

Urgent Need to Eliminate Viral Hepatitis

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Viral hepatitis remains a major global health challenge, causing millions of preventable illnesses and deaths. Despite effective vaccines, treatments, and clear elimination targets, progress remains slow due to gaps in diagnosis, treatment access, and awareness. Accelerating prevention, strengthening health systems, and fostering collaboration are essential to achieving hepatitis elimination by 2030.



Viral hepatitis remains a leading global health problem, with hepatitis B (HBV) and hepatitis C (HCV), accounting for 95 per cent of all hepatitis-related deaths worldwide. HBV and HCV infections can result in liver cirrhosis and hepatocellular cancer (HCC), causing a combined total of 1.3 million deaths.

The World Health Organization's Global Health Sector Strategy on HIV, Viral Hepatitis and Sexually Transmitted Infections (2022–2030) outlines clear targets to eliminate viral hepatitis as a public health problem, with key strategies in reducing new hepatitis infections to 520 000 cases annually and hepatitis-related deaths to 450 000 by 2030.

Yet, the global response is alarmingly off track. Data from the 2026 Global Hepatitis Report by the World Health Organization (WHO) reveals a stark reality: Despite significant gains made since 2015 in lowering new infections and hepatitis-related

deaths, current rates of progress are insufficient to meet all 2030 elimination targets.

With Asia Pacific bearing about 75 per cent of the global chronic HBV and HCV burden, there is an urgent need to accelerate prevention, testing and treatment efforts worldwide. Yet for most living in the region, diagnosis and treatment remain out of reach.

The good news is that in recent years, remarkable strides have been in developing highly effective tools to reduce viral hepatitis infections and hepatitis-related deaths. With sustained commitment and investment, eliminating hepatitis as a public health problem can be achievable.

Medical innovation alone is insufficient to accelerate progress

The availability of effective vaccines and innovative treatments means that every missed HBV or HCV diagnosis and untreated infection represents a preventable death. To protect lives, a systematic implementation of vaccination and curative treatments is the obvious solution. However, this is easier said than done. Globally, only 45 per cent of newborns received a timely birth-dose of HBV vaccine, fewer than 5 per cent of the 240 million patients living with chronic HBV received treatment, and from 2015 to 2024, only 20 per cent of patients living with HCV received treatment. This reflects a profound health disparity and a critical gap in our collective response.

To address the root cause of this slow pace, it is crucial to close these gaps through a renewed and urgent commitment across all countries. Beyond leveraging available, effective medicines and simplified treatment guidelines to reach more people, it is important to prioritise universal hepatitis B birth-dose vaccination and expand antiviral prophylaxis for pregnant women, to reduce chances of mother-to-child transmissions.

Ensuring equitable access through strengthened health systems

HBV and HCV are silent infections, often producing no symptoms at an early stage. Therefore, expanding access to diagnosis and treatment can be done by refining health systems, enabling the decentralisation of testing and treatment services into primary care. To maximise efficiency and reach, robust data collection and surveillance systems are essential for monitoring progress and identifying needs. Integrating hepatitis services with other health programmes, such as maternal and child health, routine health screenings and tuberculosis services, can offer additional powerful channels for early identification.

Recognising that changes in health systems and policy can take time, public-private partnerships (PPPs) offer an immediate solution to address blood-borne virus (BBV) management needs during policy reviews. For example, the FOCUS Program, a partnership by Gilead and healthcare institutions across the United States, exemplifies a sustainable and scalable PPP model. This programme convenes healthcare organisations, community organisations and health departments to develop and implement best practices for BBV screening and refer eligible individuals to comprehensive prevention and patient care services. The programme has been expanded into Europe, with its introduction in Madeira, Portugal, in 2020. Since then, the region has made significant progress in HCV and HBV management and is now on track to address HCV as a public health problem by 2026 – four years ahead of WHO's global goal of eliminating viral hepatitis as a public health problem by 2030.

Driving tangible change through multi-sectoral collaboration

While strengthening health systems provides the long-term foundation for improved access to BBV management and relevant health services, multi-sectoral collaborations are essential to optimise care models for vulnerable communities and accelerate impact.

The StITCH Project (Strengthening the Integrated Treatment and Care for Hepatitis) demonstrates its success in a varied and fragmented healthcare system in Asia Pacific. This four-year initiative, backed by Harvard Medical School, co-designed a decentralised, integrated, and people-centred primary care model for HBV and HCV care at primary health centres in Vietnam and the Philippines.

By collaborating with the government, academic institutions, healthcare providers, the private sector, and crucially, people with lived experience of HBV and HCV, the StITCH collaborative framework has significantly improved the cascade of care. It shortened the average wait between HBV screening and HBV care in the Philippines by 95 per cent and the average wait between HCV screening and HCV care in Viet Nam by 97 per cent. The model has not only enhanced health service delivery but also reduced treatment dropouts and proven to be financially sustainable and cost-effective.

Normalising the dialogue for people living with hepatitis

While systemic screening programmes offer clinical infrastructure, they can only succeed if people living with hepatitis feel safe enough to step through the door. Stigma, fear, or uncertainty remains a pervasive and invisible barrier to hepatitis elimination.

To combat this, we must invest in targeted empathetic educational programmes designed to dispel misconceptions about the disease. A prime example of this effort is the BehinD the SilenCe initiative, a collaborative effort between Gilead and The World Hepatitis Alliance. The campaign targets the psychological and social isolation felt by patients by closing the gap between what people living with hepatitis say out loud and what remains unspoken due to fear of stigma.

Through real stories from both patients and frontline healthcare professionals, the campaign provides a platform to demystify the virus. Through public education and fostering judgment-free clinical environments, we can aim to rebuild trust between providers and those living with hepatitis by ensuring that they can access safe, empathetic, and confidential care that they deserve.

The roadmap to eliminating viral hepatitis by 2030 is clear and we have proven strategies and highly effective intervention mechanisms available. However, turning the vision into reality requires a unified, multi-pronged approach of policy and funding, capacity building and community-lead advocacy. Beyond meeting a WHO deadline, the urgency to eliminate viral hepatitis is key to saving lives from a highly preventable and treatable disease. It is high time to stop delaying, pick up the pace, and break the silence and eradicate hepatitis for good.

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