

URBAN HCV ELIMINATION WORKSHOP

Tokyo, Japan | March 28, 2026



The Fast-Track Cities Urban HCV Elimination Workshop was made possible through a sponsorship from AbbVie.

EXECUTIVE SUMMARY

The Fast-Track Cities Urban HCV Elimination Workshop held in Tokyo, Japan, on March 28, 2026, convened policymakers, public health leaders, clinicians, correctional health experts, harm reduction practitioners, and civil society representatives to examine Japan's progress toward hepatitis C virus (HCV) elimination. The workshop included an overview of Japan's national hepatitis strategy and highlighted challenges related to reaching populations disproportionately affected by HCV, including people who inject drugs (PWID), men who have sex with men (MSM), and incarcerated individuals, and those experiencing social and economic instability.

Presentations demonstrated that Japan has developed one of the world's most sophisticated hepatitis elimination infrastructures through sustained political commitment, substantial public financing, universal access to direct-acting antiviral (DAA) therapy, robust surveillance systems, and coordinated national and local policies. These investments have produced measurable results, including declining liver cancer mortality and significant reductions in chronic HCV prevalence. Nevertheless, speakers emphasized that the final phase of elimination will require strategies that extend beyond clinical treatment to address social determinants of health, reinfection risks, stigma, and barriers to healthcare engagement.

A central theme emerging from the workshop was that HCV elimination is no longer solely a biomedical challenge. Instead, it increasingly depends on the ability of health systems to engage marginalized populations, integrate harm reduction services, strengthen prison health programs, and ensure continuity of care following treatment and incarceration. Participants concluded that achieving urban HCV elimination will require sustained funding, intersectoral collaboration, and greater attention to the social realities that shape health outcomes among those most vulnerable to HCV infection and reinfection.

INTRODUCTION

The global effort to eliminate hepatitis C has accelerated following the introduction of highly effective direct-acting antiviral therapies capable of curing more than 95% of infections. The World Health Organization (WHO) has established ambitious elimination targets aimed at reducing both incidence and mortality while encouraging countries to



develop comprehensive national strategies that combine prevention, testing, treatment, surveillance, and community engagement. These developments have transformed HCV from a chronic, often progressive disease into one that is increasingly viewed as a preventable and curable public health challenge.

Japan has emerged as an international leader in hepatitis control. Through decades of policy development and investment, the country has established a comprehensive framework encompassing prevention, diagnosis, treatment, patient support, and long-term monitoring. As chronic HCV prevalence declines, however, the remaining burden of disease is becoming concentrated among specific populations that often face significant social, structural, and behavioral barriers to care. This epidemiological shift reflects a pattern observed in many countries approaching elimination, where the final stages of progress depend increasingly on the ability to reach underserved and marginalized communities.

Against this backdrop, the Fast-Track Cities Urban HCV Elimination Workshop was convened to explore current progress, identify persistent challenges, and examine opportunities for strengthening urban HCV elimination efforts. The workshop also provided an opportunity to review international best practices and consider how lessons learned from other countries might further strengthen Japan's response. By bringing together experts from government, academia, correctional health services, and community organizations, the workshop fostered a multidisciplinary dialogue on the medical, social, and policy dimensions of hepatitis elimination.

JAPAN'S PROGRESS TOWARD HCV ELIMINATION

In his opening presentation, Hiroshi Yotsuyanagi, Executive Director of the Japan Institute for Health Risk Security, outlined the remarkable progress Japan has achieved toward hepatitis C elimination and emphasized the importance of sustaining surveillance and prevention efforts even as prevalence declines. According to national estimates presented during the workshop, the number of individuals living with chronic HCV infection has declined substantially and is projected to continue falling over the coming decades. Estimates suggest that the chronic HCV population, which ranged between 181,000 and 484,000 individuals in 2020, could decline to between 8,000 and 15,000 by 2050 if current progress is maintained.

Between 2014 and 2021, more than 305,000 individuals received DAA therapy across the country, reflecting one of the most extensive treatment efforts globally. These achievements have contributed significantly to reducing the burden of chronic infection and preventing progression to advanced liver disease. The scale of treatment uptake has



also accelerated progress toward national elimination goals by reducing the pool of individuals capable of transmitting the virus. Moreover, Japan's experience demonstrates how sustained public investment and broad treatment access can translate scientific advances into measurable population-level health gains.

