4th International HIV/Viral Hepatitis Co-Infection Meeting

The Rocky Road to Viral Hepatitis Elimination:
Assuring access to antiviral therapy for ALL co-infected patients from low to high income settings

Saturday - Sunday, 22-23 July 2017
Paris, France
Tracy Swan
Overview

• HCV prevention, diagnosis, treatment – where we are, what we need

• HCV in 2015

• Net cure rate (2016)

• Access pathways for LMICs (also relevant to HICs)
Prevention: bring harm reduction to scale

As of 2016:
only 12 countries provide the number of syringes/needles recommended by WHO

-90 countries have implemented NSP
-80 countries have implemented OST

–the extent/coverage vary, and scale-up has stalled since 2014

No one left behind: treatment access for people who inject drugs

HCV prevalence among HIV-positive people who inject drugs: ~82%

Clinical barriers are beginning to fall away: DAA trials confirm similar adherence, SVR, guidelines recommend treating

Structural barriers remain

Removing Structural Barriers

Number of people newly diagnosed with HIV in Portugal since the decriminalization of drug use, 2000–2013

Diagnostics & Treatment

Room for improvement in diagnostics – simple, one-step, rapid, accurate, affordable, etc

DAAs/regimens meet the TPP-

Need more info on existing regimens/drugs
(pregnancy, paediatrics, strategies for HIV/HCV/TB)
Estidemiology

In 2015:

71 million people had chronic HCV

(1.75 million of them were newly infected)

Impact of DAAs and mortality in 2015

500,000 people treated with DAAs
450,000 cured (based on 90% SVR and F4 priority)

399,000 people died from HCV complications

849,000 people were cured, or died

1,300,000 more new infections than cures

Calculating the “net cure rate” for hepatitis C

In 2016, the estimate of net cure worldwide was 0.43%

Hepatitis C: net cure rates in 2016, by country

Top 10 countries by net cure rate in 2016

Bottom 10 countries by net cure rate in 2016

- Russia: -5.6%
- United Arab Emirates: -4.6%
- Kenya: -3.4%
- Uzbekistan: -3.3%
- Azerbaijan: -3.2%
- Georgia: -3.1%
- Syria: -2.7%
- Ghana: -2.7%
- Afghanistan: -2.5%
- Philippines: -2.3%

Access to DAAs in LMICs
Voluntary Licenses (VLs)

LICs may struggle to provide expensive diagnostics – prices for generic DAAs may be too high

MICs are often excluded from VLs – they face a growing HIV epidemic, a huge HCV burden, higher drug prices and diminishing donor funding (EECA)

Platt, et al. Lancet Infect Dis
Compulsory Licenses (CLs)

Countries have the legal right to issue CLs as per TRIPS
(Trade-Related Aspects of Intellectual Property Rights)

Thailand issued CLs for efavirenz and lopinavir/r (2007)

• LPV/r CL predicted to save US $24 million per year
• Generic EFV was US $20/month vs. originator US$ 43/month; 20,000 more people treated at the same cost

Backlash: withdrawal of regulatory submissions for all Abbott medicines, heat-stable LPV/r withheld; refusal to register any new medicines, USTR put Thailand on priority watch list/ Special 301 report – trading partners with harmful records re: US IP

Access Avenues & Updates

- MIC update
- Patent oppositions
- Buyer’s clubs/ personal importation
- Negotiating
- New models for drug development - building in access

Medical tourism?
The response to HIV evolved with development of, demand for effective treatment

Resources for HIV/HCV, but not for HCV

Donor coordination: Who will pay, and what will they pay for?
Thank you

Dr Andrew Hill and colleagues

Everyone working to increase access to life-saving medicines and harm reduction

The panel