

World Hepatitis
Alliance



Applying for Global Fund
support for co-infection elimination:
a guide for advocates

Advocating for the inclusion of hepatitis C services in Global Fund requests.

Countries who receive support from The Global Fund are currently developing concept notes for the next round of Global Fund financing. The concept notes are being developed by Country Coordinating Mechanisms (CCM), these are national committees that submit funding applications to The Global Fund and oversee grants on behalf of their countries.

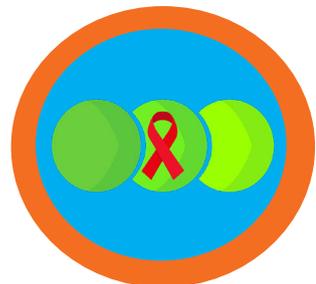
Hepatitis C diagnosis and treatment among people living with HIV is currently eligible for support under Global Fund policy. Budget for co-infection elimination should be included in the "HIV Prioritized Funding Request" submitted to The Global Fund. If the budget for hepatitis C commodities does not fit within the "HIV Prioritized Funding Request" allocation, it can be submitted as a "Prioritized Above Allocation Request" to be eligible for funding once additional resources become available on a rolling basis.

In the past only a small number of countries have applied for co-infection support, advocates have a crucial role to play to ensure this support is taken up by more countries. Co-infection programs have been catalytic for countries aiming to scale up viral hepatitis programs more broadly. Rwanda used Global Fund support for their co-infection programme to catalyse a wider hepatitis C elimination programme. Currently Rwanda are leading the way on hepatitis C elimination in Africa, this can be replicated.

This guide will help you advocate for your country to include co-infection support in their Global Fund concept notes. Countries are submitting their concept notes during the first part of 2020 so it is urgent that the case for co-infection elimination is made soon.



Global Fund recipients are preparing their funding concept notes.



We need to advocate for funding support for HIV and hepatitis C co-infection services.



We need to make the case that co-infection elimination is beneficial for patients and health systems.

How to begin your advocacy

Step one:

Confirm your country is applying for support from The Global Fund for HIV programmes.

How:

The list of countries receiving HIV support from the Global Fund support can be seen online at data.theglobalfund.org/investments/

Step two:

Reach out to your country CCM.

How:

CCM's can be identified online by selecting your country from the drop down list at data-service.theglobalfund.org/viewer/cm_contacts/ Here you will find the contact details for the people responsible for creating The Global Fund concept note.

Step three:

Make the case to the CCM's for including co-infection in the concept note for The Global Fund. Here are some key advocacy messages that can be used when making the case for co-infection. You may want to add more from your own local knowledge. Adding the voices of people affected by co-infection could also make your advocacy more impactful.

Advocacy messages

Patient benefit:

Patients co-infected with HIV and hepatitis C suffer from more liver-related morbidity and mortality than hepatitis C mono-infected patients. Co-infected populations progress to cirrhosis on average 12-16 years earlier than mono-infected patients.¹

Hepatitis C co-infection increases the risk of AIDS-related mortality and increases the incidence of AIDS-defining illnesses. Hepatitis C treatment and cure have been shown to dramatically decrease the likelihood of these adverse outcomes.²

Services for key populations are crucial for the prevention and elimination of hepatitis C and HIV. The people highest at-risk of hepatitis C and HIV are often a similar demographic. Uniquely hepatitis C can be cured and this can be used to engage patients in services. This is especially crucial for populations under served by health services like people who inject drugs.³

Cost benefit:

Hepatitis C elimination is proven to be cost-effective. By integrating more services there can be significant financial savings for health systems.³

Health system strengthening:

Integrated services for HIV and hepatitis C can make health systems stronger, more efficient and effective with improved patient outcomes.

Suggested text for CCM letter

The below template text can be used to assist you in creating your letter to the CCM. It is designed to be adapted by you to include statistics and information from your national context. We also encourage you to consider including details of what funding could mean for patients, this could be case studies or quotes about the impact the funding could have.

Dear {INSERT NAME OF CCM CONTACT}

As you prepare the concept note for Global Fund support, I would like to urge you to include funding for hepatitis C elimination for people living with HIV (PLHIV). Current Global Fund policy allows funding for this activity and its inclusion will bring significant benefits to PLHIV and hepatitis C. We must follow the lead set by countries like Rwanda who have strengthened their responses to hepatitis C and HIV by ensuring PLHIV can access life-saving hepatitis C services.

Patients co-infected with HIV and hepatitis C suffer from more liver-related morbidity and mortality than hepatitis C mono-infected patients. Co-infected populations progress to cirrhosis on average 12-16 years earlier than mono-infected patients. Cirrhosis and liver cancer are devastating for the patient, their families and costly to health systems. Hepatitis C co-infection also increases the risk of AIDS-related mortality and increases the incidence of AIDS-defining illnesses. However, these harms can be stopped. Hepatitis C cure can be used as a tool to engage patients in services. This is especially crucial for populations underserved by health services like people who inject drugs.

Services for key populations are crucial for the prevention and elimination of both hepatitis C and HIV. The people highest at-risk of hepatitis C and HIV are often the same demographic. Integrated services for HIV and hepatitis C can make health systems stronger, more efficient and effective with improved patient outcomes, whilst proving cost beneficial for health systems through longer-term health savings.

References

- 1) Kim AY, Onofrey S, Church DR. An epidemiologic update on hepatitis C infection in persons living with or at risk of HIV infection. *J Infect Dis.* 2013;207 Suppl 1:S1-6
- 2) Kovacs A, et al. Activation of CD8 T cells predicts progression of HIV infection in women co-infected with hepatitis C virus. *J Infect Dis.* 2010;201(6):823.
- 3) Whitcar P, Advancing Integration of HIV, STD, and Viral Hepatitis Services: State Perspectives, *Public Health Rep.* 2007; 122(Suppl 2): 91-95.

For further information, including details of commodity price assumptions and clinical rationale please visit www.worldhepatitisalliance.org/global-fund