Despite this progress, workshop presenters cautioned that elimination cannot be measured solely by treatment numbers. Approximately 30 acute HCV infections continue to occur annually in Japan, while older individuals who have achieved cure remain vulnerable to loss of follow-up and may continue to require monitoring for liver-related complications. Sustained surveillance and long-term patient engagement therefore remain critical components of the elimination strategy. These findings underscore that as overall prevalence declines, the remaining challenges increasingly shift from treatment access to long-term retention in care, monitoring, and prevention of new infections and reinfections.

Dr. Satoshi Mochida, Professor of Gastroenterology at Saitama Medical University in Tokyo, recalled that, when the WHO established its goal of eliminating HCV by 2030 in 2016, the introduction of DAA therapy created confidence that the target was within reach. Although Japan was assessed as being on track in 2020, it was regarded as not on track by 2024. He identified the gap between Japan's high diagnosis rate and comparatively low treatment rate as an important contributor to this change in trajectory. Closing that gap will require hepatologists and other clinicians to engage and treat PWID more consistently, overcoming the reluctance that has historically limited treatment in this population.

NATIONAL LEADERSHIP + PUBLIC INVESTMENT

Dr. Kotaro Sunago, Assistant Director of the Hepatitis Control and Prevention Office within Japan's Ministry of Health, Labor and Welfare, described the policy and financing architecture that underpins Japan's hepatitis response. He highlighted the government's sustained commitment to funding HCV testing, DAA treatment, liver cancer care, and cirrhosis management while also strengthening legal protections for affected individuals. He emphasized Japan's hepatitis strategy reflects a long-term commitment to sustaining investment in prevention and early intervention to achieve health and economic benefits.

Japan's HCV response is notable both for its clinical achievements and its comprehensive policy framework. The national hepatitis budget for fiscal year 2026 is approximately ¥15.8 billion, supporting a broad range of services designed to reduce disease burden and improve health outcomes. This sustained level of investment reflects a recognition that hepatitis elimination requires long-term commitment across the continuum of prevention, diagnosis, treatment, and follow-up care. By reducing financial barriers to testing and



treatment, Japan has created conditions that facilitate broad and equitable access to hepatitis services.

Over the past decade, legislative reforms have helped create an integrated hepatitis care system while establishing protections against discrimination. These reforms have enabled closer coordination among healthcare providers, public health authorities, and patient support services. The resulting framework has strengthened continuity of care and improved the ability of health systems to identify and respond to patient needs across multiple settings. Participants noted that Japan's experience demonstrates the importance of aligning municipal policy, financing, and service delivery in support of national elimination objectives.

The success of these efforts is reflected in declining liver cancer mortality rates and improvements throughout the HCV care cascade. Japan has effectively demonstrated how coordinated policy, financing, and healthcare delivery systems can drive progress toward elimination. At the same time, presenters cautioned that the final stages of elimination are often the most challenging because remaining infections tend to be concentrated among populations that are more difficult to engage through conventional healthcare systems.

TOKYO'S METROPOLITAN RESPONSE

Dr. Itaru Nishizuka, Director of Infectious Disease Control Coordination within the Bureau of Public Health in the Tokyo Metropolitan Government, described Tokyo's approach to hepatitis control, emphasizing the importance of combining prevention, public awareness, testing, treatment, and patient support within a coordinated metropolitan strategy. His presentation highlighted the critical role that municipal governments can play in translating national policies into locally relevant programs and services. The Tokyo model reflects coordination across public health agencies, healthcare providers, employers, community organizations, and residents.

A notable feature of Tokyo's approach is its emphasis on public engagement. Through annual awareness initiatives such as Liver Week, digital media campaigns, workplace partnerships, and community outreach activities, the city seeks to increase public understanding of hepatitis and encourage participation in screening and treatment programs. These initiatives recognize that awareness remains a critical determinant of whether individuals seek testing and care, particularly among populations that may not perceive themselves to be at risk. By normalizing conversations about liver health and hepatitis, Tokyo aims to reduce stigma while promoting earlier diagnosis and treatment.

