

# Leveraging Falling Commodity Costs to Improve Clinical Outcomes among PLWHIV and Key Populations through Viral Hepatitis Elimination

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**Christian B. Ramers, MD, MPH, AAHIVS**  
Senior Clinical Advisor – Global Hepatitis Program  
Clinton Health Access Initiative



# Agenda

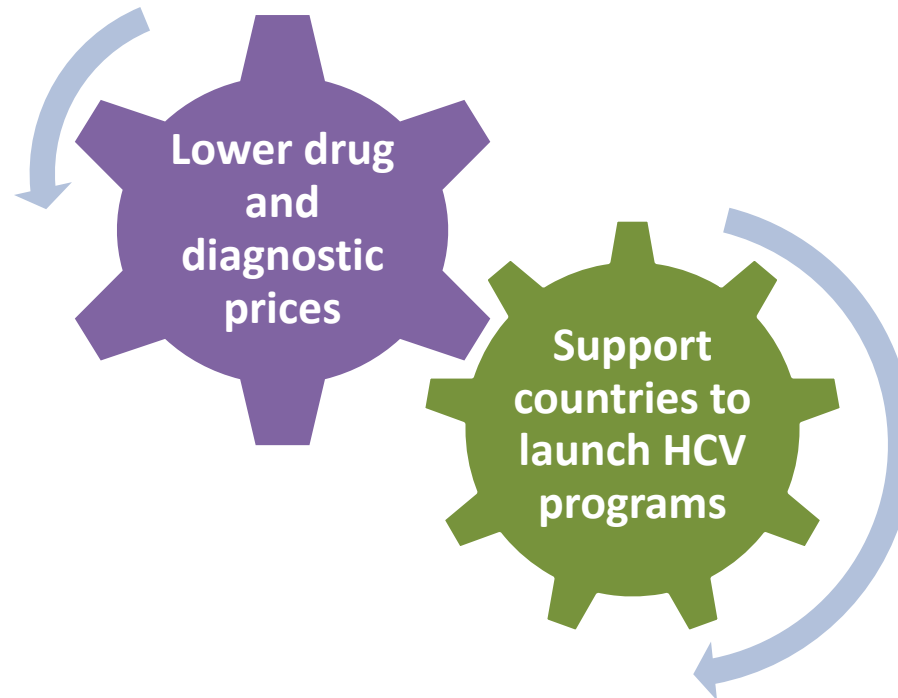
- **CHAI Introduction**
- **Affordability of HCV Testing & Treatment**
- **Overlap of HIV and Viral Hepatitis Epidemics**
- **Synergistic Potential of Harm Reduction**

# CHAI Approach to Market Shaping and Program Scale-up

Support implementation of **simplified “test and cure” model**, with a **target price** for the diagnostics and drugs **package of \$80 per patient cured** across focal countries

