



A Brief Summary on the Elimination of HCV in Asia

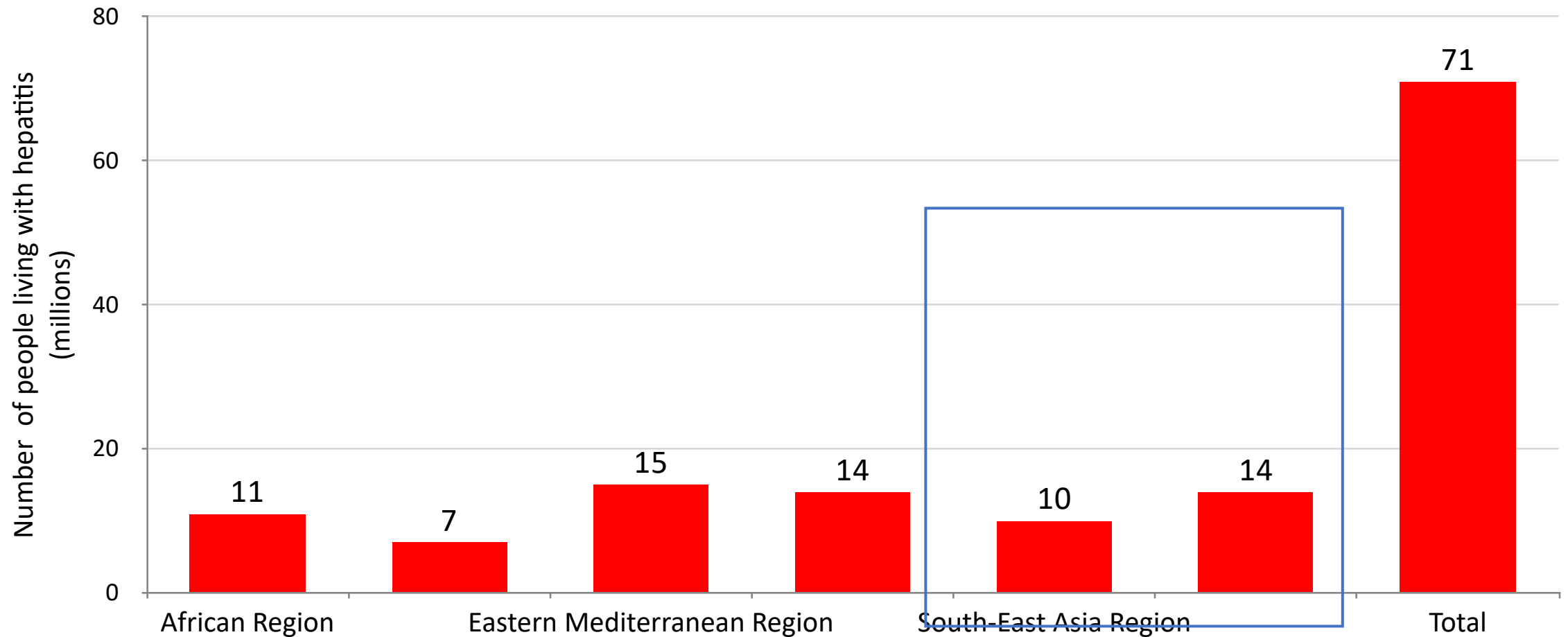
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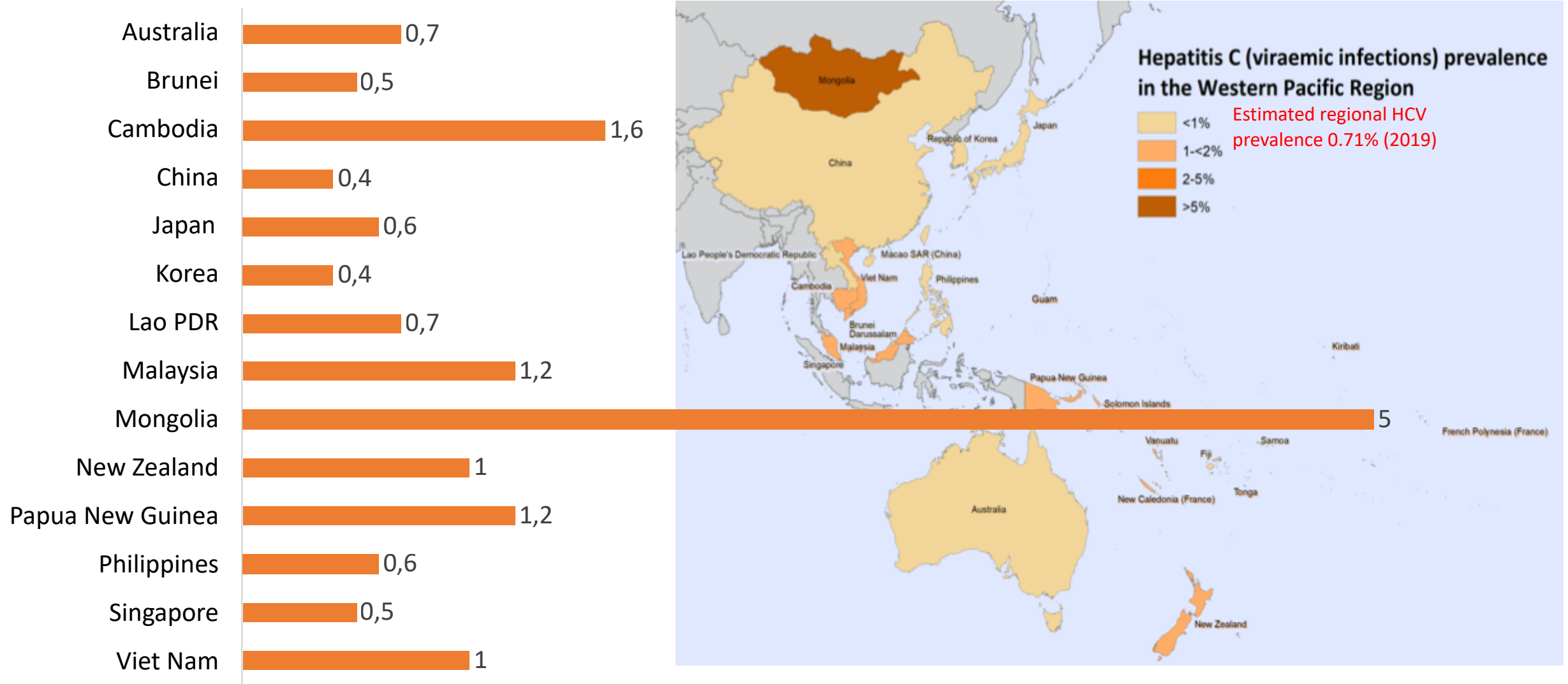


