



## Global burden of hepatitis & use of pooled procurement to expand access

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<http://www.thecdafoundation.org>

**The goal of the CDA Foundation is to provide support countries to achieve hepatitis elimination targets**

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<http://polarisobservatory.org>

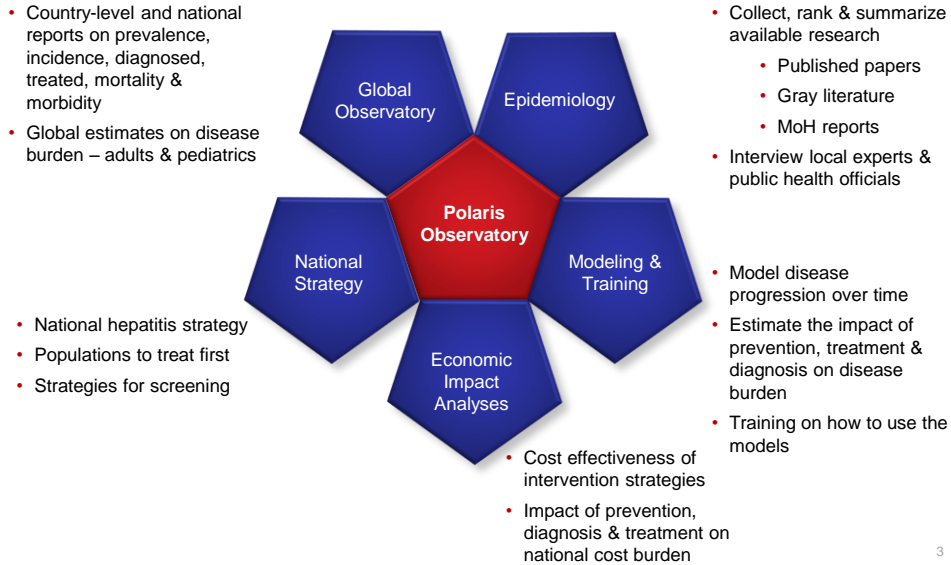
- **Mission Statement:** Provide data, tools, training and decision analytics to support elimination of hepatitis B and C globally by 2030



<http://gprofund.org>

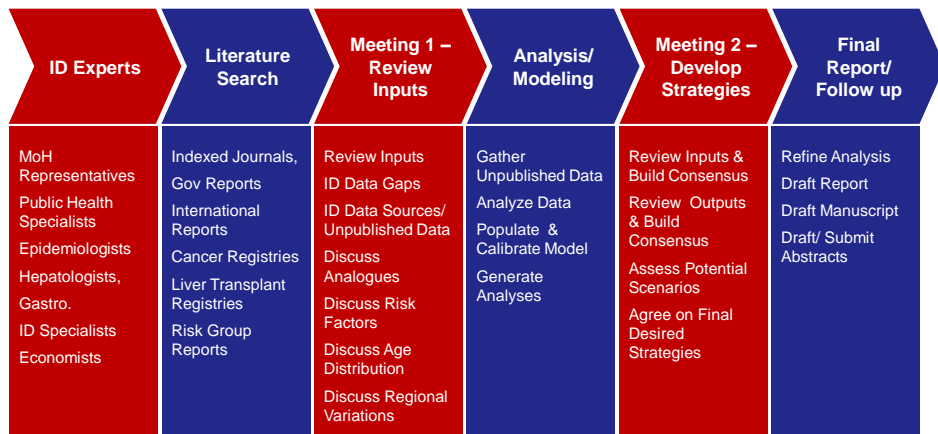
- **Mission Statement:** Provide access to low cost, quality medicines and diagnostics through pooled procurement

**The Polaris Observatory provides a range of free services to countries**



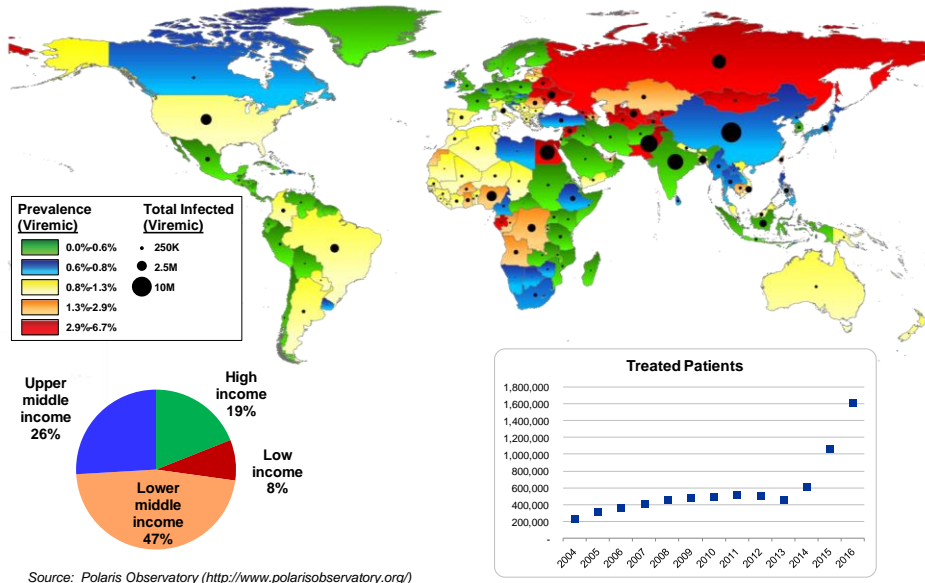
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**A Delphi process is used to develop consensus estimates for each country**



