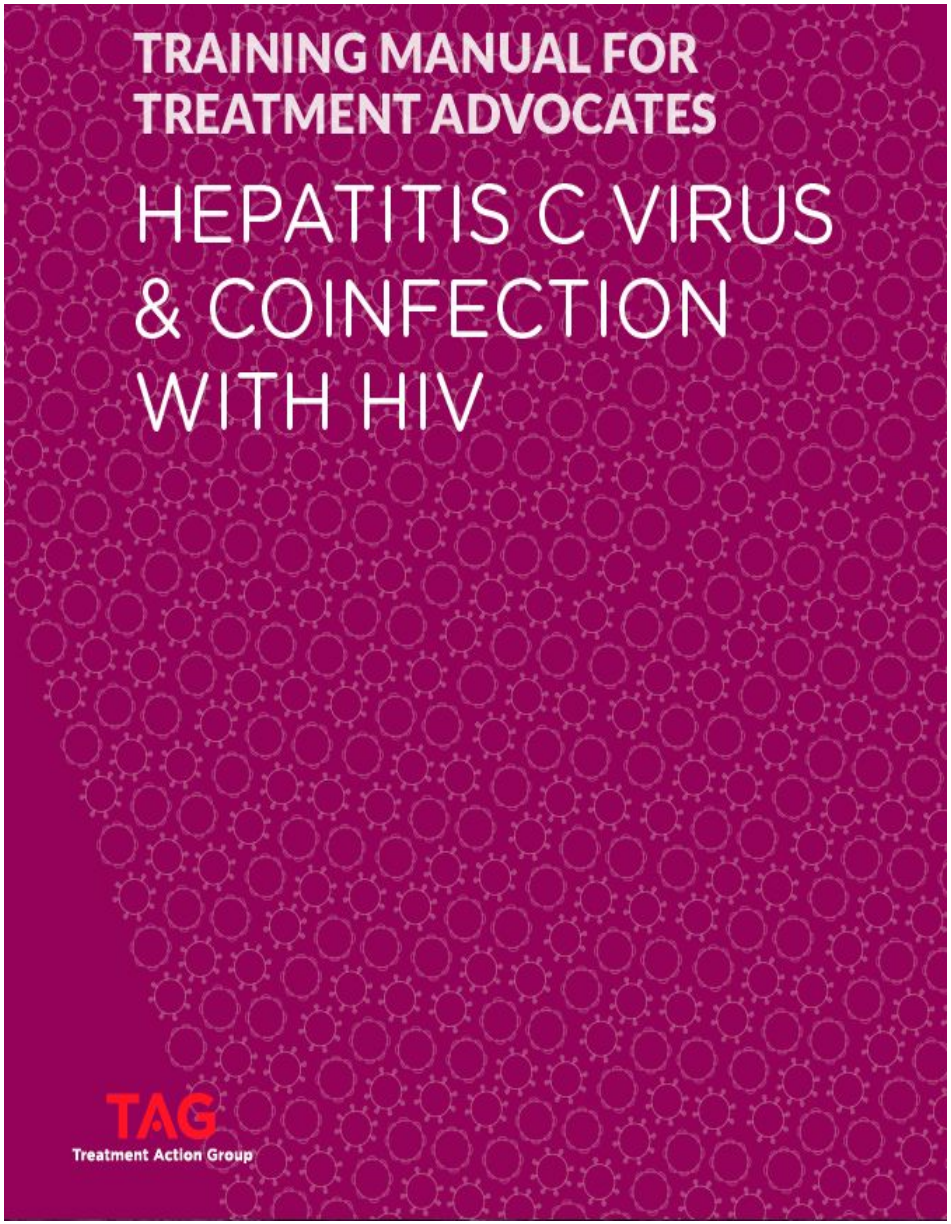


Treatment Action Group's Hepatitis C Project:

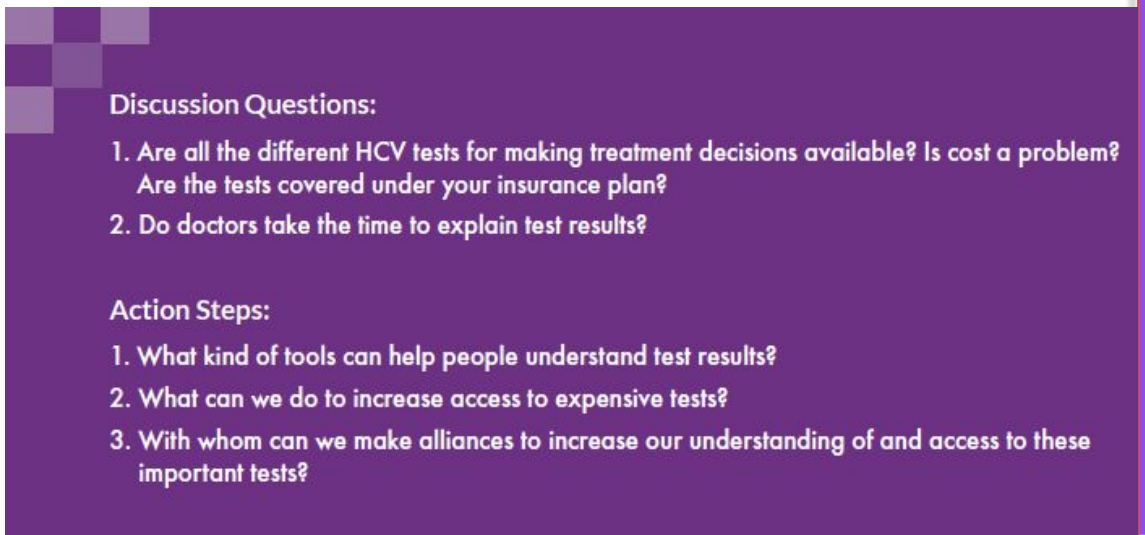
- Draws from core values and history of HIV activism, while incorporating hepatitis C–specific info into strategies targeting different constituencies, regions, and countries.

- Focuses on optimizing the quality of, and broadening affordable access to, HCV diagnostics, treatment, and care for communities and individuals by continuing domestic and international work with other activists, regulatory agencies, pharmaceutical companies, clinicians, and the patient community.

TAG

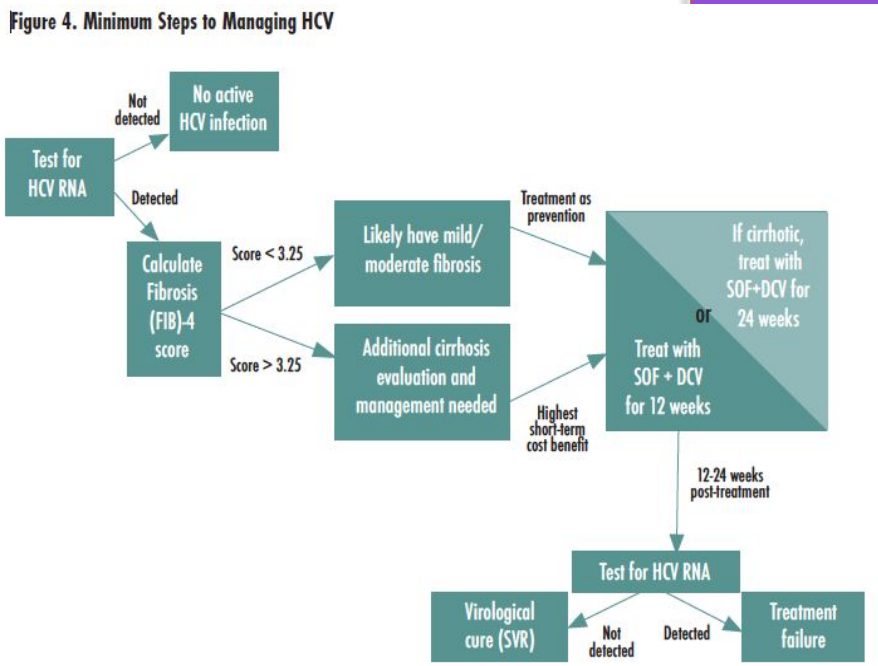
Purpose & Structure

- Provide essential info for treatment activists, people living with or affected by HIV and/or HCV
- Due to treatment restrictions, insurance denials: Jumpstart discussions on advocacy strategies that can be used to open up affordable access to prevention, testing, treatment & care for more people with HCV
- For trainers/peer educators: 11 Sections – 1-2 hours each
- Discussion points intended to start conversations about the key issues
- Action steps intended to translate key issues into advocacy in the community and allow participants to find solutions together



Highlights (1/4)

- Detailed, accessible info on technical terms & HCV landscape
- Explanation of types of tests: Antibody, RNA, Genotyping, Liver Enzyme
- Explanation of laboratory results
  - "Track Your Labs" Sheet
- Simplified HCV Diagnostics Algorithm
  - Pangenotypic DAAs & point-of-care rapid test:
    1. Reflex RNA testing for Ab+
    2. A FibroScan, APRI Score, or other cirrhosis staging test
    3. Provide appropriate DAA regimen



