

# A PARTNERSHIP TO EXPAND ACCESS TO LIFESAVING TESTING AND TREATMENT FOR HEPATITIS C

The Hepatitis C Partnership for Control and Treatment, or **Hepatitis C PACT**, comprises the Drugs for Neglected Diseases *initiative* (DNDi), Médecins Sans Frontières (MSF), FIND – the global alliance for diagnostics, and the Treatment Action Group (TAG).

**Launched in July 2021, Hepatitis C PACT aims to tackle ongoing disparities in access to diagnostics and treatment for hepatitis C virus (HCV) in low-and middle-income countries (LMICs), home to 75% of people living with the viral illness.**

Hepatitis C PACT will work with HCV stakeholders in target countries to foster an enabling environment for HCV testing and treatment **by rolling out all-oral cures, scaling up community-based testing** to help find the missing millions of undiagnosed people, and addressing domestic financial challenges that may prevent the launch and scale-up of national programmes. At the same time, it will **tackle patent and access barriers** that stand in the way of reaching the World Health Organization (WHO) goals of controlling hepatitis C globally by 2030.

**To achieve this, the partnership will build collaborations** with ministries of health, national and provincial programmes, community and civil society groups, and others involved in HCV advocacy.

## These collaborations aim to:

- ▶ Generate evidence on operational experience with HCV test-and-treat programmes, in different countries — to strengthen knowledge and best practice, and inform the development of advocacy tools for national and global use; and
- ▶ Mobilize the resources and commitment needed to scale-up and sustain HCV test-and-treat programmes and address obstacles to financing for HCV.



Credit: Abang Amirul Hadi-DNDi

In partnership with:





Credit: Felco Calderin

Hepatitis C PACT will address four key areas needed to improve access to test-and-treat in LMICs – concentrating on boosting access to both polymerase chain reaction (PCR) testing and newer-generation HCV drugs called direct-acting antivirals (DAAs).

### 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 HCV diagnosis and linkage to care, including in sexual health and harm reduction settings, advocate for policy change, provide community education, and raise awareness that the disease can be controlled and that testing and treatment can generate long-term cost savings for health systems.

#### 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 organizations, will identify and design sustainable financing mechanisms that facilitate the implementation of national investment plans including DAAs and diagnostics' procurement and use in the field.

#### 3. Supporting simplified viral hepatitis diagnostics

There is a need to simplify the diagnosis of chronic HCV infection. The partnership is prioritizing the development and scale-up of simple and affordable diagnostic tools, in particular PCR testing needed to enable decentralized mass-testing strategies.

#### 4. Supporting access to simple and affordable DAA treatments for HCV in high-burden LMICs

Despite some decreases, DAA and diagnostic prices are generally too high to support large scale-up of treatment and are an impediment to ambitious testing campaigns. The partnership will improve access to quality-assured DAAs, building upon a successful public-private partnership approach [recently deployed in Malaysia for the approval of ravidasvir](#), a new DAA.

# HEPATITIS C PACT WILL SUPPORT COUNTRIES IN THE DESIGN AND IMPLEMENTATION OF AMBITIOUS PROGRAMMES TO SCALE-UP TEST AND TREATMENT FOR HCV BY:

**1. Analysing specific access obstacles for HCV diagnosis and treatment that prevent the roll-out of test-and-treat programmes in target countries, provinces, or areas. This will include challenges such as those related to demand, supply, financing, and prioritization of high-risk groups.**

**2. Working with countries and other stakeholders to identify the successive or parallel steps required for the implementation of successful HCV programmes, such as:**

- ▶ Needs assessment: these will be conducted by local implementation partners and partner country governments with the goal of (i) compiling complete and up-to-date information on the HCV burden, treatment, and diagnostics within each country and (ii) assessing the presence or absence of strategies, plans, and related budget allocations for HCV elimination within each country
- ▶ Design of HCV national strategies or plans
- ▶ Development of national HCV investment plans
- ▶ Definition of national goals and targets in accordance with national priority setting, resource mobilization, and capacity
- ▶ Development of national guidelines for diagnosing and treating HCV, building from WHO [guidelines for HCV care and treatment](#) and [recommendations on HCV self-testing](#)
- ▶ Resource mobilization: Following the design of financing mechanisms at the national level and investment cases, Hepatitis C PACT will work with

partners to identify and facilitate engagement with relevant funders. Once the investment case is agreed by a country, the partnership will organise a call for funding in collaboration with development banks, institutional funders, and philanthropists.

▶ Allocation of budgets for HCV

▶ Monitoring progress in scale-up of programmes

▶ Support policymakers to use tools such as the [Hep C Calculator](#), an interactive tool to evaluate the cost-effectiveness of testing and DAA treatment for HCV, in their efforts to build an economic case for national HCV strategies.

**3. By increasing knowledge and application of best practice, as learnt in countries where MSF, FIND, TAG, and DNDi have implemented pilot programmes, related to:**

▶ Simplification of HCV testing and treatment (for example, in [Cambodia](#) and in [Myanmar](#), as well as [HEAD-Start simplifications in Georgia, India, and Myanmar](#))

▶ Integration of testing, care, and treatment with harm-reduction and other services (for example, in [Kenya](#) and [Pakistan](#))

▶ Decentralization of models of care to community or primary healthcare level (for example, through [national screening campaigns](#) and [self-testing initiatives](#) in Malaysia and [Pakistan](#))

▶ Community mobilization to advocate for better access to care for patients living with HCV (for example, in [Georgia](#), in [Malaysia](#), and in [South Africa](#)).

## IN FOCUS: Developing national HCV investment plans

Building on country needs assessments, Hepatitis C PACT will support the development of national investment plans for HCV elimination in target countries. These plans will include (i) costing resources required per year until 2030 to achieve elimination; (ii) benefit-cost ratios for HCV elimination, and (iii) recommendations on appropriate blended finance mechanisms that can scale-up resourcing for HCV elimination sustainably – from a potential blend of domestic resources and donor, development bank, and private funding sources. To achieve this, in-depth understanding of the maturity of each health system and current domestic resource mobilization efforts for health, as well as for HCV specifically, will be essential. Investment plans will be shared widely with potential donors and investors.

For examples of national HCV strategies or plans, see:

- ▶ [Malaysia 2019-2023](#)
- ▶ [Tanzania 2019-2023](#)
- ▶ [Argentina 2018-2021](#)
- ▶ [Paraguay 2018-2022](#)
- ▶ [Pakistan 2017-2021](#)
- ▶ [Rwanda 2015-2030](#)
- ▶ [Egypt 2014-2018](#)

For examples of existing HCV investment cases, see:

- ▶ [Egypt 2021](#)
- ▶ [Tanzania 2021](#)
- ▶ [Malaysia 2020](#)
- ▶ [Punjab \(India\) 2020](#)
- ▶ [Cambodia 2019](#)
- ▶ [Morocco 2019](#)
- ▶ [WISH 2018](#)
- ▶ [South Africa 2018](#)
- ▶ [Georgia 2016](#)

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### About MSF

Médecins Sans Frontières (MSF)/Doctors without Borders 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:** [msf.org](https://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 our inception in 2003, DNDi has delivered nine new treatments, including fexinidazole, the first all-oral drug for sleeping sickness.

**For more information:** [dndi.org](https://www.dndi.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:** [treatmentactiongroup.org](https://treatmentactiongroup.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-convenor 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:** [finddx.org](https://finddx.org)



Credit: Suriyan Tanasri-DNDi

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