



# Increasing access to diagnostics and treatments for Hepatitis C in resource limited settings: how should we move forwards?



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Médecins sans Frontières, Access Campaign

## Background

HCV infects **150 to 180 million** people worldwide  
 •Most live in **resource limited settings**  
 •2-5 million are **HIV** co-infected

New **oral treatments** will be:  
 •more **effective** than interferon (IFN)-based treatment  
 •**easier** to use  
 •**less toxic**  
 •necessary to allow for **simplified diagnostics** and treatment monitoring

**QUESTION:**  
 How can we make both the drugs and the diagnostics **accessible and affordable** for people living in resource limited settings?

## Methods

We conducted:  
 •formal and grey **literature reviews**  
 •key informant **interviews**  
 •expert **meetings**

We performed a peer reviewed technical HCV diagnostics and treatments **landscape report\*** with the aim of identifying the:  
 •main **access barriers** to diagnosis, monitoring and treatments for people living with HCV  
 •potential **solutions and game-changers** for scaling-up access to HCV care in resource limited settings

\***Report link:** [goo.gl/LqeSx](http://goo.gl/LqeSx)

## Results

### ACCESS BARRIER

Lack of reliable **epidemiological** data

Lack of **political will** and civil society mobilization

**No prevention**

**No rapid diagnostic tests (RDTs)** for HCV suitable for resource limited settings; no access to HCV **viral load (VL) and genotyping (GT)**

No access to non- invasive markers of **liver fibrosis**

**PEG-IFN-alfa** not part of WHO EML; high price of originators; lack of internationally adopted evaluation scheme for biologics and biosimilars

Lack of an **oral HCV drugs** regimen

### SOLUTIONS / GAME CHANGERS

1. Country and WHO **surveillance** systems
2. Know your **epidemic**: highly vulnerable groups vs generalized epidemics

1. **Right to care** for all
2. **Political will** to confront burden of HCV epidemic & increase **awareness**

1. **Safe** injections, medical & dental practices, & safe blood transfusions
2. Needle xchange programs, **decrease risk factors** for household transmission

1. WHO **pre-qualification** of HCV screening tests
2. Affordable RDTs based on **ASSURED criteria** and accurate in HIV+ people
3. **Simplified** HCV VL and GT tests, multi-analyte molecular tests, lab compatibility with dried blood spots
4. Simplified **algorithms**

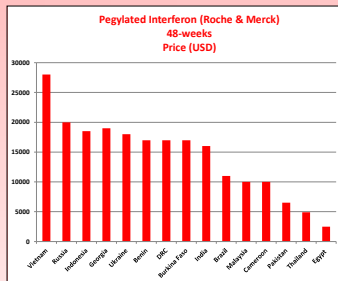
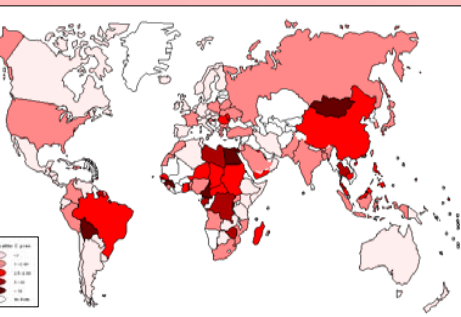
Affordable access to **Fibroscan®** and simple biological markers of fibrosis (APRI)

1. PEG-IFN-alfa inserted in the **WHO EML** (MSF submitted a demand in 2012)
2. **Price negotiations** with originators (Merck and Roche)
3. Price **monitoring and transparency**
4. WHO to set scheme for **evaluation of biologics & biosimilars**, to support identification of safe & effective alternatives to the originator products

1. Identify **most effective short regimen adapted for resource limited settings**: pan-genotypic, IFN-free or -sparing, universally efficient, robust, safe, low side effects, & compatible with opioid treatment substitution, HIV ART, anti-TB treatments, & for people with advanced liver diseases, & treatment experienced people
2. **Price negotiations** with originators; affordable prices through **generics**

## Conclusion

1. Access to care depends on **political will and the mobilization of civil society**
2. HCV is a public health priority; new drugs and technologies will make **treatment possible for everyone**
3. It is critical to ensure that costs of diagnostics and therapies, including oral drugs, are **affordable to all**
4. As there is **NO FINANCING MECHANISM**, traditional funding & innovative financing should be stimulated (from **UNITAID, The Global Fund, domestic funding** etc) for enabling treatment in resource limited settings



Price of PEG-IFN-alfa  
 (A Momenghalibaf & P Cawthorne, MSF/OSF/TAG meeting, Paris, 2012)

## CURRENT CARE

1. **Complicated** requirements for diagnosis, staging & treatment monitoring
2. Toxic treatment with only approx **50% efficacy** & high cost

## THE FUTURE

1. **Simplified** laboratory requirements: diagnosis = serology & viral load; no staging; treatment monitoring = viral load, Hb, ALT
2. **Shorter & less toxic treatment with 90-100% efficacy**; cost??