



Treatment Action Group

[www.treatmentactiongroup.org](http://www.treatmentactiongroup.org)

# **PRIORITIZING VIRAL HEPATITIS & HARM REDUCTION IN PEPFAR COPS**

**BRYN GAY**

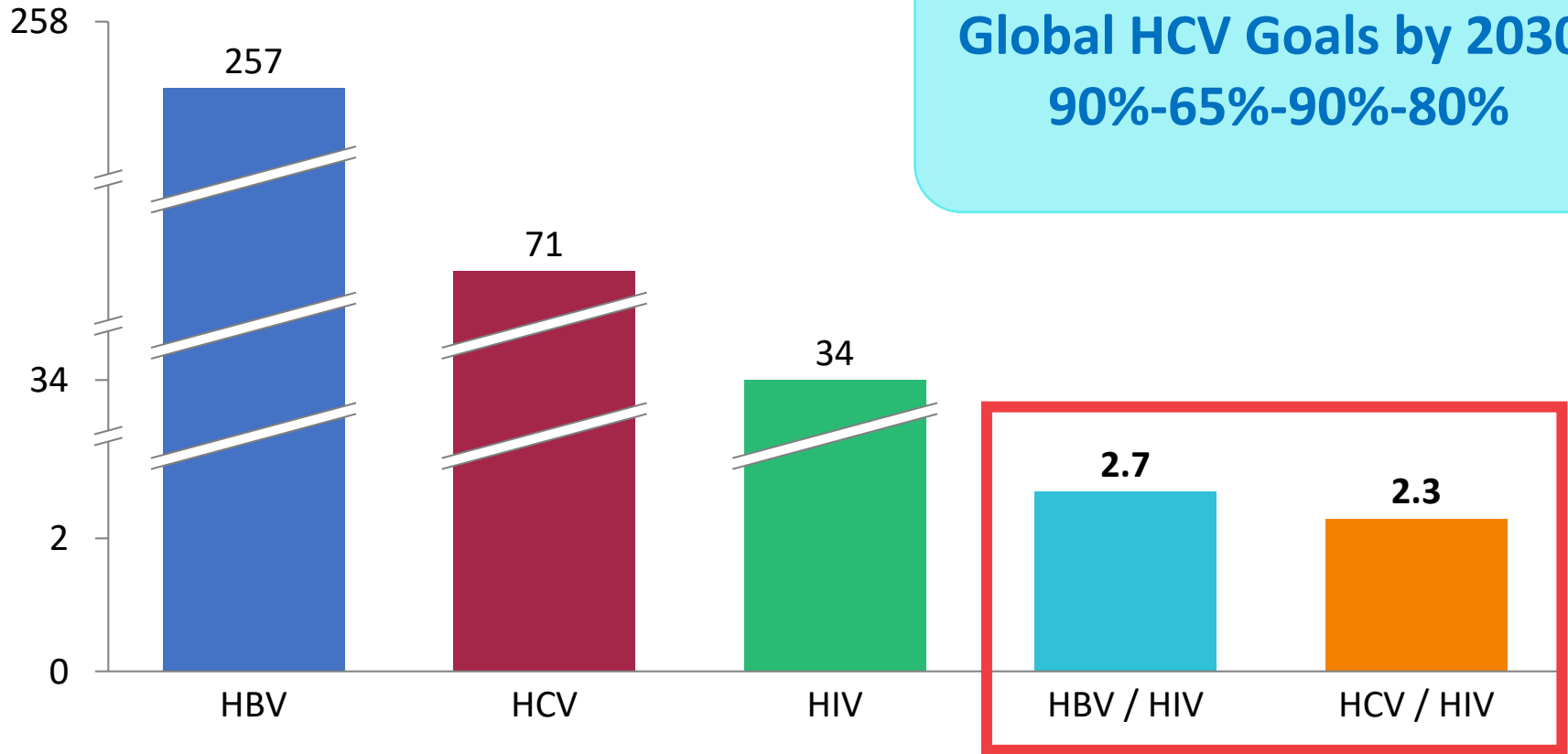
**TREATMENT ACTION GROUP**

**21 JANUARY 2021**

# WHY HEPATITIS? WHY NOW?

## Number of people living with:

Number of people in millions



# WHY HEPATITIS? WHY NOW?

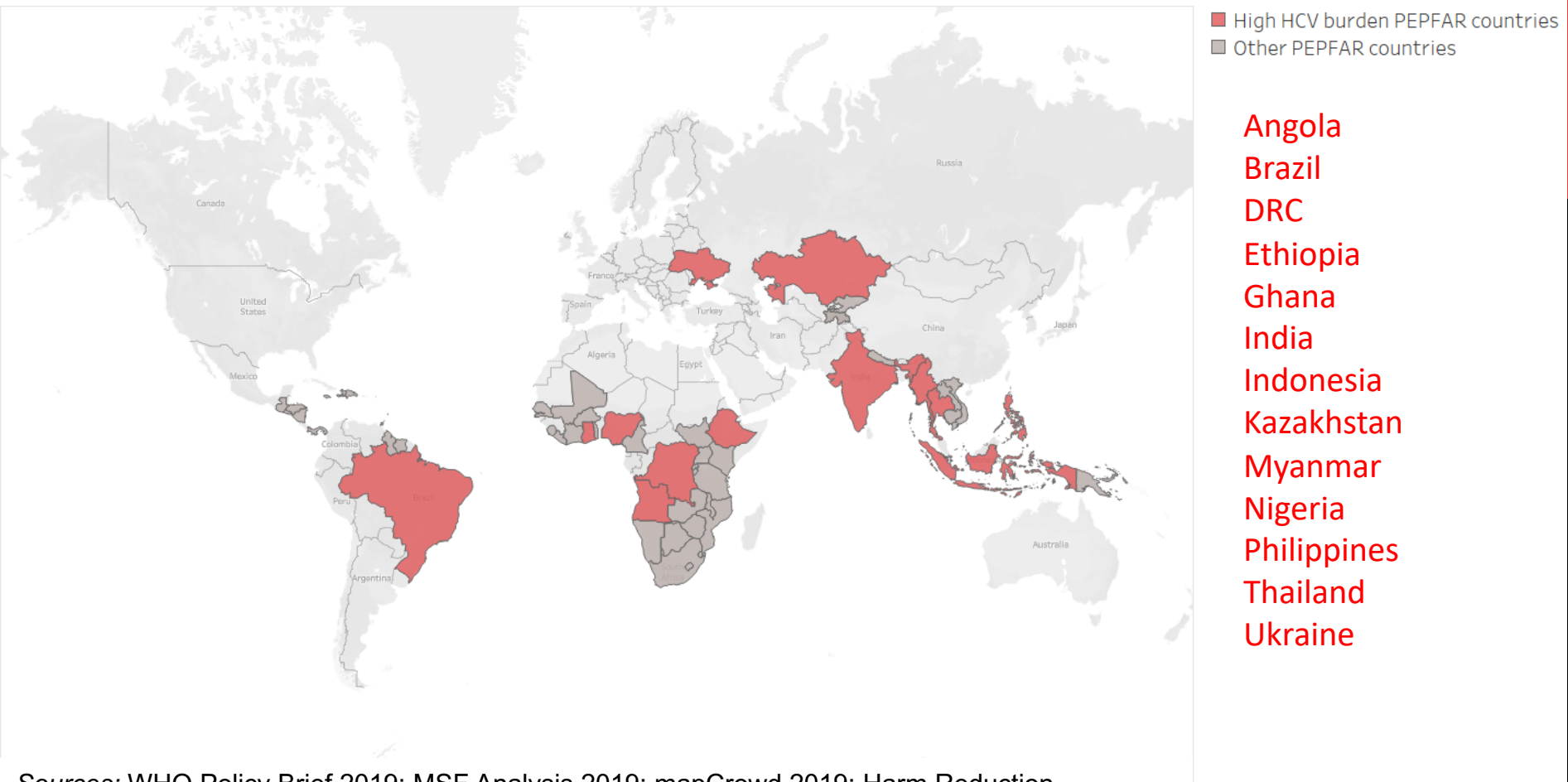
- Treat coinfections: 2.3M People with HIV/HCV; 2.7M people HIV/HBV
- HBV & HCV = **silent diseases**; causes liver disease & liver cancer
- **Treat early: Liver damage** from viral hepatitis happens slowly, **progresses** more quickly in **people living with HIV**
- **HCV cure/post-SVR** ≠ reduced risk of liver cancer (esp. F3/F4)
- COVID-19 interruptions: **800,000+ liver cancer deaths**; increased overdoses in 2020
- Check liver health. **Liver function tests** = opportunities for HIV, HBV, HCV coinfection testing