Tokyo has also established measurable targets related to hepatitis coordinators and care pathway registrations, reflecting a commitment to accountability and continuous



improvement. These efforts demonstrate how local governments can complement national policies by creating environments that facilitate access to services and support patient engagement. The use of defined performance indicators allows public health authorities to monitor progress, identify gaps, and adjust interventions as needed. Such data-driven approaches are increasingly recognized as essential for maintaining momentum as countries move closer to elimination goals.

The Tokyo experience suggests that long-term elimination depends not only on healthcare infrastructure but also on sustained public awareness and community involvement. As prevalence declines, maintaining visibility and public attention becomes increasingly important to ensure that remaining cases are identified and linked to care. This challenge is particularly relevant during the final stages of elimination, when declining case numbers can create a perception that hepatitis is no longer a public health priority. Continued investment in education, outreach, and community engagement will be necessary to prevent complacency and sustain progress toward elimination.

THE EVOLVING EPIDEMIOLOGY OF HEPATITIS C

Drawing on clinical and epidemiological data from Osaka, Satoshi Tanaka of the National Hospital Organization Osaka National Hospital highlighted the changing patterns of HCV transmission in urban Japan. His findings demonstrated an increasing concentration of infections among PWID and MSM. The data presented suggest that HCV transmission is becoming increasingly concentrated within interconnected social and sexual networks in urban settings. This shift underscores the importance of tailoring prevention and treatment to the evolving realities of the epidemic.

Historically, HCV transmission in Japan was largely associated with blood-product exposure and healthcare-related risks. Today, however, the epidemiology of HCV is changing. Hospital-based surveillance data indicate increasing numbers of infections associated with sexual transmission among PWID and MSM, particularly within urban centers where overlapping HIV and HCV transmission networks have emerged. These trends mirror observations in other high-income countries where traditional sources of transmission have declined while infections have become increasingly concentrated among specific key populations. The changing epidemiology highlights the need for targeted prevention, education, and screening efforts that reflect contemporary transmission dynamics.

Of particular concern, nearly all acute HCV cases diagnosed between 2016 and 2024 involved people living with HIV. Molecular epidemiology studies have further identified clustered transmission networks among MSM and PWID populations, underscoring the



need for targeted interventions and enhanced prevention efforts. The presence of clustered transmission networks suggests that focused interventions within high-risk communities may have a disproportionate impact on reducing new infections. Participants noted that enhanced screening frequency, risk-reduction counseling, and rapid treatment initiation could help interrupt ongoing transmission within these networks.

Dr. Tadashi Ikegami, Professor of Gastroenterology at the Tokyo Medical University Ibaaki Medical Center, described an additional case-finding opportunity through routine testing of all patients presenting to the emergency department at his facility. This approach has identified previously undiagnosed infections among patients seeking emergency care following an overdose and in other circumstances. He cautioned, however, that testing alone is insufficient: when results become available only after a patient has left, staff may be unable to re-establish contact. Emergency department screening should therefore be paired with rapid testing where feasible, immediate counseling, verified contact pathways, and active linkage or navigation protocols.

These findings reinforce the importance of integrating HIV and HCV services. Rather than addressing the two infections independently, healthcare systems may benefit from coordinated screening, prevention, treatment, and follow-up services capable of addressing both conditions simultaneously. Integrated service delivery can also improve efficiency by leveraging existing HIV care infrastructure to increase HCV awareness, testing, and linkage to treatment among populations already engaged in care. Such approaches have the potential to improve health outcomes while reducing missed opportunities for diagnosis and intervention.

Dr. Ikegami further observed that MSM frequently seek partners within urban networks and share information through specific dating and matching applications. Targeted, culturally appropriate advertisements on these platforms could therefore raise awareness of HIV/HCV coinfection, promote regular HCV screening, communicate reinfection risks, and direct users to accessible testing and treatment services. Such outreach should be developed with affected communities and implemented with careful attention to privacy, stigma, and local patterns of platform use.

