

UK ODA budget cuts jeopardize the 2030 global viral hepatitis elimination goals.

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By announcing a drastic cut of its official development assistance (ODA) budget (from £15.2 billion in 2019 to £10.7 billion in 2021-2022), the British government hampers the commitment made by the UK and a diverse international inter-disciplinary community of clinicians and researchers collaborating to eliminate viral hepatitis.

Although the UK government was legally committed to contributing 0.7% of gross national income (GNI) to ODA, they have reduced this contribution to 0.5% for 2021. As GNI has shrunk, in real terms the magnitude of this cut is substantial. The rationale behind such a sudden ODA budget cut is unfathomable whilst the COVID-19 pandemic continues to remind us how high quality collaborative global health research is key to control infectious diseases in an increasingly interconnected world with porous borders.

This political decision, announced only 5 years after the UK committed to the global viral hepatitis elimination plan¹, will undoubtedly weaken and disrupt international partnerships for viral hepatitis elimination and will impact on capacity building in resource-limited countries. Being long overlooked and underfunded, and already impacted by the COVID-19 pandemic, viral hepatitis is therefore at high risk of becoming even more neglected.

In May 2016, at the 69th World Health Assembly, the UK joined 193 other countries adopting the 2016-2021 Global Health Sector Strategy on Viral Hepatitis in order to eliminate viral hepatitis as a global health threat by 2030¹. By adopting this strategy, the UK committed to deploy all the necessary efforts and resources to contribute to viral hepatitis elimination. The ambitious elimination strategy aims for a 95% reduction in the number of new infections by 2030 compared to 2015, and a 65% reduction in the number of deaths. This will require a major increase of diagnosis and treatment coverage (by 90% and 80%, respectively), especially in low-and-middle income countries which carry the greatest burden of infection and disease². Viral hepatitis is a major cause of mortality, mostly from cirrhosis and liver cancer, accounting for an estimated 1.4 million deaths globally each year, more than HIV or malaria². By 2040, deaths from viral hepatitis worldwide are even projected to exceed those from HIV, tuberculosis and malaria combined³.

The 2030 World Health Organization (WHO) viral hepatitis elimination goals were directly informed by a UK research group^{4,5} and additional research groups from the UK in collaboration with international researchers made major contributions on viral hepatitis elimination strategies⁶.

Beyond the fact that this budget cut will undermine the UK leadership in global health including viral hepatitis, this decision will impact on social justice and health equity in the COVID-19 era where nations need more solidarity than before. Following previous open letters signed by more than 250 UK and global health organisations, we call upon the UK government to urgently reconsider its ODA budget commitment.

References

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