Treatment access overview

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Overview of treatment access issues

Increasing access to medicines and reaching the global strategy treatment target

1. Current status of access to treatment
2. Factors influencing access
3. Procurement of affordable medicines
1. Current status of access to treatment
• 4.5 million persons were on HBV treatment in 2016 (1.7 million in 2015)
• HBV treatment coverage increased from 8% to 16% from 2015 to 2016
• Many infected persons remain undiagnosed
Cascade of care for HCV infection by WHO region, 2016

- 1.76 million persons started HCV treatment in 2016 (1.1 million in 2015)
- The proportion of persons starting a new treatment increased from 7% in 2015 to 13% in 2016
- Many infected persons remain undiagnosed

Source: WHO on the basis of Center for Disease Analysis / Polaris
2. Factors influencing access

- Registration, procurement and supply management
- Policy and guidance
- Prices & financing
- Service delivery
Enabling factors

Policy and guidance
- Adapt WHO recommendations to national testing and treatment guidelines
- Include medicines in the national essential list
- Estimate the need

Service delivery models
- Adapt service delivery:
  - simplify, decentralize, integrate, differentiate
- Link to care
- Engage communities

Registration, procurement and supply management
- Register medicines in country
- Ensure quality standards are met (e.g., pre-qualification)
- Use price reduction strategies for procurement:
  - Launch a tender
  - Pooled procurement (PAHO strategic fund)
  - Sole source price negotiations

Prices, economics and financing
- Cost the scenario
- Use economic analyses to reduce prices
- Implement policies to overcome intellectual property barriers
- Develop financing plan (sustainability)
“Access” is more than “making medicines available”

Equitable access to medicines

To provide “Access”, countries need to provide:

- The right products
- In the right places
- At the right time
- At the right price
- To ALL people who need them
3. Procurement of affordable medicines
Generic medicines can improve access through lower prices

Country cannot access generic medicines...
because:
• Country not on the voluntary licensing list
• Patent is granted and valid

therefore:
Need to procure from the originator manufacturer
No competition
High prices

Country can access generic medicines...
because:
• Patent not granted or successfully opposed
• Voluntary licensing
• Compulsory licensing

therefore:
Can buy generic medicines
Competition leading to price reduction

Competition leading to price reduction
No competition
High prices
Most persons with HBV infection live in LIC and MIC, that can procure generic medicines

- Quality generic medicines are available for procurement
  - Tenofovir < USD 30 /year
  - Entecavir ~ USD 400 /year
- However, few countries have a hepatitis programme
  - Fragmented procurement leads to high prices

Other countries will be able to buy affordable generics in 2018 as the tenofovir patents are due to expire

- Most high income countries
- China and Mexico

Public sector procurement with high volumes can lead to competition and low prices
HBV treatment coverage remains low

Treatment coverage among the 27 million persons diagnosed with HBV infection, by income group, 2016

- China accounts for most new treatments
- Generic tenofovir is mostly accessed as a fixed dose combination for HIV treatment
- There is little procurement of generic tenofovir and entecavir for monoinfected patients

Source: WHO on the basis of Center for Disease Analysis / Polaris
HCV treatment coverage with DAAs is heterogeneous

Onset of DAA treatment among the 13 million persons diagnosed with HCV infection, by income group, 2016

- In 2017, 62% of HCV infected persons lived in countries that can procure generic DAAs (LIC, LMIC)
- In UMIC, the situation remains heterogeneous
- Egypt and Pakistan account for the largest numbers started on treatment in LMIC

Source: WHO on the basis of Center for Disease Analysis / Polaris
Summary

1. Access to HBV treatment remains low
2. Access to DAAs for HCV treatment is heterogeneous across income groups
3. Procuring generic medicines can increase access and reduce prices through competition
   ➢ Each country’s situation is different but there are lessons to be learnt from each other
Plans for the four break-out sessions

Help find solutions in the group that most fits your profile

1. Increasing access in countries that cannot buy generic medicines today
   - Discuss options to decrease prices
     - Intellectual property
     - Patent opposition
     - Compulsory licensing

2. Increasing access in countries that can buy generic medicines today
   - Make better use of generics through good procurement and competition
     - How generics can help
     - Voluntary licensing
     - Pooled procurement

3. Effective advocacy by the civil society and others to increase access
   - Push for treatment access from all sides
     - Advocacy
     - Role of the civil society

4. Documenting access:
   Monitoring and evaluation
   - Document and report access to treatment
     - Tools to manage patients (e.g., cards)
     - Patient databases and cascade
     - Monitoring and evaluation
Thank you

We see you in the break out session rooms