Financing the HBV response: Within and outside the context of HIV co-infection

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• 3.9 millions chronically infected with HBV in the Americas (2,7 a 6,4)*

• 1% co-infection HIV - HBV (39,000)

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Source: Polaris Observatory (http://www.polarisobservatory.com/) Adaptation Global HBV cascade of Care 2016

1.248.000 apreciable eligible for treatment

Reality:
23% : 897.000 diagnosed
3%: 26.900 treated

3,9 M HBV eligible for treatment – treated

3,9 M

897.000 // 32% = 287.400
287.040 – 26.900 = 260.500
Directrices de tratamiento de VHB de la OMS 2016

OMS solo recomienda: **Tenofovir o Entecavir**

*situation of viral hepatitis and progress towards a public health response. Regional counselor of viral hepatitis. PAHO Nick Walsh
## HBV treatments in the List of Essential Medicines

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Number of Countries</th>
<th>Incorporated into the List of Essential Medicines</th>
<th>Recommended in National Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTECAVIR</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>TENOFOVIR</td>
<td>21</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>ADEFOVIR</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>LAMIVUDINA</td>
<td>28</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>TELBIVUDINA</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>PEGINTERFERÓN</td>
<td>15</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

*OPS Hepatitis B y C Bajo la Lupa*
Comparison of the effectiveness of anti-HBV drugs: Percentage of patients with an undetectable HBV viral load after one year of treatment.

Tenofovir and Entecavir are the more potent and cost-effectiveness options.

Tenofovir: also activity for HIV.

- Treatment Action Group guideline 2009

24 of 33 countries that reported to PAHO Report Hepatitis B and C Under the Magnifying Glass provide public funding for the treatment of HBV infection (*OPS Hepatitis B y C Bajo la Lupa *)

Most countries provide treatment for hepatitis B for co-infected VIH people

The cost of Tenofovir ranges between 30 and 50 US $

The cost of Entecavir between 40 and 70 US $

**Estimated annual treatment cost**: Entecavir (0,5mg/day) (USD 33 for week) 5.211 US$

Tenofovir (300mg/day) (USD 192,44 for week) 1.387 US$

**Cost-effectiveness of two antiviral therapies for chronic hepatitis B in Peru: entecavir and tenofovir**. 2017. Rafael Bolaños-Díaz1,2,a,b,c, Romina A. Tejada1,a,b, César Sanabria3,d, Seimer Escobedo-Palza4,a
## Information from the experience of civil society HepaRed LA (NGO network of patients with chronic hepatitis in Latin America)

### Public financing of HBV treatment

<table>
<thead>
<tr>
<th>Countries</th>
<th>HBV + HIV</th>
<th>HBV</th>
<th>observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARGENTINA</td>
<td>YES</td>
<td>YES</td>
<td>Low demand for treatment</td>
</tr>
<tr>
<td>PERÚ</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>CHILE</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>COLOMBIA</td>
<td>YES</td>
<td>YES *</td>
<td>*you must insist with legal actions to obtain them</td>
</tr>
<tr>
<td>GUATEMALA</td>
<td>YES</td>
<td>YES *</td>
<td>*you must insist with legal actions to obtain them</td>
</tr>
<tr>
<td>URUGUAY</td>
<td>YES</td>
<td>NO *</td>
<td>*only subsidize high-cost treatments</td>
</tr>
<tr>
<td>REP. DOMINICANA</td>
<td>NO *</td>
<td>NO *</td>
<td>*only subsidize high-cost treatments</td>
</tr>
<tr>
<td>MÉXICO</td>
<td>YES</td>
<td>YES</td>
<td>*</td>
</tr>
<tr>
<td>BRASIL</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
Most countries give public funding for treatment for hepatitis B to people with HIV.

Tenofovir is the most prescribed treatment, since it is included in drugs for treatment for HIV. Of the few countries that offer treatment to HBV mono-infected people, in some it must be accessed with the legal insistence of civil society to obtain them.

The price of treatment is generally low for the entire region and there are generic Tenofovir and Entecavir.

Because it is considered a low cost treatment, many countries do not subsidize it.

The health cost of a patient with advanced stage hepatitis B (cirrhosis and/or cancer and/or transplant) is 100 times higher than timely treatment.

Without real data, and based only in estimates, the idea that hepatitis B is of low prevalence has been installed in the region and countries do not assume it as an important disease, outside of vaccination.
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Conclusion 2

- Very little data on the number of people diagnosed in the region with or without HIV

- The diagnosis of HBV in general is very low. It is mainly done in blood banks, in people with HIV, in pregnant people (little) and in other groups at risk, very little or nothing

- Most of the Countries that report actions on hepatitis B, generally refer to vaccination

- The low screening for hepatitis B, misinterpretation of the analysis by primary health care professionals, low follow-up of people diagnosed, difficult access to treatment for mono-infected people, leads to late diagnosis of hepatocellular carcinoma.

Increased awareness actions are needed on the need to record data, diagnose, monitor and give access to treatments for people with hepatitis B
¡Muchas gracias!
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