Challenges in HCV: Policy and Advocacy

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The Context

- Curable treatment with fewer side effects
- Increasing burden of infection
- Marginalised communities affected in developed countries
- Priority of silent infection within developing countries
The Future of Hepatitis C

- Hepatitis C transmission can be prevented
- Hepatitis C can be cured
- Viral Hepatitis can be eradicated
Political/Advocacy Environment

- **Increased recognition globally**
  - World Health Assembly resolution

- **Improved advocacy**
  - Globally - World Hepatitis Alliance
  - Regionally – Coalition for the Eradication of Viral Hepatitis in Asia and the Pacific (CEVHAP)
  - Pharmaceutical policy interest
What is CEVHAP?

• Independent legal entity
  • Not-for-profit company limited by guarantee
  • Incorporated in Singapore Oct 2010

• Membership
  • Multi-disciplinary - experts in viral hepatitis (~50 Founding Members)

• Strategic Focus
  • Using public policy to change how viral hepatitis is managed across Asia Pacific.
Strategic Focus

Supporting change through policy development:

- **Advocacy - an independent voice to**
  - Call for better responses to viral hepatitis across the region
  - Work in partnership with other stakeholders, civil society and governments

- **Education - knowledge**
  - Build advocacy and policy knowledge and capacity at local levels
  - Support local advocates with tools to help their advocacy

- **Policy Development - evidence**
  - Conduct research to address knowledge and data gaps
  - Generate knowledge to inform the development of hepatitis related public policy
Major Stakeholder - WHO

- World Health Assembly Resolution WHA63.R18 - May 2010
- WHO Implementation Strategy - made public October 2011
- WHO Framework for Global Action released December 2012
- CEVHAP’s Strategic Plan closely aligned
The 4 Axes in the WHO Framework for Action

1. Raising awareness, promoting partnerships and mobilizing resources
2. Evidence-based policy and data for action
3. Prevention of transmission
4. Screening, care and treatment
Axis 1: Raising awareness, promoting partnerships and mobilising resources

- Key issues and challenges
  - Silent infection
  - Lack of government interest
  - Build partnerships
  - Low awareness among key audiences
US RESPONSE TO HIV AND VIRAL HEPATITIS EPIDEMICS

Hepatitis C infection is at least five times more prevalent as HIV infection in the United States, yet funding lags far behind.
Axis 2: Evidence-based policy and data for action

Key issues and challenges:

- Variable epidemiology
- Patchy surveillance data
- Economic impact data
- Data needs to be accurate and accessible
Figure 1. Leading Causes of Global Deaths from Infectious Diseases.
Of an estimated 58.8 million annual deaths worldwide, approximately
15.0 million (25.5%) are believed to be caused by infectious diseases.
Cause-specific mortality estimates are provided by the World Health
Organization. The data do not include deaths from secondary infec-
tious causes, such as rheumatic fever and rheumatic heart disease, liver
cancer and cirrhosis, or other chronic diseases.
Global Deaths - Cirrhosis and Liver Cancer, 2010

- 750,000 liver cancer deaths and 1.03 million cirrhosis deaths
- Total deaths increased from 1.25 to 1.75 million per year
- An increasing proportion due to liver cancer
- HBV associated with 45% of liver cancer & 30% of cirrhosis
- HCV and alcohol each cause approximately 25% of deaths
Axis 3: Prevention of transmission

- Key issues and challenges:
  - Injecting drug use as a crime
  - Under-resourced health services
  - Inadequate infection control
  - Unsafe blood supply
Needle and Syringe Program Cost

Benefits

- Needle and syringe programs
  - Funding was $243,000,000
  - Saved $1,280,000,000 health care costs
  - For every $1 invested, $4 was saved
Axis 4: Screening, care and treatment

- Key issues and challenges:
  - Huge proportion of individuals under-diagnosed/under-treated
  - Inconsistent training/awareness of health staff
  - Impact of diagnosis
  - Treatment barriers
The USA Example

Know More Hepatitis

- Policy report galvanised political will
- Joint cross-government approach with industry support
- Carefully crafted messages based on what people wanted/needed to hear
- Powerful use of social media: 11,000 Tweets = 3 million media impressions
- Online viral hepatitis risk assessment tool

A vicious circle

- Lack of resources
- Lack of public awareness
- Lack of provider awareness
The Egyptian Example: HCV Burden in Egypt

