

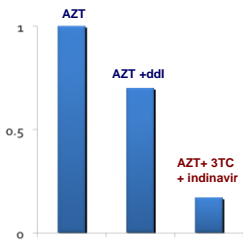
Scaling up access to treatment for HCV:
lessons from HIV

Melbourne, 18-19 July 2014

Dr Nathan Ford



The treatment revolution: 1996



• Greater mortality reduction than observed with penicillin for treatment of bacterial sepsis

Fischl MA et al, New Engl J Med 1987, Lancet 1997, Hammer SM et al, New Engl J Med 1997



Challenges to scaling up access
to antiretroviral therapy

- Affordable medicines
- Simplification
- Models of delivery
- Funding
- Tracking progress
- Civil society



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4 | Public health, innovation and intellectual property



Access to fluconazole

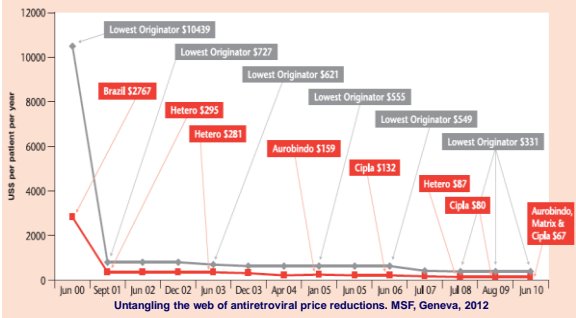
Manufacturer	Country	Price (\$US)
Biolab	Thailand	0.29
Cipla	India	0.64
Pfizer	Thailand	6.20
Pfizer	South Africa	8.25
Pfizer	Kenya	10.50
Pfizer	USA	12.20
Pfizer	Guatemala	27.60

Perez et al, Lancet 2000





Cost of Antiretroviral therapy



Mechanisms to improve access to ART

- Increased funding and emergence of a generic ARV market creating economies of scale
- Political will at national and international level; political activism
- Creation of the UN/WHO prequalification programme
- Compulsory and voluntary licenses
- Creation of the Medicines Patent Pool
- Patent oppositions in key producing countries
- Price reductions and price negotiations, including by bulk purchasers
- Enhanced price transparency: WHO Global Price Reporting Mechanism, MSF Untangling the Web report....



Voluntary licenses in the area of HIV/AIDS					
Company	Medicine	Indication	Geographical scope	No of licensees	No of countries
BMS	ATV ddI; d4T	HIV/AIDS	SSA, India	7 >3	48 50
Boehringer- Ingelheim	NVP;TPV	HIV/AIDS	All Africa, LDC, LIC; India	Several	75
Gilead / MPP	TDF (+FDC) EVG COBI	HIV/AIDS	Country list	Several; unlimited with MPP	112 100 103
MSD (Merck)	EFV RAL	HIV/AIDS	SA SSA, LIC	6 2	1 60
Roche	SQV	HIV/AIDS	SSA; LDC	13	65
Tibotec (J&J)	DRV RIL(+FDC)	HIV/AIDS	SSA; LDC Country list	1 5	65 112
ViiV (GSK& Pfizer)	AZT; 3TC; ABC pediatric ABC (with FDC)	HIV/AIDS	SSA; LDC; LIC Country list	11 --	68 118

Recent compulsory licenses & government use						
Country	Medicine	Indication	Measure	Period	Royalties	Remarks
Ecuador	Abacavir+lamivudine	HIV/AIDS	Gov use	2012	5% of US price adjusted by diff. in GDP	Local prod.
Indonesia	Seven products	HIV/AIDS; hepatitis	Gov use	2012	0.5%	Local prod.
India	Sorafenib	Cancer	CL	2012	6%	Local prod.
Ecuador	Ritonavir	HIV/AIDS	Gov use	2010	0.42% of US price	Import; local prod.
Thailand	erlotinib; letrozole; docetaxel; clopidogrel; lopinavir/ritonavir	Cancer; heart disease; HIV/AIDS	Gov use	2006-2008	3-5%	Import
Brazil	Efavirenz	HIV/AIDS	Gov use	2007	1.5%	Import & local prod.
Thailand	Efavirenz	HIV/AIDS	Gov use	2006	0.5%	Import

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More is not necessarily better

240 different initial treatments prescribed in Switzerland in 10 years (Wandeler et al, PLoS 2011)


19 different first line regimens in US guidelines*

Initial Treatment for HIV Infection – An Embarrassment of Riches
Bernard Hirschel, M.D., and Alexandra Calmy, M.D.

