

What are the most effective public health strategies to catalyse viral hepatitis elimination in low- and middle-income countries? By Anja Hughes, Leila Izard Vera and Levi Luder (2025)

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OVERVIEW

Viral hepatitis, the deadliest infectious disease, faces a large funding gap despite the availability of effective treatments and vaccines. The implementation of elimination campaigns has been historically underfunded compared to other infectious diseases, due to a low prioritisation on the political agenda and constrained financial resources. This research project aims to investigate public health initiatives that have been effective in eliminating viral hepatitis in low- and middle-income countries. Based on a review of academic literature and qualitative interviews with viral hepatitis elimination experts from Egypt, Rwanda, Vietnam and Pakistan, this study identifies the factors that contributed to the success of these initiatives. The retrieved data was used to extract policy recommendations aimed at synthesising the learnings, covering areas such as government involvement, social awareness, health care management, testing and treatment, accessibility, and applicability.

PROBLEM

Recent global budget cuts have further impacted health funding worldwide. “We are living through the greatest disruption to global health financing in memory,” says WHO Director-General Dr Tedros Adhanom Ghebreyesus. In this context, the need to design cost-efficient, catalytic hepatitis elimination programmes that will have a long-term impact on political prioritisation, health-seeking behaviour of affected individuals, as well as the delivery of testing and treatment services has never been more crucial.

OBJECTIVES

1. Identify catalytic initiatives that have a public health impact in addressing the burden of viral hepatitis in low- and middle-income countries;
2. Analyse factors that made these initiatives effective;
3. Make recommendations on the initiatives that are most likely to bring us closer to the elimination of viral hepatitis worldwide.