SOCIAL DETERMINANTS AND BARRIERS TO CARE

Mr. Takashi Kato, Facilities Director at Hachioji DARC, a community-based recovery support organization, illustrated how social and economic instability frequently undermines treatment engagement despite the widespread availability of curative therapies. Their experience working with individuals recovering from substance use disorder demonstrated that housing insecurity, employment pressures, stigma, and limited health literacy often



pose greater barriers than access to medication itself. Presenters noted that many individuals prioritize immediate concerns such as securing housing, employment, or food over seeking healthcare, even when treatment is available at little or no cost.

The experiences shared during the workshop highlighted a critical reality: many barriers to successful HCV treatment are social rather than medical. Housing instability, employment demands, relapse, stigma, and difficulties navigating healthcare systems frequently interfere with treatment engagement and completion. These challenges are particularly pronounced among individuals transitioning from incarceration, recovering from substance use disorders, or experiencing social isolation and economic vulnerability.

Participants emphasized that effective elimination strategies must therefore include social support services, patient navigation, recovery assistance, and coordinated case management. Without addressing these broader determinants of health, even highly effective treatments may fail to achieve their full impact. Comprehensive approaches that integrate clinical services with housing support, behavioral health care, peer navigation, and community-based outreach have demonstrated greater success in engaging individuals who might otherwise be lost along the care continuum. Such models recognize that sustained health outcomes often depend as much on social stability as on medical intervention.

The discussions also highlighted the relevance of the Fast-Track Cities approach, which recognizes that achieving disease elimination requires addressing social determinants of health alongside biomedical interventions. Since its inception, the Fast-Track Cities initiative has emphasized the importance of addressing structural barriers that contribute to health inequities. By advancing integrated, person-centered responses that combine clinical care with social support, cities are better positioned to achieve equitable and sustainable health outcomes, including progress toward HCV elimination.

HARM REDUCTION + COMMUNITY ENGAGEMENT

Goro Koto of Harm Reduction Tokyo emphasized that many individuals most vulnerable to HCV remain disconnected from traditional healthcare systems and are therefore unlikely to benefit from facility-based interventions alone. He argued that community trust-building, outreach, and harm reduction services are essential components of any successful elimination strategy. Drawing on frontline experience, he noted that many individuals at greatest risk for HCV actively avoid healthcare settings due to stigma, fear of discrimination, or prior negative experiences with public institutions. He further emphasized that trusted community-based organizations are often better positioned than formal healthcare systems to establish initial contact and facilitate linkage to care.



Harm reduction approaches can play a critical role in reducing transmission risk, promoting treatment uptake, and improving continuity of care among marginalized populations. Workshop discussions highlighted the importance of creating safe and nonjudgmental pathways into healthcare services. Participants noted that harm reduction interventions should be viewed not as alternatives to treatment, but as complementary strategies that increase the effectiveness and reach of healthcare programs. Such approaches can also help maintain engagement with individuals who may cycle in and out of care due to unstable housing, substance use, or other social challenges.

Participants also discussed the influence of language and stigma. Less stigmatizing terminology surrounding addiction and recovery may help encourage engagement with healthcare and social support services. Reframing addiction as a medical condition rather than a moral failing can contribute to more inclusive and effective public health responses. Several speakers observed that stigma continues to affect both individuals living with addiction and those living with HIV, HCV, and other conditions associated with social marginalization. Reducing stigma within healthcare settings and broader society was identified as an important prerequisite for increasing screening uptake, treatment engagement, and long-term retention in care.

The broader implication is that elimination efforts must be grounded in dignity, respect, and inclusion. Community trust represents a critical public health asset and is often a prerequisite for reaching populations most affected by HCV. Participants emphasized that trust cannot be created through short-term interventions alone but must be cultivated through sustained engagement, transparency, and meaningful involvement of affected communities in program design and implementation. In this regard, community organizations and peer-led initiatives were viewed as essential partners in achieving and sustaining HCV elimination outcomes.

CORRECTIONAL HEALTH OPPORTUNITY

Hirofumi Niitsuma, Director of Medical Services at Miyagi Prison and Chairman of the Japanese Society of Correctional Medicine, presented compelling evidence that correctional facilities represent one of the most important remaining opportunities for accelerating HCV elimination in Japan. His analysis revealed an estimated 4,700 incarcerated individuals living with HCV and highlighted significant gaps between current treatment capacity and actual need. He emphasized that the concentration of HCV within correctional facilities provides an opportunity to identify, diagnose, and treat individuals who may otherwise have limited engagement with health services.



