

WHO Sounds Alarm on Viral Hepatitis Infections Claiming 3,500 Lives Each Day

Report shows only 3% of people with hepatitis B and 20% of those with hepatitis C have received antiviral treatment.

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According to the World Health Organization (WHO) [2024 Global Hepatitis Report](#), the number of lives lost due to viral hepatitis is increasing. The disease is the second leading infectious cause of death globally -- with 1.3 million deaths per year, the same as tuberculosis, a top infectious killer.

The report, released at the World Hepatitis Summit, highlights that despite better tools for diagnosis and treatment, and decreasing product prices, testing and treatment coverage rates have stalled. But, reaching the WHO elimination goal by 2030 should still be achievable, if swift actions are taken now.

New data from 187 countries show that the estimated number of deaths from viral hepatitis increased from 1.1 million in 2019 to 1.3 million in 2022. Of these, 83% were caused by hepatitis B, and 17% by hepatitis C. Every day, there are 3,500 people dying globally due to hepatitis B and C infections.

“This report paints a troubling picture: despite progress globally in preventing hepatitis infections, deaths are rising because far too few people with hepatitis are being diagnosed and treated,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus. “WHO is committed to supporting countries to use all the tools at their disposal - at access prices - to save lives and turn this trend around.”

Updated WHO estimates indicate that 254 million people live with hepatitis B and 50 million with hepatitis C in 2022. Half the burden of chronic hepatitis B and C infections is among people 30 to 54 years old, with 12% among children under 18 years of age. Men account for 58% of all cases.

New incidence estimates indicate a slight decrease compared to 2019, but the overall incidence of viral hepatitis remains high. In 2022, there were 2.2 million new infections, down from 2.5 million in 2019.

These include 1.2 million new hepatitis B infections and nearly 1 million new hepatitis C infections. More than 6,000 people are getting newly infected with viral hepatitis each day.

The revised estimates are derived from enhanced data from national prevalence surveys. They also indicate that prevention measures such as immunization and safe injections, along with the expansion of hepatitis C treatment, have contributed to reducing the incidence.

Global progress and gaps in diagnosis and treatment

Across all regions, only 13% of people living with chronic hepatitis B infection had been diagnosed and approximately 3% (7 million) had received antiviral therapy at the end of 2022. Regarding hepatitis C, 36% had been diagnosed and 20% (12.5 million) had received curative treatment.

These results fall well below the global targets to treat 80% of people living with chronic hepatitis B and hepatitis C by 2030. However, they do indicate slight but consistent improvement in diagnosis and treatment coverage since the last reported estimates in 2019. Specifically, hepatitis B diagnosis increased from 10% to 13% and treatment from 2% to 3%, and hepatitis C diagnosis from 21% to 36% and treatment from 13% to 20%.

The burden of viral hepatitis varies regionally. The WHO African Region bears 63% of new hepatitis B infections, yet despite this burden, only 18% of newborns in the region receive the hepatitis B birth-dose vaccination. In the Western Pacific Region, which accounts for 47% of hepatitis B deaths, treatment coverage stands at 23% among people diagnosed, which is far too low to reduce mortality.

Bangladesh, China, Ethiopia, India, Indonesia, Nigeria, Pakistan, the Philippines, the Russian Federation and Viet Nam, collectively shoulder nearly two-thirds of the global burden of hepatitis B and C. Achieving universal access to prevention, diagnosis, and treatment in these ten countries by 2025, alongside intensified efforts in the African Region, is essential to get the global response back on track to meet the Sustainable Development Goals.

Disparities in pricing and service delivery

Despite the availability of affordable generic viral hepatitis medicines, many countries fail to procure them at these lower prices.

Pricing disparities persist both across and within WHO regions, with many countries paying above global benchmarks, even for off-patent drugs or when included in voluntary licensing agreements. For example, although tenofovir for treatment of hepatitis B is off patent and available at a global benchmark price of US\$2.4 per month, only 7 of the 26 reporting countries paid prices at or below the benchmark.

Similarly, a 12-week course of pangenotypic sofosbuvir/daclatasvir to treat hepatitis C is available at a global benchmark price of US\$60, yet only 4 of 24 reporting countries paid prices at or below the benchmark.

Service delivery remains centralized and vertical, and many affected populations still face out-of-pocket expenses for viral hepatitis services.

Only 60% of reporting countries offer viral hepatitis testing and treatment services free of charge, either entirely or partially, in the public sector. Financial protection is lower in the African Region, where only about one third of reporting countries provide these services free of charge.

Recommendations for accelerating hepatitis elimination

The report outlines a series of actions to advance a public health approach to viral hepatitis, designed to accelerate progress towards ending the epidemic by 2030. They include:

- expanding access to testing and diagnostics;
- shifting from policies to implementation for equitable treatment;
- strengthening primary care prevention efforts;
- simplifying service delivery, optimizing product regulation and supply;
- developing investment cases in priority countries;
- mobilizing innovative financing;
- using improved data for action; and
- engaging affected communities and civil society and advancing research for improved diagnostics and potential cures for hepatitis B.

Funding remains a challenge

Funding for viral hepatitis both at a global level or within dedicated country health budgets, is not sufficient to meet the needs. This arises from a combination of factors, including limited awareness of cost-saving interventions and tools, as well as competing priorities in global health agendas. This report seeks to shed light on strategies for countries to address these inequities and access the tools at the most affordable prices available.

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