

June 7, 2021

To: Dr. Philippe Duneton, Executive Director, Unitaïd  
Madame Marisol Touraine  
Unitaid Executive Board

Dear Dr. Duneton, Madame Chair Touraine, and Esteemed Members of the Unitaid Board,

We write to call urgent attention to the plight of the 354 million people living with viral hepatitis and the dire need to elevate efforts to improve patients' health, which has potentially resounding effects for affected communities, governments, and global health. We applaud Unitaid's leadership in strengthening and accelerating activities to ensure generic access to HIV, viral hepatitis, TB, and malaria treatments, and the development of simpler, point-of-care diagnostics. We commend your organization's significant accomplishments, in partnership with civil society organizations (CSOs), non-governmental organizations (NGOs), and community advocates, to spur global uptake of innovations in hepatitis C virus (HCV), to sensitize governments and communities, and to catalyze political commitments to end viral hepatitis, HIV, TB, and malaria in low- and middle-income countries (LMICs). Thanks to highly effective treatments and vaccination, we have the unique opportunity to end HBV and HCV globally by 2030. We must seize this opportunity to ensure that hepatitis patients are not left behind and that diseases with the greatest chance for cure in our lifetimes are eliminated.

**We urge Unitaid to continue making catalytic investments towards curing people with HCV and treating people with HBV and to enable LMICs to reach WHO targets and Sustainable Development Goal 3 by 2030 through funding and targeted action.**

Unfortunately, progress towards HBV and HCV elimination in the majority of countries is hampered by the difficulties of finding and diagnosing asymptomatic patients, due to complex and costly diagnostics and antiviral/direct-acting antivirals (DAAs) prices that are still unaffordable where generic access is not possible. We believe that CSOs, NGOs, community health workers, and affected communities, with the support of Unitaid and other partners, can help overcome these barriers and accelerate progress on all these fronts.

Significant progress in other fields has been made to generate demand for simpler diagnostics and more optimal treatments, to increase treatment uptake, and to adopt changes in national policies by supporting community engagement efforts led by people living with HIV and TB, such as the IMPAACT4TB initiative. Notably, community engagement, as part of treatment and diagnostics literacy and leadership-building efforts, have been important activities in the Unitaid-funded HEAD-Start project to generate demand for simpler, innovative HCV diagnostics, and are an integral component of the Unitaid LONGEVITY grant to develop long-acting formulations for malaria, HCV, and latent TB infections. Unitaid's support has enabled affected communities to meaningfully participate in high-level national elimination planning; aided in scaling up community-based testing and treatment with oral DAAs; and strengthened the technical capacity of community leaders to serve on steering committees and a WHO-level technical working group focused on HCV and substance user health. Additional investment is necessary to sustain this momentum, to strengthen and capacitate effective leadership that achieves similar accomplishments as in the HIV and TB spaces, to spur action towards HBV elimination, and to ensure greater participation by affected communities in advancing health equity in national elimination strategies.

To date, Unitaids' investment in HCV and grassroots advocacy to champion the needs of affected communities and people disproportionately affected by viral hepatitis has made enormous impacts. Community healthcare and advocacy trainings have increased HCV awareness and strengthened technical knowledge of thousands of community-based providers in at least a dozen countries when launching national hepatitis programs. Support for community-government dialogues have contributed to community mobilization to find the 'missing millions' of undiagnosed patients; decentralized testing and treatment; and catalyzed initiatives, such as the integration of viral hepatitis test-and-treat programs in HIV, maternal health, harm reduction, and prison settings.

Unitaid's unique and holistic involvement in HCV also instigated the development of innovative, simpler diagnostics, including HCV self-tests, generated real-world evidence on the effectiveness of generics, and supported the development of ravidasvir/sofosbuvir. Unitaid's end-of-project evaluations have also acknowledged the game-changing role that core antigen rapid diagnostics tests could play for bringing fast, confirmatory testing to the community level.

Despite HCV and harm reduction programs saving lives, saving costs, proving cost-effective, and providing enormous returns on investment, the funding necessary to apply these innovations to accelerate treatment and diagnosis is absent. We are deeply concerned by the impact that COVID-19 has had on implementing viral hepatitis programs worldwide, in addition to ever-growing funding gaps in this field. Global hepatitis programs are estimated at US\$500 million annually – less than one-tenth of the US\$5-6 billion required annually to achieve elimination by 2030. Global health funding for harm reduction is also dire, amounting to 5 percent of the US\$2.7 billion required annually to meet global need.

Additionally, while investment and prioritization has led to progress towards HCV elimination, to date, very little progress has been made towards eliminating HBV, which affects 292 million individuals and has effective treatments that prevent liver cancer and save lives. HBV continues to be under-prioritized globally, and it is critical that we are more inclusive of HBV when planning for and funding viral hepatitis elimination efforts.