## Market Shaping

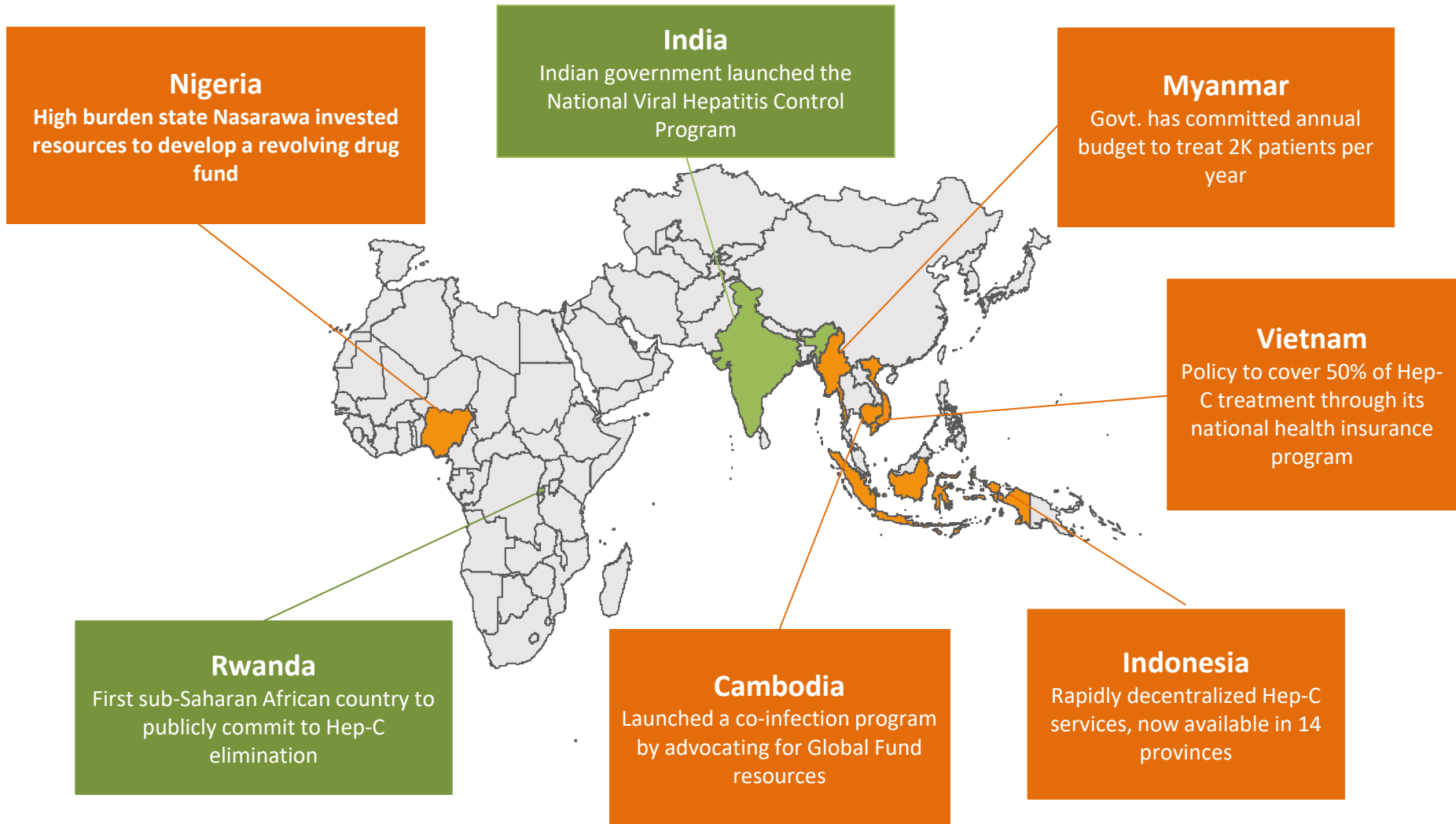
- Negotiate significant price reductions
- Provide market intelligence to manufacturers
- Catalyze development of quality-approved commodities



## Health Systems Strengthening

- Introduce simplified diagnostic and treatment algorithms
- Fast track registrations of quality-approved DAAs
- Advocate for funding and support financing efforts
- Strengthen delivery of services

