Preferences and Feasibility of Long-Acting Technologies (LAT) for Treatment of Hepatitis C Virus (HCV) in Low- and Middle-Income Countries (LMICs): A Survey of Providers and Policymakers

Neil Gupta1, Lindsey Hiebert2, Katherine Sun3, Susan Swindells2, Renae Furl2, Kimberly K Scarsi2, Joelle Dountio Ofimboudem3, Ethel D Weld4, David L Thomas4, John W Ward1

INTRODUCTION

• The proportion of individuals treated for HCV in LMICs is less than half of that of HICs
• LAT may improve linkage-to-care and treatment initiation and adherence (“one-and-done”)
• HCV LAT are currently under development
• No current data on provider preferences or feasibility of LAT in LMICs

METHODS

• Cross-sectional online survey of HCV treatment prescribers and policymakers from LMICs (Oct 2022 to Feb 2023)
• Survey was available in English, Spanish, Portuguese, French, & Russian

RESULTS

• 122 providers and 50 policymakers from 42 LMICs
• Top reasons to prescribe LAT: “improved patient satisfaction or quality of life” (88%) and “improved adherence or treatment success” (87%)
• Top patient characteristics to prescribe LAT: “Previous HCV treatment failure” (76%), “non-routine medical care” (75%), “incarceration” (70%), “marginalized background” (70%), “HIV infection” (70%), “housing instability” (69%)
• Top concerns for LAT: Longer-lasting side effects and overall side effect profile
• High feasibility for inclusion in treatment guidelines (84%), national drug formularies (78%), and national drug approvals (74%)
• Only 20% would prescribe LAT if more costly than oral treatment

CONCLUSIONS

• HCV LATs are highly acceptable and feasible in LMICs if affordable
• Development of HCV LATs should be accelerated and real-world studies involving patients and communities are needed for early and equitable access
• HCV LATs could diversify HCV treatment options, revolutionize HCV service delivery programs, and catalyze HCV elimination in LMIC settings

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Contact: ngupta-consultant@taskforce.org

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