DNDi
Best Science for the Most Neglected

DISEASE FACTSHEET

HEPATITIS C

Expanding access to affordable cures to end a silent epidemic

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.

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 with direct-acting antivirals (DAAs) – but these drugs have historically been often priced out of reach of vulnerable populations in middle-income countries. While 'test-and-treat' strategies offer the potential to eliminate HCV altogether, high prices, a lack of prioritization, and a challenging global health funding environment are threatening further gains against the silent epidemic.

FACTS

About 50 million
people are living with chronic HCV globally

Only 20%
of diagnosed cases are treated

Over 650
people die from HCV every day

THE PUSH FOR PROGRESS

In 2021, we completed development of a simple-to-use, affordable cure for HCV through a unique South-South collaboration, working in close partnership with the ministries of health of Malaysia and Thailand, and industrial partner Pharco Pharmaceuticals. **Together, we have demonstrated that ravidasvir, an affordable, novel DAA, can cure the disease in 8 to 24 weeks when used with sofosbuvir.** Added to the World Health Organization (WHO) Essential Medicines List in 2023, the treatment is paving the way for more cost-effective cures for HCV.

Together with partners, 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. Sharing lessons from the South-South collaborative effort and the political commitment that made ravidasvir possible, we have shone a light on the potential of alternative pharmaceutical innovation models and how neglected populations can benefit when research, regulatory strategy, and access planning are built around public health needs instead of purely commercial priorities.

OUR GOAL IS NOW to continue supporting partner-led registration of affordable DAA treatments, wider access to treatment for vulnerable populations, and the implementation of test-and-treat strategies to protect gains against HCV.

EVIDENCE FOR SHORTER, MORE AFFORDABLE TREATMENT REGIMENS IN MALAYSIA

Results from the EASE study, led by the Malaysian Ministry of Health, showed that an 8-week regimen of ravidasvir in combination with sofosbuvir was non-inferior to 12 weeks for people living with hepatitis C without cirrhosis. Results presented at the European Association for the Study of the Liver (EASL) Congress in May 2025 supported approval of the shorter regimen by Malaysia's National Pharmaceutical Regulatory Agency, with five years of safety follow-up to monitor for the development of resistance. In Malaysia, this shorter course is expected to reduce treatment costs by around 40%, strengthening the public health case for wider access.

> **The development of ravidasvir offers insights into how regional collaboration and targeted investment can lead to affordable medical innovations.**

DATUK DR MUHAMMAD RADZI ABU HASSAN, former Director-General of Health, Ministry of Health Malaysia, and former DNDi Scientific Advisory Committee Member, has played a leading role in shaping Malaysia's hepatitis C elimination strategy, including the country's partnership in the development of ravidasvir.

Photo credit: Abang Amirrul Hadi-DNDi

While further studies are needed to build the evidence base for broader implementation of shorter regimens in countries and regions where genotypes and drug-response patterns differ, the results are encouraging. Current treatment options for an 8-week hepatitis C cure remain limited, especially in low- and middle-income countries. An additional, affordable option could help widen access and also increase competitive pressure in markets where a small number of higher-cost products dominate.

EXPANDING ACCESS IN A CHALLENGING GLOBAL CONTEXT

Progress against HCV is facing new challenges as reduced international funding, geopolitical and economic shocks, and the high cost of active case finding make elimination harder to achieve – even as better tools become available. Relatively low levels of public awareness, competing economic priorities, and difficulty mobilizing the political will and financing to invest in testing, decentralization, training, and procurement are now the biggest threats to WHO 2030 elimination goals.

At the same time, partner-led work continues to show what progress can look like in practice.

The Dreamlopments-led C-FREE study in Thailand is generating encouraging evidence on community-based test-and-treat approaches for marginalized populations, with preliminary results presented at the 2026 World Hepatitis Summit showing the ravidasvir and sofosbuvir combination to have high cure rates comparable to clinical trial outcomes.

In April 2026, Thailand's Food and Drug Administration approved ravidasvir in combination with sofosbuvir as a safe and effective treatment against all HCV genotypes following clinical trials conducted in Thailand and Malaysia. In Brazil, regulatory processes towards registration continued under the Drug Technology Institute (Farmanguinhos), Oswaldo Cruz Foundation, and Pharco Pharmaceuticals, while regulatory discussions continued in Argentina.

Lessons from DNDi's HCV programme are helping shape our thinking about how to work in complex markets where regulatory and access barriers are tightly intertwined. Standing as proof of concept for a broader model of pharmaceutical innovation rooted in South-South collaboration and public health partnership, the programme continues to demonstrate how access-oriented innovation can deliver results even in difficult circumstances.