

To the Human Rights Council of the United Nations,

Urgent Concerns Regarding US Policy Changes and the Right to Health in the Context of Viral Hepatitis Elimination

We, the undersigned, express grave concern regarding recent policy changes enacted by the United States administration that pose a significant threat to the global effort to eliminate viral hepatitis, thereby undermining the fundamental human right to health for millions worldwide.

The rapid and sweeping alterations to US health policy, including the withdrawal from the World Health Organization (WHO), the cessation of external communications and collaborations within the Department of Health and Human Services (including the Centers for Disease Control and Prevention, the Food and Drug Administration, and the National Institutes of Health), extensive freezes to foreign aid and the dismantling of the United States Agency for International Development (USAID), cuts to National Institutes of Health funding, and a regression on inclusivity efforts, are not merely administrative adjustments. They represent a direct assault on the infrastructure necessary to address a major global health challenge with profound human rights implications.

The right to health, as enshrined in international human rights law, including the International Covenant on Economic, Social and Cultural Rights, obligates states to take steps to prevent, treat, and control epidemic, endemic, occupational and other diseases. The aforementioned US policy changes directly impede the realization of this right in the context of viral hepatitis.

Specifically, we highlight the following human rights concerns:

- **The Right to Prevention:** The disruption of USAID, a key distributor of US foreign aid, has immediate and detrimental consequences for the scaling up of Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) testing programs globally. Furthermore, USAID's critical role as a major donor to Gavi, which recently launched its HBV birth-dose vaccination program, is now jeopardized. These actions undermine the right to prevention by hindering access to essential diagnostic tools and life-saving vaccines, particularly for vulnerable populations. The potential cessation of UK support to Gavi, exacerbated by the US withdrawal, further compounds this threat.
- **The Right to Healthcare and Treatment:** The closure of HIV clinics and reductions in testing services, often integrated with viral hepatitis services, will inevitably lead to decreased detection and linkage to care for individuals living with HBV and HCV. This directly infringes upon their right to access necessary healthcare and treatment. The potential reduction in funding to The Global Fund, a vital supporter of viral hepatitis initiatives, risks a narrowing of focus to core diseases, leaving individuals with HBV and HCV without the support they desperately need.
- **The Right to Harm Reduction:** The disruption of harm-reduction services for people who inject drugs, a key population at risk for HBV and HCV transmission, directly contravenes the right to health by increasing the likelihood of infection. Anti-Diversity, Equity, and Inclusion (DEI) orders further threaten this right by potentially increasing stigma and creating barriers to engaging with at-risk communities, hindering targeted prevention and treatment efforts.
- **The Right to Information and Participation:** The instruction to agencies to pause external communications and collaborations obstructs the free flow of information and technical expertise crucial for developing and implementing effective viral hepatitis elimination plans. Reduced collaboration with international partners, including the WHO, weakens disease surveillance, technical assistance, and the ability to track progress towards elimination goals, undermining the right to participate in matters affecting one's health and the health of the community.
- **The Right to Non-Discrimination and Equality:** The potential shift of limited resources by governments towards diseases deemed a higher priority, due to the rollback of international support,

risks further marginalizing individuals living with viral hepatitis. This constitutes a violation of the right to non-discrimination and equality in access to healthcare.

The stark reality is that over 300 million people globally live with hepatitis B and C, and the annual death toll from these infections rivals that of tuberculosis. The current US policy changes represent an unprecedented assault on the global health infrastructure, directly jeopardizing the lives and well-being of millions and derailing hard-won progress towards the elimination of viral hepatitis.

We urge the Human Rights Council to:

1. **Issue an urgent call to the United States government to immediately reverse these detrimental policy changes** that undermine the global effort to eliminate viral hepatitis and violate the right to health.
2. **Demand that the United States uphold its international human rights obligations** and actively engage in and financially support global health initiatives, including those aimed at viral hepatitis elimination.
3. **Call upon the international community to collectively address the funding gaps** created by the US policy changes to ensure the continuity of essential programs for viral hepatitis prevention, testing, treatment, and care.
4. **Emphasize the importance of a human rights-based approach to global health** that prioritizes the right to health for all individuals, regardless of their geographic location or socioeconomic status.
5. **Request the United Nations Special Rapporteur on the right to health to investigate the human rights implications of these US policy changes** and report findings to the Human Rights Council.

The elimination of viral hepatitis is a moral imperative and a crucial step towards achieving the Sustainable Development Goals. The current trajectory of US policy threatens to undo decades of progress and condemn millions to preventable suffering and death. The Human Rights Council must act decisively to protect the right to health and ensure that the global goal of viral hepatitis elimination remains within reach.

Respectfully submitted,