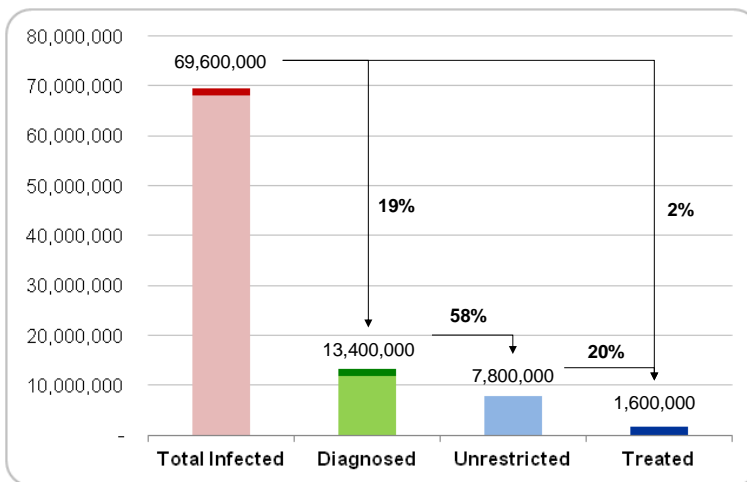
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**An estimated 69.6 (61.4 – 78.1) million individuals were HCV+ with an overall prevalence of 1.0% (0.8%- 1.1%) in 2016**



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**Global HCV Cascade of Care in 2016**



Source: Polaris Observatory (<http://www.polarisobservatory.org/>)

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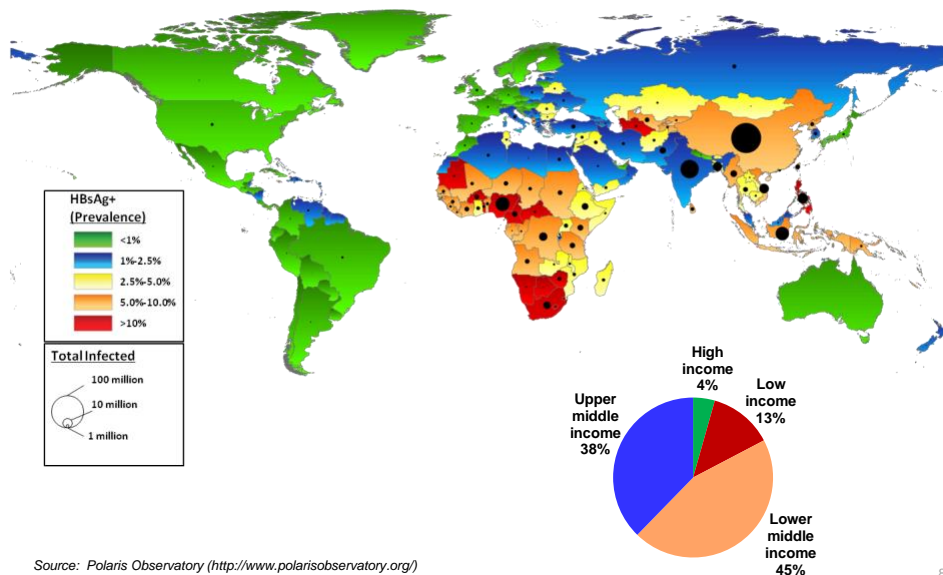
## Significant increases in screening and treatment are required to achieve global WHO elimination targets for HCV

- Newly diagnosed will need to increase to 4.5 million annually
- The diagnosed population needs to be linked to care
- The annual number of treated patients needs to increase to 5.1 million
- This will require expanding treatment beyond specialists
- Increase in harm reduction is required to reduce new infections
- All restrictions need to be removed to treat younger/early stage patients

	2016	2018	2019	2020	2021	2024
<b>Newly Diagnosed</b>	1,400,000	3,740,000	4,500,000	4,500,000	4,500,000	4,500,000
<b>Treated</b>	1,600,000	1,750,000	2,000,000	2,000,000	5,000,000	5,100,000
<b>Fibrosis Stage</b>	>= F1	>= F0	>= F0	>= F0	>= F0	>= F0
<b>Treated Age</b>	20-69	20-69	20-69	20-69	20-74	20-69
<b>SVR</b>	86%	90%	90%	90%	90%	90%

