,41} However, the highest absolute number of people who inject drugs who have HCV in the region can be found in China. There, 2.5 million people inject drugs and HCV prevalence among this population is estimated to be 35.8%.⁴² The proportion of people living with viral hepatitis in China who have been diagnosed has risen; between 2016 and 2022, it increased from 19% to 24% for HBV and from 22% to 33% for HCV.⁴³ Although this progress is encouraging, integrating HCV testing and treatment into harm reduction programmes and substantially increasing harm reduction programme coverage among people who inject drugs are crucial steps that need to be taken to reach WHO elimination goals.⁴⁴

The region is far from reaching HCV testing and treatment elimination targets. By 2025, the regional goal is for 60% of people with HCV to be diagnosed and 50% of people diagnosed to have received treatment.⁴⁵ Currently, it is estimated that 26.8% of people who inject drugs in East and Southeast Asia have ever tested for HCV, and only 5% of people who inject drugs in South Asia have tested.⁴⁶ Testing rates vary substantially between countries, from 4.3% of people who inject drugs in Indonesia having ever tested for HCV compared to 57.3% in Malaysia. Asia has the lowest proportion of people who inject drugs who have ever received HCV treatment of any region in the world (1.9% in East and Southeast

Asia, 2% in South Asia; no data is available from Central Asia).⁴⁷ Linked to its relative success with HCV testing, Malaysia has the highest proportion of people who inject drugs receiving HCV treatment in the region at 35.7%.⁴⁸

In Indonesia, scaling up HCV screening for people at increased risk of HIV, such as people who inject drugs and sex workers, and decentralising hepatitis services are major challenges that are hindering progress on eliminating hepatitis.⁴⁹ To improve hepatitis services in the country, the Ministry of Health has collaborated with a local NGO to prepare a national guideline on community-led monitoring of HBV and HCV services and plans for it to be included in the budget of the *National Action Plan for Viral Hepatitis 2025-2029*.^{50,51,52}

In India, the country with the second biggest HCV epidemic in the world, the data gap is significant and is a major barrier to progress towards hepatitis elimination.⁵³ HCV prevalence estimates among people who inject drugs are not available in the majority of Indian states.^{54,55} The coverage of harm reduction services is inadequate; NSP is only available in some states, while in most states OAT services reach fewer than 10% of people who inject drugs, and in the southern states coverage falls below 2%.^{56,57} In Manipur, India a community-led organisation run by and for people who inject drugs, which provides HCV screening, diagnosis and treatment, implemented a same day test and treat programme. This enabled people who inject drugs to receive HCV screening, RNA testing, complete laboratory evaluation and to start antiviral treatment on the same day. HBV vaccination was also provided for those who were eligible. This programme shows that community-led, comprehensive viral hepatitis care is feasible to implement in resource-constrained settings and that it works. This non-stigmatizing, streamlined care was delivered within a supportive healthcare system and social environment and improved the treatment cascade for people who inject drugs, from HCV diagnosis to treatment.⁵⁸

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Bangladesh	33.2	7
Bhutan	nd	nd
Brunei Darussalam	nd	nd
Cambodia	30.4	nd
China	71.6	19.6
Hong Kong	nd	nd
India	44.71	19.2
Indonesia	89.2	nd
Japan	36.4	8.6
Laos	nd	nd
Macau	39	12
Malaysia	55.2	2.9
Maldives	nd	nd
Mongolia	nd	nd
Myanmar	56	7.7
Nepal	13.3	0.8
North Korea	nd	nd
Philippines	35.2	7.12
Singapore	47	nd
South Korea	39.7	4
Sri Lanka	6.2	0.1
Taiwan	93.1	20.8
Thailand	42.2	3.5
Vietnam	72.51	17.07

