

# Viral hepatitis globally – the patient view

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This is **hepatitis...**



# The World Hepatitis Alliance

- Established in 2007 in Switzerland to run World Hepatitis Day
- Consists of 176 member patient groups in 65 countries
- Groups in each region elect a Regional Board Member
- Regional Board Members elect the president
- All the executive board members (including the president) must be patients and are not paid
- 4 Non-executive board members: chair of US NVHR, co-ordinator of Senegalese viral hepatitis programme, CEO of Hepatitis Australia, Director of HIV Department WHO.
- In Official Relations with WHO and Consultative Status with UN ECOSOC



# The major issues

- We feel ignored!
- Viral hepatitis not included in MDGs
- Until 2010 not one WHO employee (out of 8,000) had hepatitis in their job title. Even now the Global Hepatitis Programme has 3 people and sits inside the HIV department at WHO
- Very few governments have a plan to tackle hepatitis
- Access to good drugs has been extremely poor with far too much use of Lamivudine, failure to register Tenofovir for HBV (though registered for HIV) and HCV drugs too expensive
- The vast majority of us are undiagnosed

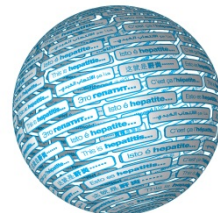


# The major issues

| 2010 Global Burden of Disease<br>(Lancet Dec 2012) | VIRAL HEPATITIS  | HIV/AIDS         | TB               | MALARIA          |
|--|------------------|------------------|------------------|------------------|
| ASIA PACIFIC TOTAL                                 | 1,012,873        | 304,628          | 827,567          | 106,729          |
| AMERICAS TOTAL                                     | 109,025          | 74,019           | 25,044           | 1,268            |
| EUROPE TOTAL                                       | 123,818          | 82,009           | 35,803           | 0                |
| AFRICA & MIDDLE EAST TOTAL                         | 198,838          | 1,004,712        | 307,576          | 1,061,501        |
| <b>TOTAL</b>                                       | <b>1,444,554</b> | <b>1,465,368</b> | <b>1,195,990</b> | <b>1,169,498</b> |

We are dying

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# Post 2015 Sustainable Development Goals

- The inclusion of HIV, TB and malaria in the MDGs led to the Global Fund and other major funding sources (UNITAID, PEPFAR etc)
- Health will be much less prominent in the SDGs post 2015
- Most likely one goal – universal access to healthcare
- Possibility of HIV, TB, malaria, NCDs morbidity/mortality as indicators
- Essential that hepatitis is included if HIV, TB etc are included
- Liver cancer now second most common cause of cancer mortality
- Chris Wild, IARC Director: “We cannot treat our way out of the cancer problem. More commitment to prevention ...is desperately needed.”



# WHO

- WHO Global Hepatitis Programme very under-resourced (3 staff vs 55-90 for each of HIV, TB, malaria)
- But offers possibility of using HIV staff for hepatitis globally
- Need for full-time focal person in each Regional Office
- Absolute need to rename department/cluster to include 'hepatitis'
- STAC-HEP
- Member State activity at WHO 2013
  - Side meeting at 66<sup>th</sup> World Health Assembly
  - Draft resolution



# WHO EB 134.R18

- Sponsored by 14 countries
- (OP) 2. REQUESTS the WHO's Director-General:
  - (3) in consultation with Member States, to develop a system for regular monitoring and reporting on the progress in viral hepatitis prevention, diagnosis and treatment;
  - (7) to examine the feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C with a view to potentially setting global targets;
  - (10) to lead a discussion and work with key stakeholders to facilitate equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics;







# Access

Elements of access:

- Access to testing
- Access to assessment
- Access to prescribers
- Access to monitoring
- Regulatory/licensing
- Distribution
- Price



# Access

## Access strategies:

- Differential pricing
- Licence agreements to generic manufacturers
- Medicines Patent Pool
- Local manufacturing in patent-free countries (freedom to operate)
- Patent opposition and local manufacturing
- Compulsory licensing



# Some questions

- HCV as a new access paradigm?
- Global funding?
- How to make hepatitis a priority health issue?
- How to make hepatitis strategies affordable for Governments?
- How to monitor progress?