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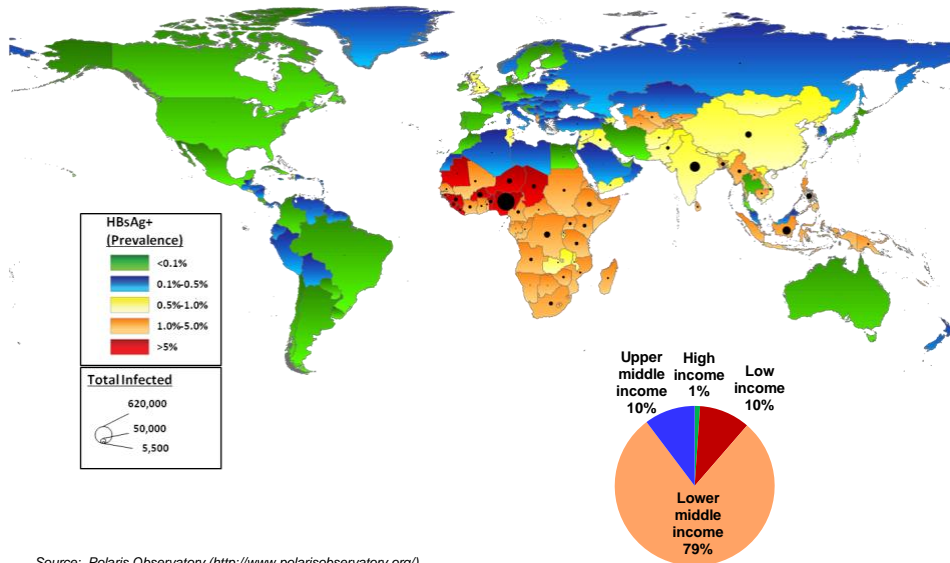
## An estimated 278 million (244 million – 322 million) individuals were HBsAg+ with an overall prevalence of 3.7% (3.3 – 4.3%) in 2016



Source: Polaris Observatory (<http://www.polarisobservatory.org/>)

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**An estimated 1.8 million (1.5 million – 2.1 million) five year olds were HBsAg+ with an overall prevalence of 1.3% (1.3% – 1.8%) in 2016**

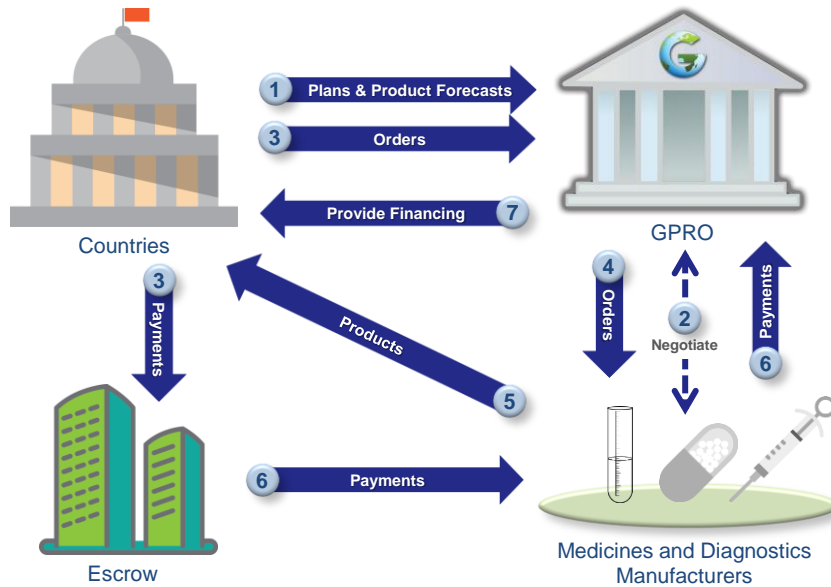


**In 2016, we brought together a group of stakeholders to develop a mechanism to expand access for low & middle income countries**



- **Donors/ Banks** – World Bank, Global Fund
- **Country Representatives** – Viet Nam, Malaysia
- **Global Health Organizations** – US CDC, CHAI, PharmAccess, Viral Hepatitis Prevention Board, Pharos, Wisper
- **Civil Society** – World Hepatitis Alliance
- **Originator Pharma** – AbbVie, Gilead, Merck
- **Generic Pharma** – Ferozsons, Hetero, Mylan, Strides,
- **Diagnostic Manufacturers** – Abbott, Cepheid, Roche

## The Global Procurement Fund pools orders from multiple countries to negotiate & place large orders



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## The current GPRO negotiated prices are below what most countries can get on their own

Product	Price per Unit	Units
<b>Medicines</b>		
Sofosbuvir	\$50.00	Bottle/pack of 28 tablets
Daclatasvir	\$35.00	Bottle/pack of 28 tablets
Tenofovir	\$3.50	Bottle/pack of 30 tablets
Entecavir	\$12.50	Bottle/pack of 30 tablets
<b>Diagnostics</b>		
GeneXpert HCV Viral Load	\$17.10	One test/cartridge

These prices are available to 100+ low and middle income countries

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## Conclusions

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- Total number of HCV infections is declining at more than 1 million individuals per year due to treatment and mortality
- The number of HCV patients being treated is dropping globally as the pool of patients, already under care, is being depleted
- Screening and linking diagnosed patients to care is key to HCV elimination
- We are completely baffled why HBV has not been eliminated already
- Pooled procurement does work – it does lead to lower prices
- This does not mean that countries can not negotiate lower prices on their own
- Political will is needed to achieve hepatitis elimination