Eastern and Southern Africa; West and Central Africa

Although the 2023 *Lancet* review covered more countries in Eastern and Southern Africa and West and Central Africa than previous reviews, the data gap is still substantial. Out of the 47 countries included from the two regions, data on HCV prevalence among people who inject drugs is only available from 13 countries while HBV prevalence data is available from 10.⁵⁹ The latest estimate on HCV prevalence among people who inject drugs across both regions is 15.3%, indicating no substantial change since 2017 when prevalence was 16.3%. HBV prevalence across both regions is 6.9%.^{60,61} Out of the countries with available data, Mauritius has the highest HCV prevalence among people who inject drugs at 67.5%.⁶²

Across both regions, only 6.1% of people who inject drugs are estimated to have ever tested for HCV, but again the evidence is limited as this is only based on data from six countries (Burundi, Ethiopia, Ghana, Mauritius, Uganda and Tanzania).⁶³ The lack of data means the proportion of people who inject drugs who have received HCV treatment is unknown, something that seriously undermines efforts to assess progress towards HCV elimination. Comprehensive data on HCV testing and linkage to care among people who inject drugs is urgently needed so that strategies and interventions to enhance these vital services can be developed and evaluated.⁶⁴

The consequences of data gaps and inadequate implementation of viral hepatitis-related services in the region is clearly demonstrated in Zimbabwe. The *Zimbabwe National Drug Master Plan (2020-2025)* includes harm reduction, but national laws and regulations are strongly punitive and harm reduction

services for people who use drugs are unavailable in the country.^{65,66,67} Research in Zimbabwe among people who use drugs found that 90% of study participants did not know what HCV is, and only half of those who were aware of HCV could identify transmission routes.^{68,69}

The Egyptian government supports elimination efforts in the region. For example, in Ghana, testing and treatment for viral hepatitis have historically been very low due to the high service costs and limited access to treatment. But after receiving HCV treatment drugs from Egypt, the Ghanaian government launched the STOP Hep C Ghana Project, which offers HCV treatment for free across the country at all levels of care and has reached 50,000 people.^{70,71} But this does not mean the initiative has reached people who inject drugs as the proportion of people who inject drugs ever tested for HCV is estimated to be between 0.0-1.7%. This low testing rate is likely to be linked to extremely limited harm reduction programmes in Ghana, which means there are no community-based HCV testing and treatment services for people who use drugs.^{72,73,74}

In South Africa, a non-profit primary healthcare facility has designed and evaluated a decentralised, simplified, complete point-of-service model to screen and link people who inject drugs to HIV and HCV care.⁷⁵ The programme provided harm reduction services (including OAT and harm reduction packs) alongside adherence support in the form of directly observed HCV therapy and peer support. Weekly financial allowances were offered to people receiving the service to reimburse transport costs and their time. Out of the 67% of people who tested

HCV-antibody positive, 81% were assessed as eligible for therapy, and 93% of those eligible initiated it.⁷⁶ This programme shows that a decentralised, person-centered harm reduction strategy can bridge gaps in treatment access for people who use drugs.⁷⁷ However, to ensure the effectiveness of such interventions, community- and peer-led outreach campaigns, with collaborative treatment support and referrals, are needed alongside sustained, unrestricted access to harm reduction services, such as OAT, to decrease the risk of reinfection.⁷⁸

Eastern and Southern Africa

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Angola	nd	nd
Botswana	nd	nd
Comoros	nd	nd
Eritrea	nd	nd
Eswatini	nd	nd
Ethiopia	3.4	5.1
Kenya	20	3.9
Lesotho	nd	nd
Madagascar	5.6	5.3
Malawi	nd	nd
Mauritius	90	3.5
Mozambique	43.6	24.2
Namibia	nd	nd
Rwanda	nd	nd
Seychelles	79.1	0.3
South Africa	55	5
South Sudan	nd	nd
Uganda	2	8.4
United Republic of Tanzania	23.1	6.9
Zambia	nd	3.2
Zimbabwe	nd	nd