Correctional settings represent one of the most concentrated reservoirs of HCV infection in Japan. An estimated 14% of incarcerated individuals are living with HCV, a prevalence substantially higher than that observed in the general population. This disproportionate burden reflects the overrepresentation of individuals with histories of substance use disorders and other social vulnerabilities within correctional populations. As overall HCV prevalence declines nationwide, addressing infection within prisons will become increasingly important to achieving and sustaining elimination targets, particularly given the opportunity to reach high-risk populations who may otherwise have limited contact with healthcare services in the community.

Among incarcerated stimulant offenders, nearly 69% tested positive for HCV antibodies, approximately half remained actively infected, and many resumed needle-sharing behaviors following treatment. These findings underscore the importance of integrating treatment with addiction support, relapse prevention, and post-release care coordination. The data suggest that treatment alone is unlikely to achieve durable outcomes in the absence of comprehensive behavioral health and recovery support services. Participants noted that reducing reinfection risk requires addressing the underlying drivers of substance use while ensuring continuity of care following release from incarceration. This will require coordinated pathways that connect correctional health services with community-based harm reduction, substance use treatment, and clinical care before an individual is released.

Dr. Toshiko Matsumoto, Director of the Department of Drug Abuse Research at the National Institute of Mental Health, identified weak linkage to treatment following release, persistent stigma, and fragmented access to healthcare as major barriers to sustained HCV outcomes. He emphasized the need for community-based harm reduction grounded in empathy, particularly during the transition from incarceration to community life. Effective discharge planning should begin before release and include a confirmed community provider, peer or patient navigation, medication continuity, and warm handoffs to addiction, housing, mental health, and social support services.

Despite the magnitude of need, current correctional health funding supports testing and treatment for only a limited number of individuals annually. Participants identified prison-based screening and treatment expansion as one of the most significant opportunities for accelerating national elimination efforts. Expanding correctional HCV services would not only improve health outcomes among incarcerated individuals but could also generate broader public health benefits by reducing transmission following release into the community. Several participants noted that international experience has demonstrated the cost-effectiveness of prison-based treatment programs when viewed through the lens of long-term healthcare savings and disease prevention.



INTERNATIONAL LESSONS AND BEST PRACTICES

Providing an international perspective, Dr. Yumi Sheehan, Executive Director of the Global Prisons Infectious Diseases Network and Senior Research Associate at The Kirby Institute, University of New South Wales, reviewed evidence from prison-based HCV elimination initiatives around the world. Her presentation highlighted successful models from Australia, Spain, Canada, Pakistan, and the United States, demonstrating how universal screening, simplified treatment pathways, and post-release care coordination can dramatically improve outcomes.

Dr. Sheehan noted that approximately 11.3 million individuals are incarcerated globally and that people who inject drugs and other marginalized populations are disproportionately represented within correctional systems. WHO identifies prisons as a priority setting for hepatitis elimination due to their concentration of high-risk populations. Despite this recognition, Dr. Sheehan highlighted that only a minority of countries currently provide routine HCV testing or DAA treatment within correctional settings, leaving significant gaps in the global response. She noted that countries such as Australia and Spain have demonstrated that prisons can serve as highly effective platforms for identifying undiagnosed infections and rapidly linking individuals to curative treatment.

Australia emerged as a particularly strong example of successful prison-based elimination efforts. Through unrestricted DAA access, broad screening programs, harm reduction services, and inclusion of incarcerated populations in national elimination strategies, Australia has dramatically reduced prison-based HCV prevalence while increasing treatment uptake. Prison HCV RNA prevalence in Australia declined from approximately 20% in 2016 to 8% in 2024, while prison-based treatment initiation increased from 6% to 42% over the same period. Australia's experience also demonstrated the effectiveness of treatment-as-prevention approaches, with substantial reductions observed in new infections, primary infections, and reinfections among high-risk populations.

