

# Hepatitis C: *Policy in Action*

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**INHSU 2017**



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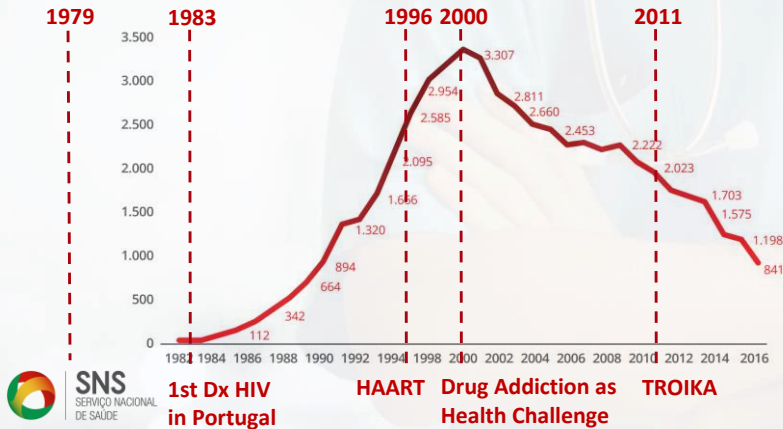
## Portugal: Cascais – Sintra – Estoril Coast



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## HIV in Portugal

### Number of New HIV Infections 1983-2016



SNS  
SERVIÇO NACIONAL  
DE SAÚDE

1st Dx HIV  
in Portugal

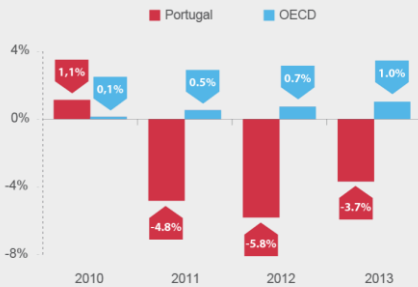
HAART Drug Addiction as  
Health Challenge