West and Central Africa

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Benin	nd	nd
Burkina Faso	nd	nd
Burundi	5.5	9.4
Cameroon	nd	nd
Cape Verde	nd	nd
Central African Republic	nd	nd
Chad	nd	nd
Congo	nd	nd
Côte d'Ivoire	1.8	10.5
Democratic Republic of the Congo	nd	nd
Equatorial Guinea	nd	nd
Gabon	nd	nd
Gambia	nd	nd
Ghana	2.3	nd
Guinea	nd	nd
Guinea-Bissau	nd	nd
Liberia	nd	nd
Mali	nd	nd
Mauritania	nd	nd
Niger	nd	nd
Nigeria	5.8	6.7
Sao Tome and Principe	nd	nd
Senegal	39.3	nd
Sierra Leone	nd	nd
Togo	nd	nd

Eurasia

Viral hepatitis prevalence among people who inject drugs remains steady in the region. It is estimated at 49.1% in Eastern Europe (48.6% in 2017) and 39.3% in Central Asia (40.5% in 2017).^{79,80} HBV prevalence among people who inject drugs is 7.5% in Eastern Europe (7.9% in 2017) and 8.1% in Central Asia (9.3% in 2017). Romania has the highest HCV prevalence rate at 62.9%, although Russia has the largest number of people who inject drugs who are living with HCV (a 53.2% HCV prevalence rate among 1.3 million people who inject drugs).⁸¹

Data on the proportion of people who inject drugs who have ever tested for HCV is scarce in Central Asia. Data is only available in Tajikistan which reports a testing rate of 4%.⁸² In Eastern Europe, the rate is 71.2%, the fourth largest across the WHO regions.⁸³ In Eastern Europe, there are considerable differences between countries. Two countries, Estonia and Lithuania, have reached HCV testing coverage of 90%, but in Romania only 38.2% of people who inject drugs have ever tested for HCV.⁸⁴ Treatment coverage among people who inject drugs who are living with HCV is estimated to be 21.3% in Eastern Europe, although this data only covers three countries (27.1% in Estonia, 24.8% in Georgia, 19.8% in Ukraine), amounting to 18% of people who inject drugs in Eastern Europe.⁸⁵ No data is available from Central Asia on the proportion of people who inject drugs who have received HCV treatment.

Russia has the 10th largest HCV epidemic in the world, and faces serious barriers to elimination. Although the government has approved a national action plan for eliminating HCV, the cost of treatment is prohibitively high (especially for marginalised populations like people who inject drugs), and this is restricting HCV treatment uptake.⁸⁶ Insufficient public awareness of the problem is another important barrier to reaching elimination goals.⁸⁷

Ukraine is among the 20 countries in the world with the largest HCV epidemics. National hepatitis guidelines were updated in 2020, highlighting the importance of scale-up and decentralised care, and the number of treatment centres increased substantially resulting in HCV treatment demands being met for the first time. However, the ongoing war, which escalated in 2022, derailed elimination efforts. According to a recent report on HCV elimination, insufficient hepatitis care and imperfect epidemiological data are major barriers to Ukraine reaching elimination goals.⁸⁸

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Albania	56	18
Armenia	49.2	nd
Azerbaijan	59.3	7.9
Belarus	59	9.6
Bosnia and Herzegovina	30.8	2.5
Bulgaria	78.3	5.9
Croatia	30.7	3.1
Czechia	37.7	0
Estonia	73	5
Georgia	32.1	2.5
Hungary	35.9	1
Kazakhstan	58.6	8.3
Kosovo	23.8	5
Kyrgyzstan	64.5	11.3
Latvia	51.3	0.4
Lithuania	85.9	4.9
Moldova	42.7	5.4
Montenegro	62.8	1.4
North Macedonia	65.4	5.6
Poland	57.9	2.9
Romania	72.7	3.2
Russia	72.5	nd
Serbia	61.4	10.5
Slovakia	32.5	6.3
Slovenia	25	4.2
Tajikistan	61.3	2
Turkmenistan	nd	nd
Ukraine	67	46.7
Uzbekistan	20.9	5.1

