

DIAGNOSTICS TO SUPPORT ELIMINATION OF HEPATITIS C

Chronic hepatitis C has surpassed HIV as a leading cause of death in many countries. Access to new therapies that can cure over 95% of people is transforming the prospect of ending the HCV epidemic – but to achieve WHO 2030 elimination targets it is crucial to increase the number of people who are diagnosed and link them to treatment. We need new, affordable, point-of-care diagnostics, coupled with integration into existing testing pathways for diseases like HIV, and decentralization into harm reduction services to increase the number of patients who know their status and seek care. If we fail, transmission rates will continue rising.

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FAST FACTS

The development of a diagnostic test to identify an unknown, blood-borne virus led to the discovery of hepatitis C virus (HCV) in 1989.¹

HCV is one of the world's most common infectious diseases, usually contracted through unsafe healthcare and injection drug use.

Globally, over 70 million people are chronically infected, of whom 2 million are also living with HIV. HCV is responsible for around 400,000 deaths per year, and the mortality rate is increasing. More than 80% of people with HCV live in low- and middle-income countries (LMICs).²⁻⁴

Despite its high prevalence, morbidity and mortality, only 20% of people infected with HCV have been diagnosed, and only 7% have received treatment worldwide. In LMICs, rates of diagnosis and treatment are even lower.^{5,6}

However, the number of people who initiated direct-acting antiviral (DAA)-based treatment for HCV globally rose between 2015 and 2016, from approximately 1 million to 1.5 million.⁷

Few countries have updated their national guidelines with a simplified testing algorithm, or have concrete scale-up plans for HCV that operationalize the WHO HCV diagnosis targets.

Where they exist, HCV screening and diagnosis remain largely centralized and siloed, due to a lack of point-of-care diagnostics.

FIND HEPATITIS C STRATEGY

Our strategy is focused on slowing disease transmission, and reducing the morbidity, mortality and socio-economic impact of viral hepatitis at individual, community and population levels.

Support development of affordable, fit-for-purpose diagnostics	Enable access to diagnosis	Support the prevention of infection	Demonstrate the need and benefit of interventions for hepatitis C
Reduce new HCV infections and mortality, especially in those co-infected with HIV			
Drive cost-saving, effective integration of HCV care into HIV diagnostics and public health programmes			
Decrease healthcare costs associated with undiagnosed and untreated HCV			Champion HCV prioritization, especially for people living with HIV, in the national agendas and budgets of high-burden countries
Define the HCV diagnostics market, stimulating increased competition among manufacturers that result in higher investments in R&D and competitive prices			Drive policy change and simplification of HCV testing algorithm

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 4. World Health Organization. Press release 2016. www.who.int/hiv/mediacentre/news/hep-hiv-coinfected/en/ (accessed 27 June 2018)
 5. World Health Organization. Global hepatitis report 2017. www.who.int/hepatitis/publications/global-hepatitis-report2017/en/ (accessed 27 June 2018)
 6. World Health Organization. Status report: global response to the strategic framework, 2017. http://regist2.virology-education.com/presentations/2017/4thIVHEM/02_Hutin.pdf (accessed 11 July 2018)
 7. World Health Organization. Progress report on access to hepatitis C treatment, March 2018. <http://apps.who.int/iris/bitstream/handle/10665/260445/WHO-CDS-HIV-18.4-eng.pdf?sequence=1> (accessed 29 June 2018)

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