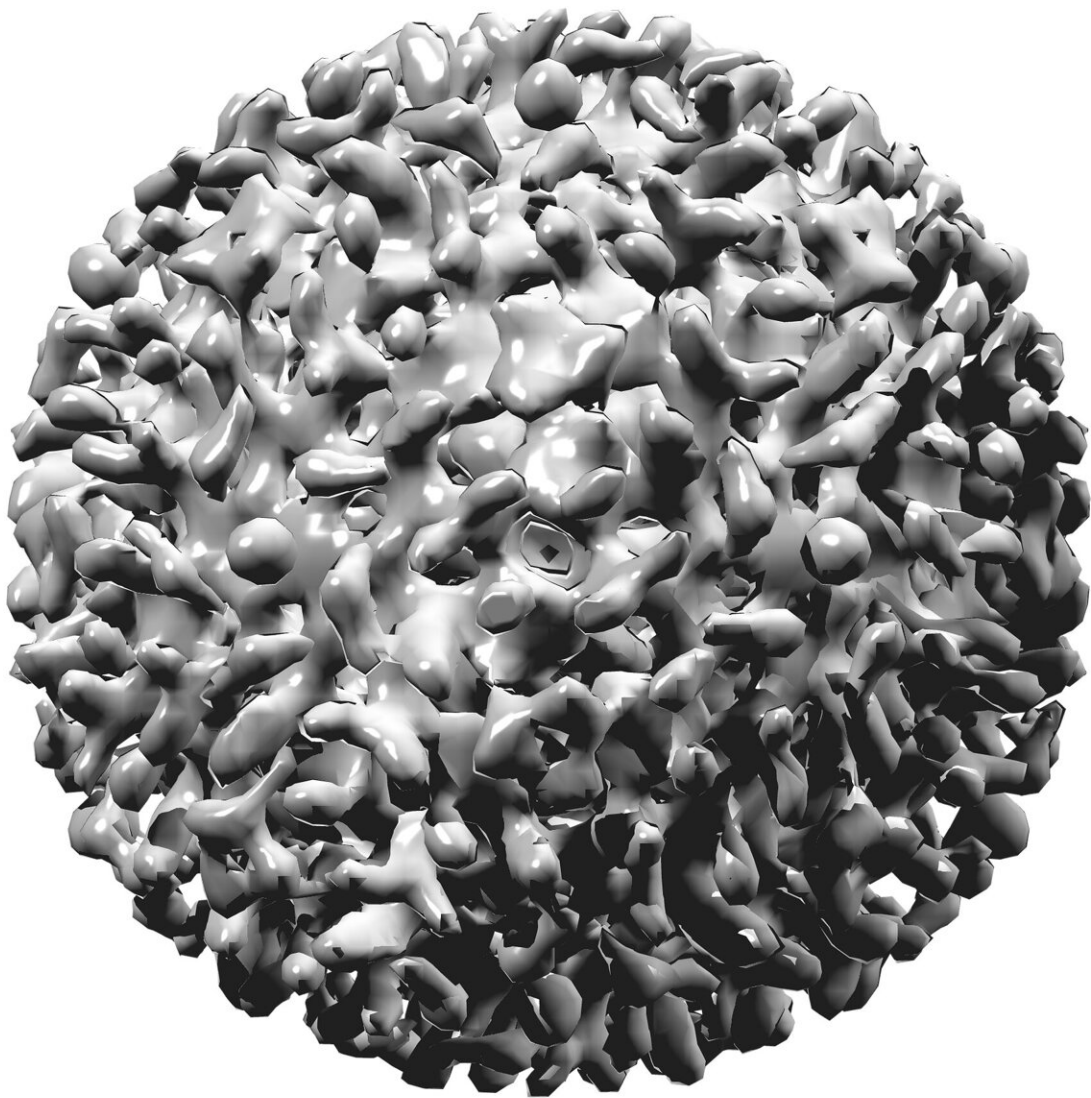


Revealing global barriers to curative hep C treatment access

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Almost 90% of the 57 million people living with hepatitis C live in low- and middle-income countries, but only half of these countries currently provide curative treatments at an accessible cost, according to a study by UNSW Sydney's Kirby Institute.

The finding is part of an analysis published in [*The Lancet Gastroenterology & Hepatology*](#) which has examined the registration, reimbursement and restrictions for hepatitis C treatments across 160 countries globally. These countries represent approximately 95% of the global population.

"Current direct acting antiviral treatments cure hepatitis C in more than 95% of people, revolutionizing the way we manage this condition. But there remains a high cost to the treatment in most countries, which has led to a disparate rollout globally, with many countries placing restrictions both on who can access it and who can prescribe it," says Dr. Alison Marshall, who led the research at the Kirby Institute.

"Universal access to health coverage means all people should have access to the full range of quality services they need—irrespective of who they are, where they are born, or the nature of their health condition."

According to the research, of the 160 countries analyzed, 91% have at least one hepatitis C treatment registered, but only two thirds of countries provide their residents with access to reimbursed (subsidized) treatment. Among low- and [middle-income countries](#), just over half provide reimbursement. Seven countries restrict access based on drug use and five based on alcohol use.

"Given that the majority of people living with hepatitis C live in low- and middle-income countries, we need to see much higher numbers of countries providing reimbursement for hepatitis C therapies, especially if we are to meet the World Health Organization target to eliminate hepatitis C as a public health threat by 2030," says Dr. Marshall.

"Most people living with hepatitis C globally are marginalized and face multiple challenges to accessing care. If cost is a barrier to seeking cure, they are unlikely to seek treatment, which poses risks for their health, as well as for onward transmission."

Specialist appointments

Another barrier to accessing curative treatment is who can prescribe the medications. The analysis found that in 61% of countries, a specialist (e.g., liver disease specialist, infectious disease specialist) was required to prescribe the medication. This restriction reduces the proportion of available prescribers and most often requires patients to receive treatment from a specialist center, often hospital-based.

"This is a major barrier for marginalized population groups such as people who use or inject drugs—people who are more likely to experience stigma in health care settings and avoid attending hospital-based centers. Increasing task sharing of hepatitis C testing and treatment to non-specialized centers such as primary care centers would broaden access," says Professor Jason Grebely, who is senior author on the paper.

The researchers conclude that there is a need for more innovative financing models to encourage and facilitate increased access to treatment, especially in low- and middle-income countries.

"There have been some great initiatives, such as the Clinton Health

Access Initiative and The Hepatitis Fund, who have helped to facilitate price agreements with generic manufacturers to provide treatments to low- and middle-income countries for \$60 USD per [treatment](#) course, but we need to do more to assist countries to increase access to these lifesaving treatments," says Prof. Grebely.

CEO of the World Hepatitis Alliance, Rachel Halford, says the research is both alarming and timely.

"We hope this research will motivate action from policymakers and health care professionals globally, as the urgency to tackle hepatitis cannot be overemphasized."

"Eliminating [viral hepatitis](#) will prevent hundreds of thousands of lives lost to [liver cancer](#) and other liver diseases resulting from chronic hepatitis. As a global hepatitis community, we must collaborate to drive change. We commend the Kirby Institute's contribution to this global collaboration with this research."

More information: Graham S Cooke et al, Progress towards elimination of viral hepatitis: a Lancet Gastroenterology & Hepatology Commission update, *The Lancet Gastroenterology & Hepatology* (2024). [DOI: 10.1016/S2468-1253\(23\)00321-7](https://doi.org/10.1016/S2468-1253(23)00321-7)

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