# WHY HEPATITIS? WHY NOW?

- 4% risk of HCV transmission during pregnancy, yet **no consistent protocols for screening/testing pregnant individuals** or safety of DAAs during pregnancy
- **50% of GeneXpert capacity in HIV & TB programs sit unused** = Demand licensing & policy change to run **HBV & HCV tests**
- Oral HBV birth dose = pennies
- TAF for HIV covered by global donors but not for HBV = Demand policy change
- Lower generic pricing of DAAs; CHAI: **\$80 test & treat** per patient
- African regional plan = Demand investments in viral hep!
- New WHO global guidance & Essential Dx List in 2021
- Development of new GF & UNAIDS targets/strategies

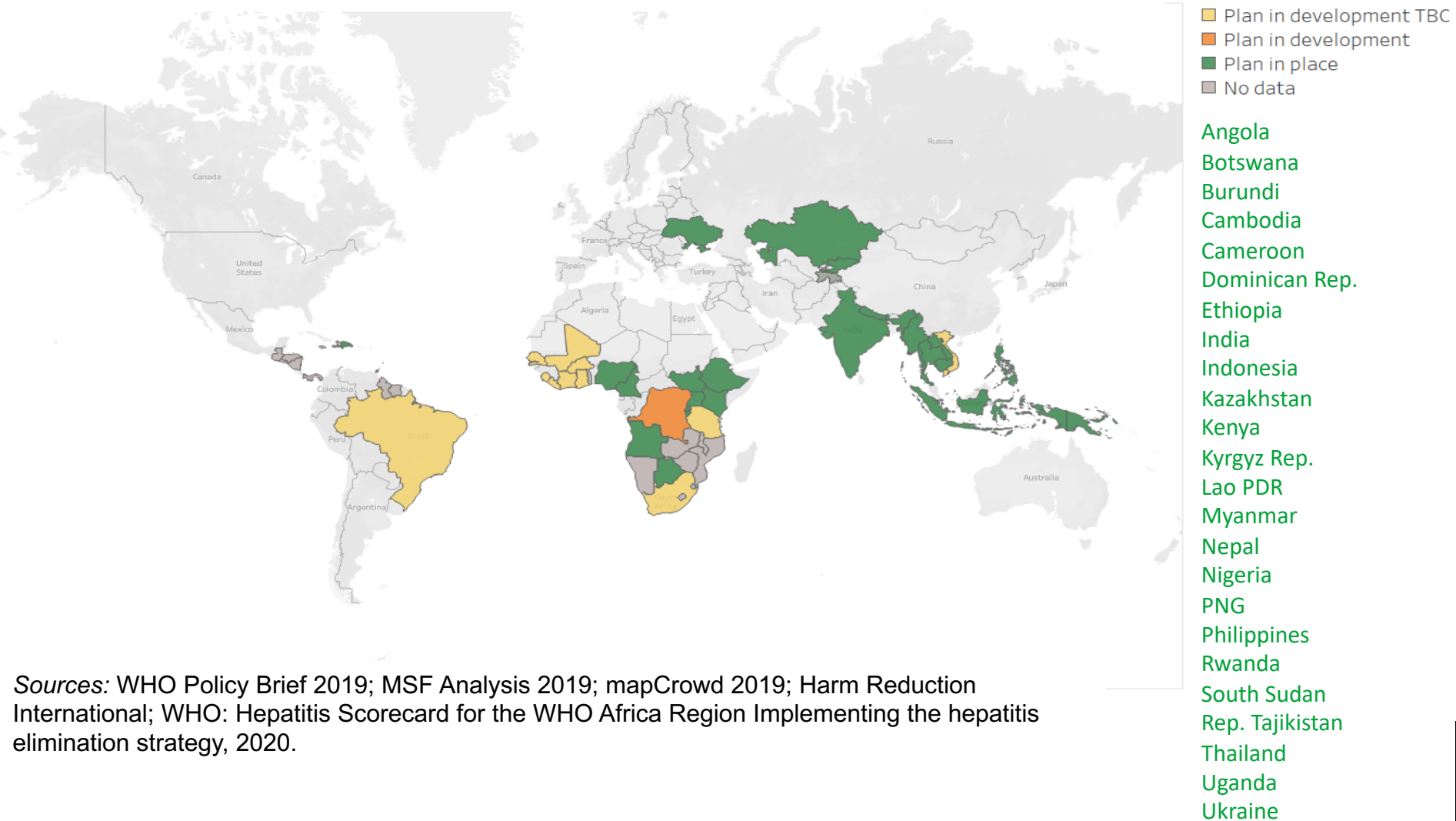


# PEPFAR COUNTRIES WITH HIGHEST HCV BURDENS



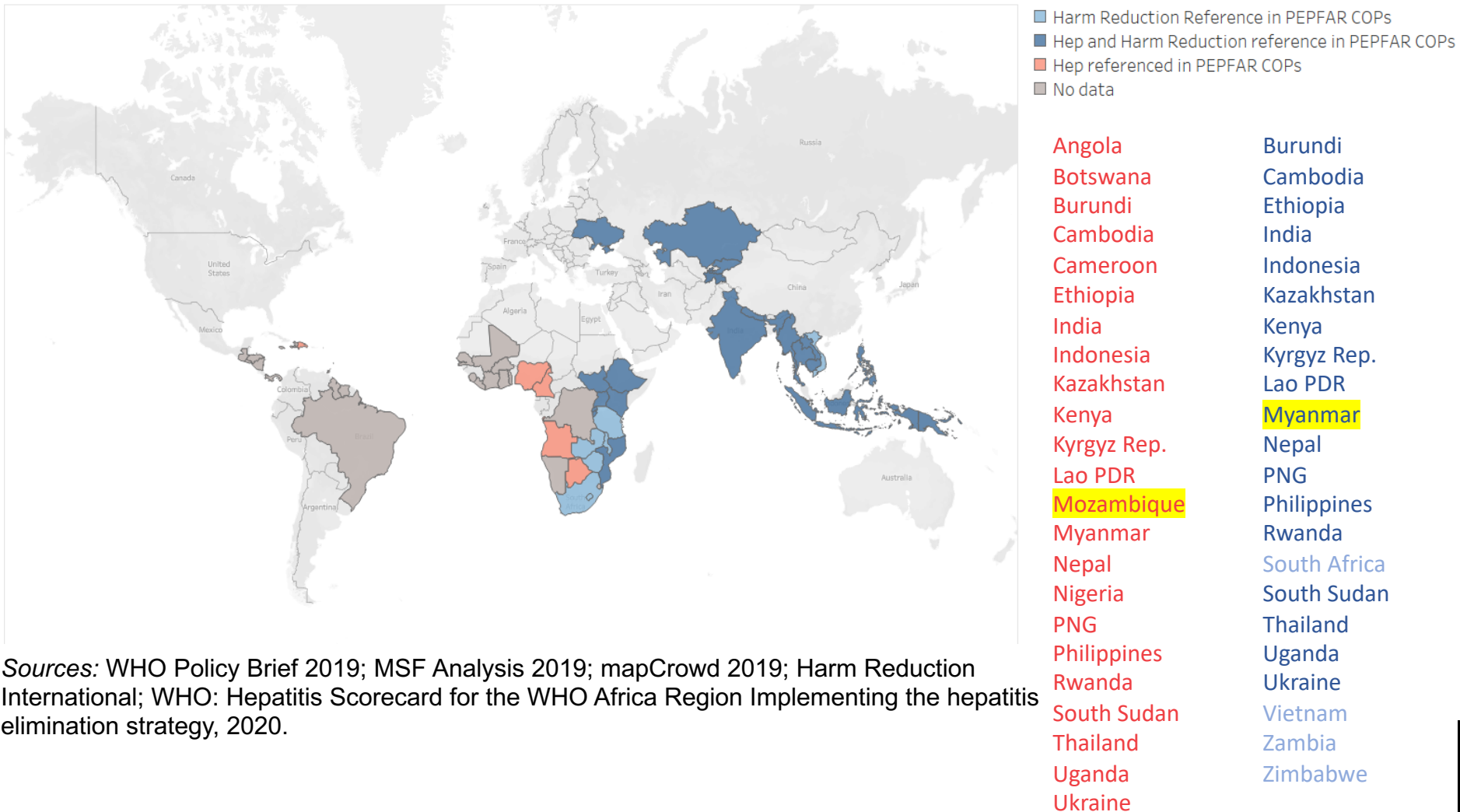
Sources: WHO Policy Brief 2019; MSF Analysis 2019; mapCrowd 2019; Harm Reduction International; WHO: Hepatitis Scorecard for the WHO Africa Region Implementing the hepatitis elimination strategy, 2020.