**Of the 71 million people living with HCV globally,
34% (24 million) live in the WPR & SEAR**



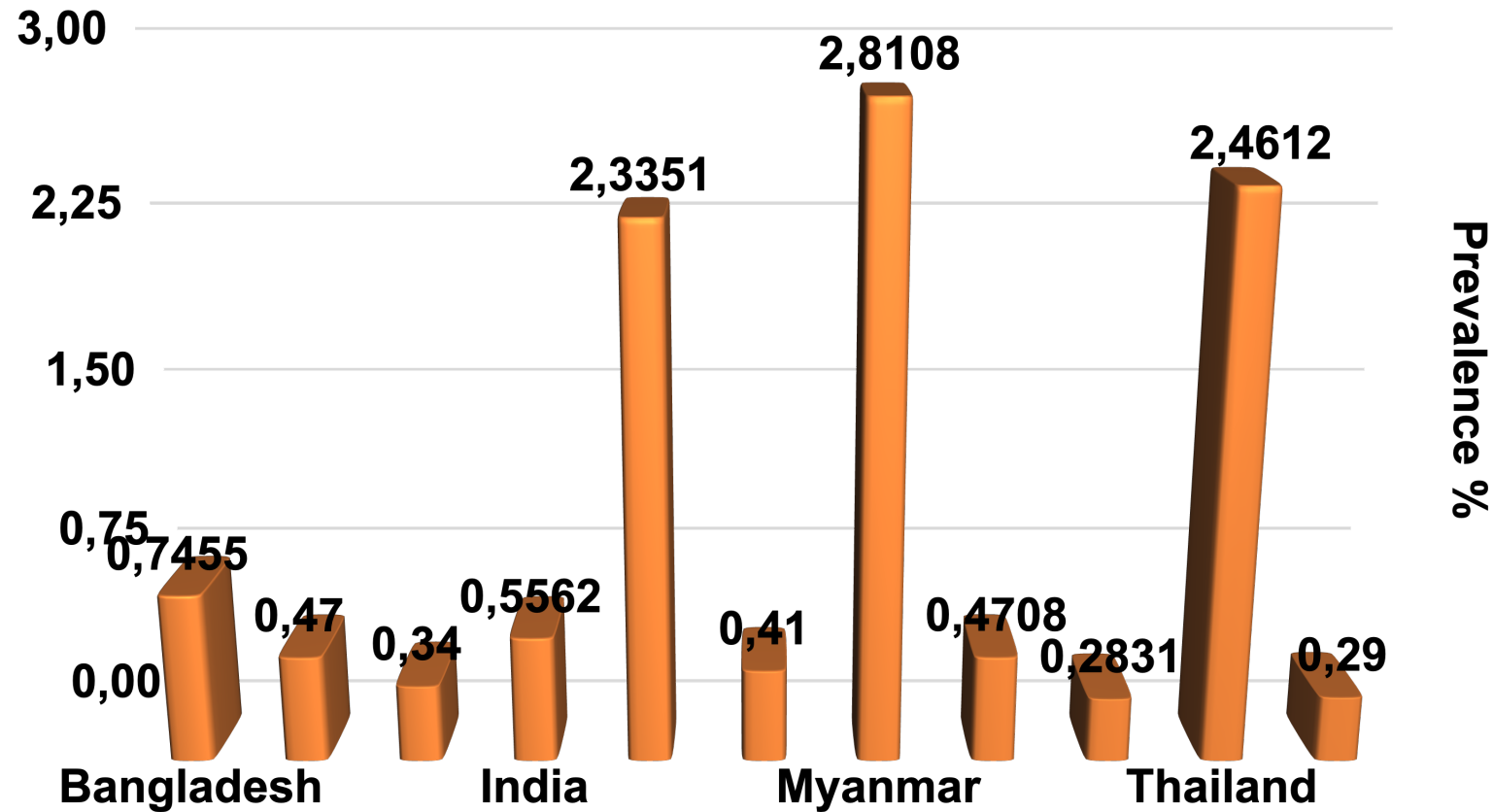
Hepatitis C prevalence highly diverse among WPR