# CHAI provides 7 countries with technical and policy assistance in scaling-up public viral hepatitis programs

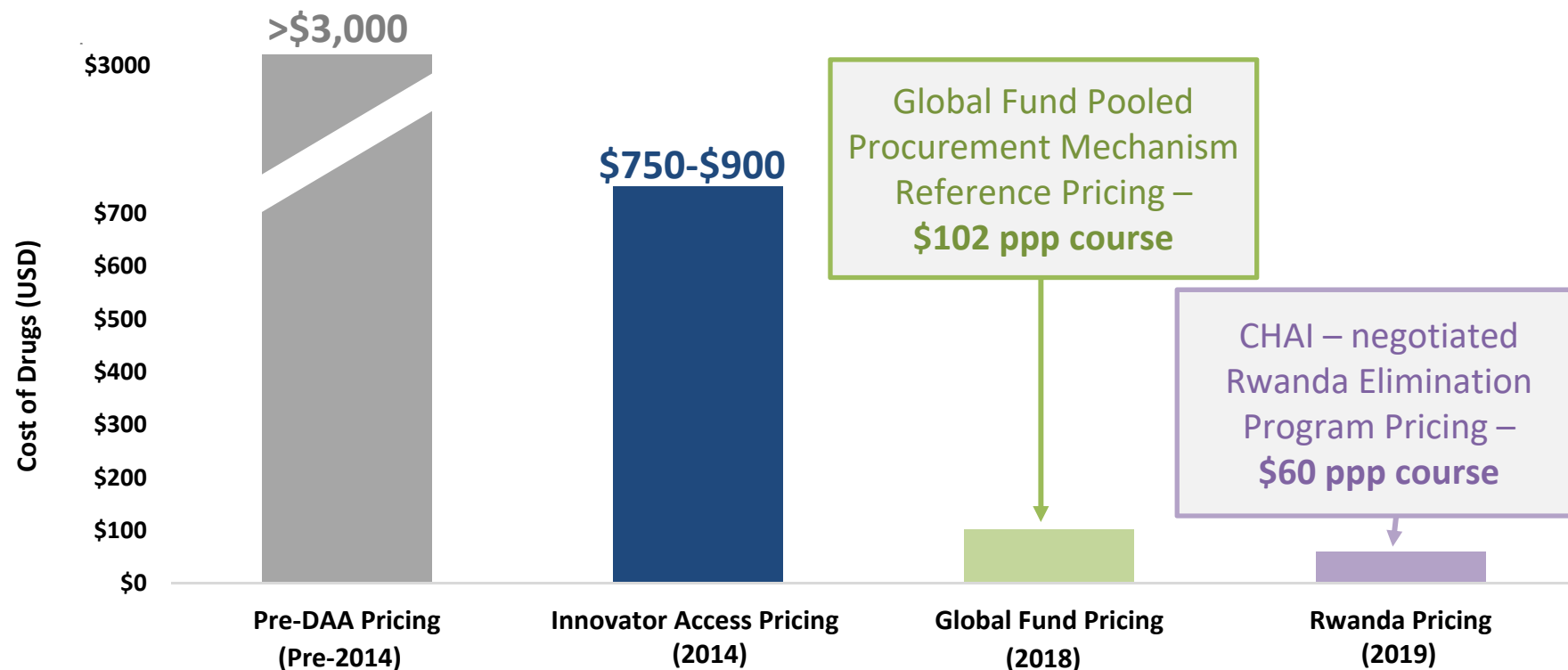


**On a path to elimination**  
**Early scale-up stage**



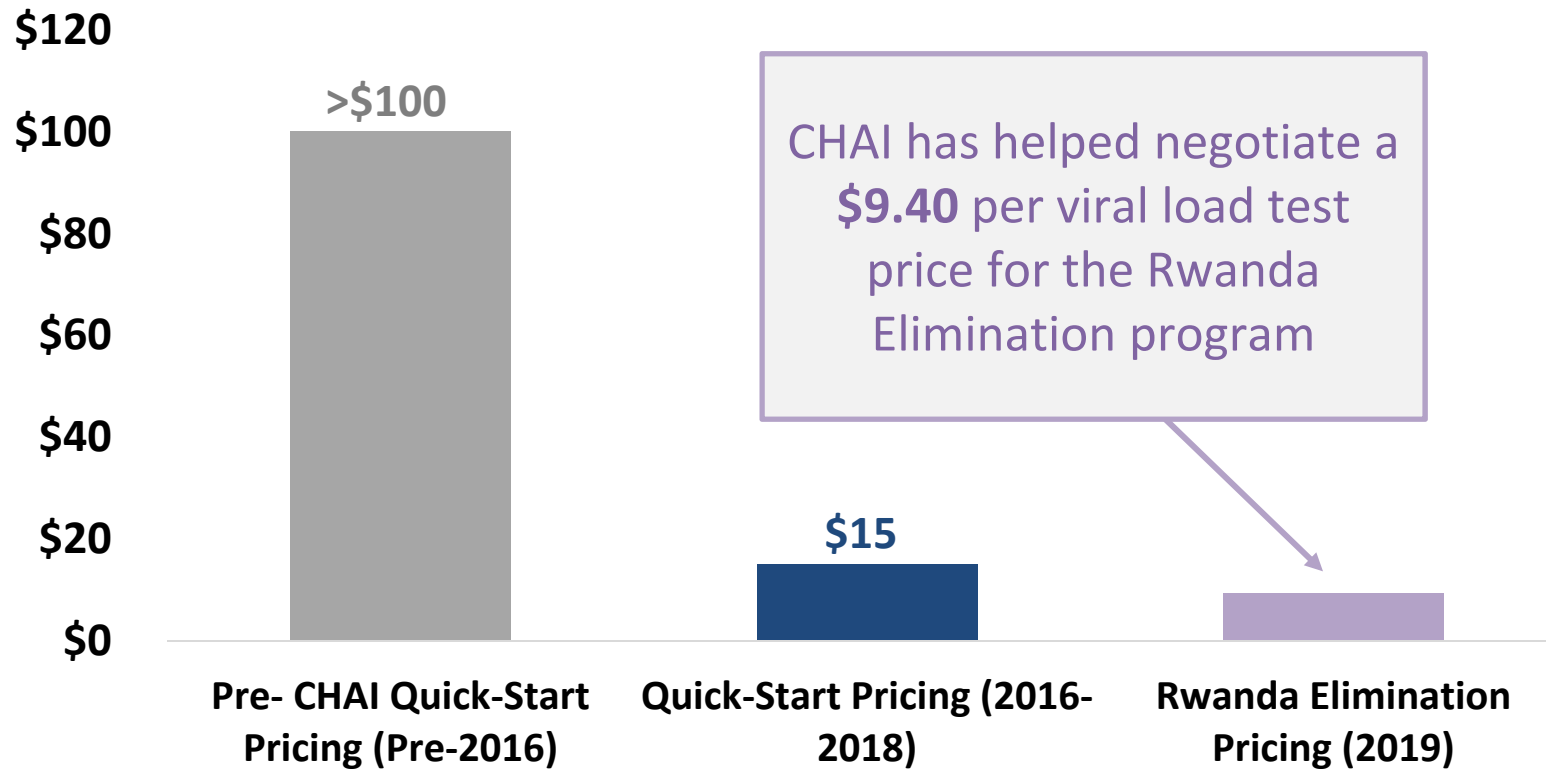
# HCV elimination is affordable when healthy markets allow low pricing of WHO Pre-qualified generic DAA's