Latin America and the Caribbean

HCV prevalence among people who inject drugs is estimated to be 43.7% in Latin America and 43.6% in the Caribbean. HBV prevalence among people who inject drugs is estimated to be 2.6% in Latin America; data is insufficient to calculate HBV prevalence in the Caribbean. Country-level HCV prevalence in the Caribbean is only available for Puerto Rico (58.7%).⁸⁹ In Latin America, Mexico is estimated to have the highest HCV prevalence among people who inject drugs not only in the region but in the world, at 71.6%.⁹⁰

A recent systematic review in the region revealed significant gaps in data. HCV testing data is only available from Costa Rica, where 73% of people who inject drugs have ever tested for HCV.⁹¹

Although HBV and HCV treatment is free in Brazil, the number of people receiving direct-acting antiviral (DAA) treatment decreased during the COVID-19 pandemic (from 48,304 in 2019 to 19,496 in 2020). This has led to a fall in HCV diagnoses and referrals, endangering Brazil's plan to eliminate HCV by 2030.^{92,93}

A recent study on the HCV care cascade among people who inject drugs in Puerto Rico revealed substantial barriers that are hindering access to testing and treatment, despite HCV treatment being available and free.^{94,95} Common barriers reported among people who inject drugs include having a limited awareness of testing and treatment services, access issues such as a lack of transport to facilities, abstinence requirements to receive treatment, and stigma and discrimination (e.g., feeling unwelcome at medical facilities, fear of revealing HCV status).⁹⁶

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Antigua and Barbuda	nd	nd
Argentina	nd	nd
Bahamas	nd	nd
Barbados	nd	nd
Belize	nd	nd
Bolivia	nd	nd
Brazil	48.6	nd
Chile	nd	nd
Colombia	30.5	nd
Costa Rica	nd	nd
Cuba	nd	nd
Dominica	nd	nd
Dominican Republic	nd	nd
Ecuador	nd	nd
El Salvador	nd	nd
Grenada	nd	nd
Guatemala	nd	nd
Guyana	nd	nd
Haiti	nd	nd
Honduras	nd	nd
Jamaica	nd	nd
Mexico	nd	nd
Nicaragua	nd	nd
Panama	nd	nd
Paraguay	nd	nd
Peru	nd	nd
Puerto Rico	78.4	nd
Saint Kitts and Nevis	nd	nd
Saint Lucia	nd	nd
Saint Vincent and the Grenadines	nd	nd
Suriname	nd	nd
Trinidad and Tobago	nd	nd
Uruguay	nd	nd
Venezuela	nd	nd

Middle East and North Africa

HCV prevalence among people who inject drugs in the Middle East and North Africa (MENA) is estimated to be 30.5% and HBV prevalence is estimated at 7.5%.^{97,98} HCV prevalence has decreased in the region since 2017 when it was 36.1%, which may be due to Egypt's elimination efforts.⁹⁹

Similar to the situation in West and Central and Eastern and Southern Africa, the region has a significant data gap. Data on the proportion of people who inject drugs who have ever tested for HCV is only available in Morocco, where 52.1% have ever been tested.¹⁰⁰ The proportion of people who inject drugs in the region who have ever received HCV treatment is estimated to be 26.4%, but this is based on data from only two countries (Morocco and Türkiye).¹⁰¹

Egypt shows what can be achieved in a lower-middle-income country when a large-scale screening and treatment programme is implemented. Here, it is estimated that 96% of people living with HCV are diagnosed.¹⁰²

However, criminalisation of drug use and insufficient access to harm reduction services like NSP still act as major barriers to reducing the burden of viral hepatitis in Egypt.¹⁰³

HCV incidence is rising in Pakistan, which is home to 10% of people living with HCV.¹⁰⁴ It is estimated that a third of new HCV infections globally occur in the country.¹⁰⁵ The Pakistani government provides free hepatitis testing and treatment for people who use drugs and for those who cannot afford to pay for these services. Home delivery of medication is also available to ensure access to treatment.¹⁰⁶

