

World Hepatitis Summit 2017
Side meeting

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:



2015 data (CDA) – WHO Global Hepatitis Report (April 2017)

WHO regions	Infected Number (000s)	Diagnosis		Treatment			Sustained virological response (Cure)	
				Treatment initiation rate		Cumulated number ever treated		
		Number (000s)	Proportion (%)	Number (000s)	Proportion (%)		Number (000s)	Proportion (%)
African	10,284	582	5.7	13	2.2	16	11	84.6
American	7,237	2,625	36.3	290	11.1	1,252	255	87.9
Eastern Mediterranean	15,190	2,686	17.7	326	12.1	1,576	264	81.1
European	13,641	4,250	31.2	208	4.9	1,157	162	77.9
South East Asia	10,391	906	8.7	64	7.1	235	54	84.0
Western Pacific	13,898	2,985	21.5	144	4.8	1,169	91	63.1
World	71,146	14,255	20.0	1,053	7.4	5,495	843	80.0

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”***

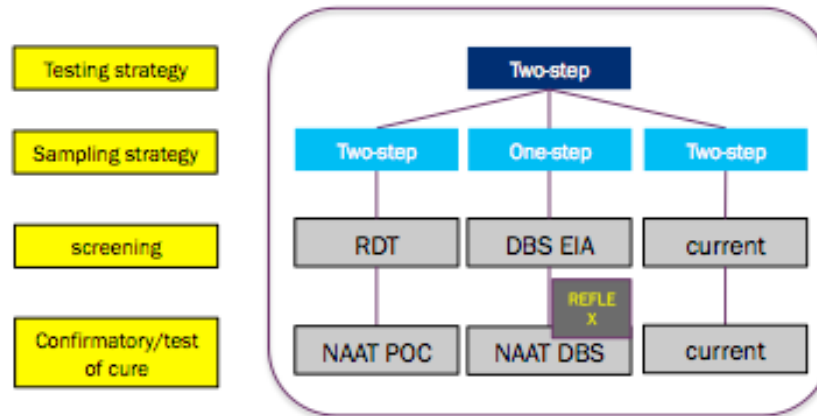
Lelio Marmora
on *Nov 1, 2017 at Opening of WHS*



Drive Policy Change and Accelerate Access: FIND-UNITAID demonstration projects



Simplifying the HCV diagnostic pathway

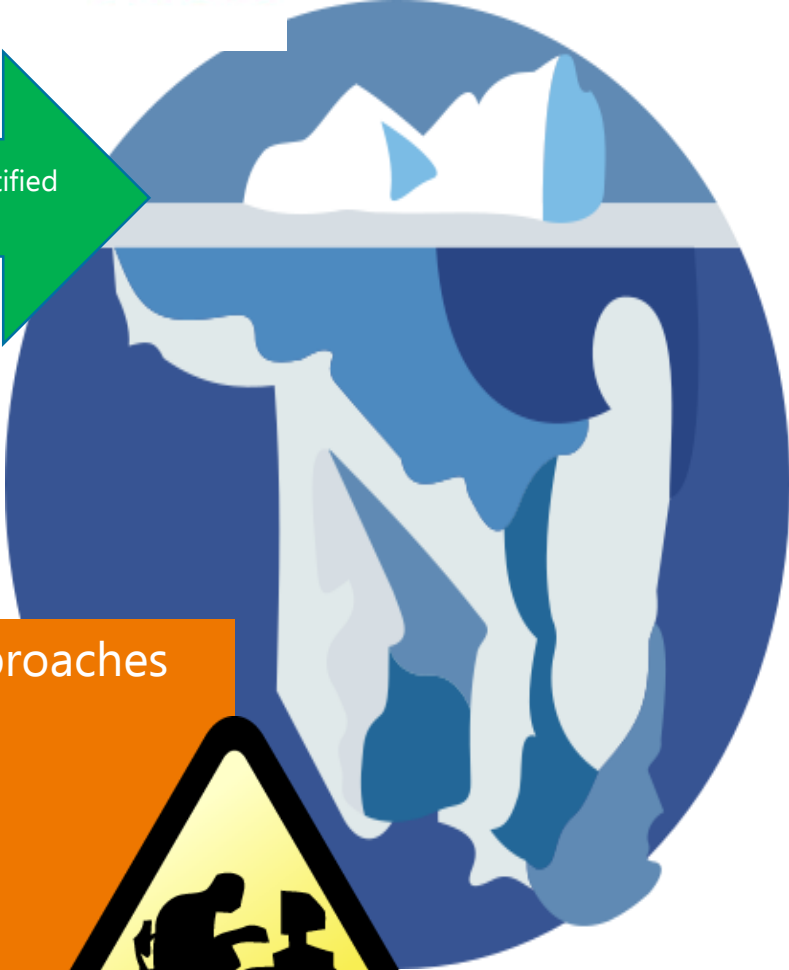
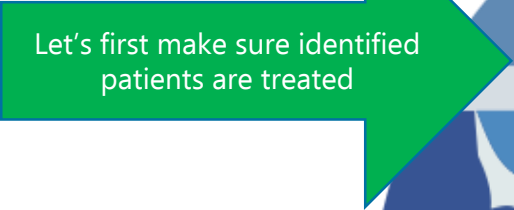


- Implement demonstration projects, in collaboration with national programmes
- Guide national policy development
- Generate evidence for updated WHO guidelines
- Guide implementation of quality assurance

Collaboration between HCV Partners on Economic Analyses



Module on cost effectiveness of HCV treatment



- WHO coordinates activities by UNITAID funded partners for improved tools



Because diagnosis matters

Module on cost effectiveness of testing approaches

- 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?



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