## EVOLUTION OF PRICING FROM THE PRE-DAA ERA TO 2019 (PRICE PER PATIENT (PPP) COURSE)



With forecasting and larger volumes, diagnostic pricing falls

## EVOLUTION OF VIRAL LOAD PRICING (PRICE PER REAGENT)



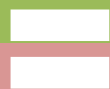
## HCV elimination is now affordable with quality-assured generic DAA and diagnostics pricing

Commodity prices secured for the Rwanda Elimination Program can now be accessible to all CHAI-supported countries that commit to scale-up of HCV treatment.

DIAGNOSTICS: \$1 RDT and \$9.40 VIRAL LOAD



DRUGS: \$60 PER TX COURSE with WHO PQ PRODUCTS

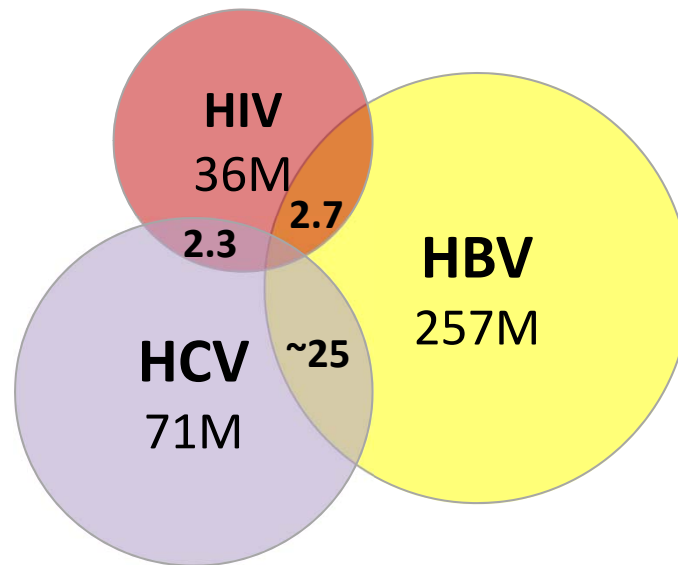


~\$80 TOTAL COMMODITY COST PER CURE

# HIV, HBV, and HCV overlap in transmission and clinical consequences

## Prevention Interventions

- Behavioral
- Harm Reduction
  - Overdose prevention
  - NSP
  - OAT
- Testing & Treatment
  - TB, HBV, HCV
  - Treatment as Prevention (TasP)
- Vaccination (HBV)
- Pre-Exposure Prophylaxis (PrEP)