- HCV antibody prevalence: 14.7%
- Overall HCV viremia: 9.94%
- 8 million chronic HCV -> 90% are genotype 4
- Estimated 150,000 new infections per year
- Population of Egypt = 84 million (Feb 2014)

Courtesy of Dr Esmat Gamal (Egypt)
National HCV Treatment Program: Positive Outcomes

• Governmental appreciation of the magnitude of HCV problem in Egypt
• National guidelines for treatment of chronic HCV adopted
• MOH and universities cooperation
• Treatment for more than 350,000 patients
• >90% governmental funding
• Data to answer a lot of questions

Courtesy of Dr Esmat Gamal (Egypt)
Elimination of HCV in Egypt
Overcoming the Barriers

• Ideal drug

• Decrease incidence

• Mass treatment
Ideal Drug

It is important for patients treatment but more important for control and eradication of any infectious disease

• DAA preferred: >90% CURES with minimum Adverse Events (except COST!)
Decrease Incidence

• Blood safety
• Avoid unnecessary injections
• Auto destruct syringes
• Infection control
• Media awareness/community education
• Case detection and treatment by Ideal Drug

Courtesy of Dr Esmat Gamal (Egypt)
Mass Treatment
Improving Access to Therapy in Egypt

• Availability of other DAA in Egypt by a reduced price as per Gilead/sofosbuvir
• Implementation of national program for HCV screening
• Increasing the treatment centres to be more than 50 centres this year
• Simplification of the treatment guidelines aiming for faster evaluation and less investigations
• Extension of treatment to F2 defined as: Previous LB with >F1 or Fib4 >2.5 or Fibroscan >8
• Raising funds from NGOs for evaluation and treatment of HCV patients

Courtesy of Dr Esmat Gamal (Egypt)
HCV in Egypt from Control to Eradication

To decrease HCV prevalence to >2% in Egypt in 10 years (Mathematical modelling)

- Effective treatment SVR >90%
- Annual treatment of 250,000 to 300,000 patients
- Prioritise treatment early and to most frequent injectors
No of Patients Registered on the NCCVH Portal Since 18 September 2014 until 28 February 2015

872,698
Priority

• Priority for treatment will be directed towards patients with F3 and F4

• No differentiation in treatment priority will be established based on the previous treatment experience
IFN-free regimens:

- Sofosbuvir 400 mg/d + Simeprevir 150 mg/d for 12 weeks. Basically received by IFN-ineligible patients.
- Sofosbuvir 400 mg/d + Ribavirin (weight based; 1200mg if \( \geq 75 \) kg or 1000mg if <75 kg of body weight) for 24 weeks received by organ transplant cases who have to receive specifically cyclosporine in their immunosuppressive regimen.
- AbbVie combination under review.
CEVHAP Activities: Facilitate NATIONAL ACTION PLANS (NAP)

• Needs Assessments of people with chronic viral hepatitis
• Policy assessments
• Economic Assessments
• Policy Partnership Forums.
• Viral Hepatitis Think Tanks
• Epidemiological Modelling
Needs Assessments of People with Chronic Viral Hepatitis

• A systematic qualitative and/or quantitative methodology to identify the social implications of chronic viral hepatitis and gaps in health and social services.
Policy Assessments

• Analyse health, social and economic policies affecting public policy responses to chronic viral hepatitis
Economic Assessments

• Projects the mortality, morbidity and direct economic costs likely to arise from the infection over a specified time period

• Develops the economic justification for government investment

• COST OF NOT TREATING
Policy Partnership Forums

- Workshops for key viral hepatitis stakeholders
  - Identify critical elements of effective policies on viral hepatitis using the WHO viral hepatitis framework
  - Partnership development
Viral Hepatitis Think Tanks

• Build support from stakeholders at a local level for developing a national response to viral hepatitis.

• Focus is to get a better and broader understanding of the issues of related to chronic viral hepatitis and to determine a public health response to chronic hepatitis.

• Epidemiological Modelling
Moving Forward

CEVHAP Members
• broaden roles with more defined tasks
• become champions in advocacy and policy
• interact with patient advocacy groups, bureaucrats and politicians
• show ownership of CEVHAPs GOAL:

ERADICATION OF VIRAL HEPATITIS IN ASIA PACIFIC
The Future of Hepatitis C

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