



Diagnostics to support elimination of hepatitis C

FAST FACTS

The development of a diagnostic test to identify an unknown, blood-borne virus led to **the discovery of hepatitis C virus (HCV) in 1989.**¹

HCV is one of the world's most common infectious diseases, usually contracted through unsafe healthcare and injection drug use.

Globally, over 70 million people are chronically infected, of whom 2 million are also living with HIV. HCV is responsible for around 400,000 deaths per year, and the mortality rate is increasing. More than 80% of people with HCV live in low- and middle-income countries (LMICs).²⁻⁴

Despite its high prevalence, morbidity and mortality, **only 20% of people infected with HCV have been diagnosed**, and only 7% have received treatment worldwide. In LMICs, rates of diagnosis and treatment are even lower.^{5,6}

However, the number of people who initiated direct-acting antiviral (DAA)-based treatment for HCV globally **rose between 2015 and 2016, from approximately 1 million to 1.5 million.**⁷

Few countries have updated their national guidelines with a simplified testing algorithm, or have concrete scale-up plans for HCV that operationalize the WHO HCV diagnosis targets.

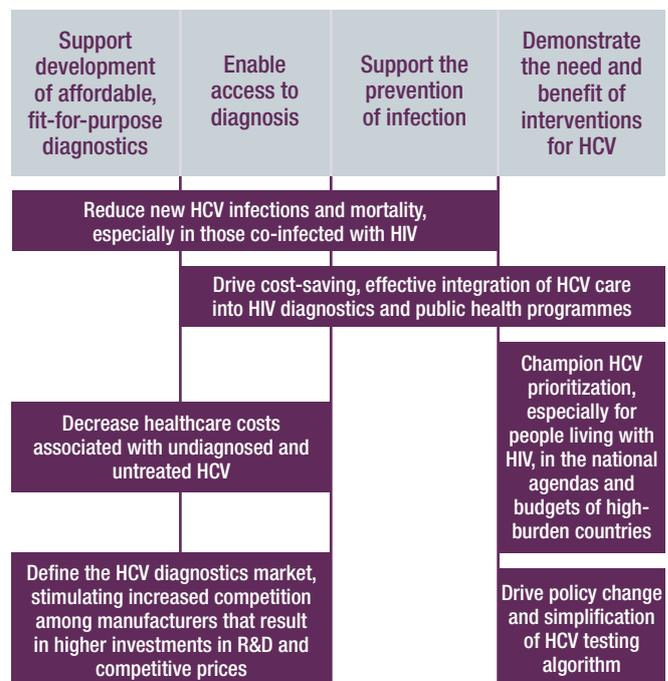
Where they exist, **HCV screening and diagnosis remain largely centralized and siloed**, due to a lack of point-of-care diagnostics.

Chronic hepatitis C has surpassed HIV as a leading cause of death in many countries. Access to new therapies that can cure over 95% of people is transforming the prospect of ending the HCV epidemic – but to achieve WHO 2030 elimination targets it is crucial to increase the number of people who are diagnosed and link them to treatment. We need new, affordable, point-of-care diagnostics, coupled with integration into existing testing pathways for diseases like HIV, and decentralization into harm reduction services to increase the number of patients who know their status and seek care. If we fail, transmission rates will continue rising.

– Francesco Marinucci, Head of Hepatitis C & HIV, FIND

FIND HEPATITIS C & HIV STRATEGY

Our strategy is focused on slowing disease transmission, and reducing the morbidity, mortality and socio-economic impact of viral hepatitis at individual, community and population levels.



1. Kuo G et al. Science 1989;244(4902):362–364
 2. World Health Organization. Disease burden and mortality estimates, 2000–2015. http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html (accessed 27 June 2018)
 3. Polaris Observatory HCV Collaborators. Lancet Gastroenterol Hepatol 2017;2:161–176
 4. World Health Organization. Press release 2016. www.who.int/hiv/mediacentre/news/hep-hiv-coinfected/en/ (accessed 27 June 2018)
 5. World Health Organization. Global hepatitis report 2017. www.who.int/hepatitis/publications/global-hepatitis-report2017/en/ (accessed 27 June 2018)
 6. World Health Organization. Status report: global response to the strategic framework, 2017. http://regist2.virology-education.com/presentations/2017/4thIVHEM/02_Hutin.pdf (accessed 11 July 2018)
 7. World Health Organization. Progress report on access to hepatitis C treatment, March 2018. <http://apps.who.int/iris/bitstream/handle/10665/260445/WHO-CDS-HIV-18.4-eng.pdf?sequence=1> (accessed 29 June 2018)