Understanding barriers to HCV care

Despite being curable, hepatitis C (HCV) remains a global health problem infecting an estimated 71 million people worldwide.1 The majority of people living with HCV today remain undiagnosed or not treated.2 This is in part due to barriers to HCV care these patients face, including lack of awareness, limited access to screening, and current prioritization strategies.3,4

HCV prioritization & sustainable funding

According to the World Health Organization (WHO), as of late 2017,6

- only 9 countries were on track for HCV elimination by 20305
- 82 WHO Member States had developed national plans6

Of countries across WHO regions with national plans for viral hepatitis, 35% had associated funding strategies.7

Stigma

HCV carries significant stigma and is one of the most significant issues facing people living with the disease. Not only can stigma be isolating, but also may act as a barrier to healthcare.12

A 2016 World Hepatitis Alliance survey of 72 countries found12

- Over 90% of countries reported hepatitis-related stigma and discrimination to some degree.12

- ~50% of people have experienced unjust barriers to healthcare services.12

- Only 20% of countries have initiated actions to combat stigma.12

Screening & diagnosis

- 45-85% of people living with HCV are unaware of their infection status.8

- According to one UK-based study, nearly half of patients with positive screening results were not sent for a confirmatory diagnosis.9

- In Europe...

- 6 out of 9 countries analyzed are still not reaching the 50% HCV diagnosis rate set by the WHO Regional Office for Europe.6

Referral to specialist

General practitioners (GP) are critical to identifying, diagnosing, and referring patients to specialists.1 Lack of awareness among general practitioners may impede early diagnosis and timely referral to a specialist.3,10

There are challenging factors impacting the referral process to a specialist.3,10

- Diagnosed but asymptomatic and not motivated to follow up on referral

- May have limited HCV awareness or do not follow HCV screening guidelines appropriately.3,10

- Even when they are under the HCV treaters’s care, a significant number of patients are not being treated (or treatment being delayed).9

Many factors may contribute, including:2

- Lack of HCV treaters awareness to treat all patients early
- Unmotivated or unaware patients
- Physician considerations of a patient’s age, history, genotype, disease stage
- Sluggish stemming from chaotic lifestyles (e.g., drug and alcohol consumption)
- Limited funding to treat all patients

Linkage to care

~71 million people live with HCV

- 14 million knew their diagnosis
- 1.76 million were diagnosed but not treated

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Impact of inaction

To achieve the WHO's target of eliminating HCV by 2030, there is a need to initiate and sustain action beyond those who are (or have been) easiest to access. There is also a need to focus on addressing reasons that prevent marginalized populations from being treated, including people who inject drugs (PWID).\(^6\)

80% of new HCV infections and 60% of existing HCV infections occur among the PWID population\(^14\)

Implications to not acting quickly to fund, screen, diagnose & treat HCV:

**Mortality will continue if sustainable funding is not secured\(^4\)**

\(~400,000\) deaths worldwide (WHO, 2017)\(^4\)

Which means an average of:

45+ deaths every hour

1,095+ deaths every day

**Delaying therapy imposes costs to individuals and healthcare systems\(^19,20\)**

Achieving sustained virologic response (SVR\(_12\)) is associated with:

- In one study, estimated cost savings of £27,804 (disability costs and fewer missed workdays)\(^9\)
- Improvements in liver function\(^1\)
- In one study, there was a 70% decrease in hepatocellular carcinoma (HCC)\(^22,24,25\)
- Decreased risk of death\(^9\)

A survey of 5 European countries estimated:

- Direct costs were 76% higher
- Indirect costs were 65% higher

\(\€11,47 vs. €6,652\) for people living with HCV than those living without HCV\(^9\)

**Of patients infected, HCV can progress over time and lead to liver cirrhosis, liver failure, cancer, and death\(^5,16,17\)**

- 75–85% chronic infection\(^17,18\)
- 5–20% compensated cirrhosis\(^7\)
- 74% experience complications beyond the liver
- Those can include:\(^19\)
  - Kidney disease
  - Cardiovascular disease
  - Autoimmune conditions
  - Depression

**HCV patients may experience significant stigma and low quality of life and could involuntarily infect their community and loved ones, meaning added impact to society\(^2\)**

- Almost 3 in 4 patients suffer from self-stigmatization\(^2\)
- Over half report they have been socially isolated\(^2\)

\(42\%\) of patients have lost out on job opportunities or income\(^2\)

Responses were collected from October 2016 to February 2017 with a total of 166 responses received from 72 countries.