In addition to presenting on work she is advancing in Sydney, Australia, Dr. Sheehan also cited examples from Spain, Canada, and other countries that demonstrate the effectiveness of universal HCV screening, telemedicine, simplified diagnostics, rapid DAA initiation, and post-release care coordination. She noted that these experiences illustrate how correctional systems can become central pillars of national HCV elimination strategies rather than isolated healthcare environments. Following are case study summaries Dr. Sheehan presented to illustrate how these approaches have been implemented across diverse correctional settings. Together, they highlight practical models that Japan could adapt to its own correctional health system, policy context, and elimination priorities.



- **CASE STUDY:** Spain's JailFree-C model achieved a screening uptake rate of 99.5% and treatment uptake of approximately 80% through streamlined care pathways and telemedicine support.
- **CASE STUDY:** Canada's multidisciplinary care-navigation model increased linkage to care following release from prison from 11% to 80%.
- **CASE STUDY:** Australia's PIVOT one-stop care model improved testing rates from 26% to 99% and reduced the average time to treatment initiation from 99 days to just 6 days.

Beyond the specific programmatic lessons highlighted during the workshop, participants emphasized the value of city-to-city knowledge exchange as a means of accelerating HCV elimination. Consistent with the Fast-Track Cities model, municipalities often face similar challenges related to reaching marginalized populations, integrating services, reducing stigma, and sustaining political commitment. As urban areas continue to shoulder a disproportionate share of the global HCV burden, strengthening collaboration among cities can accelerate innovation and scale evidence-based approaches to HCV elimination.

CONCLUSIONS AND RECOMMENDATIONS

The Fast-Track Cities Urban HCV Elimination Workshop demonstrated that Japan has established one of the most advanced hepatitis elimination systems in the world. Strong public financing, universal treatment access, coordinated policy frameworks, and sustained political commitment have generated substantial progress toward elimination. The national and municipal experiences shared at the workshop also offer valuable lessons for other countries and municipalities seeking to translate scientific advances and public investment into measurable population-level health outcomes. At the same time, the workshop underscored that sustaining this progress—and reaching the populations still being left behind—will require continued innovation, targeted investment, and stronger integration across public health, clinical, community, and correctional systems.

The workshop also highlighted the changing nature of the epidemic. Remaining infections are increasingly concentrated among PWID, MSM, incarcerated populations, and socially marginalized individuals. Addressing these challenges will require approaches that extend beyond clinical treatment and incorporate social support, harm reduction, community engagement, and integrated service delivery. Success in the final phase of urban HCV elimination will depend not only on maintaining high treatment coverage but also on reducing structural barriers that limit access to prevention, testing, care, and long-term follow-up among these populations.



Several recommendations emerged from the discussions:

- Correctional health systems should be strengthened by expanding HCV testing and treatment access, harm reduction services, and post-release care coordination, particularly for key populations.
- HIV and HCV services should be more closely integrated, particularly for populations experiencing overlapping risks.
- Harm reduction and community-based outreach programs should be expanded to improve engagement among populations not reached by traditional healthcare systems.
- Elimination efforts should continue to address stigma through public education and the adoption of person-centered language and policies.

Importantly, representatives from Japan's Ministry of Health and Ministry of Justice expressed interest in developing a framework and business case for expanded correctional HCV funding. This commitment represents a potentially significant step toward closing one of the most important remaining gaps in Japan's elimination strategy. If implemented, such an initiative could accelerate progress toward elimination by expanding access to testing, treatment, and continuity of care for one of the country's highest-prevalence populations. The willingness of both ministries to collaborate on this issue reflects growing recognition that correctional health is an essential component of public health and that hepatitis elimination cannot be achieved without addressing the needs of incarcerated populations.

Ultimately, the workshop reinforced a central lesson observed globally: HCV elimination is both a medical and social endeavor. While highly effective HCV treatment has transformed the clinical landscape, achieving and sustaining elimination will depend on the ability of health systems to reach marginalized populations, address structural barriers, and ensure that no one is left behind. The workshop discussions in Tokyo underscored that the path to elimination is not defined solely by the availability of a cure, but by the collective willingness to ensure equitable access to prevention, care, treatment, and long-term support for all populations affected by HCV.

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