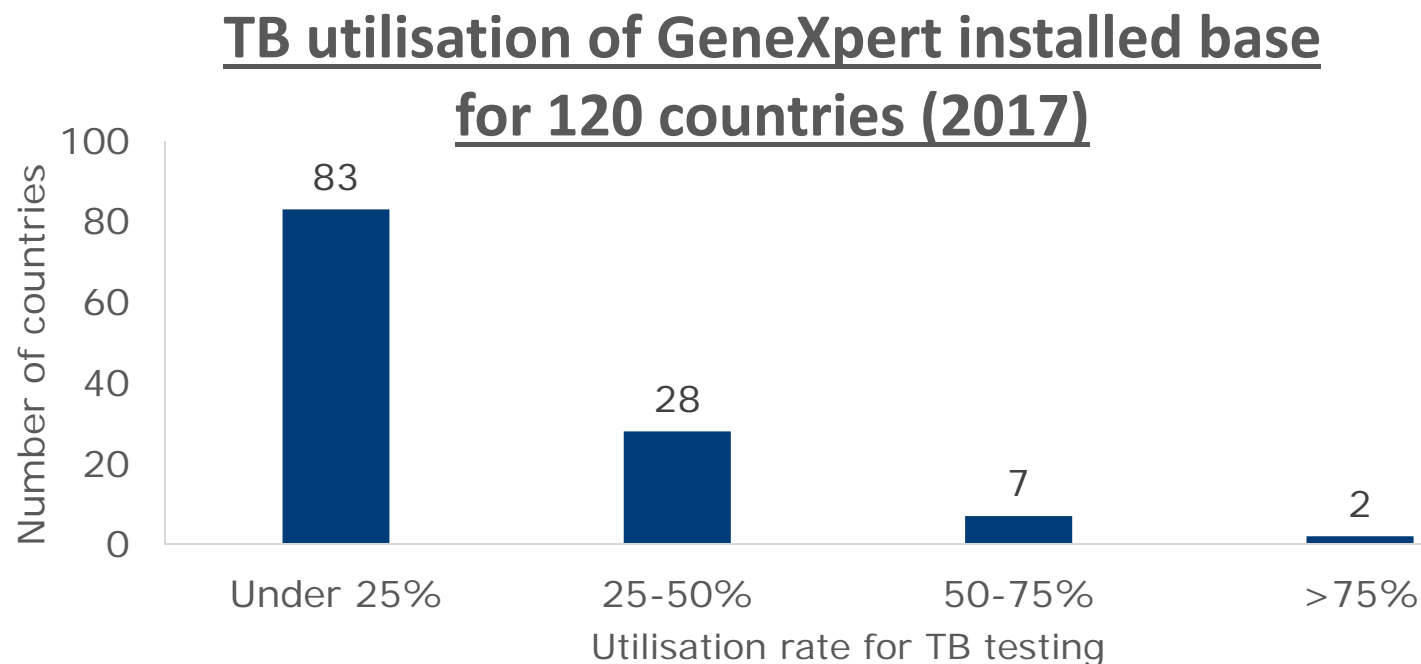
## Clinical Consequences

- Mortality
  - Acute liver failure
  - Liver Cancer (HCC)
  - Cirrhosis
- Extra-hepatic
  - Fatigue
  - Diabetes
  - Kidney failure
- Onward transmission
  - Mother-to-child





## Globally there is abundant unused capacity to integrate HCV testing on existing GeneXpert platforms



Analysis by CHAI estimates 69% of 120 countries use less than 25% of their current GeneXpert installed base capacity for TB testing.

While 92% of 120 countries use less than 50% of installed base capacity for TB testing.

Despite indications of available capacity to integrate HCV testing on existing GeneXpert platforms, additional support is required for policy change and implementation.

Based on internal analysis by CHAI of 2017 Cepheid TB sales data; figures are based on 16 tests per day (120min per test, 4 modules, 8 hours per day, 240 days per year); does not account for breakdowns or machines that are out of order



