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Authors' response to Letter to the Editor: "Colombian experience in the management of hepatitis C"

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Abstract:

In our response to the Letter to the Editor "Colombian experience in the management of hepatitis C", we commend the authors on their presentation of the Colombian model for hepatitis C treatment delivery and patient management. Using this model, Colombia has seen improvements in hepatitis C treatment access, patient monitoring, and rates of cure - facilitated by international collaboration for the procurement of medications and the use of a centralised national database. Expanding on this, we highlight the global need to simplify treatment access and facilitate treatment in community settings, in order for hepatitis C elimination to be attainable. Integrated approaches to hepatitis C care - including harm reduction - are a vital step towards achieving the 2030 viral hepatitis elimination goal at a country-level.

Keywords: Hepatitis C; Colombia; models of care; disease elimination; developing countries; elimination strategies

To the Editor:

In our recent publication in this journal we discussed a diversity of effective strategies to eliminating hepatitis C at a country level, highlighting that major gains are possible across various epidemic profiles, within a diverse range of resource constraints, and within relatively short-time frames¹. We thank Gomez-Aldana and colleagues for responding to this publication and presenting the Colombian experience to an international audience.

We were delighted to read that centralised procurement of hepatitis C medications through the Pan American Health Organization (PAHO) has enabled Colombia to improve hepatitis C treatment

access², demonstrating the utility of international collaboration to address a global public health issue. The register also provides a centralised database to monitor and track disease outcomes and captures strategic surveillance information to understand who is accessing treatment and who is potentially being left behind. The 1,145 patients registered thus far provides a benchmark from which to continue to scale up efforts, critical to reach the estimated 325,000 people living with hepatitis C (with active infections) in Colombia.

The high proportion of HIV/HCV co-infected patients accessing treatment to date provides an early indication of the efficiency of integrating HCV treatment programs into HIV programs; such models have been successfully scaled up in Brazil, Georgia and India^{1, 3}. Beyond integrated approaches, we would also like to highlight the importance of simplified models of care, low-cost diagnostics and treatment, and harm reduction in community settings to enable rapid scale up.⁴ Such models are vital if countries like Colombia are to be successful in their pursuit of hepatitis C elimination.

In addition to its benefits for facilitating primary disease management and hepatitis C treatment, the *Cuenta de Alto Costo* (CAC) program described by the authors appears to have great value for future monitoring of potential hepatitis C reinfection and management of incident liver cancer and cirrhosis. The data captured could also enable the economic benefits of hepatitis C elimination to be calculated⁵, and used to galvanize additional funding and support for continued investment in elimination programs in Colombia and other countries.

Globally, the simplification of treatment access and facilitating treatment in community settings are central towards achieving hepatitis C elimination¹ and we will be eagerly monitoring how Colombia progresses towards its 2030 elimination targets.

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