

# Approaches to uptake of hepatitis C medicines

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March 2017

- Donor funding: large role in H/T/M treatment (e.g., GF, PEPFAR, PMI)
  - Consistent treatment approach across countries: easier to implement standardized treatment
  - Procurement efficiencies; market shaping possible
  - Lower barriers to uptake; quicker decision to commence access programmes at ground level
  - Creates sense of urgency
  - Better M&E
  - **Makes the impossible possible**
    - **NPV\* of HIV treatment programmes at \$1/day at = ~\$20,000/person**

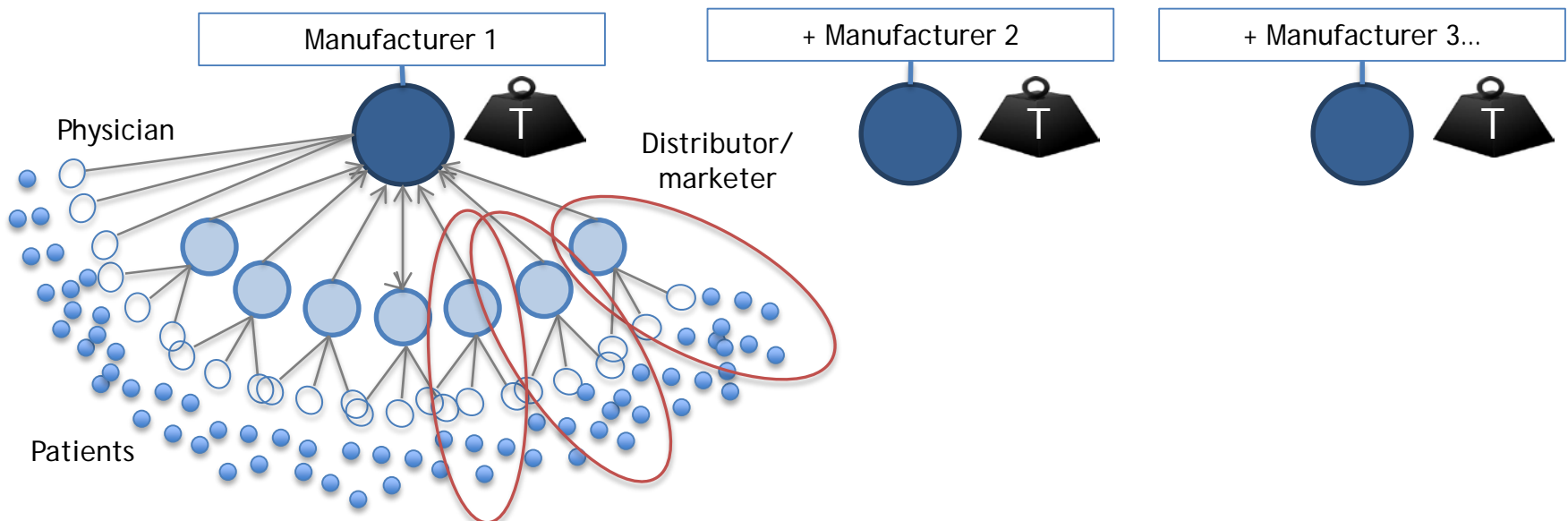
- Sustainable donor funding can kick start robust uptake and have a strong market making/shaping impact for hepatitis treatment too
- There is a beginning...
- Multiple projects underway: individual countries and notably UNITAID initiatives (FIND, MSF); CHAI-PharmAccess
  - Very important to create ecosystem of HCV treatment
- Meanwhile, are there approaches that may work synergistically and help achieve scale faster?

- A significant pool of PLHCV are self financing treatment already
  - Difference vs HIV: short term treatment and lower cost
- Target total cost of HCV treatment: \$500 (diagnostics + treatment)<sup>1</sup>
- Within range if not lower already
  - One time cost (remember HIV was \$20,000/person)
- 150K+ treatments of DAC distributed in 12 months ending Dec-16\*
- SOF: ~350-400K treatments in LMICs
- Volumes at this scale: just about ~1 ton/month for the industry: small for substantial cost optimization/reduction
  - Need: garner large volumes

\*preliminary data; under verification

<sup>1</sup><https://www.ncbi.nlm.nih.gov/pubmed/25482139>

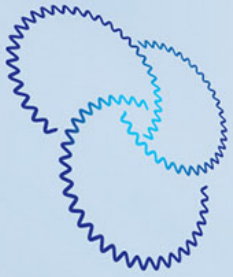
- Reach as many PLHCV as possible through multiple marketing/distribution companies and physicians
- Channel demand to manufacturers (fewer): consolidation
- Increase volumes in hand of each manufacturer, unleashing cost optimization
  - Will make treatment even more attractive for donor funding



- GPRO Fund



- Online platform to ramp up scale and improve transaction efficiencies
- Hepatitis (B&C) drugs and diagnostics
- Pre-requisites: only licensed medicines, SRA/WHO PQ
- Also includes elements of forecasting, payment security (escrow driven), financing for certain countries
- Country list aligned with MPP-BMS and Gilead licences



medicines  
patent  
pool

THANK YOU