# Rwanda used a step-wise approach to build HCV elimination program



**Prioritization of genocide survivors. Targeted screening campaigns to reach remaining cases (2018-2024)**

**Focus on screening and treatment within high burden districts and prisoner population (2017 - 2018)**

**GF support for diagnosis and treatment of ART cohort (2017)**

**Program launch and 118k PLHIV on ART screened (2014 – 2016)**

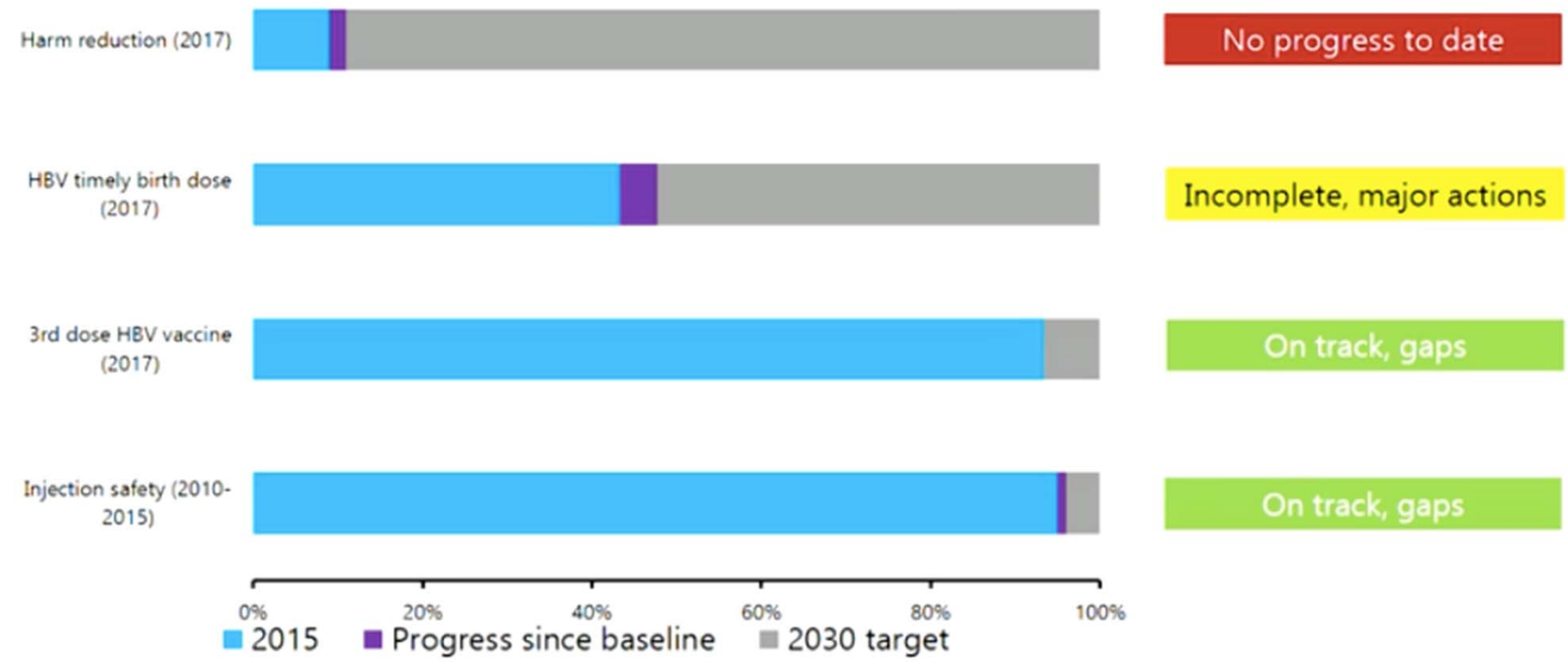
**>700k SCREENED  
AND >11k  
TREATED  
(2016-2018)**

