

# **Hepatitis C diagnosis and treatment: An update from Asia**

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**August 2019**

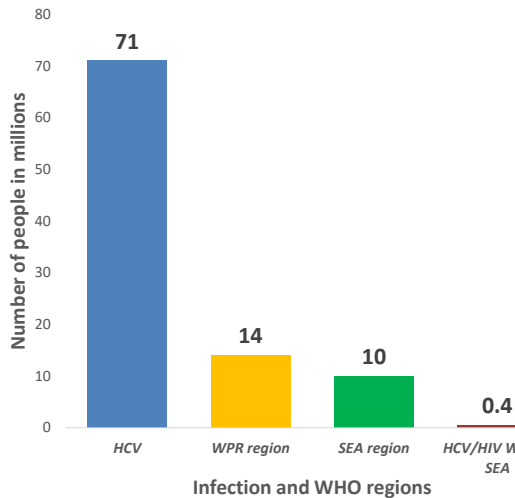


## **Outline**

- Hepatitis C in Asia
- Progress in global and national policies
- Examples of national programs
- DAA regulatory status
- Pricing of DAAs
- Conclusions



## Hepatitis C in Asia



- **Prevalence**
  - 0.5% in Western Pacific region
  - 0.7% in South East Asia region
- **Viral hepatitis mortality**
  - Globally 1.4 million death in 2016
  - WPR bears highest viral hepatitis deaths; 94% attributed to HBV and HCV
  - SEAR bears second highest; 78% attributed to HBV and HCV
- **HIV Co-infection**
  - SEAR bears 13% of global distribution while WPR bears 2%\*

Global Hepatitis Report 2017, WHO; SEARO and WPRO Regional action plan

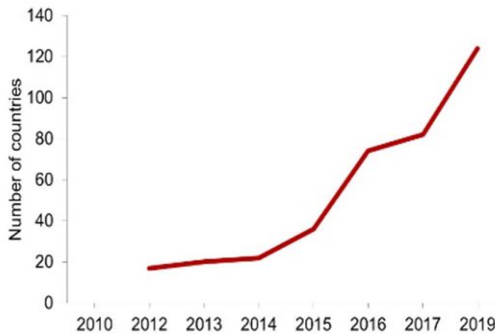
- L Platt, Prevalence and burden of HCV co-infection in people living with HIV: a global systematic review and meta-analysis

## Progress in global policies

- **World Health Assembly**
  - 2010 Viral hepatitis Resolution 63.9 adopted
  - 2014 Viral hepatitis Resolution 67.6 adopted
  - 2016 Global health sector strategy adopted
- **World Health Organization**
  - 2014 First HCV guidelines launched
  - 2018 updated HCV guidelines with pan-genotypic and treat-all recommendations
  - Until mid 2019, publishing progress reports and advocacy documents; e.g.
    - March 2018: Progress report on access to hepatitis treatment
    - July 2019: Progress report on HIV, viral hepatitis and STI

## Progress in national policies

As of February 2019, 124 countries had national hepatitis action plans compared to 17 in 2012.



- National plans
  - WPR has 17 countries with or developing plans
  - SEA has 4 countries with plans
- 12 countries on track to eliminate HCV by 2030\*
  - Australia, Egypt, France, Georgia, Iceland, Italy, Japan, Mongolia, Netherlands, Spain, Switzerland, United Kingdom
- 84% of high-income countries not on track to eliminate HCV by 2030#

World Health Organization, April 2019; \* Center for Disease Analysis, June 2018  
# Razavi H, Global timing of hepatitis C virus elimination, ILC 2019

## Diagnosis and treatment programs

- **India**
  - National viral hepatitis control program launched in July 2018
  - Opening of treatment centers started July 2019
  - Plans to **test** 160,000 to 3.1 million people over 3 years
  - Plans to **treat** 100,000 people annually over the next 3 years
  - HBV guidelines released in Feb 2019
- **Indonesia**
  - Program under Sub-directorate of hepatitis from June 2017
  - Covers 14 provinces
  - Plans to **test** 140,000 people a year
  - Plans to **treat** 3000 people a year
  - June 2017 to Jan 2019
    - Screened 115,863 people
    - 3382 initiated DAA treatment