We encourage Unitaid to help reinforce health systems during the pandemic and bridge funding gaps, thus playing a catalytic role to accelerate access to HBV and HCV diagnostics and treatments in LMICs. In fact, leveraging Unitaid's COVID-19 funding, such as research and development on HBV surface antigen and core antigen rapid diagnostic tests; support for lab infrastructure and civil society networks to integrate viral hepatitis screening/testing in COVID-19 responses; and investing in community engagement across its projects, could strengthen health systems to address viral hepatitis and to continue to work on HIV, TB, and malaria under your mandate. We propose several strategies as part of creating these enabling environments:

- Expansion of awareness among decision-makers that HBV and HCV are diseases that can be eliminated by 2030 with existing tools but that need community education and participation, action plans, and financing;
- Development of financing mechanisms for viral hepatitis elimination;
- Support for simplified HBV and HCV diagnostic tools; and
- Support for access to simple and affordable DAA and HBV treatments in high-burden LMICs.

The 130 signatories of this letter represent CSOs and NGOs committed to eliminating viral hepatitis, healthcare providers, patients, and communities living with or affected by HBV and HCV and fighting for affordable, equitably accessible treatments and diagnostics. We welcome an opportunity to further discuss with you how discontinuing funding for HCV-related initiatives will roll back the progress that we've made.

We request acknowledgement of this letter and a meeting in the coming months to plan how we can collaboratively tackle this global health issue and continue to offer hope to the hundreds of millions of people living with or at risk of viral hepatitis.

Sincerely,

Treatment Action Group

Drugs for Neglected Diseases initiative

FIND, the global alliance for diagnostics

### Organizations

1	Access to Rights and Knowledge Foundation	India
2	Advocacy for the Prevention of Hepatitis in Nigeria	Nigeria
3	AfroCAB	Zambia
4	Alheri Center for Women and Child Care Development	Nigeria
5	ANO - National Center for Public Health	Russia
6	Asia Catalyst	Global
7	Astha Samuha	Nepal
8	AVAC	Global
9	Beacon Youth Initiative	Nigeria
10	Bensther Development Foundation	Nigeria
11	Caring Ambassadors Program	United States
12	Centre on Drug Policy Evaluation	Canada
13	CFID Taraba	Nigeria
14	Coalition PLUS	Global
15	Community Network for Empowerment - CoNE	India
16	Crisis Home	Malaysia
17	The Delhi Network of Positive People	India
18	Doctors Without Borders France	Global
19	Drug Policy and Harm Reduction Platform	Malawi
20	Društvo AREAL	Slovenia
21	European AIDS Treatment Group	Belgium
22	FAAAT Think & Do Tank - For Alternative Approaches to Addiction, Think & Do Tank	Global
23	First Referral Hospital IBI	Nigeria

24	Fundacion Latinoamerica Reforma	Chile
25	GAT - Grupo de Ativistas em Tratamentos	Portugal
26	Georgian Harm Reduction Network	Georgia
27	Global TB Community Advisory Board - TB CAB	Global
28	GoodWorks: North Alabama Harm Reduction	United States
29	Grupo de Mujeres de la Argentina - Foro de VIH Mujeres y Familia	Global
30	Harm Reduction International	Global
31	Hawai'i Health & Harm Reduction Center	United States
32	Hep B Foundation	Global
33	Hep Free Hawaii	United States
34	Hepatitis Alliance of Ghana	Ghana
35	Hepatitis C Mentor and Support Group - HCMMSG	United States
36	Hope for Healthy Life Foundation - HohLiF	Global
37	IFARMA Foundation	Colombia
38	Initiative for Community and Human Development in Taraba	Nigeria
39	Instituto RIA	México
40	International Drug Law Advocacy and Resource Center - IDLARC	United States
41	International Drug Policy Consortium	Global
42	International Network of People who Use Drugs - INPUD	Global
43	International Network on Health and Hepatitis in Substance Users - INHSU	Global
44	International Network on Hepatitis and Health in Substance Users - Prisons Network - INHSU Prisons	Global
45	International Treatment Preparedness Coalition-Russia	Russia
46	International Treatment Preparedness Coalition-South Asia	India
47	Kano State Agency for the Control of AIDS	Nigeria
48	Malaysian AIDS Council	Malaysia
49	Médecins du Monde	France
50	Médecins Sans Frontières	France
51	Moms Stop The Harm	Canada
52	Moriah Health and Development Trust	Nigeria
53	MPact: Global Action for Gay Health & Rights	Global
54	National Committee on Family Farming Nigeria	Nigeria
55	National Cordinator NGO on HIV/AIDS - CESIDA	Spain
56	National Viral Hepatitis Roundtable - NVHR	United States
57	New Vector	Georgia
58	Organization for Medical Outreach to Communities-OMOC	Tanzania
59	Positive Malaysian Treatment Access & Advocacy Group - MTAAG+	Malaysia
60	R2H Action (Right to Health)	United States
61	Save Life Community Initiative SLICOM-I	Nigeria
62	SOCIO Pakistan	Pakistan
63	Society for Gastroenterology & Hepatology in Nigeria	Nigeria
64	SOS Hepatitis Burkina Faso	Burkina Faso
65	South African Network of People who Use Drugs	South Africa
66	State Ministry of Health	Nigeria

