WORLD HEPATITIS DAY 2026
28 JULY 2026

#WorldHepatitisDay #WHDRelay #MoreNowThanEver

End Hepatitis: Fund Communities, Protect Rights, Deliver Health for All

On World Hepatitis Day 2026, under the theme, "*Hepatitis: Let's break it down,*" Global Fund Advocates Network Asia-Pacific (GFAN AP), Seven Alliance and World Hepatitis Alliance (WHA) call on government, donors, and relevant stakeholders to recognise that eliminating viral hepatitis is inseparable from ending HIV and tuberculosis (TB), achieving Universal Health Coverage (UHC), and protecting the health and rights of all people across Asia and Pacific.

The Asia-Pacific region continues to bear a disproportionate burden of viral hepatitis. The World Health Organisation (WHO) reported that 102 million people were living with chronic hepatitis B in the Western Pacific region, while the South-East Asia Region was home to an estimated 8.1 million people with hepatitis C. Viral hepatitis remains a major cause of cirrhosis, liver cancer, and premature death: WHO estimates that the Western Pacific and South-East Asia regions together account for nearly one million hepatitis B- and C-related deaths annually. Despite effective hepatitis B vaccines and curative treatment for hepatitis C, access to prevention, diagnosis, and care remains uneven. In 2024, only 27% of people living with hepatitis B and 36% of people living with hepatitis C globally had been diagnosed, contributing to avoidable complications and deaths.

Hepatitis B is preventable and Hepatitis C can be cured, yet continue to cause preventable illness, liver cancer, stigma, and premature death throughout the region. Access to hepatitis B vaccination, testing, affordable diagnostics, harm reduction, hepatitis C treatment, and long-term care remains deeply unequal. These gaps fall most heavily on people living with HIV; people who use drugs; people in prisons; migrants; sex workers; Indigenous peoples; gay men and other men who have sex with men; transgender and gender-diverse people; and communities living in remote, conflict-affected, and underserved areas. Persistent stigma, discrimination, and misinformation further discourage individuals from seeking services and contribute to delayed diagnosis and treatment.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has an important role in helping countries respond to hepatitis through integrated, community-led systems for HIV, TB, and broader health. Its investments in laboratories, supply chains, community health workers, data systems, differentiated service delivery, human-rights programming, and resilient and sustainable systems for health provide an essential foundation for hepatitis prevention, diagnosis, treatment, and care.

National programmes, and those supported by the Global Fund can offer hepatitis B vaccination and testing, hepatitis C screening and linkage to curative treatment, safer injections services, opioid agonist therapy, and comprehensive services for people living with and at risk of co-infections. A truly integrated response cannot be achieved through fragmented, disease-specific programmes. It must meet people where they are, address their multiple health needs, and be designed, delivered, and monitored with communities at its centre. It must also actively confront stigma and misinformation, ensuring that accurate information is widely available and that services are welcoming, respectful, and accessible to all.

"Community-led organisations are indispensable to this response. Across Asia and the Pacific, community-led organisations provide services and support where formal health systems often do not reach. They build trust with people who have experienced stigma, discrimination, violence, criminalisation, and exclusion; provide accurate information and peer support; facilitate testing and treatment referrals; support adherence and retention in care; distribute harm-reduction commodities; document barriers; and hold health systems accountable," states Ms Sarmila Baidhya, Network of Asian People who Use Drugs (NAPUD), Executive Board Member from Nepal.

When community-led organisations are resourced and recognised as equal partners, hepatitis programmes become more accessible, responsive, and effective. Community leadership can reduce late diagnosis, improve uptake of testing and treatment, prevent loss to follow-up, challenge misinformation, eliminate

stigma, and ensure that services are safe and appropriate for key populations. It also helps health systems identify where programmes are failing – whether because of cost, stock-outs, restrictive eligibility criteria, fear of arrest, discrimination by providers, or inaccessible service locations and hours.

Mr Dee Lee, President of WHA from China stresses that "Community-led organisations are indispensable to the viral hepatitis response, reaching underserved populations and building trust where formal health systems often fall short. However, communities cannot bridge these health gaps without sustained and direct resourcing. Sustained investments in community systems and integrated healthcare are essential to dismantling stigma, expanding access to testing and curative care, and ensuring no one is left behind."

Therefore, we call for the following action:

- Increase and protect domestic funding for free or affordable hepatitis B vaccination, testing, treatment, monitoring, harm reduction, prison health, and community-led outreach.
- Include comprehensive hepatitis prevention, diagnosis, treatment, and care in UHC benefit packages, eliminating out-of-pocket costs for lifesaving services.
- Integrate hepatitis services into HIV, TB, primary health care, sexual and reproductive health, maternal and child health, prison health, and harm reduction programmes.
- Decriminalise drug use, sex work, same-sex relationships, and gender diversity; repeal laws and policies that deter key populations from accessing health services.
- Scale up evidence-based harm reduction, including needle and syringe programmes, opioid agonist therapy, overdose prevention, and hepatitis services in community and prison settings.
- Fund community-led organisations directly and sustainably to deliver outreach, peer navigation, testing support, treatment literacy, adherence support, harm reduction, and rights-based advocacy.
- Strengthen community systems for health through fair compensation for peer workers, organisational capacity support, legal protection, accessible funding, and meaningful participation in decision-making.
- Embed community-led monitoring in hepatitis, HIV, TB, and UHC programmes, and act transparently on evidence of stock-outs, costs, stigma, discrimination, and other barriers.
- Ensure communities have real decision-making power in national planning, UHC reforms, Global Fund country coordinating mechanisms, grant design, implementation, and oversight.
- Governments must urgently step up domestic financing and international donors to sustain and meet their commitments and contributions to the Global Fund to sustain HIV and TB gains for a fully resourced Global Fund, strengthen community systems and health systems, and support integrated care for people living with hepatitis and other diseases.
- Expand opportunities within Global Fund investments for hepatitis integration, including laboratory capacity, procurement, human-rights programming, harm reduction, community monitoring, and services for key populations.

Hepatitis elimination is not only a disease-specific goal. It is a test of whether UHC is real for people who are most often excluded. UHC cannot be achieved while people are denied care because of cost, stigma, misinformation, geography, citizenship, gender identity, sexual orientation, HIV status, incarceration, or drug use. Nor can it be achieved without community systems that ensure services are trusted, accessible, accountable, and responsive to lived realities of people.

We call for a future in which integrated, community-led, rights-based hepatitis services are available to all—without stigma, misinformation, criminalisation, or financial hardship. More now than ever, ending hepatitis is possible, and it is essential to achieving health for all in Asia and the Pacific.