Launch of public health partnership to tackle the silent epidemic of hepatitis C in low- and middle-income countries

*Hepatitis C PACT* will work in Latin America, Asia, Africa, and Eastern Europe – collaborating with ‘champion countries’ that are already revolutionizing hepatitis care.

Geneva, Paris, New York – 27 July 2021 – The Drugs for Neglected Diseases initiative (DNDi), Médecins Sans Frontières (MSF), FIND, the global alliance for diagnostics, and the Treatment Action Group are joining forces to tackle a ‘silent’ public health injustice: the continuing disparities in access to diagnostics and treatment for the hepatitis C virus (HCV) in low- and middle-income countries (LMICs), home to 75% of those living with this viral illness.

The Hepatitis C Partnership for Control and Treatment, or *Hepatitis C PACT*, will foster an enabling environment for testing and treatment for HCV in LMICs by rolling out all-oral cures, scaling up community-based testing to find the missing millions of undiagnosed people, and addressing domestic financial challenges that prevent the launch of national programmes. It will also tackle patent and access barriers that stand in the way of reaching World Health Organization (WHO) goals of controlling hepatitis C by 2030.

Through its cumulative expertise and independence, the new partnership will build collaborations with countries and community and civil society groups and develop evidence to support ambitious test-and-treat programmes while addressing HCV financing obstacles.

Our organizations already have a successful track record in supporting test-and-treat programmes in ‘champion countries’, such as Cambodia, India, and Malaysia. The *Hepatitis C PACT* will make best use of countries’ strategic capacity to increase access to HCV care globally.

“In Malaysia, we have a collaborative partnership between government, non-governmental organizations, and civil society to reach the 400,000 people living with hepatitis C in our country. We have shown that we can make a difference with sustained financing, rolling out simpler diagnostic tests, and ensuring access to the best prices for treatments,” said Dr Noor Hisham Abdullah, Director General of Health, Ministry of Health, Malaysia. “Investing in public health partnership approaches, as in the case of the hepatitis C, saves people’s lives, saves costs in national budgets, proves cost-effective, and shows significant returns on investment.”

HCV can lead to chronic liver disease, cirrhosis, cancer, and death. Of the 58 million people with chronic HCV, an estimated 9.4 million people have been effectively cured. Twelve LMICs account for half the treatment uptake, with one country, Egypt, treating 4.4 million people.

The *Hepatitis C PACT* will address four key areas responsible for such a low rate of access to testing and treatment – concentrating on boosting access to both polymerase chain reaction (PCR) testing and newer-generation hepatitis C drugs called direct-acting antivirals (DAAs). DAA treatments can cure patients in two to six months but non-generic versions have come with an infamously high price tag.
The partnership will focus on:

1. **Increasing awareness among decision-makers**: There is insufficient knowledge about HCV control among policymakers and other leaders. The partnership will generate key evidence on hepatitis C diagnosis and linkage to care, including in sexual health and harm reduction settings, advocate for policy change, raise awareness that the disease can be controlled, and provide community education.

2. **Developing financing mechanisms for viral hepatitis strategies**: Currently there is insufficient domestic and global financing for HCV control. A new financing working group comprising representatives from over a dozen agencies will identify and design sustainable financing mechanisms for DAAs and diagnostics to support and catalyse global and domestic resources in priority countries.

3. **Supporting simplified viral hepatitis diagnostics**: There is a need for simplification of the diagnosis of the chronic hepatitis C infection. The development of simple and affordable of such diagnostic tools will be prioritized, enabling decentralization of mass testing strategies.

4. **Supporting access to simple and affordable DAA treatments for HCV in high-burden LMICs**: Despite decreases, DAA prices are generally too high to support large scale-up of treatment. The partnership will improve access to DAAs approved by WHO using a successful public-private partnership approach recently deployed in Malaysia for the approval of ravidasvir, a new DAA.

The **Hepatitis C PACT** is being launched with financing from MSF’s Transformational Investment Capacity initiative, with the objective of increasing access to treatment for HCV patients in LMICs.

**Bryn Gay, HCV Project Director at Treatment Action Group** said: “We have a unique opportunity to cure hepatitis C in our lifetimes, and often investments in HCV opens the door for expanded prevention and harm reduction services in resource-limited countries. We’re excited that the **Hepatitis C PACT** can build on our successful track record of strengthening treatment and diagnostics literacy, which ensures affected communities can meaningfully and equitably participate and inform national hepatitis responses.”

