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Exploring a pioneering catalytic funding mechanism for elimination in Uzbekistan

By Rick Dunn and Homie Razavi, CDA Foundation

In Uzbekistan around 5,300 people die each year from liver disease and cancer related to hepatitis B or C. The tragedy is that almost all of these deaths are preventable. Uzbekistan, like many other low to middle income countries, faces a huge economic and social burden because of viral hepatitis, yet with no global funder present to help them to tackle the disease, new innovative models of financing need to be explored to make hepatitis elimination a reality.

At the Centre for Disease Analysis Foundation (CDAF) we have been working with the government in Uzbekistan to pilot an innovative new model to test and treat for viral hepatitis. We are testing a scalable and sustainable funding mechanism that will make hepatitis treatment affordable to all. In our pilot model four out of five patients will pay for the testing and treatment (at a reduced rate to what is currently available) which in turn will subsidise payment for the one out of five who cannot afford treatment.

In the pilot, which was launched on World Hepatitis Day, we will initially focus on 250,000 people in the Uzbekistan capital Tashkent. All participants will receive free screening and diagnosis. The 80 per cent of infected patients who pay for treatment will pay a fraction of the market prices for the drugs they need (50 per cent less for their treatment than what patients pay today in Uzbekistan). This has been made possible by CDAF's Global Procurement Fund (GPRO), created in 2017.

Once the costs of screening and diagnosis have been included, the price paid by each patient would be less than $10 per month for hepatitis B treatment (which would be ongoing) and less than $95 per month for hepatitis C treatment (for three months, which would be curative).

Our research suggests that patients are able to – and do – pay for hepatitis treatment as long as it is at a reasonable cost. Patients in low and middle income countries already pay for most of their own healthcare costs. If the prices are kept low, the majority of the population will be able to afford to pay for their own treatment and subsidise those who cannot pay – self subsidised healthcare (SSH).

The cost of this program to the government is zero. They agree to provide existing healthcare workers to support screening and treatment efforts. In addition, the government has agreed to help with preventing price mark-ups in the supply chain. These prices for treatments are 50 per cent lower than what patients pay in Uzbekistan today, and this money would cover the cost of screening and laboratory tests for all, and free treatment for 20 per cent of the population who will not be able to afford to pay at any price. Because the prices are kept affordable and patients contribute to the cost, the funding mechanism can be scaled up or down to match the prevalence of the virus in any given country.

The Uzbekistan Government has announced it would like to eliminate hepatitis B and C as per the World Health Organization (WHO)'s targets (through a Presidential Decree), but it lacks the resources to fund it alone. The government has waived the import taxes for the treatments needed for the pilot, and its Research Institute of Virology will be coordinating availability of government facilities (polyclinics) across Tashkent, and the healthcare workers needed for screening, the lab resources and personnel for running confirmatory tests, and doctors as needed. They will also provide awareness and education materials including a media campaign encouraging people to come forward for screening and treatment.

Determining who can and cannot pay for the treatment will be facilitated by Uzbekistan's existing system of 'neighbourhood committees', who already provide vouchers for free medical care for the poorest families. During the pilot, if someone tests positive, they have the option to not seek treatment, to pay for it, or to request free treatment and present the evidence provided by the neighbourhood committee that they are unable to pay. The pilot aims to screen 250,000 people and expects to treat 17,000 hepatitis B patients and 10,000 hepatitis C patients.

Although this is a pilot within a single country, the suppliers and pharmacy partners that work with GPRO have agreed to provide the tests and medications at volume discount prices to show countries around the world what can be achieved in a national elimination program.

It is unlikely that global donors or national governments are going to fund hepatitis elimination programs; low- and middle-income countries desperately need a new system to pay for diagnosis, screening and treatment of hepatitis B and C across their populations. CDAF is managing the pilot and providing the US$1.1 million to cover its upfront costs to test this new catalytic financing method.

We cannot sit and wait for a miracle to eliminate hepatitis in low- and middle-income countries. Without innovative, scalable and sustainable funding strategies to help them, these countries will not make the WHO elimination targets for many decades, let alone by 2030, and millions of people will die from a preventable, curable disease in the case of hepatitis C, or a preventable or manageable condition in the case of hepatitis B. The new approach in our pilot represents a paradigm shift in funding global health programs. It can be the basis of universal healthcare using patient co-funded programs for a wide range of disease areas, not just for hepatitis. Our hope is that we can prove that the Uzbekistan model is sustainable and replicable around the world.

Pictured: Homie (second from right) and Rick (right) at the press announcement for the pilot