

FACTS



50 million
people are living
with chronic HCV
globally



Only 20%
of diagnosed
cases are treated



>650
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. And yet, only 13% of people living with the disease worldwide have benefited. While treatment has become more affordable, it remains priced out of reach for vulnerable populations in many middle-income countries. ‘Test-and-treat’ strategies have the potential to eliminate HCV altogether – a perhaps unique opportunity in the field of infectious diseases – but 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 through a unique South-South collaboration in close partnership with the ministries of health of Malaysia and Thailand and pharmaceutical companies in Egypt and Malaysia. Together, we demonstrated that ravidasvir, a direct-acting antiviral (DAA), can cure the disease in 12 to 24 weeks when used with sofosbuvir. 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. Added to the World Health Organization Essential Medicines List in 2023, the treatment is already contributing to paving the way for more cost-effective cures for HCV.

With our partners in the Hepatitis C Partnership for Control and Treatment (Hep C PACT), governments, and civil society organizations, we have advocated for the roll-out of affordable all-oral cures, community-based testing, and improved access in key countries.

Our goal is now to continue working with our partners and allies to extend access to ravidasvir and affordable DAAs more broadly, foster the political will needed for wide-scale roll-out of test-and-treat strategies, and ensure that people facing stigma, discrimination, and other barriers have equitable access to life-saving diagnosis and treatment. We are also considering further studies to evaluate ravidasvir for specific patient populations.

Expanding access to cost-effective treatment

In 2023, post-registration activities in Malaysia led to the inclusion of ravidasvir in Malaysia’s Ministry of Health Medicines Formulary and National Essential Medicines List, as well as its recommendation as an alternative treatment for people living with both HIV and HCV in the Malaysian Consensus Guidelines on Antiretroviral Therapy. In early 2024, ravidasvir was granted full registration in the country.



Photo credit: Abang Amirul Hadi - DNDi

“ I did not know about the disease when the doctor mentioned that they suspected I had hepatitis C. I was told that it can attack the liver at any time, but by then it might be too late. I was very shocked and scared.

Shahrudin, a father of five from Kedah, Malaysia, is pictured with **Rohani**, his wife of over 30 years. Shahrudin found out that he had hepatitis C after blood tests conducted during his annual check-up. As a participant in the STORM-C-1 study conducted by DNDi and the Ministry of Health, Malaysia, he was treated with a combination of ravidasvir and sofosbuvir. He is now cured.

Further registration ambitions continue in Thailand, where DNDi joined forces with Mahidol University and Egyptian pharmaceutical company Pharco in early 2024. With registration pending, ravidasvir was included in one of the treatment arms of the C-FREE-CSEA continuation study led by Dreamlopmments. Started in April 2023, the study assesses the real-life effectiveness of ravidasvir + sofosbuvir in treating patients living with HCV. DNDi worked with the Drug Technology Institute (Farmanguinhos), Oswaldo Cruz Foundation, and Pharco Pharmaceuticals to prepare for registration of ravidasvir in Brazil. A regulatory dossier was submitted to the Brazilian Health Regulatory Agency (Anvisa) in early 2024. Together with partners Laboratorio Elea Phoenix, Grupo Insud, and Fundación Mundo Sano, we also advanced efforts to register ravidasvir in Argentina.

DNDi also continued providing support for evidence of ravidasvir’s therapeutic potential, notably in Malaysia, where the Ministry of Health-led ‘EASE’ study completed recruitment in 2023 for its evaluation of the safety and efficacy of shorter courses of ravidasvir in patients without cirrhosis.

Partnering to strengthen national responses

Working with Argentina’s National Programme for Hepatitis Control, DNDi conducted a pilot training designed to reinforce the skills of 200 primary healthcare physicians, nurses, and community health workers in Córdoba Province – serving as the basis for further scale-up in other provinces.

In Bangladesh, DNDi worked with Hep C PACT, Médecins Sans Frontières (MSF), Bangladesh Ministry of Health and Family Welfare, and Interactive Research and Development (IRD) Bangladesh to complete a situation analysis of HCV and HBV testing and treatment in the country, with the aim of strengthening healthcare services for people at risk.

The Hep C PACT concluded its work to advocate for the roll-out of all-oral cures, scale up community-based testing, and address domestic financing challenges and access barriers with achievements in Bangladesh, Cambodia, Malaysia, Brazil, and Argentina. **DNDi is building on these successes by providing technical and advisory support to ministries of health, civil society organizations, and other partners working to improve access to treatment – and ultimately eliminate HCV.**