

Advocating for access to hepatitis C treatment: Community experiences from Asia

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Declaration of Interest

- Nothing to declare

Outline

- Global epidemiology and disease burden
- Hepatitis C and HIV among PWID
- Challenges in creating access
- Government responses
- Regional advocacy

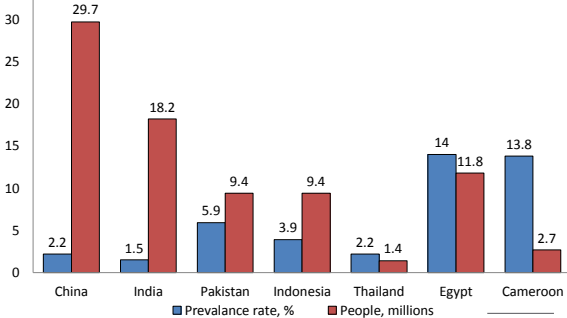
Global hepatitis C epidemiology

- 185 million infected
 - 5 million co-infected with HIV
- >350,000 die every year from related liver diseases
 - ~1000 people each day

WHO, Guidelines for the screening, care, and treatment of people living with hepatitis C, 2014.



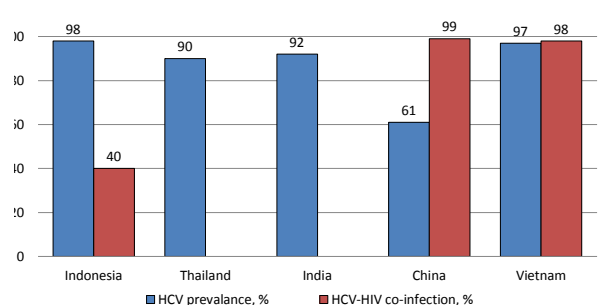
Hepatitis C in Asia



Lavanchy, Clinical microbiology and Infection, 2011;17:107-115.



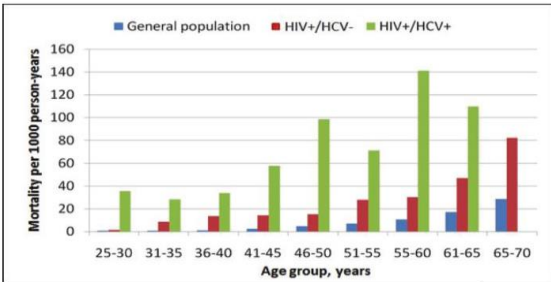
Hepatitis C and HIV among PWID



WHO, Walsh, Scoping document: A review of viral hepatitis in injecting drug users and assessment of priorities for future activities, 2009.
Sereno L, J Int Assoc Physicians AIDS Care (Chic). 2012 Sep-Oct;11(5):311-20.



The impact of co-infection on mortality



Lohse AW, Ann Intern Med. 2007 Jan 16;146(2):87-95.



Challenges in creating access Medicines

- Unaffordable costs of pegylated interferon and ribavirin therapy
 - Indonesia: 7000 to 14000 USD
 - Thailand: 5600 USD to 18500 USD
 - India: 4000 USD to 7300 USD
- Alternative biosimilar products in development and undergoing registration
 - Lack of international quality assurance



Challenges in creating access Information and data

- Weak surveillance systems → inadequate mapping of hepatitis C burden
- Negligible to no investment into hepatitis C programming/ political will
- Lack of knowledge and information around hepatitis C in the community and among providers

Biosimilar pegylated interferon



Regional government responses

- Thailand national hepatitis C treatment program
 - Aug 2012: pegylated interferon+ribavirin on essential meds list; free treatment to GT 2 and 3; diagnostics not covered
 - Restrictions → poor uptake
 - Aug 2014: expanded to PLHIV, and GT 1, 2, 3, 6; coverage for diagnostics
- Otherwise...no screening or treatment programs
 - No standardized surveillance under WHO/UN
 - No "GARPR" for hepatitis C



Regional advocacy

- Knowledge and information
 - Working with community to improve knowledge on hepatitis C
 - Development of policy and simplified materials for community advocates
 - Active flow of information to share developments
 - Price reduction: 300 USD to 66 USD/vial in 2 years



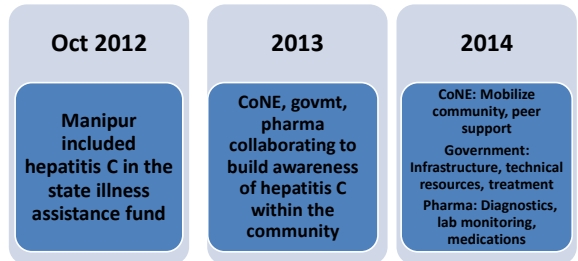
Regional advocacy

- Global agencies and pharma
 - Addition of pegylated interferon in WHO's model list of essential medicines
 - Peg interferon listed in July 2013
 - Inclusion of hepatitis C in UNITAID's strategy
 - 2013-2016 plan
 - Working with WHO regional offices to adapt and adopt recent guidelines at national levels
 - Price reduction of pegylated interferon
 - Merck, March 2014: down to 40 USD/vial in 57 countries



Creating access to treatment in India

- Facilitating dialogues between community, government, and pharma
 - Community Network for Empowerment (CoNE), Manipur



Regional advocacy

- Intellectual property
 - Working with generic/biosimilar pegylated interferon producers to improve access
 - Follow registration and patent processes of direct acting agents, pricing and access issues
 - Pre-patent grant opposition on sofosbuvir in India
 - Voluntary license and generic production



Gilead's Voluntary license: Creating or restricting access?



Summary

- High disease burden and prevalence of hep C among PWID and PLHIV
- Negligible responses from regional governments
- Treatment access is the critical barrier
 - Need to create demand and build awareness
 - Still have to work on price reductions and access to pegylated interferon
 - Ensure direct acting agents are available more quickly and at affordable prices



Thank you!