Nai Zindagi is a non-governmental organisation (NGO) which provides community-based services across 63 districts in Pakistan, serving 6,500-7,000 people who inject drugs daily.¹⁰⁷ In July 2023, the NGO began offering HCV screening and referrals through its established HIV services. This means Nai Zindagi is now able to offer HCV screening in all districts and HCV treatment services in 11 high-prevalence districts.¹⁰⁸ Nai Zindagi is now working on scaling up these services. Increasing services for marginalised populations is vital for the country, and people who inject drugs are highlighted as an especially important key population in HCV elimination progress reports.^{109,110}

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Afghanistan	23.08	2.77
Algeria	nd	nd
Bahrain	3.89	nd
Djibouti	nd	nd
Egypt	nd	nd
Iraq	nd	nd
Iran	36.8	3.04
Israel	nd	nd
Jordan	nd	nd
Kuwait	30.87	1.52
Lebanon	23.59	1.07
Libya	94.2	4.5
Morocco	63.13	nd
Oman	36.56	6.29
Pakistan	51.32	2.66
Palestine	41.48	6.15
Qatar	nd	nd
Saudi Arabia	62.61	7.7
Somalia	nd	nd
Sudan	nd	nd
Syria	3.3	0.5
Tunisia	28.32	4.3
United Arab Emirates	nd	nd
Yemen	nd	nd

North America

In Canada, estimated HCV prevalence among people who inject drugs is 20.6%, and HBV prevalence is 0%. In the USA, HCV prevalence among people who inject drugs is 43.7% and HBV prevalence is 4.8%. As the USA has the highest rate of injecting drug use in the world (1.5% of the general population or 3.1 million people), the country has the highest number of people who inject drugs living with HCV globally.^{111,112} While HIV prevalence among people who inject drugs decreased in the region since the 2017 estimate (from 9% to 5.9%), HCV prevalence has increased, mostly due to increased opioid use in the USA.

HCV testing and treatment among people who inject drugs has been estimated based on combined data from Canada and the USA. Across the region, 77.2% of people who inject drugs are estimated to have ever tested for HCV, and 31.1% of those living with HCV have received treatment.

In the USA, acute HCV infection increased by 97% between 2015 and 2020, largely driven by increased opioid use.^{113,114} The current administration has put forward a five-year programme to put the country on course to eliminate HCV. The proposal focuses on on-site quick tests, affordable treatment and comprehensive public health outreach. There are examples of HCV services integrated into harm reduction services. For example, all NSPs in Florida offer rapid HIV and HCV testing and treatment navigation, and there are NSPs and OAT clinics offering HCV treatment.^{115,116} Serious barriers to treatment access persist. There are reports of people who use drugs, especially people who inject drugs, being denied HCV treatment. Typical restrictions on access to HCV treatment are abstinence requirements and concerns about reinfections.¹¹⁷ Greater focus on reaching people who inject drugs and increasing access to harm reduction services is vital to reach WHO elimination targets.¹¹⁸

In the USA, national recommendations for HBV screening and testing were recently updated and now explicitly include injecting drug use as a risk factor. The Centers for Disease Control and Prevention now recommends HBV screening for all adults once in their lifetime and HBV vaccination for all adults aged 19-59 years. The recommendation also states that testing should be provided regardless of whether people disclose their risk level due to the understanding that many people might be reluctant to disclose risks that are stigmatised.¹¹⁹

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Canada	64.2	nd
United States of America	53.5	4.8

Oceania

There are no recent estimates on HCV prevalence for Pacific Island countries and states. In the rest of the region, HCV prevalence among people who inject drugs is estimated to be 24.4% (17.8% in Australia, 53% in Aotearoa New Zealand), which is a considerable reduction since 2017, when it was 42.8%.^{120,121} HBV prevalence is available for both parts of the region. It is estimated to be 8.5% among people who inject drugs in Pacific Island countries, 2.2% in Australia and 2.8% in Aotearoa New Zealand.¹²²

Data on testing and treatment among people who inject drugs is not available in Pacific Island countries and states. However, the region has the highest HCV testing rate among people who inject drugs in the world at 86.3% (87.8% in Australia and 79.4% in Aotearoa New Zealand). Data on treatment among people who inject drugs living with HCV is only available in Australia, where 66.9% have received treatment. This is one of the highest rates in the world, second only to Spain.¹²³

