Viral Hepatitis and Pricing Strategies

4th Latin American Meeting on Treatment of Viral Hepatitis and HIV Co-infection

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**Hepatitis A:**
- **Important decrease** in numbers of new cases by 2005
- **Epidemic concentrated in children**

**Hepatitis B:**
- **South, Southeast:** Majority of the cases
- **North, Northeast, Central-West:** Younger age at the time of infection
Hepatitis C

• 1.4 to 1.7 million people estimated to be infected with HCV
• South + Southeast: 86% of reported cases
• Southeast = 60% of reported cases
• Males: 45 years / Females: 47 years
HIV Epidemic and Response in Brazil towards 90 / 90 / 90 Targets

End of 2013

- PLWH: 718
- Diagnosed: 574
- on ART: 313
- Suppressed VL: 236
Co-infection HCV/HIV

• Shared modes of transmission

• **Burden**
  – 2009-2013: Hepatitis C cases with Anti-HIV + (reported cases)
    • 56,082 Hepatitis C cases, 47,068 with Anti HIV
    • **5,024 (10.7%) Co-infection HCV/HIV**

• Accelerated HCV disease progression
• Comorbidities
• Drug interactions
• ARV proven cost-effective and essential for quality of life and prevention

• **Twenty years of universal access** to ARV in the SUS (1996)

• Cost:
  – 1996: ~USD 4,000.00/year (several pills)
  – 2015: ~USD 100.00/ year (1 pill first line: EFZ, TDF, 3TC)

• **Daring beginning**

• **Negotiation**

• **Compulsory licensing**

• **(PDP) Parceria de Desenvolvimento Produtivo**

• **Access**
• Therapy expensive, some success, yet cost-effective
• **Twelve years of universal access** to free universal access to treatment in the SUS

• Cost:
  – 2013-2014: ~ USD 30,000.00/treatment (40% SVR)
    • Boceprevir/Telaprevir (U$ 5,000.00 – Pegylated Interferon and Ribavirin)
  – 2015: far better price: Sofosbuvir, Daclatasvir, Simeprevir

• **2003-2014: Over 100,000 treatments**
• ~ **50,000 multi failed (on hold for better drugs)**
Estimated number of people treated for Hepatitis C.
Brazil, 2010 to 2014

- 2010: 11,628
- 2011: 11,505
- 2012: 14,138
- 2013: 13,662
- 2014: 15,812
Pricing Negotiation

• For Brazil
• Universal Access

• Negotiation
• Compulsory licensing
• (PDP) Parceria de Desenvolvimento Produtivo

• Support from: Organized Civil Society, Physicians, Scientific Community
Pricing Negotiation

For the Industry:

- Developed Vs. Developing Countries
- Successful negotiations: Georgia, Egypt
- High-cost: USA, Canada, UK, EU

- Considerations:
  - National Plan for Viral Hepatitis
  - Public Health Vs. Private/Health Insurance
  - Universal Access to Care
  - Gross Domestic Product/Economy Growth

- Organized Civil Society, Physicians, Scientific Community
• Affordable
• Sustainable Public Health Policy
• Universal Access

• Old Vs. New
  – 1 patient x many patients

• **HIV**: Over 400,000 treatments/year = R$ 1,000,000,000,00
• **HCV**: 30,000 treatments/2015 = ?
New Scenario

National Guidelines and Therapeutic Directives
• Hepatitis C: 2011, 2013 (s1, s2), 2014 (2015)

Plan of Action
• Treat patients who could not be cured with current and past drugs (50,000)
• Treat patients who will need treatment every year (15,000 – 20,000)
• Treat patients who could not be treated with current and past drugs
  — Pre/Post Transplant/Liver Failure, HCV/HIV Co-infection
    • Drug Interactions
    • Efavirenz and Interferon
    • Protease Inhibitors Toxicity

GOAL
TREAT 90,000 PEOPLE IN THE NEXT TWO YEARS.
Thank you

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