*Panel on Antiretroviral Guidelines for Adults and Adolescents. Department of Health and Human Services, 2013


World Health Organization

Towards a single, preferred once daily pill




Benefits of fixed-dose combinations


- 17% better adherence
- Patient preference
- Reduced risk of stock outs



WHO 2002
8 different first line regimens recommended

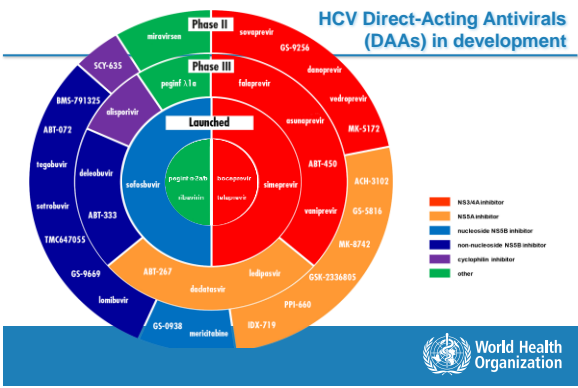


WHO 2013
1 single preferred first line recommended




World Health Organization


Ranjana R. Calmy A et al. TBMH 2014



Simplification of diagnostics




↓





• 4 fold increase in CD4 testing
• 3 fold increase in receiving result



World Health Organization

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Health worker distribution

Density per 100,000 population

	Physicians	Nurses	Pharmacy personnel
Low income	2.4	5.4	0.5
Lower-middle income	7.8	17.8	4.2
Upper-middle income	15.5	25.34	3.1
High-income	29.4	86.9	8.4

WHO, World Health Statistics 2014



Task shifting to address health worker shortage



Expansion of primary-care nurses' roles to include ART initiation and prescribing can be done safely, and improve health outcomes and quality of care



Decentralization of care

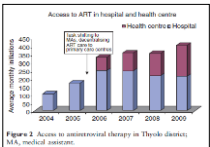
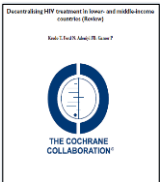


Long distance to services associated with:

- Poor uptake
- Poor adherence
- Loss to follow-up



Better outcomes through decentralization of ART service delivery



Time to ART initiation decreased from nearly 100 days to <3 weeks

- Attrition lower at health centres

Kredo et al, Cochrane Database of systematic reviews, 2013 ; Bemelmans et al. TMIH, 2010.



Task shifting and decentralization for HCV



ECHO project, New Mexico

Comparison of outcomes at primary care clinics versus dedicated hepatitis clinics

- SVR: 58% PHC vs 58%: HCV clinic
- SAEs: 14% PHC site vs 7%: HCV clinic

Arora, NEJM 2011



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guardian.co.uk

Government u-turn on Aids crisis

Emphasis to move from prevention to treatment

Sarah Kinsley, health editor
The Guardian, Wednesday 20 November 2003 02:23 GMT

In a radical policy change the government is now prepared to back drug treatment for the millions in poor countries who will otherwise die in the escalating HIV/AIDS epidemic, development secretary Hilary Benn revealed yesterday.

Clare Short, his predecessor, insisted that the priority of the Department for International Development (DFID) had to be prevention campaigns and building the healthcare infrastructure of developing countries. But Mr Benn, at a UN briefing to reveal alarming figures on the epidemic, was frank in his admission that the policy had changed.

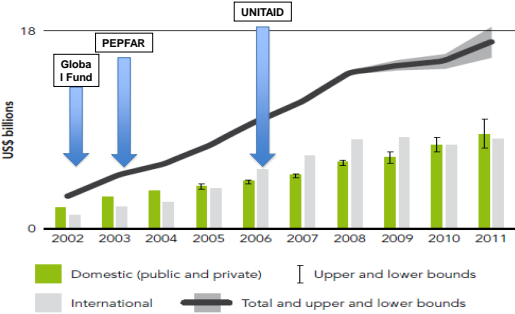
Behind the u-turn is the drop in the price of drugs as the major pharmaceutical companies have been forced to respond to the public outcry over their relative high cost in the developing world. Yesterday's report revealed that 40 million people - some estimates say 46 million - are now infected, mostly in poor countries, and three million died last year alone.

“We should have done more sooner, and we could all be doing more now”

DFID, November 2003



Resources available for HIV in low- and middle-income countries, 2002–2011



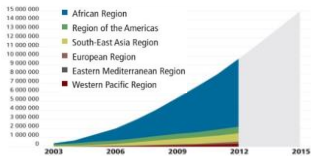
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Global Access to Treatment

Nearly 13 million people on ART by end of 2013



WHO, Global Treatment Report



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Evolving role of civil society

Activism



Watchdog



Care provision



World Health Organization

Barrier	HIV 2010	HIV 2014	HCV 2014
Limited data on epidemiological situation in low and middle-income countries			
High stigma and discrimination			
Lack of political and financial commitment			
Complexity of drug regimens, high pill burden Side effects that complicate adherence			
Complexity of screening, treatment and follow-up monitoring			
High cost of drugs and tests			
Highly specialized vertical services			
Limited patient and community engagement			

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