Prevalence of HCV (% total population)



Source: estimation by CDA; <https://www.who.int/westernpacific/health-topics/hepatitis/regional-hepatitis-data>

Hepatitis C prevalence highly diverse among **SEAR**



Source: Disease burden estimation of HCV in the WHO South-East Asia Region, 2020 Reviewed and agreed by the Strategic and Technical Advisory Group (STAG) on viral hepatitis in the WHO South-East Asia Region). Prevalence is calculated for those above 15 years.

HCV prevention: harm reduction services for PWID in WPR

2019 data Country	Population size estimate (most recent data as of 2019)	Number of needles distributed (per person per year)	Percentage of PWID receiving opioid substitution therapy (OST)
Australia	79 100	625 (2016)	31% (2018)
Cambodia	3202	457 (2018)	-
China	1 790 000*	246	6.3%*
Japan	519 700	No NSP	No OST
Lao PDR	1700	-	-
Malaysia	75 000	16	85.3%
New Zealand	15 000	233	-
Philippines	7400	No NSP	No OST
Singapore	1100	-	-
Viet Nam	189 000	116	27.5% (2018)

2 countries have reached the Global Health Sector Strategy target of **300 needles** per person who injects drugs per year

1 country has reached the UNAIDS target of **40% coverage of OST** among people who inject drugs

Target achieved	Progress
Minimal progress	No data

NSP: Needle syringe programme

UNAIDS 2020 estimates (aidsinfo.unaids.org). *China programmatic data

Note: UNAIDS/WHO guidelines suggest bio-behavioral surveillance of these groups every 2-3 years

HCV Prevention: harm reduction services for PWID in SEAR

Country	NSP operational	NSP coverage #	Possession of N&S used as evidence for arrest	OST programme operational	OST coverage %	Naloxone available through community distribution
BAN	Yes	126	No	Yes	3.1	No
IND	Yes	366	No	Yes	19.5	Yes
INO	Yes	3	NO INFO	Yes	10.5	NO INFO
MMR	Yes	351	No	Yes	17.2	No
NEP	Yes	85	Yes	Yes	2.8	No
THA	Yes	10	Yes	Yes	5.3	Yes

NSP programme coverage
(syringes per PWID per year)