# Mixed Progress on HBV/HCV Prevention

## Prevention interventions: Low coverage for harm reduction globally and for timely birth dose in Africa



Coverage of interventions as proportion of 2030 target at baseline

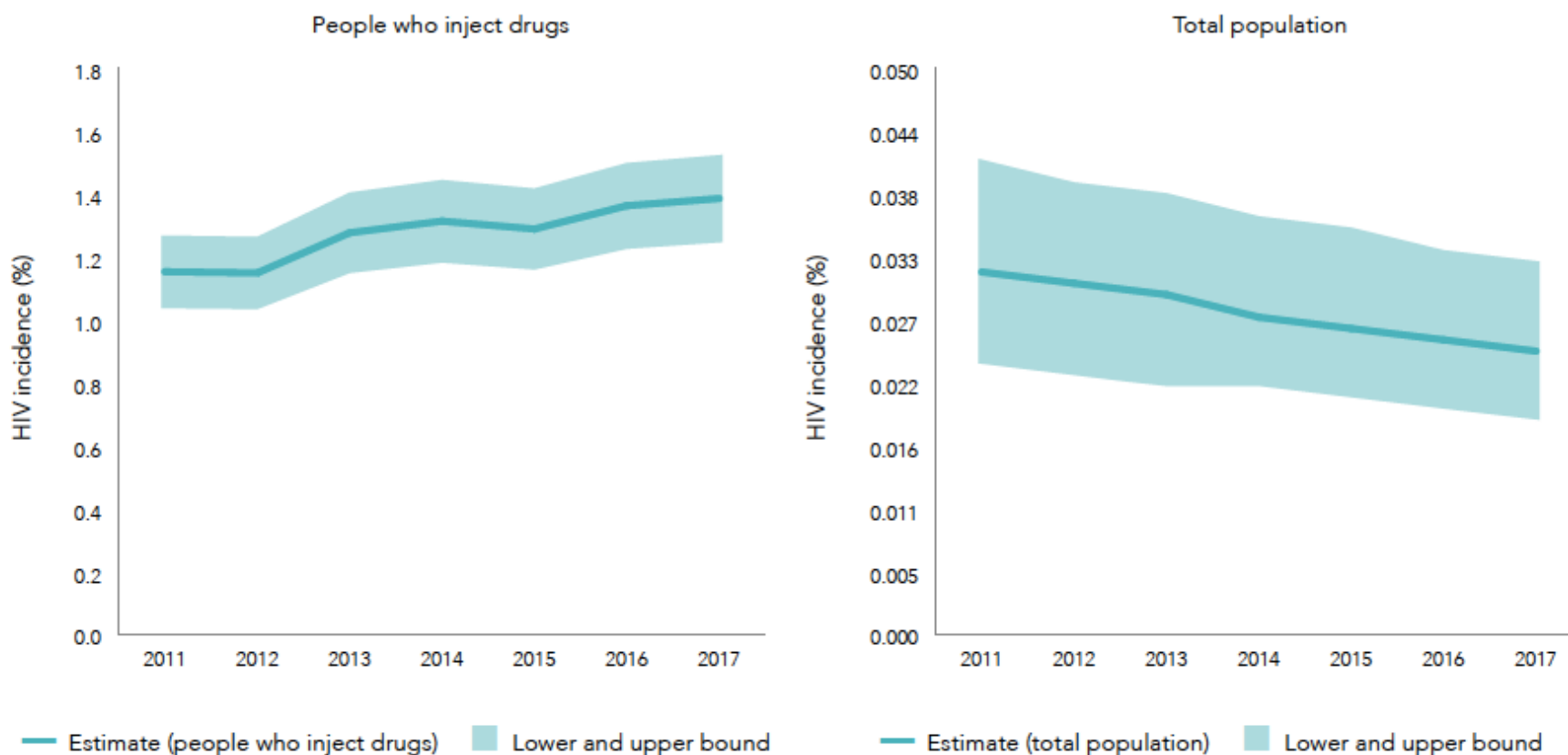


Source: WHO / UNICEF, Demographic and Health Surveys, and Lancet publication



# Overall HIV incidence is falling, but worrisome increases in PWID suggest inadequate Harm Reduction

**Figure 1. Comparison of incidence of HIV, people who inject drugs and total population (all ages), global, 2011–2017**



# Synergistic Benefits of Harm Reduction

## OPTIMIZED HARM REDUCTION

- Clean injecting equipment
- High quality opioid agonist therapy (OAT)
- Outreach to Key Populations: HIV/HBV/HCV testing, treatment, and cure
- HBV Vaccination
- Community engagement through peer navigation, 'bring a friend'

## BENEFITS TO HIV/HBV/HCV Program

- Prevention of new infections
- Reduction of drug use
- Delivery of Prevention messages
- Better engagement of individuals not served by traditional care model
- Reduced loss to follow-up
- Reduction of Stigma associated w/ drug use, HIV/HBV/HCV infection
- Cure of HCV, control of HIV and HBV

## Summary

- 1 Pricing for simple diagnostics, CURATIVE HCV and highly effective HBV therapies has fallen dramatically when accurate forecasting, pooled procurement, and healthy market is in place
- 2 Room for significant efficiencies in laboratory and clinical infrastructure
- 3 HBV & HCV overlap significantly with HIV & TB in transmission and clinical consequences; Prevention and Treatment interventions targeted at Key Populations would have synergistic and outsized benefits
- 4 Optimized Harm Reduction activities are key to reducing HIV incidence and reaching HCV elimination