**Mickaël Le Paih, MSF Head of mission in Cambodia** said: “MSF has been working with Cambodia's Ministry of Health since 2016 to enable access to treatment, simplify hepatitis C care, and integrate this model in routine health services. The cure rate for thousands of patients remained over 97% for patients treated in tertiary level clinics or primary health care centres. We have shown through our collaboration with the Cambodian Communicable Disease Control Department and through peer-reviewed reports that such a model of HCV care allows rapid scale-up while maintaining a high quality of care, mostly delivered by trained nurses. Communicable diseases such as HCV can be controlled through supporting state-run response programmes.”

**Graciela Diap, HCV Access Project Leader at DNDi** said: “HCV care and treatment remains significantly underfunded globally and nationally. Our partnership aims to build the investment case and the political will that can successfully mobilize additional global and domestic resources for HCV programmes. Securing political will and domestic resources can set the foundations for ensuring sustainable financing for HCV. We will underpin this work with sound policies that improve access to DAAs and diagnostics.”
Sonjelle Shilton, Hepatitis Lead at FIND said: “Boosting HCV testing to find the missing millions of people who don’t know they are infected and simplifying their path to treatment requires a multi-faceted approach. Drawing on the strengths of multiple partners including the Malaysian government and DNDi, we have already been able to demonstrate the benefits of making both diagnosis and treatment available in primary care clinics. Patients in Malaysia now have access to a one-stop-shop for HCV care at 200 primary care clinics across the country, and we have seen the number of people on HCV treatment increase from 300 per year in 2013 to 3000 per year in 2019. Partnerships in the Hepatitis C PACT will build on successes such as these as we continue to work together to defeat this disease.”

The Hepatitis C PACT welcomes additional collaborators to join the effort, particularly investors and development banks. If you are interested, please contact Greg S Garrett, Director of Business Development and HCV Financing Lead at DNDi. ggarrett@dndi.org

# # #

Press contacts:

Bryn Gay, HCV Project Director, Treatment Action Group
bryngay@treatmentactiongroup.org

Assia Shihab, Press Relations Manager, MSF
assia.shihab@paris.msf.org

Ilan Moss, Head of Media and Content, DNDi
imoss@dndi.org

Natalie Jotikasthira, Communications Officer, FIND
Natalie.Jotikasthira@finddx.org

About TAG
Treatment Action Group (TAG) is an independent, activist, and community-based research and policy think tank committed to racial, gender, and LGBTQ+ equity; social justice; and liberation, fighting to end HIV, tuberculosis (TB), and hepatitis C virus (HCV). TAG catalyzes open collective action by affected communities, scientists, and policymakers to ensure that all people living with or impacted by HIV, TB, or HCV — especially communities of color and other marginalized communities experiencing inequities — receive life-saving prevention, diagnosis, treatment, care, and information. We are science-based activists working to expand and accelerate vital research and effective community engagement with research and policy institutions for an end to the HIV, TB, and HCV pandemics. For more information: www.treatmentactiongroup.org
About MSF
Doctors without Borders/Médecins Sans Frontières (MSF) provides medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Founded in 1971, MSF is today a worldwide movement of nearly 65,000 people. Our teams are made up of tens of thousands of health professionals, logistic and administrative staff allowing us to intervene in more than 70 countries. For more information: www.msf.org

About DNDi
The Drugs for Neglected Diseases initiative (DNDi) is an international non-profit research and development (R&D) organization that discovers, develops, and delivers safe, effective, and affordable treatments for the most neglected patients, in particular for sleeping sickness, leishmaniasis, Chagas disease, filarial infections, mycetoma, paediatric HIV, hepatitis C, and COVID-19. Since its inception in 2003, DNDi has delivered nine new treatments, including fexinidazole, the first all-oral drug for sleeping sickness. For more information: www.dndi.org

About FIND
FIND, the global alliance for diagnostics, seeks to ensure equitable access to reliable diagnosis around the world. We connect countries and communities, funders, decision-makers, healthcare providers and developers to spur diagnostic innovation and make testing an integral part of sustainable, resilient health systems. We are working to save 1 million lives through accessible, quality diagnosis, and save US$1 billion in healthcare costs to patients and health systems. We are co-convener of the Access to COVID-19 Tools (ACT) Accelerator diagnostics pillar, and a WHO Collaborating Centre for Laboratory Strengthening and Diagnostic Technology Evaluation. For more information: www.finddx.org