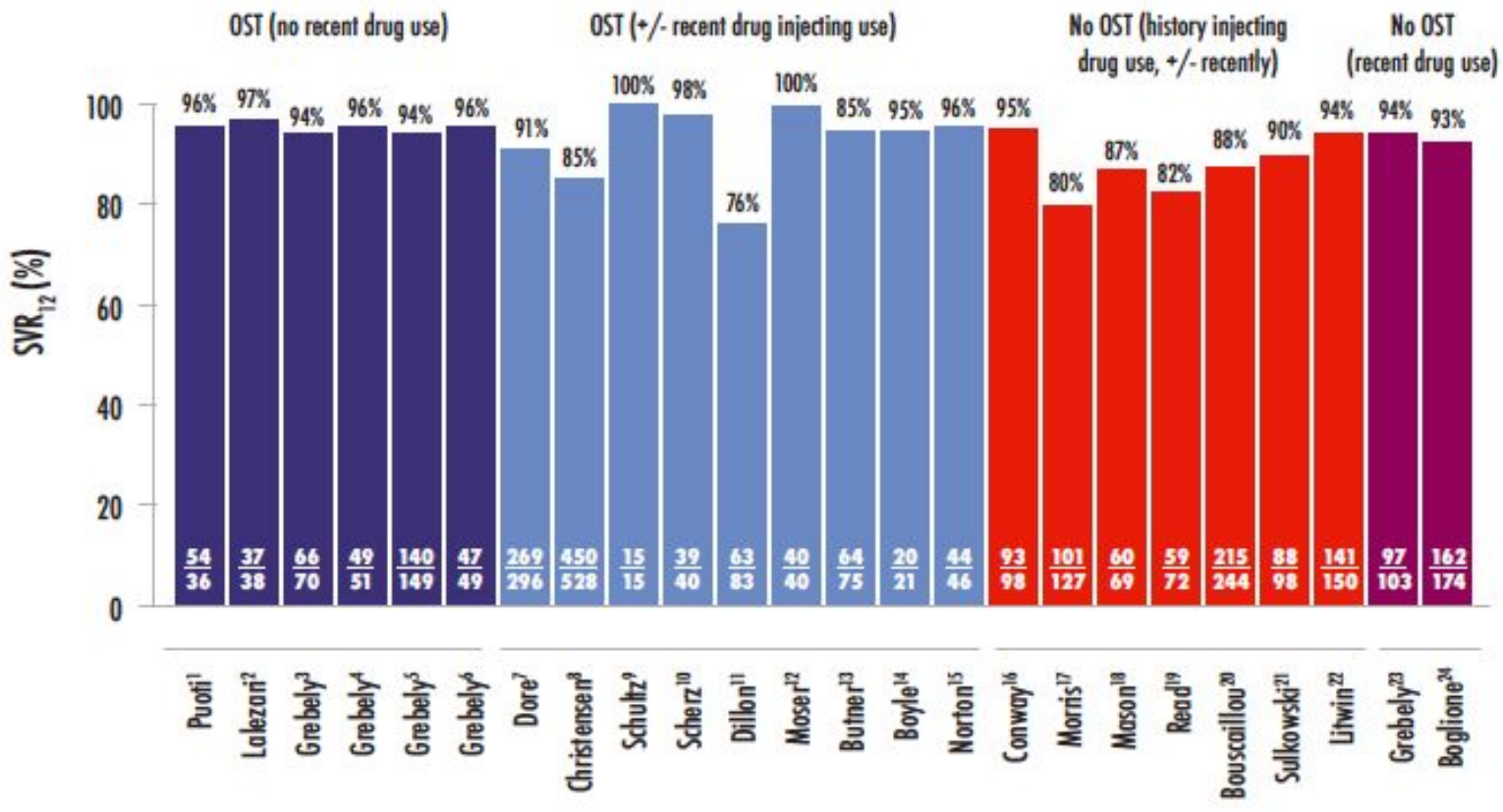
Highlights (2/4)

- Overview of each DAA regimen & detailed Fact Sheets
  - Side effects
  - Drug-drug interactions with HIV treatments & illicit drugs
  - SVR at week 12 for each genotype & for mono-infected or HIV/HCV coinfected group
  - DAA efficacy in Clinical trials vs. Real world cohorts

Highlights (3/4)

- DAA efficacy among people who use drugs
  - No scientific evidence for denying or delaying treatment
  - Good adherence

Figure 7. SVR12 among people on OST and former/recent PWID[1]



Highlights (4/4)

- Access to pangenotypic regimens
  - Advocacy for generic competition, price reductions
- Access to simpler, more affordable tests
  - Need to scale up awareness, prevention campaigns, screening & testing to avoid “diagnostic burn out” in US
  - In LMICs: advocacy for multi-disease diagnostic platforms, cut out middle agents, address distributor mark ups

Updated Training Manual available in English, Spanish & French, including Slide Deck at:
www.treatmentactiongroup.org/hcv

THANK YOU!!!

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