In Australia, the Surveillance and Treatment of Prisoners with hepatitis C (SToP-C) study implemented HCV treatment-as-prevention in four prisons in New South Wales.^f Altogether, 3,691 people were enrolled in the programme and were at high risk regarding HCV infection: among those reporting recent injecting, 91% reported sharing injecting equipment while in prison.¹²⁴ The study demonstrates the effectiveness of HCV treatment-as-prevention in prisons and other closed settings as HCV incidence significantly reduced after DAA therapy was scaled up. The greatest reduction in HCV infections was among people who inject drugs, where HCV incidence more than

halved (from 39 per 100 person-years to 14 per 100 person-years).^{g,125} These findings provide important evidence to support increased HCV treatment access and coverage, including unrestricted access to DAA treatment, to improve elimination efforts in prisons and other closed settings and in the broader community.^{126,127}

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Aotearoa New Zealand	53	2.8
Australia	32	2.2
Federated States of Micronesia	nd	nd
Fiji	nd	nd
Kiribati	nd	nd
Marshall Islands	nd	nd
Nauru	nd	nd
Palau	nd	nd
Papua New Guinea	nd	nd
Samoa	nd	nd
Solomon Islands	nd	nd
Timor Leste	nd	nd
Tonga	nd	nd
Tuvalu	nd	nd
Vanuatu	nd	nd

^f Treatment-as-prevention is a method where treatment is used as a tool for limiting the spread of an infection.

^g A person-year is a unit calculated by multiplying the number of people in a study by the time each person spends in the study.

Western Europe

In Western Europe, HCV prevalence among people who inject drugs is estimated to be 38.2% and has remained steady since 2017 (39.9%). HBV prevalence is estimated to be 2.7% (3.2% in 2017).¹²⁹ Greece has the highest HCV prevalence in the region (67.2%), while Italy has the highest number of people who inject drugs living with HCV (a 39.6% HCV prevalence rate among 320,500 people who inject drugs).¹³⁰

In Europe, the latest estimate suggests 81.6% of people who inject drugs have ever tested for HCV. Out of the 15 countries with available HCV testing data, only 4 countries had a testing level below 70% (62.5% in Belgium, 66.2% in Ireland, 43.9% in Montenegro and 53.3% in Switzerland). Despite the high coverage of HCV testing in the region, only a quarter (25.6%) of people who inject drugs living with HCV received treatment.¹³¹

In Ireland, free HCV self-testing kits have been available since 2023. More than 5,500 home tests have been ordered since the start of the programme, indicating the feasibility of this new decentralized approach to HCV testing. The test requires someone to carry out a finger prick blood test, and then post the sample in a pre-paid envelope to a lab for analysis.¹³² Although self-testing is a convenient solution for some, it may not be appropriate for others, such as people experiencing homelessness. In-person integrated testing services can deliver counselling, treatment referrals and accompaniment to other health services. These additional services can be crucial for people who inject drugs to decrease the barriers they face to accessing treatment, particularly those linked to stigma and discrimination and negative past experiences.

Country	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)
Andorra	nd	nd
Austria	16.7	4.4
Belgium	48.8	2
Cyprus	42.4	4.7
Denmark	65.6	1.3
Finland	73.7	nd
France	41.7	0.8
Germany	62.9	0.9
Greece	53.7- 69.6	2.1
Iceland	10	nd
Ireland	77.2	nd
Italy	63.8	nd
Liechtenstein	nd	nd
Luxembourg	71.1	nd
Malta	43.8	0
Monaco	nd	nd
Netherlands	61	0
Norway	38.8	1.5
Portugal	71.9	5.7
San Marino	nd	nd
Spain	45.9	5.3
Sweden	65.2	1.5
Switzerland	74.6	nd
Türkiye	37.5	3.9
United Kingdom	57	5.9

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