

Delivering therapy on an individual and society level

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Declaration of interest

The World Hepatitis Alliance has received funding from:

- AbbVie
- Achillion
- Bayer
- BI
- BMS
- Gilead
- GSK
- Janssen
- Merck
- Roche

I do not receive any personal remuneration of any kind from the pharmaceutical industry or from the World Hepatitis Alliance



Delivering therapy – access

- Awareness
- Access to testing
- Access to assessment and prescribers/linkage to care
- Access to monitoring
- Regulatory approval/licensing in place
- Quality assurance
- Manufacturing capacity/distribution
- Affordability – necessary but not sufficient

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Delivering therapy – key requirements

- Political will at a global level
- Technical support at a global level
- Political will at a national level
- Funding
- Capacity/infrastructure
- Affordability of diagnostics and drugs



Political will at a global level

- 2014 resolution WHA67.6 adopted with 50 countries speaking in support

AFRO

Botswana
Burkina Faso
Burundi
Chad
Cote d'Ivoire
Congo
Gambia
Ghana
Kenya
Mauritania
Mauritius
Somalia
South Africa
Uganda

AMRO

Argentina
Bahamas
Brazil
Canada
Guatemala
Panama
Trinidad
US
Venezuela

EMRO

Afghanistan
Bahrain
Egypt
Iran
Iraq
Lebanon
Tunisia

EURO

France
Georgia
Russia
Spain
Switzerland
Ukraine
UK

SEARO

Bangladesh
India
Indonesia
Maldives
Thailand

WPRO

Australia
China
Japan
Korea
Malaysia
Mongolia
Vietnam
(Taiwan)

ACCEPTED?

VIRAL HEPATITIS DOESN'T DISCRIMINATE. NEITHER SHOULD YOU.

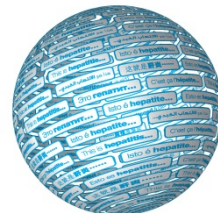
May 19-24, World Health Assembly.
THINK HEPATITIS:
Support Resolution EB134.R18
#thinkhepatitis

World Hepatitis Alliance
This is hepatitis...

WORLD HEPATITIS DAY
JULY 28TH 2014

REJECTED?

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Political will at national level

2012/3

- 47 of 126 MS self-report having a written viral hepatitis strategy
- 17 countries actually have them
- More in development now
- WHA67.6.1 urges Member States to develop and implement coordinated multisectoral national strategies for preventing, diagnosing, and treating viral hepatitis;
- Need for more advocacy at national level in many countries

Global policy report on the prevention and control of viral hepatitis

IN WHO MEMBER STATES



World Health Organization

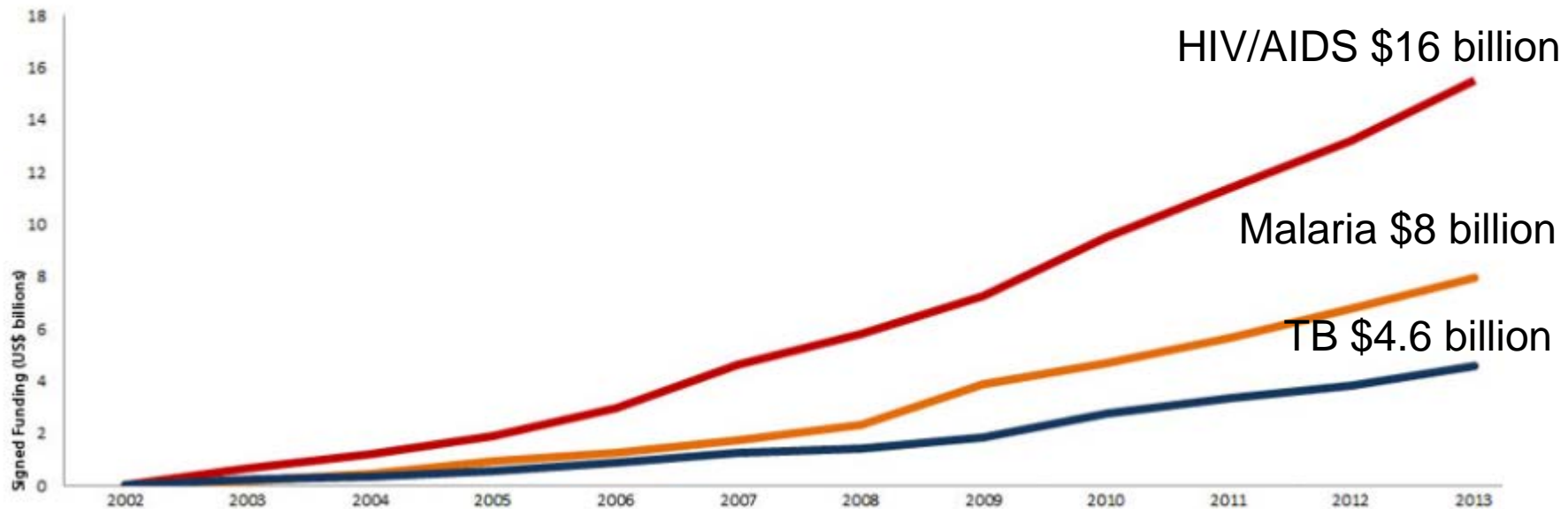
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Global funding

- The Global Fund

Cumulative Signed Funding by Disease



- PEPFAR
2004-8 \$15 billion
2009-13 \$48 billion

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Global funding

- WHA67. 6.3 calls upon all relevant United Nations funds, programmes, specialized agencies and other stakeholders:
 - (1) to include prevention, diagnosis and treatment of viral hepatitis in their respective work programmes and work in close collaboration;
- Global Fund and Unitaid so far unwilling to consider mono-infection
- Need to raise awareness of the burden – GBD
- Need to raise awareness of the solutions – treatment vs e.g. lifestyle changes
- Need to characterize hepatitis therapy as part of cancer prevention
IARC: “We cannot treat our way out of the cancer problem. More commitment to prevention ...is desperately needed.”

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National funding

New funding mechanisms

- WHA67. 6.3 calls upon all relevant United Nations funds, programmes, specialized agencies and other stakeholders:
(2) to identify and disseminate mechanisms to assist countries in the provision of sustainable funding for prevention, diagnosis and treatment of viral hepatitis.
- Increasing the priority of viral hepatitis within national health systems
- Bilateral support
- Country loans/development loans
- Post-2015 SDGs - UHC
- Personal loans



Capacity/infrastructure

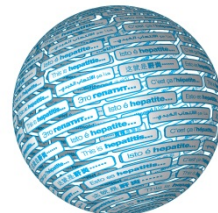
Clever and efficient use of existing programmes and infrastructure

- WHA67.6.3 asks WHO (4) to provide technical guidance on cost-effective ways to integrate the prevention, testing, care and treatment of viral hepatitis into existing health care systems and make best use of existing infrastructure and strategies; (12) to maximize synergies between viral hepatitis prevention, diagnosis and treatment programmes and ongoing work to implement the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;
- Moving out of ivory towers/public health approach
- Prioritising



Approaches to price in the developing world

- Differential pricing
- Licence agreements to generic manufacturers
- Medicines Patent Pool
- Local manufacturing in patent-free countries (freedom to operate)
- Patent opposition and local manufacturing
- Compulsory licensing
- Activism
- Media



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Approaches to price in the developed world

- Straight price negotiation
- Price/volume arrangements
- Multi-year arrangements
- Risk-sharing, e.g. price per SVR
- Use of competition
- SVR/price trade offs
- Activism
- Media

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