67	StoptheDrugWar.org		United States
68	Tansana Health and Community Integrated Development Initiative		Nigeria
69	Taraba Advocacy and Rehabilitation Foundation Jalingo		Nigeria
70	The National Organisation for People Living with Hepatitis B		Uganda
71	Think Tank - Medicines, Information and Power		Colombia
72	Under-Privileged Grassroot Foundation - UGF		Nigeria
73	Union C		Nepal
74	UNITE Global Parliamentarians Network to End Infectious Diseases		Global
75	Universities Allied for Essential Medicines		Global
76	Women and Children Health Empowerment Foundation		Nigeria
77	Women and Young People's Awareness Initiative		Nigeria
78	Women's Coalition Against Cancer - WOCACA		Malawi
79	World Hepatitis Alliance		Global
80	Zemma Awareness Initiative		Nigeria
81	Zero Hepatitis Commission		Nigeria
82	Zimbabwe Civil Liberties and Drug Network		Zimbabwe

## Individuals

1	Adeyemi	Adeyiga	Ogun State Ministry of Health Taraba State Specialist Hospital, Jalingo	Nigeria
2	Akwuadikanwa	Uwajeh Kamarulzaman MBBS, FRACP, FAMM, FASc HonLLD Monash, DPMP	Professor of Infectious Diseases, Faculty of Medicine, Universiti Malaya; Director, CERiA; President, International AIDS Society	Nigeria
3	Dr. Adeeba			Malaysia
4	Dr. Andrew	Hill	University of Liverpool Co-chair of WHO Working Group on Hepatitis & Substance Use	United Kingdom
5	Dr. Andrew	Scheibe		South Africa
6	Anthonia	Oladapo	Individual	Nigeria
7	Atizwen	Bitrus	TSSH	Nigeria
8	Audu Guh	Nana	Taraba State HIV/AIDS Project Implementation Unite Jalingo General Hospital Takum Taraba State	Nigeria
9	Augustine	Ameh		Nigeria
10	Clement	Adesigbin	Federal Ministry of Health	Nigeria
11	Danga	Danga	GHC Jalingo	Nigeria
12	Danjuma	Adda	Individual	Global
13	Daudu	Nyubanga Baade	Taraba State Ministry of Health Jalingo	Nigeria

14	Esther	Holen	Ministry of Health Gombe	Tanzania
15	Dr. Gregory	Dore	Kirby Institute, University of New South Wales, Sydney	Australia
16	Hauwa	Usman	Individual	Nigeria
17	Dr. Huma	Qureshi	Gastroenterologist	Pakistan
18	Ibrahim	Musa	HSMB	Nigeria
19	Iriekpen	Lucky	Federal Medical Centre, Jalingo Taraba State Nigeria	Nigeria
20	Isaac	Tan	Crisis Home	Malaysia
21	Isola	Familusi	State Ministry of Health, Osun State	Nigeria
22	Jeremy	Kwan	Independent Advocate and Activist for Access to Affordable Medicines in Malaysia	Malaysia
23	Professor Dr. Med. Jürgen	Rockstroh	UKB University of Bonn (UKB Universitätsklinikum Bonn)	Germany
24	Kefas	Zawaya	SOGHIN	Nigeria
25	Lawrence	Daniel	Center for Initiative and Development	Nigeria
26	Maimuna	Usman	State Ministry of Health Kaduna	Nigeria
	Dr. Manal	El-Sayed	Ain Shams University	Egypt
27	Dr. Margaret	Hellard	Burnet Institute, Sydney	Australia
28	Dr. Mark	Tyndall MD, ScD, FRCPC	Professor, School of Population and Public Health, University of British Columbia	Canada
29	Dr. Matthew	Akiyama MD, MSc	Albert Einstein College of Medicine	United States
30	Musa	Abdullahi	Ministry of Health Nasarawa State	Nigeria
31	Natati	Fita	National Blood Bank	Global
32	Dr. Neil	Gupta	Harvard Medical School	United States
33	Obed	John	CFID	Nigeria
34	Orkurga	Malu	Adoose Specialist Hospital	Nigeria
35	Peter Teru	Yaru	Individual	Global
36	Punnawit	Phongpitchanont	Drugs for Neglected Diseases <i>initiative</i>	Thailand
37	Rejoice	Vincent	Individual	Nigeria
38	Rijimra	Ande	Center for Initiative and Development Taraba (CFID)	Nigeria
39	Robert	Heimer	Yale School of Public Health	United States
40	Ryan	Clary	Independent Consultant	United States
41	Dr. Saeed	Hamid	Professor of Medicine, Aga Khan University, Karachi	Pakistan
42	Sani	Aminu	State Ministry of Health	Global

43	Tracy	Swan	Independent Activist/Consultant	Spain
44	Xiao Hui	Sem	Individual	Malaysia
45	Zoe	Dodd	Individual	Canada