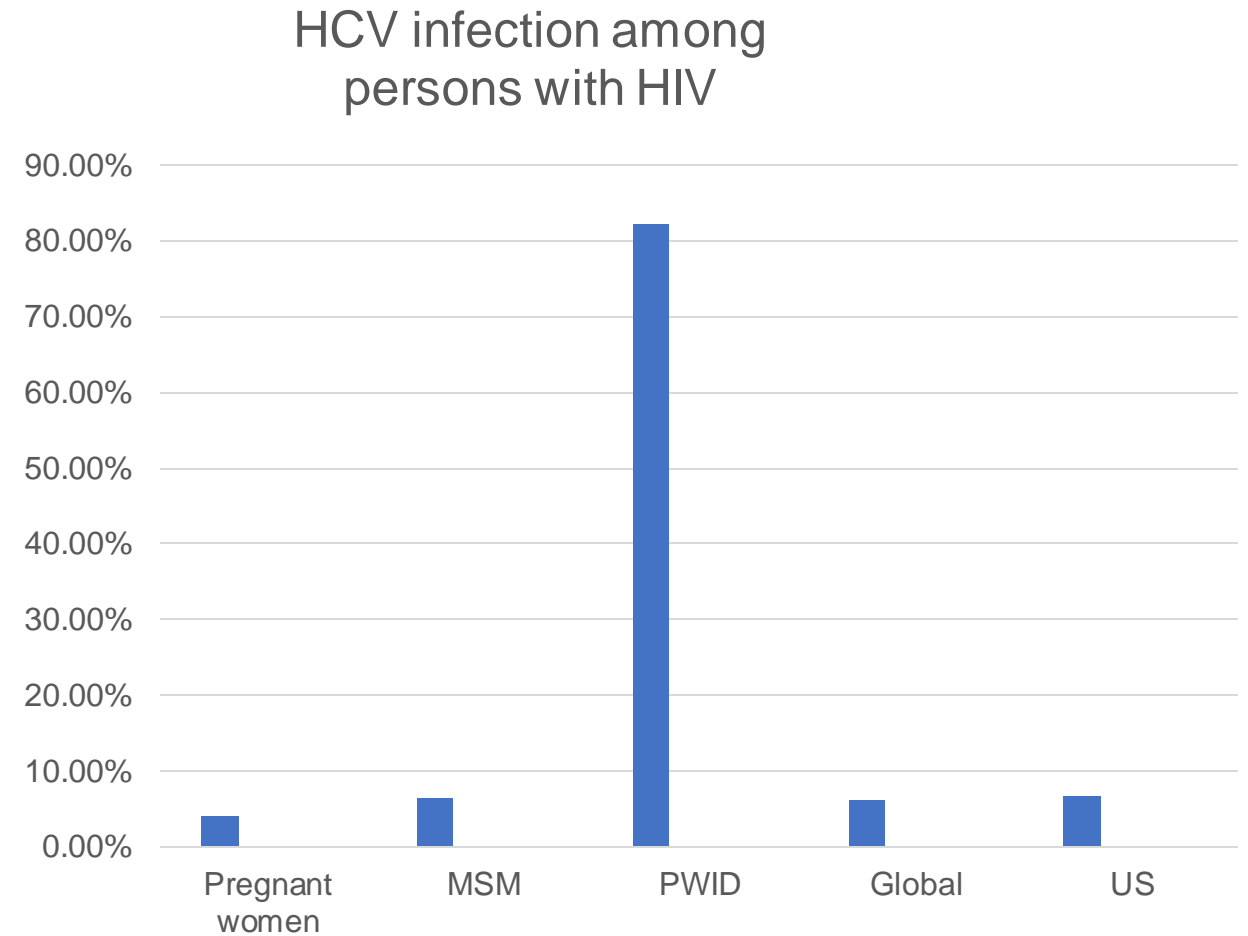


Leveraging Urban HIV Platforms
to Achieve Global HCV
Elimination Targets in Cities

