Debate: Can we eliminate HCV from Africa?
The CON - Standpoint

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Background

1. Approximately 80 million persons are estimated to have chronic HCV infection, which corresponds to a global prevalence of 1.1%. The prevalence rates are highest (≥2.5%) in SS Africa, Eastern Europe and Central Asia. Annually, an estimated 700 000 persons with chronic HCV infection die untreated.

2. Since 2014, new oral direct-acting antivirals (DAAs) have transformed HCV treatment, making prescribing safer and simpler. Cure rates of at least 90% have been reported after 12 weeks of treatment.

3. In April 2015, WHO included a number of the new DAAs in the WHO Model List of Essential Medicines.

4. In April 2016, WHO issued updated HCV treatment guidelines that include recommendations on preferred DAA-based regimens.

5. In May 2016, the World Health Assembly adopted a Global Health Sector Strategy on Viral Hepatitis for 2016–2021 which includes the first-ever global targets to reduce new hepatitis infections and deaths, with a goal of eliminating viral hepatitis as a public health threat by 2030.
The Global Health Sector Strategy (GHSS) on viral hepatitis 2016–2021 calls for the elimination of viral hepatitis as a public health threat by 2030 as defined by reducing new infections to 90% and mortality to 65%.

6-10 million infections (in 2015) to 900,000 infections (by 2030)
1.4 million deaths (in 2015) to under 500,000 deaths (by 2030)
Strategies for HCV elimination

HCV elimination requires improvement in screening, prevention and access to treatment.
What is the current situation of the implementation of HCV elimination strategy in Africa?
Viral hepatitis in sub-Saharan Africa 2

Hepatitis C in sub-Saharan Africa: the current status and recommendations for achieving elimination by 2030

Mark W Sondorp, Mary Afihene, Richard Alu, Betty Apica, Yaw Awuku, Lisa Cunha, Geoffrey Dushika, Neiowa Gogo, Marie-Jeanne Kehoukos-Kouakou, Philip Lam, Itumeleng Lesi, Papa Sallou Mbaye, Emmanuel Musabeyezu, Betty Musau, Olusegun Ojo, John Roegesko, Barbara Scholz, Abate B Shewaye, Christian Tzveton, Chris Kassianides, C Wendy Spearsman, on behalf of the Gastroenterology and Hepatology Association of Sub-Saharan Africa (GHAASA)

The road to elimination of hepatitis C: analysis of cures versus new infections in 91 countries

Andrew M Hill¹, Sanjay Nath² and Bryony Simmons²

RESEARCH
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Access to medicines and hepatitis C in Africa: can tiered pricing and voluntary licencing assure universal access, health equity and fairness?

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Supplement Article

Strategies to manage hepatitis C virus infection disease burden—Volume 4
In SSA the estimated epidemic size of HCV for 2017 was higher than that of 2016 and this is not a good picture for HCV elimination.

Diagram showing how the epidemic size of HCV for 2017 was estimated. This takes into account the number of cures, HCV-related deaths and new infections in 2016.

Table showing the regional breakdown of epidemic size, new infections, number cured and HCV-related deaths. Using the data, the net change in epidemic size between 2016 and 2017 has been calculated.
Predicted situation of the epidemic size of HCV By 2030

1. Analysis of the current situation in Africa showed that the total number of HCV infections is expected to increase or remain flat in the majority of countries if current disease management paradigms are maintained through 2030.

2. Nevertheless, HCV-related morbidity and mortality are expected to significantly increase over the next 15 years in almost all African countries.
**Ghana**

- **Total Infected Cases (Viremic)** - Ghana
  - **Base Case**
  - **WHO Target**

- **Liver-related Deaths** - Ghana
  - **Base Case**
  - **WHO Target**

**Ethiopia**

- **Total Infected Cases (Viremic)** - Ethiopia
  - **Base Case**
  - **WHO Target**

- **Liver-related Deaths** - Ethiopia
  - **Base Case**
  - **WHO Target**
1. Examination of 7 countries in Africa (Egypt, Ethiopia, Nigeria, Democratic Republic of Congo, Cameroon, Rwanda and South Africa) to assess their financial capacity to provide DAAs for the treatment of HCV.

2. The cost of 12-weeks of generic DAA varies from $684 per patient treated in Egypt to $750 per patient treated in other countries. These countries can also procure the same DAA for 12-weeks of treatment from the originator, Gilead, at a cost of $1200 per patient.

3. If governments alone were to bear the costs of universal treatment coverage, then the required additional health expenditure from present rates would range from a 4% to 403% depending on country.

4. The current arrangements for increasing access to DAAs, towards elimination of HCV, are facing challenges that would require increases in expenditure that are either too burdensome to governments or potentially so to individuals and families.
What Africa have to do to achieve HCV Elimination by 2030?

1. Hepatitis C can only be eradicated if annual rates of cure (SVR) are consistently and significantly higher than new HCV infections across many countries.

2. Achieving the WHO targets is most feasible when strategically active and targeted screening programs to find and identify HCV-infected individuals are combined with the scale-up and strategic use of high SVR therapies in the patient population.

Looking at the current health care system in many African countries, the elimination of HCV in Africa by 2030 is questionable.
Elimination of HCV infection as Public Health threat by 2030 is feasible

**BUT there is a need for immediate and sustained action**

1. Global picture taking shape, but **key data missing** in many African countries

2. **Gaps in prevention** to be indentify end closed (particularly in Africa !);

3. **Testing and treatment** to be urgently scaled up

4. **Public health approach needed** to increase access (simplification, service delivery) - NOT YET implemented in many African countries

5. **Sustainable financing towards Universal Health Coverage** (UHC) – NOT YET implemented in many African countries