Community Surveys Show Enthusiasm for Long-Acting Hepatitis C Cure Research

Long-acting HCV therapy could potentially cure people with a single injection at the time of diagnosis.

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People living with or at risk of hepatitis C virus (HCV), health care providers, and policymakers in low- and middle-income countries (LMICs) showed significant interest in a potential long-acting HCV cure, recent surveys have found.

The Unitaid-funded LONGEVITY Project, of which Treatment Action Group (TAG) is a member, conducted the surveys, and the Long-Acting Technologies Community Advisory Board (LAT CAB) disseminated them to ensure broader reach across the world. Detailed analyses of the survey results appear in two scholarly articles in the Journal of Viral Hepatitis, coauthored by TAG acting HCV program director Joelle Dountio, offering key insights regarding community attitudes toward LATs in LMICs.

HCV is currently curable with eight to twelve weeks of oral direct-acting antivirals (DAAs), yet only 36% of the estimated 50 million people living with HCV were diagnosed between 2015 and 2022, and only 20% received treatment, according to the World Health Organization (WHO).

The fact that people who inject drugs, people in carceral settings, and people who are unstably housed are most at risk for HCV makes care provision challenging, because these populations too often lack meaningful access to health care.

Furthermore, the complicated process involved in diagnosing HCV — often involving multiple visits sometimes across multiple facilities — allows frequent loss-to-follow-up. A long-acting HCV cure could potentially cure people with a single injection at the time of diagnosis.

Key findings from the community surveys discussed in the Journal of Viral Hepatitis articles include:

- 93% of health care providers surveyed would be willing to prescribe comparably effective LATs,

and 72% said they would prefer them to daily oral pills.

- Of healthcare providers who preferred LATs to oral DAAs, 67% preferred injectable LATs, 24% preferred patches, and 9% favored implants.
- 20% of healthcare providers indicated that they would be willing to prescribe LATs even if these were more expensive than oral DAAs.
- 78% of people living with or at risk of HCV within three LMICs reported that they would be willing to accept an injectable HCV cure, 55% would accept patches, and 43% would accept implants.
- While 61% of these people chose pills as their most preferred LATs option, people who had received injections previously were more likely to find injectable LATs acceptable.
- 53% reported concerns about LATs effectiveness, and 44% worried about potential side effects.
- Of all potential benefits of LATs, people with, and at risk of HCV most valued greater convenience (63%), effectiveness (52%), fewer side effects (50%), and discretion (45%).

“Community values and preferences are crucial elements in the uptake of novel technologies,” said Dountio, who co-chairs LAT CAB, a network of survivors, clinicians and civil society members representing community voices in research and development. “These survey results suggest high enthusiasm among end users, health care providers and policy makers for a single-shot injectable LAT to cure HCV. Such simplicity could serve as a great consolation for going through the cumbersome HCV diagnostic process, and significantly improve health outcomes in our communities.”

Community members can apply survey insights to advocacy specific to local contexts: “For Mauritius, the study underscores the importance of tailoring HCV interventions to population preferences, particularly considering urban and rural disparities, younger demographics, and education levels,” said Shatyam Issur of LAT CAB. “Coupled with point-of-care diagnostics, LA treatments could play a transformative role in improving HCV care delivery, and advancing the country’s efforts to meet global elimination targets.”

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