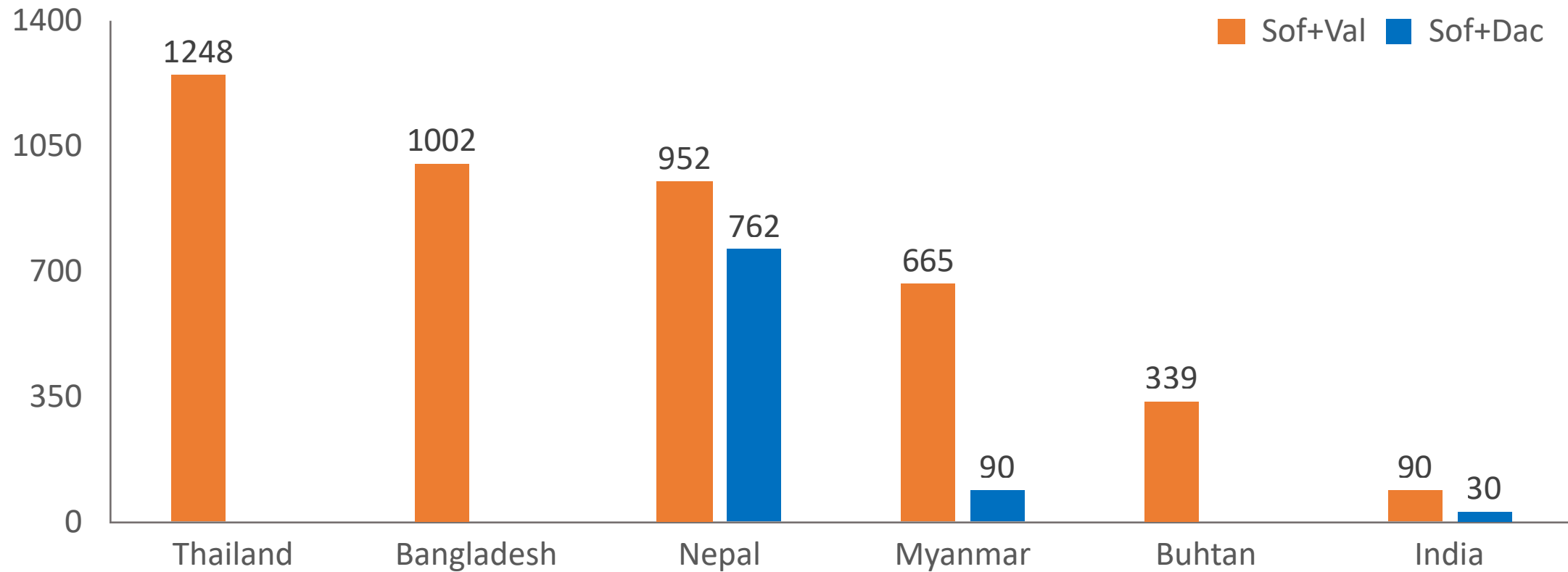
- High coverage: >200
- Medium coverage: >100–<200
- Low coverage: <100

OST programme coverage
(% opioid injectors on OST)

- High coverage: >40%
- Medium coverage: 20 – ≤ 40%
- Low coverage: < 20%

HCV treatment cost in selected SEAR countries

Cost for 12 Weeks (USD)



Source: Information shared by countries in August 2020

More countries are covering HCV treatment through domestic resource

	2014	2018	2020
Countries with hepatitis drugs financed	6 (all high income)	13	19 (including countries with pilots)

Country	HCV-DAA
Australia	Financed
Brunei Darussalam	Financed*
Cambodia	Out of Pocket
China	Financed**
Hong Kong (China)	Financed
Japan	Financed
Lao PDR	Out of Pocket
Macao (China)	Financed

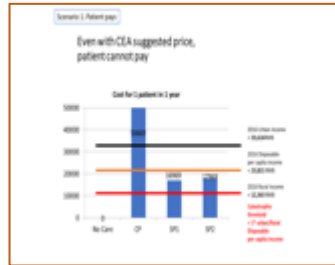
Country	HCV-DAA
Malaysia	Financed
Mongolia	Financed
New Zealand	Financed
Papua New Guinea	Out of Pocket
Philippines	Out of Pocket*
Republic of Korea	Financed
Singapore	Financed
Viet Nam	Financed

Papua New Guinea: pilot employer private-public partnership model, Oro province

* Philippines: pilots for HBV and HCV testing and treatment started with government financing in 2018, with HBV national expansion in April 2020

- Brunei: using PEG-INF. DAA planned to be used
- ** China: DAA under health reimbursements from Jan 2020

Massive price reduction and reimbursement of DAAs in China



The first generation of DAAs are registered, List price ~**US\$ 10,000** per 3 months course