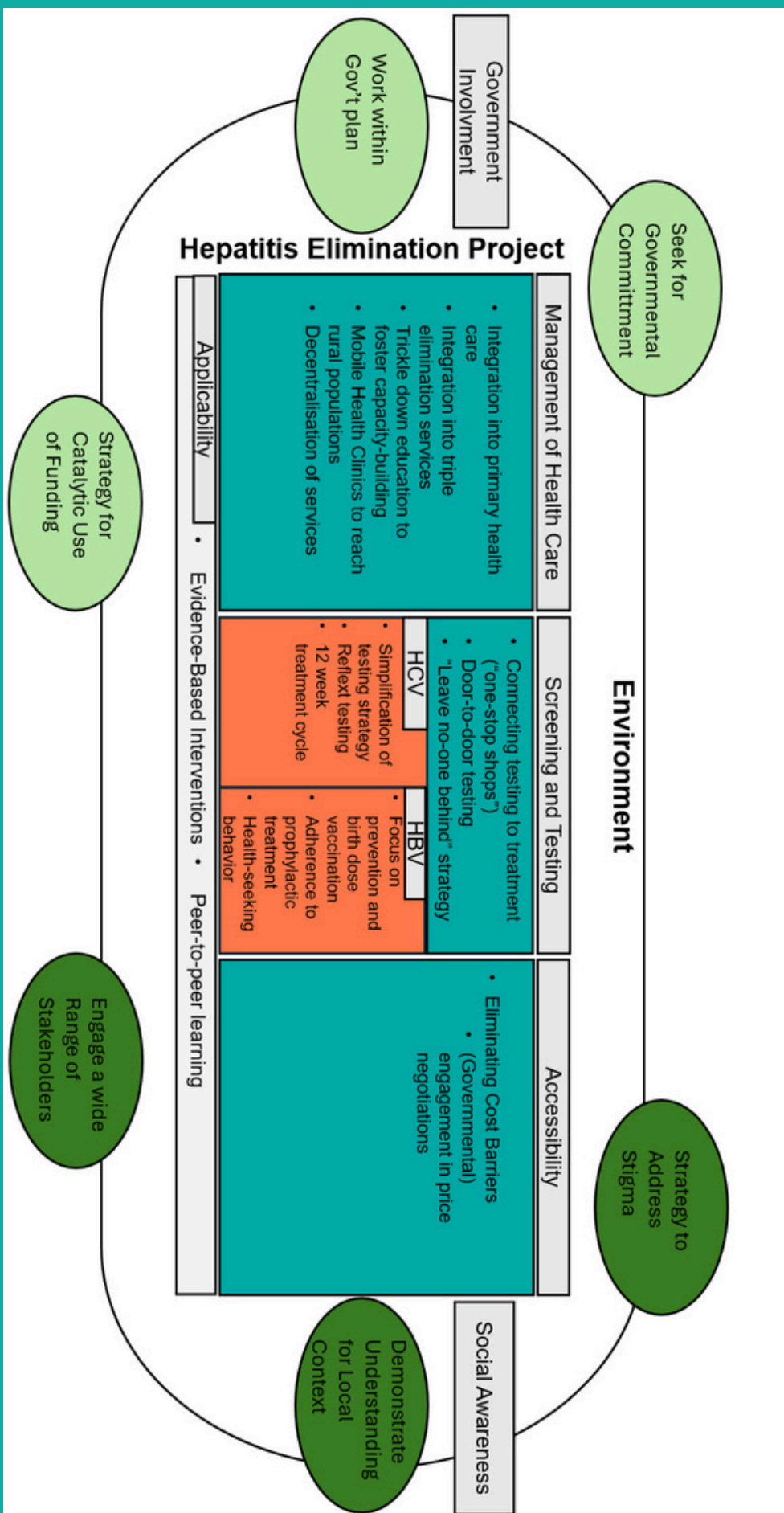
KEY POINTS

- Securing government involvement in the form of funding and support is essential to ensure the momentum of hepatitis elimination projects is sustained past their completion cycle.
- Integrating hepatitis elimination programmes into existing local infrastructure facilitates access, builds trust, and prevents the isolation of hepatitis services.
- Engaging with various stakeholders, including local communities and their leaders, to address their individual needs will increase their willingness to engage in hepatitis elimination programmes, foster health-seeking behaviour, and decrease stigma perceptions.
- Advocacy campaigns and free hepatitis testing and treatment services reduce accessibility barriers.

Sources: Global hepatitis report 2024: action for access in low- and middle-income countries. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

The Hepatitis Fund. (n.d.) What We Fund: High-impact health investments. Retrieved December 18, 2024, from <https://thehepatitisfund.org/what-we-fund>

UN News. (2025, May 1). WHO chief laments most disruptive cuts to global health funding ‘in living memory’. United Nations. <https://news.un.org/en/story/2025/05/1162846>



RECOMMENDATION 1.

Prioritise hepatitis elimination programmes in countries with existing funding and clear strategies for sustainable government support.

In resource-limited settings, long-term success depends on national leadership and public investment. External support should align with government plans and be used strategically to unlock further domestic funding.

RECOMMENDATION 2.

Prioritise hepatitis elimination projects that engage diverse stakeholders, including local governments, NGOs, INGOs, the private sector, and community leaders.

Involving a variety of stakeholders broadens the discussion about health. Trusted local actors can further advocacy and awareness efforts, thereby increasing the population's willingness to participate in hepatitis elimination programmes.

RECOMMENDATION 3.

Tailor hepatitis elimination strategies to the health and socio-cultural context of target populations.

Taking context-specific factors into account increases acceptance, participation, and adherence to hepatitis elimination programmes.

RECOMMENDATION 4.

Develop integrated hepatitis elimination programmes that address social stigma.

Embedding hepatitis testing and treatment within broader health initiatives or community campaigns helps to avoid social backlash caused by stigma and encourages wider participation, avoiding the marginalisation of high-risk groups.

RECOMMENDATION 5.

Embed hepatitis elimination programmes within existing public health systems to increase long-term impact and programme sustainability.

Integrating interventions into local healthcare structures strengthens existing systems, improves immediate service delivery, and builds lasting capacity that serves local populations long after the closure of the programme.

RECOMMENDATION 6.

Decentralise hepatitis services to primary care structures and address legal barriers to improve access and strengthen local health systems.

Timely linkage to care is essential. Bringing services to the lowest level of care enables earlier detection, better linkage to treatment, and greater reach in remote areas. Simplifying restrictive policies is essential for effective, community-based elimination efforts.

RECOMMENDATION 7.

Prioritise the prevention of vertical hepatitis B transmission, particularly in areas with low birth dose vaccination rates.

Targeting mother-to-child transmission is a highly effective, cost-efficient strategy that can be integrated into existing maternal and child health programmes, while also attracting financial support.

RECOMMENDATION 8.

Encourage the triple elimination approach to HBV to expand impact and improve efficiency.

Integration strengthens service delivery, especially for key groups like mothers and newborns (via the triple elimination approach), people who inject drugs, and men who have sex with men.

RECOMMENDATION 9.

Incorporate confirmation testing into HCV programmes based on local context, patient retention risk, and cost-effectiveness. Use reflex testing in door-to-door strategies, and adopt 12-week treatment cycles to ensure efficacy while minimising overtreatment.

The test and treat approach stands out in terms of efficiency and scalability, however, it might lead to overtreatment, which can lead to complications in certain health contexts. Therefore, different factors are important to consider when designing the HCV elimination strategy.

RECOMMENDATION 10.

Provide hepatitis testing and treatment services free of charge to patients.

The provision of free services builds trust, reduces the need for awareness campaigns, and lowers barriers by reducing opportunity costs for patients.

RECOMMENDATION 11.

Invest in robust data collection, reporting and collaboration for more efficient programme design.

Ensure timely, transparent data collection to support evidence-based decisions and government ownership. Promote peer learning and result-sharing to align efforts, avoid duplication, and scale proven strategies.

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