Panelists

HIV and Hepatitis C Co-infection

- 2.75 million HIV-HCV co-infected persons; 1.4 M among Persons Who inject Drugs (PWID)
- Adult transmission risks- Unsafe injections (PWID), sex (HIV+MSM)
- HIV hastens progression of HCV-related liver disease and death
- HIV/HCV patients at 9 fold increased risk of liver related mortality



HCV Treatment is Curative

- 1-3 pills per day, 8-12 weeks; safe, little resistance
- >95% of treated persons cured of HCV infection
 - Reduced risk of liver cancer- 80%
 - Reduced risk of all cause mortality- 75%
 - Reduced transmission risk (MSM, PWID)
- Decreasing costs of HCV treatment courses
 - Patent meds \$6000-26,000 (e.g.US);
 - Licensed generics \$300-\$ 900 >104 countries
 - Locally produced /negotiated- e.g. \$40 Ukraine, \$60 Pakistan, \$80 Rwanda

Lok A, Hepatology. 2016 Backus L, Hepatology. 2017 Hutin Y, J Int AIDS Soc. 2018;

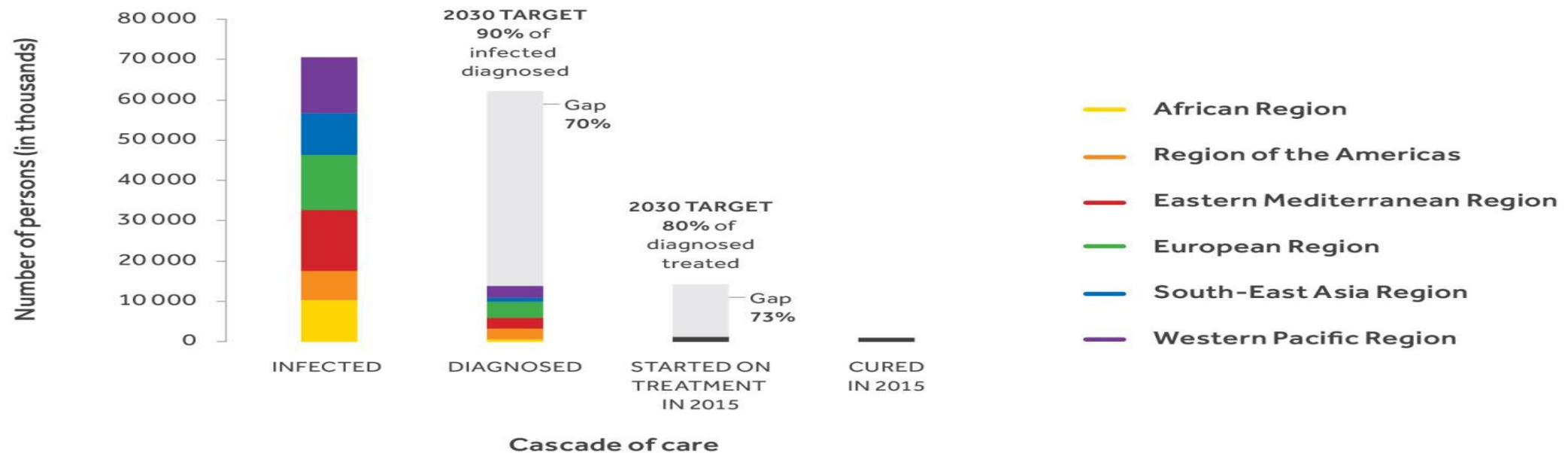
Ward J, Holtzman D, Hepatology A Textbook of Liver Disease, Seventh edition, 2017

- Cost- effective or cost-saving



HCV is an Under-diagnosed and Under-treated Infection

HCV 71 million
Global: Diagnosed: 13%; Treated 5 million



HIV and Hepatitis C Virus Co-infection

- Practical strategy to Co-localize HCV testing/cure within existing HIV care settings
- HIV clinics have achieved success in treating HCV in HIV (e.g., FR, US, AUS, Neth)
- Examples of HCV and HIV care integration in LMIC (e.g. Rwanda)
- Dual HCV/HIV testing increases testing rates for HIV
- HCV elimination among PLWH will require
 - High rates and screening and treatment
 - Behavior change
 - Access to sexual health and harm reduction services