More DAAs are registered at similar prices

SOF/VEL approved

MOH includes SOF/VEL under Essential Medicines List

NHSA central negotiations, > **85% reduction**

3 DAAs combo included in reimbursement list 1 Jan 2020

HCV Investment case & economic analysis

5/2015

Late 2016

2017

3/2018

10/2018

12/2019

Hepatitis C medicines

Dissemination during World Hepatitis Day & Roundtables

Advice CFDA and network to include DAA under fast track)

Roundtables

Work with HTA think-tank

Roundtables

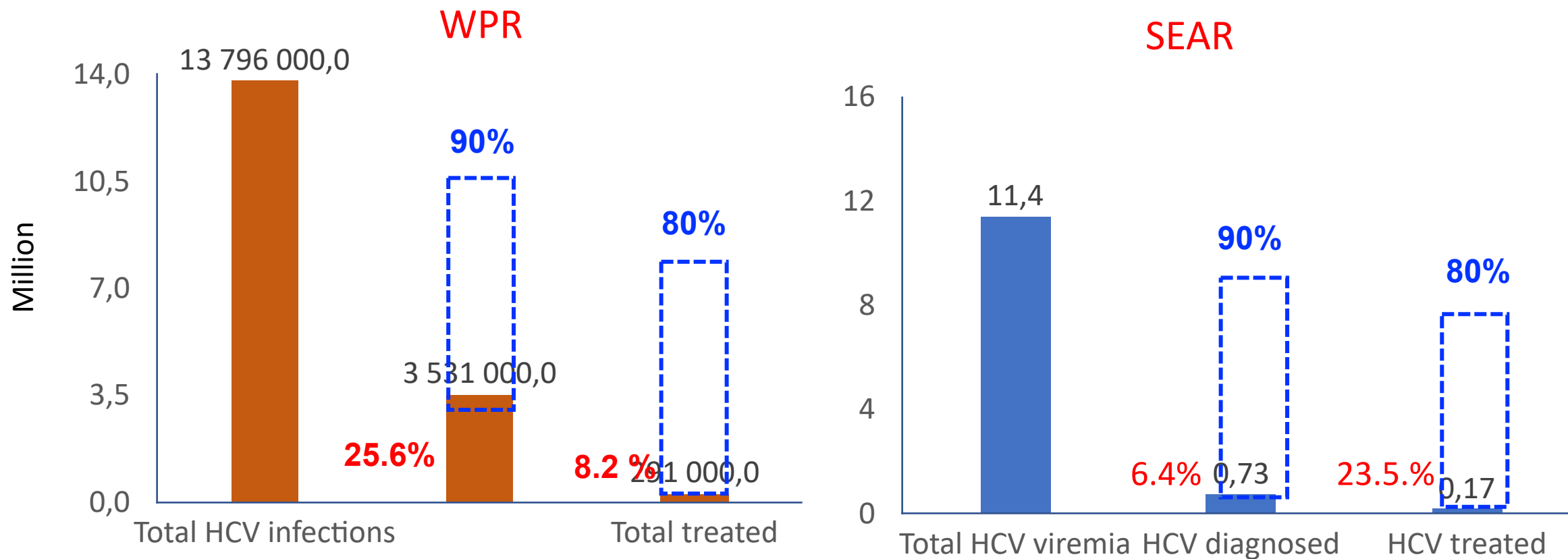
Informal & formal sharing of global benchmark prices and information towards strategic negotiations

WHO-CDC: service delivery and data systems workshop

7 provinces initiated local pilots to get access to DAA drugs, with varying prices reimbursed by local health insurance; through direct negotiations with drug company

World Hepatitis Day campaign, national and subnational meetings

Big Gaps in Cascade of care of HCV in the WPR& SEAR in 2019



Source: CDA Foundation, Preliminary data, Polaris Observatory (<https://cdafound.org/dashboard/polaris/dashboard.html>)

<https://www.who.int/docs/default-source/searo/hiv-hepatitis/report-costed-action-plan-11nov2019.pdf>

Summary of Eliminating HCV in Asia by 2030

Progress has been made

- ✓ National **action plans** / guidelines developed
- ✓ Significant **price reduction** of drugs and commodities
- ✓ Hepatitis treatment **covered by health insurance** / government funding

Remaining gaps include

- X Limited political commitment and available resources for elimination
- X **Slow progress in harm reduction**
- X **Limited expansion of testing and treatment services**
- X Lack of systems to monitor progress

Opportunities include

- ✓ Strong commitment **to Universal Health Coverage** and **Primary Health Care**
- ✓ Emphasis **on integration** and overall system development
- ✓ Enhanced interest in health and **collaboration** with communities, partners including private sector

Hepatitis elimination programmes in Asia “taking off”

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