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Yale Report: Millions of People with Hepatitis C Blocked from Obtaining Treatment in Low- and Middle-Income Countries

New Haven, Conn.—Just last week, worldwide leaders came together in Geneva, Switzerland at the World Health Organization to begin to develop a five-year strategy to combat Hepatitis C. The disease, which affects 185 million people worldwide – five times as many people as HIV, predominantly in low-and middle-income countries – has been called a silent epidemic. Now, a new report by Yale’s Global Health Partnership (GHJP), the Treatment Action Group (TAG) and the Initiative for Medicines, Access and Knowledge (I-MAK) warns that global efforts to extend treatment to millions is in peril unless key obstacles to access are confronted immediately.

The report, “Ending an Epidemic: Overcoming Barriers to an HCV-Free Future,” offers a comprehensive strategy for improving access to a new class of medicines for the disease, the directly acting antivirals (DAAs), in low- and middle-income countries and addressing these barriers.

“The new treatments for HCV are a game-changer: they are remarkably effective and have few side effects,” said Christine Monahan ’16, a student at the Yale Law School who co-authored the report. “Unfortunately, they are prohibitively expensive for the vast majority of people who need treatment.”

The strategies used with other diseases, particularly HIV/AIDS, to extend treatments to millions who need it has largely depended on getting less expensive, generic versions of these drugs on the market, by pressuring companies to allow other manufacturers to produce their drugs.

“Millions of patients in need of HCV treatments are in middle-income countries. As we have also seen with AIDS, while big drug companies may allow generic access for low-income countries, they are not willing to relinquish control of these more lucrative markets so easily,” said Tahir Amin, Director of Intellectual Property at I-MAK.

Sovaldi, one of the first new DAAs on the market, costs $1000 a pill or $84,000 for a full course of treatment in the USA. Though its maker, Gilead Sciences Inc., has discounted the price for low- and middle-income countries in some cases, the price is still too high in countries like India where treatment costs about 20% of the average annual income. Yet generic companies could produce the drug for a few hundred dollars for a full course of treatment.

“We are going to need far more aggressive policies and political solutions— including patent oppositions and compulsory licenses—to secure generic access to these drugs around the world,” said Kyle Ragins ’15, a student at Yale’s medical and management
schools and a co-author of the report. “Gilead, AbbVie and others aren’t going to offer these medicines at the prices millions need if they are to get access to them.”

The report also details the other barriers to providing HCV treatment to those who need it. “Even with lower prices, countries can’t cover HCV treatment on their own,” said TAG’s International Hepatitis/HIV Policy and Advocacy Director Karyn Kaplan. “Just as with HIV/AIDS we’re going to need international donors to step up like they did with the Global Fund to Fight AIDS, TB and Malaria, to make HCV treatment a reality for millions around the world.”

“We also need to make it easier to provide treatment around the world by relying less on liver and HCV specialists to provide care and turning towards nurses and community health workers to do so,” added Tracy Swan, TAG’s Hepatitis/HIV Project Director.

The report also details the specific needs of key populations at high risk or with high prevalence of HCV, such as people who inject drugs. “We need a comprehensive approach to treatment of HCV for these individuals, that is integrated with the services they also require to live healthy lives, including needle and syringe exchange programs and opiate replacement therapy” said Sara Heydari, a 2014 graduate of the Yale School of Public Health, who is a co-author of the report.

The new treatments for HCV—unlike those for HIV—provide a complete cure for HCV. This means that eradication of the disease is possible. However, the barriers to access to HCV treatments require major changes in the political landscape.

“The changes we need to see and that are articulated in the report require activism, civil society needs to pressure governments, corporations, and international organizations to take the actions necessary to make HCV treatment accessible for all,” said Allana Kembabazi ’15, a Yale Law School student who co-authored the report.

Retired American schoolteacher Pam Anderson, who recently finished her course of HCV treatment and whose story is featured in the report, summed up what’s at stake in the fight for access to HCV treatment: “I was fortunate to have the combination of an excellent doctor, insurance and support from a non-profit organization. Without these kinds of safety nets, treatment—and hope—are not available to many HCV patients. Now, six months post treatment I am still undetectable. Thanks to this new drug my whole life and psyche have changed—my health is no longer deteriorating, I am not constantly waiting for the other shoe to fall and I am no longer afraid to make long-range plans. It is possible to eradicate this epidemic with adequate funding and accessibility. Hopefully, it will soon become a reality that all HCV patients will have the opportunity to be treated.”

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