# 24 PEPFAR COUNTRIES WITH NATIONAL HEPATITIS PLANS



Sources: WHO Policy Brief 2019; MSF Analysis 2019; mapCrowd 2019; Harm Reduction International; WHO: Hepatitis Scorecard for the WHO Africa Region Implementing the hepatitis elimination strategy, 2020.

# PEPFAR COPS THAT REFERENCE VIRAL HEP/HARM REDUCTION



# WHAT WE HAVE

**\$500M**

per year

## Viral hepatitis funding

- **< 1/10<sup>th</sup> of what we need**
- Missing big donor for viral hepatitis & harm reduction

**\$188M**

in 2018

## Harm reduction

- Allocated by Global Fund
- Includes NSP, OST & naloxone
- Flat funding: 2018-2020
- **Equivalent to 4¢ per person who injects drugs per day**

# WHAT WE NEED

**\$5B**

per year

To eliminate viral hepatitis by 2030

**\$2.3B**

per year

Estimated global need

**\*Prioritize viral hepatitis coinfections in PEPFAR (& Global Fund) strategies**

# NEW FUNDING FOR COVID-19

## Global Fund Response: At a Glance

- ▶ Total funds approved to date: **US\$980 million**
- ▶ Countries receiving Global Fund support for COVID-19: **106** countries and **14** multicountry programs
- ▶ Total funds raised to date: **US\$259 million**
- ▶ Fundraising target: An additional **US\$5 billion** over 12 months

- **Possibilities to leverage funding for coinfections & harm reduction:** testing, health workforce (peer workers), lab & sample transport infrastructure, data/surveillance

# WHAT DOES PEPFAR 2021 COP GUIDANCE ALREADY SAY ABOUT HEP C?

- Viral hepatitis mentioned **9 times** in COP 2021 guidance.
- **Screening:** “In low-prevalence and concentrated epidemics, HIV testing and counselling is only recommended for adults, adolescents, and children who are: People with sexually transmitted infections, TB, or **viral hepatitis**” (6.3.1.8)
- **Community-based testing:** “Studies show that HIV testing uptake among key populations are highest when combined with testing for TB, STIs, and/or **hepatitis** but somewhat lower when combined with screening for chronic conditions” (6.3.1.9)
- **Diagnosis:** “diagnose and monitor multiple diseases, including HIV and TB but also **hepatitis C**...” References GeneXpert platforms (6.6.1.4)

