

Miracle cure costs less than a budget airline flight

New data shows hepatitis C cure can cost as low as 50 dollars, and data from over 1,000 patients shows generics are highly effective

The revolution in generic drugs means that a 12-week course of drugs to cure hepatitis C can be manufactured for just US\$50 – as low as the cost of a plane ticket on many low-cost airlines. Furthermore, new data shows that these generic copies are just as effective as the branded medicines. Yet restrictions and patent issues around the world mean that hardly any patients can access the drugs at these low costs, say experts speaking at the World Hepatitis Summit in Sao Paulo, Brazil (1-3 November).

“As there are around 70 million people infected with hepatitis C worldwide, the basic cost of the drugs to treat everyone infected globally, at \$50 each, would be around US \$3.5 billion,” explains Dr Andrew Hill, a pharmacology expert from the University of Liverpool, UK. This represents less than a fraction of 1% of the global health budget of some US\$ 8 trillion. “Much more must be done to enable all countries — but especially developing countries — to produce or buy drugs for these lower prices. Without significant changes to pricing structures, the battle against the global hepatitis C epidemic simply can’t be won.”

In his presentation, Dr Hill will present data on the hugely varying cost of a 12-week course of sofosbuvir and daclatasvir, a common combination of the new directly acting antiviral drugs (DAAs) that have revolutionised hepatitis C treatment by providing rapid cure with few or no side effects. The list price for this combination of drugs ranges from close to cost price in India (\$78) and Egypt (\$174) to \$6,000 in Australia, \$77,000 in the UK, and a staggering \$96,404 the USA. Yet the basic cost of the active ingredients, including formulation and packaging costs and even allowing a small profit margin for the generic companies brings the basic cost down to under \$50 per course.

In high-income countries, most of which have treatment restrictions allowing only those with advanced disease to be treated first, some infected patients have resorted to buying generic drugs from international buyers’ clubs (who buy in bulk from developing countries) or directly from countries where they are manufactured. For example, in the UK, those not wanting to wait for advanced disease to be treated have been able to legally purchase a 12-week generic course for prices ranging from US \$1000 to \$1200. Research studies on these patients show that cure rates are as high as for the branded medicines, ranging from 90% to 95%.

An analysis presented at the summit on the efficacy of generic DAAs looked at 1160 patients who have imported DAAs for personal use into 88 countries on 5 continents. Data from these patients show that cure rates are well over 90%, the same as for the branded products, but at a fraction of the cost.

“In 2016, for every person cured of hepatitis C globally (1.6 million), another person was newly infected (1.5 million). We simply cannot eliminate this epidemic unless we treat more people. And we can only do this if the prices of the drugs come down,” explains Dr Hill.

He adds that the manufacturers of DAAs must do more to provide voluntary licences in countries that do not currently have them for generic companies to produce cheaper (but just as effective) generic DAAs. This is what has happened in Egypt, which had nearly 7 million people to treat, but now have fewer than 5 million. However, more than half of those people infected globally live in countries with no voluntary licence to allow generic production. “For example, China and Russia, two countries with very large hepatitis C epidemics, have no voluntary licence in place to produce cheap generic drugs,” explains Dr Hill.

However, Dr Hill makes clear that any efforts to reduce drug prices and enable mass generic DAA production worldwide will be futile unless countries also step up their efforts to find and diagnose their infected populations. “We cannot treat people if we do not know who they are,” explains Dr Hill. “Countries must massively step up their screening efforts, or they will simply run out of people to treat – a diagnostic ‘burn-out’. The proportion of patients with hepatitis C who know they have it ranges from 44% in high-income countries to just 9% in low-income countries.”

He concludes that lessons can and should be learned from the HIV epidemic to successfully end the hepatitis C epidemic worldwide. “It has taken the world 15 years to get 19 million people globally on antiretroviral treatments for HIV,” he says. “We already have the drugs necessary to eliminate hepatitis C. Let’s learn from the past, and repeat the medical success story of global HIV treatment.”

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About Viral Hepatitis

Viral hepatitis is inflammation of the liver caused by a virus. WHO say that the total deaths cause by viral hepatitis, including acute cases, cirrhosis and liver cancer account for 1.34 million deaths globally. There are five different hepatitis viruses - hepatitis A, B, C, D and E. Hepatitis A is spread mainly through ingestion of contaminated food and water and the disease is often endemic in countries with a lack of safe water and poor sanitation. Hepatitis B is transmitted through contact with the blood or other bodily fluids of an infected person and approximately 257 million people are living with chronic infections. Hepatitis C is mainly spread through blood-to-blood contact such as unsafe injection practices and inadequate sterilisation of medical equipment. Today, 69 million people are living with the disease. Hepatitis D is passed on through contact with infected blood and only occurs in people who are already infected with hepatitis B. Hepatitis E, like hepatitis A, is transmitted through ingesting contaminated food or water.

The World Hepatitis Summit 2017

Between 1 – 3 November 2017 a global audience of civil society groups, World Health Organization and its Member States, patient organisations from the World Hepatitis Alliance’s 252 members, people living with viral hepatitis, policy-makers, public health scientists and funders have come together in Brazil, at the World Hepatitis Summit, to galvanise the global response to viral hepatitis. The World Hepatitis Summit is a joint initiative between the World Health Organization (WHO) and the World Hepatitis Alliance - in collaboration with a different host country for each Summit. Its mission is to support countries in meeting the targets needed to eliminate viral hepatitis.

<http://www.worldhepatitissummit.org/>

The World Hepatitis Alliance

The World Hepatitis Alliance (WHA) is a patient-led and patient driven non-governmental organisation. With 252 member patient groups from 84 countries, WHA works with governments, national members and other key partners to raise awareness of viral hepatitis and influence global change. To achieve a world free from viral hepatitis, WHA provides global leadership in advocacy, awareness-raising and the fight to end its social injustice.

<http://www.worldhepatitisalliance.org/>

*** About the Center for Disease Analysis**

The CDA is a public health research firm based Lafayette, Colorado, USA, with expertise in epidemiology and disease modelling. One of its main areas of focus is the epidemiology of the hepatitis B, C, and D viruses, which is done through its Polaris Observatory data centre.

http://centerforda.com/about_us.htm

<http://polarisobservatory.org/>