UNITAID’s role in hepatitis C

Putting the pieces together to maximize benefits

Marc Bulterys
Team Leader, Global Hepatitis Programme, WHO
“The time is always right to do what is right”

Martin Luther King
## Limited access to HCV treatment:


<table>
<thead>
<tr>
<th>WHO regions</th>
<th>Infected Number (000s)</th>
<th>Diagnosis</th>
<th>Treatment initiation rate</th>
<th>Cumulated number ever treated</th>
<th>Sustained virological response (Cure)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number (000s)</td>
<td>Proportion (%)</td>
<td>Number (000s)</td>
<td>Proportion (%)</td>
</tr>
<tr>
<td>African</td>
<td>10,284</td>
<td>582</td>
<td>5.7</td>
<td>13</td>
<td>2.2</td>
</tr>
<tr>
<td>American</td>
<td>7,237</td>
<td>2,625</td>
<td>36.3</td>
<td>290</td>
<td>11.1</td>
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<tr>
<td>Eastern Mediterranean</td>
<td>15,190</td>
<td>2,686</td>
<td>17.7</td>
<td>326</td>
<td>12.1</td>
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<tr>
<td>European</td>
<td>13,641</td>
<td>4,250</td>
<td>31.2</td>
<td>208</td>
<td>4.9</td>
</tr>
<tr>
<td>South East Asia</td>
<td>10,391</td>
<td>906</td>
<td>8.7</td>
<td>64</td>
<td>7.1</td>
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<tr>
<td>Western Pacific</td>
<td>13,898</td>
<td>2,985</td>
<td>21.5</td>
<td>144</td>
<td>4.8</td>
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<tr>
<td>World</td>
<td>71,146</td>
<td>14,255</td>
<td>20.0</td>
<td>1,053</td>
<td>7.4</td>
</tr>
</tbody>
</table>
HCV Testing and Treatment Delivery - 2017

Key Outputs on UNITAID-funded projects:

- Facilitate high-quality research to inform innovative product approval and use
- Facilitate inclusion of research in WHO guideline review
- Provide technical assistance to focus/early adopter countries
- Coordinate knowledge sharing between stakeholders (e.g., here at the World Hepatitis Summit)

2017 WHO Products and Guidelines:

- Hepatitis B/C Testing Guidelines – launched February 2017 at APASL
- (First-ever) Global Hepatitis Report, 2017 – launched in April 2017 at EASL
- Updated HCV Care and Treatment Guidelines – GDG meeting held in September 2017
- Barriers/Access to DAA Treatment Report (2017 update) – to launch before year’s end
Focus on **innovation, affordability, linkages** to reach many more HCV-infected persons

- Seek large *reductions in testing and treatment costs*
- Develop new diagnostic tests and evaluate **simplified testing algorithms**
- **Simplified care package** to leverage existing health delivery; use task shifting
- Apply **public health approach** to reduce out-of-pocket expense
- **Health systems strengthening** – avoiding vertical delivery (HIV exceptionalism)
- **Learn by doing** – evaluate progressively, identify best practices.
“Bold and imaginative … we can defeat this global hepatitis epidemic”

Lelio Marmora
on Nov 1, 2017 at Opening of WHS
Drive Policy Change and Accelerate Access: FIND-UNITAID demonstration projects

Simplifying the HCV diagnostic pathway

- Implement demonstration projects, in collaboration with national programmes
- Guide national policy development
- Generate evidence for updated WHO guidelines
- Guide implementation of quality assurance
Let’s first make sure identified patients are treated

Module on cost effectiveness of HCV treatment

Preliminary questions to address:
- Cost of testing kits
- Cost of diagnostic strategies
- Which approach is most effective at diagnosing a certain proportion of the population infected?

WHO coordinates activities by UNITAID funded partners for improved tools
Concluding remarks

• UNITAID’s HCV(HIV+) portfolio has catalyzed the global response

• Ensure each project delivers useful outputs to inform scale-up

• WHO draws on experiences to update Guidelines and Reports (e.g., GT5/6 MSF data; various FIND testing innovations; MPP work on patent licensing)

• Could UNITAID go a step further? (e.g., all PWIDs versus only those HIV+/HCV+)

• How can the benefits and lessons learned be maximized?
Muito obrigado -- thank you