



58 M
people are living
with HCV globally



Only **13%**
have had access
to treatment



800
people die from
HCV every day

HEPATITIS C

Supporting global elimination efforts
by accelerating access to affordable
treatments

Hepatitis C is caused by the blood-borne hepatitis C virus (HCV) and can lead to chronic liver disease, cirrhosis, cancer, and, if not treated, death. Symptoms can take decades to develop and most people living with the disease do not know they are infected. As a result, HCV is a silent epidemic.

The past decade has seen a revolution in medical innovation for HCV, which can now be cured with just 8 to 24 weeks of safe, simple treatment. However, only 13% of people living with the disease worldwide have benefited. 'Test-and-treat' strategies have the potential to eliminate HCV altogether – a perhaps unique opportunity in the field of infectious diseases. However, high prices and a lack of prioritization in many countries leave these strategies underused.

The push for progress

In 2021, we completed development of a simple-to-use, affordable cure for HCV. Ravidasvir, a direct-acting antiviral (DAA), can cure the disease in 12 to 24 weeks when used with sofosbuvir. **The first all-oral HCV treatment to be developed through South-South collaboration**, ravidasvir acts as both a powerful new therapeutic option, and as a market shaper to bring down the cost of other life-saving HCV drugs in countries where they are priced out of reach. Alongside the development of ravidasvir, we piloted new strategies to link patients to life-saving treatment and care. Through our work with allies in the Hepatitis C Partnership for Control and Treatment (Hepatitis C PACT), these strategies are now being replicated in pilot projects in Asia and Latin America.

Our goal is now to continue working with national governments, civil society organizations, and other partners to enable access to affordable DAAs, foster the political will needed for wide-scale roll-out of test-and-treat strategies, and ensure that key populations facing stigma, discrimination, and other barriers have equitable access to life-saving diagnosis and treatment.

Ravidasvir, a new drug developed through South-South partnership

In June 2021, Malaysia granted a conditional registration for ravidasvir, developed with Pharco and Pharmaniaga. **In 2022, it was officially launched in Malaysia, with the first patient treated** with the combination of ravidasvir



“ I had to wait and wait for years, but I was eventually offered treatment. I took it for three months, and the illness is no longer there.

Ng Song Ping is a farmer in rural Pulau Pinang, Malaysia. After being diagnosed with hepatitis C, he had to wait more than a decade before receiving treatment. Song Ping was cured following treatment that included ravidasvir, the first hepatitis C drug to be developed through South-South collaboration and with support from not-for-profit organizations.

Photo credit: Abang Amirrul Hadi-DNDi

+ sofosbuvir. Ravidasvir was recommended as an alternative treatment for people living with both HIV and HCV in the Malaysian guidelines in 2022 and was included in the National Essential Medicines List in early 2023.

Our teams completed the second stage of STORM-C-1, our Phase III trial of ravidasvir in 2022, showing that 97% of study participants were cured. DNDi also provided technical support to the Malaysia Ministry of Health for the ‘EASE’ study testing the safety and efficacy of shorter courses of ravidasvir in non-cirrhotic patients.

DNDi worked with partners Laboratorio Elea Phoenix, Grupo Insud, and Fundación Mundo Sano to submit the dossier for the registration of ravidasvir in Argentina in 2022. Our teams and partners also began the process to register ravidasvir in Brazil and Thailand.

Expanding access through sustainable partnerships

Together with partners in the Hepatitis C PACT, DNDi held **workshops with 450 healthcare workers in Malaysia in 2022 to support the decentralization of HCV management and reduce treatment access barriers.** In Bangladesh, DNDi supported discussions on the design of innovative HCV screening and diagnosis strategies and worked with MSF to expand their test-and-treat model – first developed in refugee camps in the country.

Our teams played a central role in establishing a new collaboration that joins the Ministry of Public Health and other key partners in Thailand to implement a test-and-treat strategy for HCV. In Latin America, DNDi, MSF, and Treatment Action Group worked with civil society organizations to develop an HCV treatment advocacy strategy. And in Cambodia, DNDi commissioned an economic analysis assessing the impact of implementing a national HCV elimination programme and worked with partners to bolster treatment advocacy.

Innovating to reach the missing millions

With access to testing and treatment hampered by stigma and social exclusion, DNDi partnered with the Malaysian government, FIND, and the Malaysian AIDS Council to **support HCV self-testing – an innovative screening tool** that allows people to discreetly test themselves at home, now recommended by the World Health Organization. A positive test result can then be confirmed through laboratory testing, followed by treatment. Malaysia is leading the world’s first study on its use to identify people living with HCV who are unaware of their status.