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


• Cost-effective or cost-saving
HCV is an Under-diagnosed and Under-treated Infection

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

Progress report on HIV, viral hepatitis and sexually transmitted infections 2019
http://www.who.int/hepatitis/publications/
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