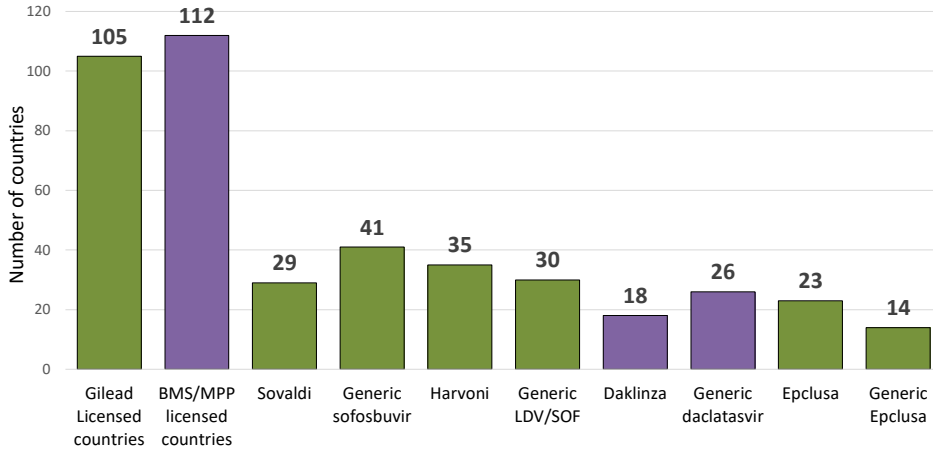
## Diagnosis and treatment programs

- **Thailand**
  - The Universal Health Coverage program started treating HCV in 2012 using peg-IFN
    - ~ 7600 treated between 2012 to 2017
  - DAAs (SOF and SOF/LDV) included in the national Essential medicine list in January 2018
  - SOF+PegIFN: 17818; SOF/LDV: 11221
  - Generic DAC is not available in Thailand
    - Excluded in BMS/MPP license
  - Consequently, G3 patients are treated using peg-IFN
    - Peg-IFN use will soon be stopped as SOF/VEL is approved by Thai FDA in July
- **Malaysia**
  - Issued a government use license on SOF in September 2017
  - SOF and DAC available in 21 hospitals
  - In 2018, 1500 treated out of 2000 target
  - Gilead voluntary license on HCV medicines includes Malaysia in August 2017
  - Generic SOF and DAC registered and available

## Program supported by Global Fund or other agencies

- Global Fund-supported programs
  - Reprogramming with available “balance” funds
  - Focuses on care for those with HIV co-infection
  - In Asia, India, Cambodia and Thailand have utilized this option to provide diagnosis and treatment among PLHIV
- Community-led programs
  - In India, CoNE (PWID group) providing services to diagnose and treat people in high risk groups and prison settings in collaboration with the government
  - In Indonesia, Satu Hati providing screening services inside prisons in Jakarta in collaboration with the government
- Other programs
  - MSF implementing diagnosis and treatment in Cambodia, India
  - CHAI assisting government in Indonesia, Myanmar, Vietnam