# WHAT DOES PEPFAR 2021 COP GUIDANCE ALREADY SAY ABOUT HEP C?

- Language related to hepatitis C antibody and viral load testing (section 2.6 Comprehensive Services):

“hepatitis C is particularly deleterious to PLHIV and is curable at a cost that is currently affordable across the globe...hepatitis C is particularly deleterious to PLHIV and is curable at a cost that is currently affordable across the globe. Country teams should work directly with their supply chain activity managers and USAID for forecasting and procuring these test kits and pricing information. If these additional services are funded in the COP as PEPFAR programming, they must be offered without discrimination and user fees must not be charged...”

# WHAT DO WE WANT INCLUDED?

- **Standalone section on viral hepatitis coinfection**
- **PEPFAR should increase funding for harm reduction and a comprehensive package of viral hepatitis services** (including HBV vaccination, NSP, OST, naloxone, DAAs as TasP) for people living with or at risk for HIV
- **Prevention and education activities**
  - **2.3.3 Client-Centered Prevention** → include “people who use and inject drugs and their sexual partners”
  - **6.2 Primary Prevention** → Align with WHO hepatitis guidelines → “...Prevention services should promote health and treatment literacy about viral hepatitis transmission and prevention, should offer linkage to viral hepatitis testing, DAA treatment, and HBV vaccination for people at highest risk, including people who use and inject drugs. In addition, prevention services should advocate and implement a comprehensive package of harm reduction interventions...”
  - “Addressing viral hepatitis coinfections can prevent liver cancers.”
  - “Addressing HBV can prevent hepatitis D” (in which there’s no treatment or vaccine).



# WHAT DO WE WANT INCLUDED?

- **6.3 Case Finding** → PEPFAR can cover the purchase of GeneXpert HCV cartridges, ABBOTT RealTime, and Roche Cobas Taqman HCV assays, sample transport, and laboratory network strengthening to **integrate viral hepatitis testing using existing HIV infrastructure**. PEPFAR can cover training and support for the National AIDS Program and National Viral Hepatitis Program to **update national guidance on diagnostics to move towards simpler, decentralized diagnostics algorithms that include point-of-care testing**.
- **6.3.1.8 Community-Based Testing** → “...Programs should consider incorporating **HIV and HCV antibody self-testing** into community-based testing strategies where appropriate...”
- **6.4 Linkage to Treatment** → “...with highly effective and safe pangenotypic direct-acting antivirals, people with HCV can effectively be cured and not transmit the virus if accurate, appropriate prevention education and access to harm reduction materials are in place. Linkage to early HCV treatment for people who are HIV/HCV can prevent further liver damage and liver cancer and improve HIV and health outcomes...”
- **6.5 Optimizing HIV treatment and care** → include **integration of viral hepatitis into HIV diagnostics algorithm**

# EXCUSES & COUNTER-ARGUMENTS

- **Not part of PEPFAR's mission/priorities**
  - Viral hepatitis is part of “meeting people where they are with what they need” & preventing deaths
- **Asked to do more with less \$**
- **DAA's are too expensive**
- **Won't fund needles/syringes (federal ban)**
  - HCV diagnosis & treatment and optimized harm reduction improve health outcomes for PWID

# THANK YOU!!!

Bryn Gay  
90 Broad Street, Suite 2503  
New York NY 10004

[bryn.gay@treatmentactiongroup.org](mailto:bryn.gay@treatmentactiongroup.org)

Twitter: @TAGTeam\_Tweets; @hepCoalition

[treatmentactiongroup.org](http://treatmentactiongroup.org)

[hepCoalition.org](http://hepCoalition.org)

[mapCrowd.org](http://mapCrowd.org)

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