The case for ending viral hepatitis

Viral hepatitis affects 325 million people worldwide and claims 1.4 million lives per year,¹ despite a vaccine and effective treatments for hepatitis B (HBV) and a cure for hepatitis C (HCV). In Vietnam, viral hepatitis is the third leading cause of death, with 8 million new infections annually from HBV and HCV combined.²

The government of Vietnam has shown commitment to forming a robust national response to bring down new infections and explore new ways to increase case detection, treatment, and cure to eliminate viral hepatitis by 2030. However, awareness of the disease and the associated risk factors remains low, and significant challenges exist to the effective delivery of screening, diagnosis, and treatment of chronic HBV and HCV.

Engaging communities through HepLINK

HepLINK, a PATH initiative in partnership with the Hepatitis Fund (EndHep2030), demonstrates a model of decentralized and integrated viral hepatitis service delivery. Key technical approaches include:

- Engaging those most affected by HBV and HCV by raising awareness, generating demand, and providing community-led testing services.
- Decentralizing viral hepatitis testing, diagnosis, and treatment to the primary care level, and integrating with HIV services.
- Ensuring a supportive environment for individuals to access and complete treatment.
- Generating and leveraging strategic learning to facilitate resource mobilization and implementation of the national program toward ending viral hepatitis.

HepLINK builds capacity for 35 community-based organizations, social enterprises, and private and public clinics in Hanoi and Ho Chi Minh City, led by and representing high-risk key populations, to deliver viral hepatitis prevention, testing, and treatment services. PATH is partnering closely with the Vietnam Administration of Medical Services, Vietnam Administration for HIV/AIDS Control, Provincial Health Departments, Provincial Centers for Disease Control, and thought partners like the World Health Organization to implement HepLINK and build a scalable model for viral hepatitis service delivery.

Empirical evidence from HepLINK will be used by the Ministry of Health and other stakeholders to inform larger-scale implementation of sustainable viral hepatitis interventions and the application of the national guidelines and program toward ending viral hepatitis in Vietnam by 2030. PATH will share the project’s approach, challenges, and lessons learned among a global audience to encourage impact beyond Vietnam and help viral hepatitis policymakers, implementers, advocates, and others innovate solutions to improve global viral hepatitis efforts.

References