



## UNITAID can address HCV/HIV co-infection

In the first days of March, the governing body of UNITAID, the organisation financed mainly through a levy on air tickets, will decide on a new 4-year strategy. A 5-year evaluation<sup>1</sup> praised UNITAID's successful "market impact" model for improving access to HIV, tuberculosis, and malaria products through lowering prices, improving supply, or introducing new products. We believe UNITAID's new strategy should also include tackling a prevalent and serious, but curable, HIV co-morbidity: hepatitis C virus (HCV) infection.

Worldwide, an estimated 4–5 million people are HCV/HIV co-infected.<sup>2</sup> HCV is a leading cause of death in people with HIV in western settings and causes substantial morbidity and mortality in the many co-infected people in low-income and middle-income countries. HIV accelerates HCV progression, and HCV co-infection is associated with higher rates of all-cause, liver-related, and AIDS-related death.<sup>3,4</sup>

Access to treatment with pegylated interferon alfa and ribavirin is extremely limited in low-resource settings owing to the regimen's complexity, duration (48 weeks), and cost (up to US\$30 000). Outcomes in low-income and middle-income countries are similar to those reported in high-income countries; sustained virological response for co-infection can be as high as 60% depending on genotype.<sup>5</sup>

Fortunately, the HCV drug pipeline is extremely promising, thanks to profitable markets in high-income countries. New, more tolerable, all-oral regimens are showing remarkable cure rates in clinical trials. These shorter regimens might no longer require genotyping or complex monitoring. Simpler, better treatment is key for resource poor settings—but new drugs must become available and affordable.

UNITAID is already committed to HIV co-morbidities; its expertise and track record in lowering antiretroviral prices for developing countries should now be applied to HCV. UNITAID can guarantee

and pool initial drug demand, negotiate price reductions, and facilitate generic competition as appropriate and feasible, support quality assurance through WHO's Pre-Qualification Programme, introduce simpler diagnostics when becoming available, and generate demand forecasts, as countries start increasing access to HCV treatment. UNITAID's unique role is to lower prices; organisations such as the Global Fund to fight AIDS, Tuberculosis and Malaria and the US President's Emergency Plan for AIDS Relief should help in scaling up treatment.

Inclusion of HCV/HIV co-infection in UNITAID's new strategy would have a dramatic effect on health and keep UNITAID at the forefront of market impact interventions.

We declare that we have no conflicts of interest.

\*Tido von Schoen-Angerer, Jennifer Cohn, Tracy Swan, Peter Piot  
tido.von.schoenangerer@gmail.com

Médecins Sans Frontières, Geneva, Switzerland (TvSA, JC); Department of Pediatrics, HFR, Fribourg, Switzerland (TvSA); Treatment Action Group, New York, NY, USA (TS); and London School of Hygiene and Tropical Medicine, London, UK (PP)

- 1 ITAD. UNITAID 5 year evaluation. <http://www.unitaid.eu/images/Five-year-evaluation/5YE%20Exec%20Summary-UNITAID%202012-12-03%2016h00.pdf> (accessed Feb 12, 2013).
- 2 Alter MJ. Epidemiology of viral hepatitis and HIV co-infection. *J Hepatol* 2006; **44** (suppl 1): S6–9.
- 3 van der Helm J, Geskus R, Sabin C, et al, for the CASCADE collaboration in EuroCoord. Effect of HCV infection on cause-specific mortality following HIV seroconversion before and after 1997. *Gastroenterology* 2012; published online Dec 22. <http://dx.doi.org/10.1053/j.gastro.2012.12.026>.
- 4 Hernando V, Perez-Cachafeiro S, Lewden C, et al. All-cause and liver-related mortality in HIV positive subjects compared to the general population: differences by HCV co-infection. *J Hepatol* 2012; **57**: 743–51.
- 5 Davies A, Singh KP, Shubber Z, duCros P, et al. Treatment outcomes of treatment-naïve hepatitis C patients co-infected with HIV: a systematic review and meta-analysis of observational cohorts. *PLoS One* 2013; **8**: e55373.

### Department of Error

Das P, Samarasekera U. The story of GBD 2010: a "super-human" effort. *Lancet* 2012; **380**: 2067–70—In this Special Report (Dec 15/22/29), Aaron Cohen should have also been listed as principal scientist at the Health Effects Institute, MA, USA. This correction has been made to the online version as of Feb 22, 2013.

Lozano R, Naghavi M, Foreman K, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2095–128—In this Article (Dec 15/22/29), Mohammad A AlMazroa and Ziad A Memish have been added to the author list and the affiliation details have been updated. These changes have been made to the online version as of Feb 22, 2013.

Salomon JA, Vos T, Hagan DR, et al. Common values in assessing health outcomes from disease and injury: disability weights measurement study for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2129–43—In this Article (Dec 15/22/29), Jost B Jonas has been added to the author list and the affiliation details have been updated. These changes have been made to the online version as of Feb 22, 2013.

Salomon JA, Wang H, Freeman MK, et al. Healthy life expectancy for 187 countries, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2144–62—In this Article (Dec 15/22/29), a coding error led to the wrong values being used for life-years lived at ages 80 years and older. This error has been corrected, leading to changes to the data in the Findings section of the Summary, the Results and Discussion sections in the main text, table 1, the healthy life expectancy data in table 2, some of the data in tables 4 and 5, to figures 1, 3, 4, and 5, and to the appendix. These corrections have been made to the online version as of Feb 22, 2013.

Vos T, Flaxman AD, Naghavi M, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2163–96—In this Article (Dec 15/22/29), Mohammad A AlMazroa and Ziad A Memish have been added to the author list and the affiliation details have been updated. These changes have been made to the online version as of Feb 22, 2013.

Murray CJL, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2197–223—In this Article (Dec 15/22/29), Mohammad A AlMazroa and Ziad A Memish have been added to the author list and the affiliation details have been updated. These changes have been made to the online version as of Feb 22, 2013.

Lim SS, Vos T, Flaxman AD, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2224–60—In this Article (Dec 15/22/29), Mohammad A AlMazroa and Ziad A Memish have been added to the author list and the affiliation details have been updated. These changes have been made to the online version as of Feb 22, 2013.