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 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

**Results**

**Access Barriers**

- Lack of reliable epidemiological data
- Lack of political will and civil society mobilization
- No prevention

**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. 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

1. Affordable access to Fibroscan® and simple biological markers of liver fibrosis

**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??

**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