

**Treatment of hepatitis C: momentum still needed****The Lancet Gastroenterology & Hepatology****Published May 2018.****DOI: [https://doi.org/10.1016/S2468-1253\(18\)30097-9](https://doi.org/10.1016/S2468-1253(18)30097-9) |**

On March 8, 2018, WHO published a progress report on access to hepatitis C treatment—an update to the first version, published in 2016. The report reviews the progress that has been made in 23 low-income and middle-income countries in expanding access to diagnosis and treatment with direct-acting antivirals (DAAs).

According to the report, the number of people beginning DAA treatment has increased from 1 million per year in 2015 to 1.5 million in 2016, raising the number of people accessing DAAs worldwide to almost 3 million. However, despite rapidly increasing access and several national success stories, the majority of the 71 million people with chronic hepatitis C virus (HCV) infection worldwide remain untreated, with most progress being made primarily in a few high-burden countries.

Countries with notable progress are largely those with a strong government response, including Brazil, Egypt, Georgia, Mongolia, and Rwanda. These countries have national treatment plans, and have pursued policies to improve treatment access, including making generic drugs available, and making use of voluntary licenses or the absence of patents to drive down costs. However, the overarching message of the report is that many low-income and middle-income countries have not yet seized opportunities to initiate and scale up HCV treatment services. Moreover, coverage of testing and diagnosis remains too low, with most people with HCV still not aware of their infection status. The report identifies that, although prices of rapid diagnostic tests have fallen, the cost of testing is still prohibitive in many cases, with confirmatory tests costing US\$15–100.

WHO plans to release updated HCV care and treatment guidelines in April, 2018, which will include use of newer pangenotypic medicines, allowing expensive genotyping to be skipped in many cases. WHO is also moving towards recommending treatment for all adults with HCV infection, regardless of disease stage (with the exception of pregnant women). Although much progress has been made in the past 2 years, 2018 is a time to amplify the momentum and learn from the country examples; strong governmental action will be needed if the goal of HCV elimination by 2030 is to be reached.