HAVE A HEART, SAVE MY LIVER!
WHO HAS ACCESS TO THE CURE IN AFRICA?

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CONFERENCE ON LIVER DISEASE IN AFRICA (COLDA)

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Thanks: Médecins du Monde (MdM), as some of the data is from mapCrowd, a crowdsourcing platform codeveloped with MdM.
TOPICS

- HCV treatment access barriers in Africa
- Current DAA registration
- HCV treatment restrictions
- Recommendations
KEY TAKEAWAYS

- Despite voluntary licensing agreements, access to **generic pangenotypic** DAAs is not happening across African countries.

- Delays in registration for DAAs continue to obstruct availability and access.

- Treatment restrictions, including sobriety; prescriber; and fibrosis restrictions pose access barriers and should be removed.

- Key populations -- people living with HIV or HBV coinfections, people who use and inject drugs, men who have sex with men, incarcerated people, and sex workers -- have highest burden of HCV infections and need to be prioritized in national plans.

- #WorthTheCure campaign launched to address remaining treatment barriers.
HBV & HCV NEW INFECTIONS & MORTALITY BY REGION

Source: WHO Progress Report on HIV, Viral Hepatitis, and STIs 2021
Generic DAAs can cost <$100/12-week treatment course

- **Drug registration gap**
  - Failure of Pharma to provide data to regulatory authorities to aid in registering DAAs
  - Limited resources to review regulatory dossiers
  - HCV not prioritized & lack of political will to accelerate supply of generic DAAs despite voluntary license agreements
  - Resulting in low demand for DAAs, and lack of commercial interest by generic companies

- **Treatment rationing & restrictions**
  - Based on fibrosis – liver disease stage (limiting access to DAAs to people with advance Fibrosis, i.e., F3/F4)
  - Sobriety restrictions (requiring people to abstain from drugs/alcohol as a precondition for treatment access)
  - Prescriber/specialist restrictions (only hepatologists/infectious diseases specialists etc. can prescribe treatment)

- **Other health systems barriers**
Registration of Branded Sofosbuvir-based DAAs Under Gilead’s Voluntary Licenses

Source: mapCrowd data 2021
There are 27 countries where generic sofosbuvir-based DAAs are registered out of 105 countries in the Gilead voluntary licenses.

Source: mapCrowd data 2021
COMPARISON OF TREATMENT RESTRICTIONS

Countries with Fibrosis restrictions
- Countries with Fibrosis restrictions
- Countries with no Fibrosis restrictions
- Countries with no data on Fibrosis restrictions
- No data

Countries with Sobriety restrictions
- Countries with Sobriety restrictions
- Countries with no Sobriety restrictions
- Countries with no data on Sobriety restrictions
- No data

Countries with Prescriber restrictions
- Countries with Prescriber restrictions
- Countries with no Prescriber restrictions
- Countries with no data on Prescriber restrictions
- No data

Source: mapCrowd data 2021

CONFERENCE ON LIVER DISEASE IN AFRICA
RECOMMENDATIONS

- International community & governments: Strengthen an African regional regulatory authority to speed up pending filings

- Governments: Through procurement agencies, pool procurement of DAAs with COVID-19, HIV, TB, and malaria medications relevant to the national epidemiological profiles

- African CDC and all Ministries of Health: review national hepatitis plans to remove all treatment restrictions

- Governments: Make use of all legal TRIPS flexibilities, including compulsory licenses and patent oppositions to complement access to generics

- Governments: Leverage HIV; reproductive/sexual health; and harm reduction infrastructure and funding to include HCV in the Global Fund & PEPFAR country proposals
QUESTIONS OR NEW DATA?

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