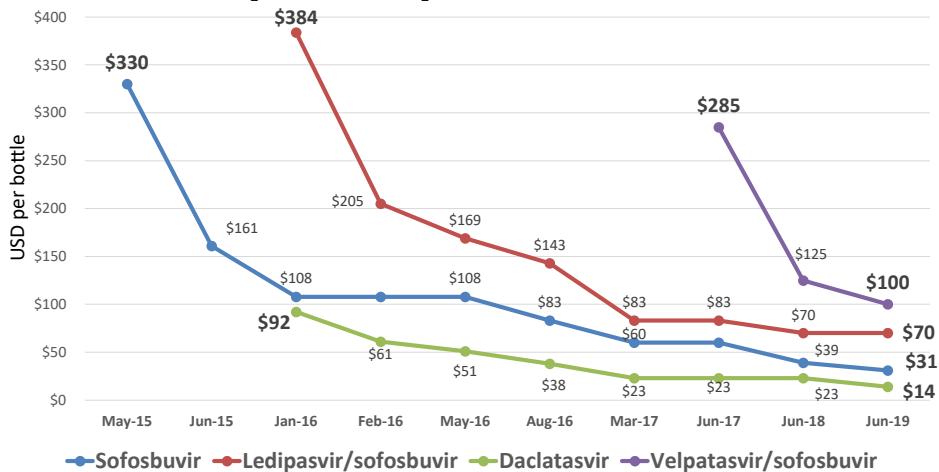
## Global regulatory status of DAAs



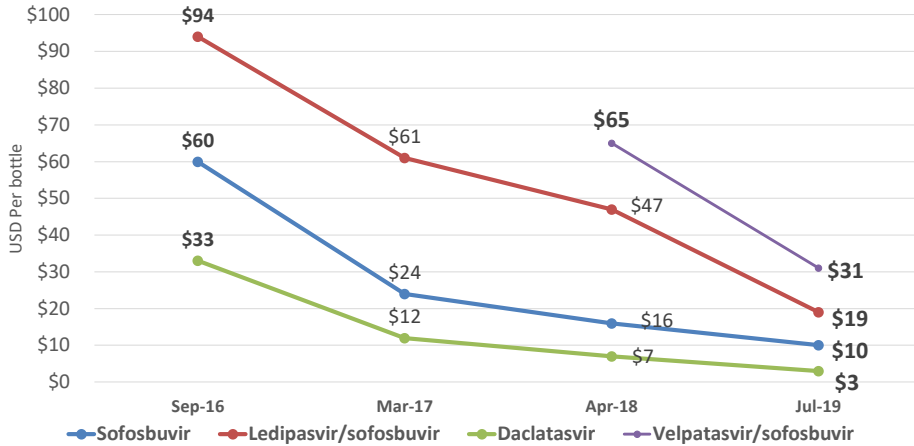
Sources: Gilead, July 2019; and Indian generic manufacturers as on July 2019; Daklinza status: Progress report on access to hepatitis C treatment, WHO, March 2018



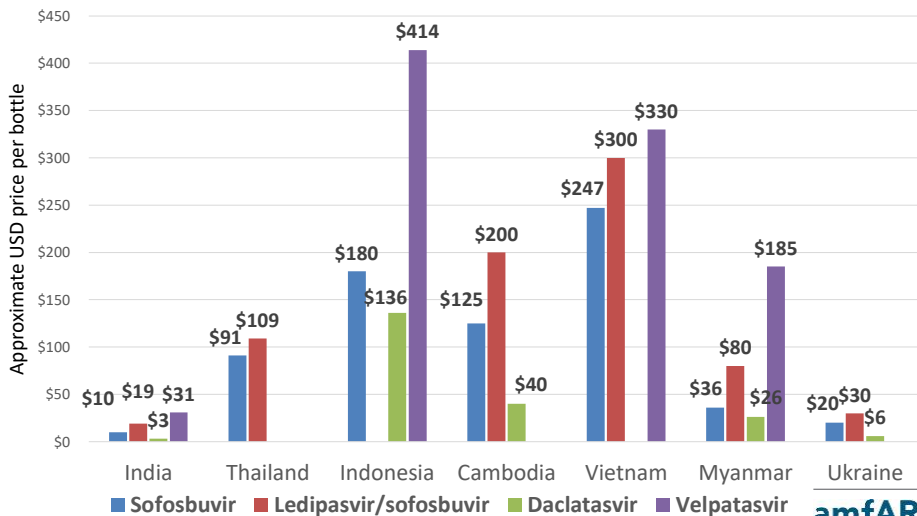
## Price reductions in Indian generic DAAs for private purchase



## Price reductions in Indian generic DAAs for government purchase



## Inconsistencies in DAA pricing



## Conclusions

- Growing international political will for hepatitis programs to be translated into effective national programming
- Clear targets, indicators and costing should be associated with the national action plans
- Emerging but slow program implementation
- Fast-track approach for advancing regulatory approval process for DAAs to increase availability and competition
- DAA prices have been dropping, but inconsistent across countries
  - Countries outside of India has also achieved substantial price reduction

## Acknowledgements

Colleagues at Indian generic pharmaceutical industries

Colleagues at different Civil society and community groups across Asia

Open Society Foundations



Coalition PLUS



UNITAID

