The Cost of Diagnostics



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HIV/HCV Project Co-Director
INHSU 2018, Cascais, Portugal
20 September 2018

Disclosures

I believe

- ✓ health care is a human right
- people who use drugs are people first and foremost
- advocacy is saying a few true things over and over again

TAG receives no funding from diagnostics companies.



TAG

Why are we here?

TAG

Because stigmatized communities face barriers to care:

Criminalization

Why are we here?

TAG

Because stigmatized communities face barriers to care:

- Criminalization
- Lack of access to affordable diagnostics

Key messages

- TAG
- The business model for diagnostics is different from manufacturing pills
- Costs are real but price is a choice
- The true cost of diagnostics includes investment (or lack thereof) in prevention and lifelong health

Where are we?

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Estimated HCV Ab+ among people who inject drugs

Degenhardt L, et al. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. *Lancet Glob Health*. 2017

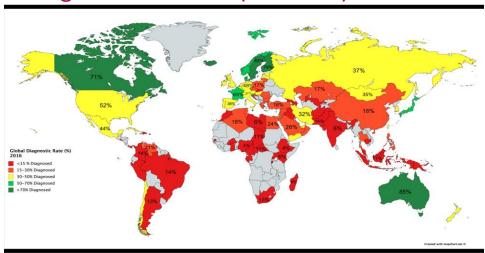
Global Burden

TAG

15.6M people who inject drugs (CI 2-23.7M) **8.2M HCV Ab+ (52.3%)** 2.8M HIV+ (17.8%)

Degenhardt L, et al. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. *Lancet Glob Health*. 2017

Diagnostic Burnout (Hill 2017)

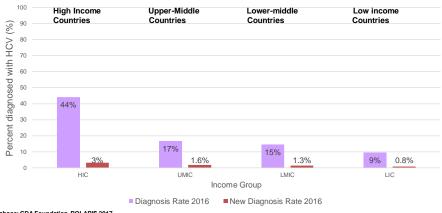


Database: CDA Foundation, POLARIS 2017

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Diagnostic Burnout (Hill 2017)

WHO Target: 90% diagnosed



Database: CDA Foundation, POLARIS 2017

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Diagnostic Burnout (Hill 2017)

Brazil, Spain and Portugal could soon reach the stage where there are no more diagnosed patients available to treat:

At this stage, cure of HCV is limited by rates of new HCV diagnosis, which are currently low.

"Diagnostic burn-out" - potential outcomes, based on 2016 data

Country	HCV Epidemic	Diagnosed before 2016	New HCV Diagnoses	Cures in 2016	Outcome
Brazil	1.8 million	235,000 (13%)	10,000 (0.6%)	43,000 (2.4%)	Dx Burn-out in 2025
Spain	328,000	140,000 (43%)	5500 (1.7%)	25,000 (8%)	Dx Burn-out in 2022
Portugal	96,000	37,000 (39%)	1300 (1.3%)	4400 (4.6%)	Dx Burn-out in 2026

Database: CDA Foundation, POLARIS 2017

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Counting the costs



mapCrowd.org





HIC prices in LMICs

Country	HCV prevalence among people who inject drugs	RNA public health system price (USD\$)	Fibroscan public health system price (USD\$)	Per Capita Gross National Income/month (USD\$)
Portugal	3%	56	28.30	20,530
USA	12%	78.77 (329 private)	46.14	55,980
Brazil	19%	8.50	6.30	9,850
Myanmar	7%	160	50	1,160
Malaysia	19%	120.84	144	10,570
Kenya	4%	130.84	34	1,340
Tanzania	1%	Unavailable	Unavailable	920

mapCrowd.org 2017 data

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What keeps unit prices high?

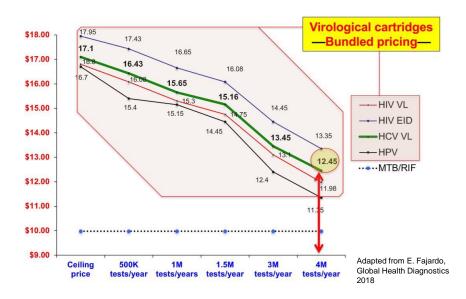
- Licensing
- Lack of demand/political will



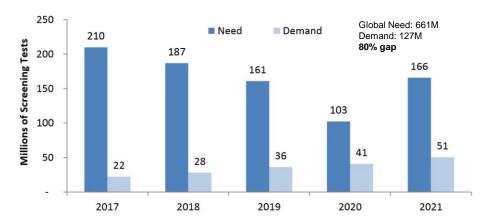
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High volume > lower unit prices



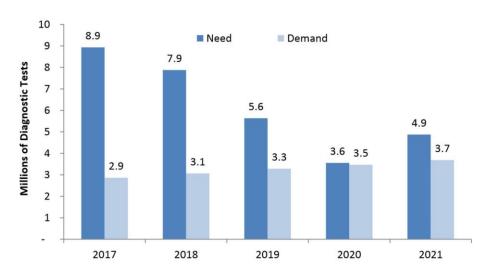
Need/Demand Gap



FIND/CHAI Diagnostics Market Intelligence Report 2017



Need/Demand Gap



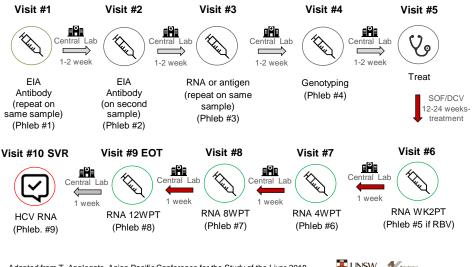
RNA Confirmatory Tests (in Millions)

Losing our way...

- Diagnostics is a barrier to cure
- Increased costs to public purse



Adding Steps: Adding Costs



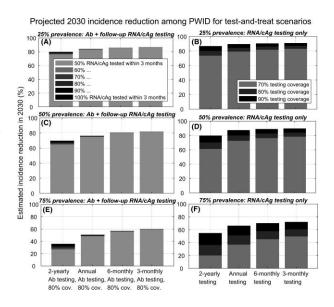
Adapted from T. Applegate, Asian Pacific Conference for the Study of the Liver 2018



Achieving WHO incidence targets

In high prevalence setting among people who inject drugs, we will not reduce HCV incidence 80% by 2030 no matter how frequently we test and treat.

Scott N, et al. J Viral Hepat. 2018 Jul 26. doi: 10.1111/jvh.12975.

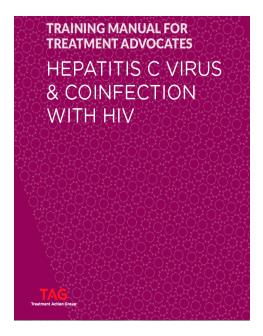


Finding our way

- Training and capacity building for community
- Advocacy







Treatment Action Group's Hepatitis C Project:

- Draws from core values and history of HIV activism, while incorporating hepatitis C-specific info into strategies targeting different constituencies, regions, and countries.
- Focuses on optimizing the quality of, and broadening affordable access to, HCV diagnostics, treatment, and care for communities and individuals by continuing domestic and international work with other activists, regulatory agencies, pharmaceutical companies, clinicians, and the patient community.



Updated Training Manual available in English, Spanish & French, including Slide Deck at:
www.treatmentactiongroup.org/hcv

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