A GLOBAL SNAPSHOT OF HCV TREATMENT ACCESS (AND CORRECTIONS)

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Incarceration in the United States

- 2.3 million people in prisons and jails
- Highest per capita incarceration rate in the world: 750/100,000
- More than 1 in every 100 adults is now incarcerated
- 1 in 37 adults have been incarcerated

So, We’re Still Number 1 (at Something)
Global HCV+ Prevalence in Corrections

- Middle East and North Africa
- South Asia
- Latin America
- Sub-Saharan Africa
- United States
- Eastern Europe
- East and Southeast Asia
- Global
- Western Europe
- Australia
- Central Asia

Who is Working on Access in LMICs?

- Médecins Sans Frontières
- Médecins du Monde
- Treatment Action Group
- Open Societies Foundation
- I-MAK (Initiative for Medicines, Access, Knowledge)
- UNITAID
- hepcoalition.org

- No Global Fund, PEPFAR, Clinton Initiative,...
Voluntary Licensing – Who’s Left Out?

[Map showing countries excluded and included in Gilead’s license]

Price of Sofosbuvir in Select Countries

England ~ $52,000
Germany ~ $46,000 (€43,562.52)
France ~ $44,000 (with graduated tax after certain volume)
Portugal ~ $26,500

Egypt, India, Mongolia - $900
Nepal, Bangladesh - $840

Brazil - $7,000
WHO Guidelines

- 2012 – Guidance on Prevention of HBV and HCV among PWID
- 2013 – Global Policy report on Prevention and Control of VH
- 2014 – Guidelines for Screening, Care and Treatment for HCV
- 2015 – Guidelines for Prevention, Care and Treatment for HBV
Australia - SToP-C Trial

Surveillance and Treatment of Prisoners With Hepatitis C (SToP-C)

This study is not yet open for participant recruitment. (see Contacts and Locations)
Verified May 2014 by Kirby Institute
Sponsor: Kirby Institute
Information provided by (Responsible Party): Kirby Institute

ClinicalTrials.gov Identifier: NCT02064049
First received: February 12, 2014
Last updated: May 1, 2014
Last verified: May 2014
History of Changes

Purpose

The purpose of the study is to assess how feasible it is to treat and prevent the transmission of Hepatitis C in the prison setting to achieve substantial reductions in the incidence and prevalence of Hepatitis C. It is hypothesised that a rapid scale-up of Hepatitis C Virus (HCV) treatment with interferon-free Direct Acting Anti-virals (DAAs) in prison inmates will achieve a >50% reduction in the incidence of HCV infection over a two year period in the prison setting.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Intervention</th>
<th>Phase</th>
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<tbody>
<tr>
<td>Hepatitis C</td>
<td>Drug: Sofosbuvir and ribavirin</td>
<td>Phase 4</td>
</tr>
</tbody>
</table>
Australia - STOP-C

Components
- Surveillance
- Evaluate effectiveness and cost-effectiveness of TasP in prisons
- Evaluate patient and provider attitudes and barriers towards INF-free therapy and HCV TasP in prison setting
- Model potential impact of TasP strategies in the prison setting on the community (including cost-effectiveness)

Factors for Success
- Strong partnerships and support from pharma, prisons, policymakers and community – stakeholder workshop early on in project
- Established, successful nurse-led model of care and treatment
- Will require buy-in from prisoners and guards
- Will require substantial scale-up of assessment/treatment
France

- Prevalence – 4.8% (Women - 11.8%; Men – 4.5%) \(^{14}\)

- Among prisoners with chronic hepatitis C, approximately half (41%) had undergone an evaluation for fibrosis by invasive or non-invasive methods in the previous 12 months and 36% were currently receiving treatment. (44% ever treated) \(^{14}\)

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England

- Recently, NHS agreed to universal opt-out testing for HCV (plus HBV and HIV) for all new receptions in prison.

- Some treatment in prisons - dependent on motivated clinicians.

- Healthcare is supposed to be no different from healthcare outside (so in theory anyone with HCV is eligible irrespective of disease state).

- Some education and prevention messages.
Recently started screening, diagnostic and treatment in prisons. CDC is a partner.

Screening -> HCV positive -> qualitative PCR -> genotyping and FibroScan.

Commission (comprised of prison staff, civil society and patient representatives) then decides on inclusion.

2 sets of criteria: Administrative (sentence duration) and clinical (F2 or greater)

G1b = 21.7%, G2a-c = 28.6%, G3a = 49.7% (Source: Ministry of Corrections, sample: 304)

F0-f1 = 53.28%, F2-F3 = 39.17%, F4 = 7.54%, (Source: Ministry of Corrections, sample: 822)
Republic of Georgia

- Treatment program is entirely funded by Georgian state budget.

- Significant discount for PEG-INF: $93 per vial ($4464 for 48W treatment).

- Ministry has produced videos and brochures that are disseminated among prisoners.

- OSF has funded training of ID specialists and supported program staff and clinicians for a study visit to French prisons. Harm reduction is the next stage of cooperation with the ministry.

- Government is in talks with Gilead for negotiating price for sofosbuvir. Hope is for government to approach all the producers of available/soon to be available DAAs.
Kenya

- HIV prevention education, testing and treatment. No programs exist for HCV in Kenyan correctional facilities.

- UNITAID grant to MSF to treat HCV coinfection—Kenya, Mozambique (India, Iran, Myanmar, and Ukraine)
Mongolia

- 2014 - Hepatitis Prevention, Control and Elimination Program
- Very high HCV and HBV prevalence
- Ambitious Goal to Eliminate HCV by 2020
- Population 2.3 million; 8,000 prisoners
And Now There’s Hope(tavir)