TROIKA

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## HIV in Portugal

### 2011 | TROIKA@Portugal



\* Per capita spending in real terms.  
Source: OECD Health Statistics 2015



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HIV in Portugal

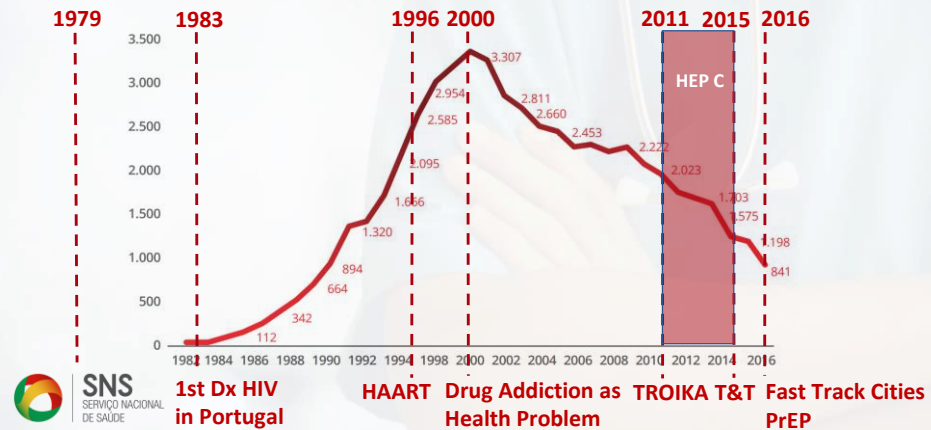
2011 | HIV Resolution



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HIV in Portugal

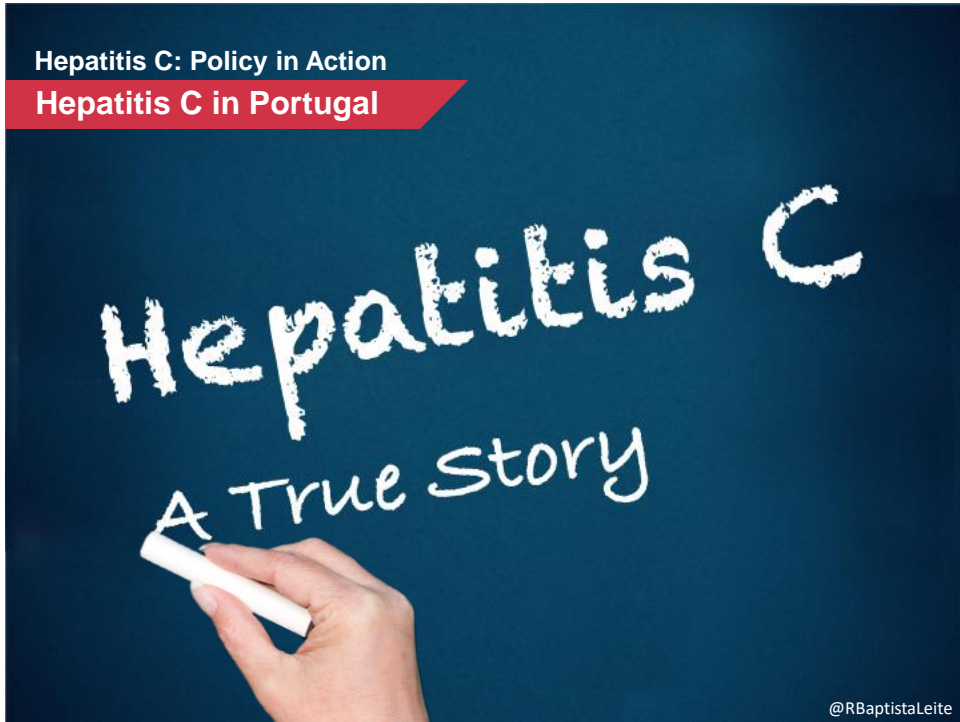
Number of New HIV Infections 1983-2016



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Hepatitis C: Policy in Action

Hepatitis C in Portugal



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Hepatitis C: Policy in Action

HCV Paradigm Shift



STRATEGIC CONSENSUS  
 INTEGRATED MANAGEMENT OF  
**HEPATITIS C**  
 IN PORTUGAL

### Católica University of Portugal

Institute of Health Sciences  
Public Health Unit



Consensus Method®

Review scientific data

Collect data from main stakeholders (*Think Tank*)

Consensus paper to support future decisions on how to manage hepatitis C in Portugal, from a public policy perspective: *from prevention to cure*

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## Hepatitis C: Policy in Action

### HCV | The Research to Policy Gap

June -  
December  
2014

Only ~50 patients with Hepatitis C were treated with 3rd generation antiviral drugs (special authorizations)

Negotiations between Ministry of Health and Pharma Industry went on behind closed doors. **Absolute uncertainty on what would be the outcome of those negotiations.**

Private hospitals were charging over 100k Euros to treat Hepatitis C.

**Advocats from all fields were demanding a decision, including a possible patent violation (under the Doha treaty), to save lives.**

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## Hepatitis C: Policy in Action

### The Tipping Point

February 2015



**"DON'T LET ME DIE"**

*José Carlos Saldanha*

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## Hepatitis C: Policy in Action

### HCV | When Research meets Policy



The Ministry of Health announced an agreement with Gilead Sciences and Harvoni® was fully **funded for all patients with Hepatitis C.**

**Risk sharing model was adopted.** The Ministry agreed on paying **per patient that is clinically cured** (not per number of weeks of treatment nor per number of patients treated) and the payment procedures were fully centralized.

**Volume-based agreement: Price paid is inversely proportional to the number of patients treated.**

**National Action Plan for Hepatitis C** and the review of the **national HCV treatment guidelines** were announced and are currently being prepared by a panel of experts.

**Centralized registry database** was commissioned and is currently used by physicians.

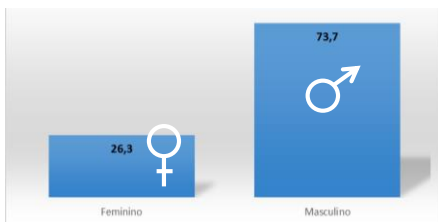
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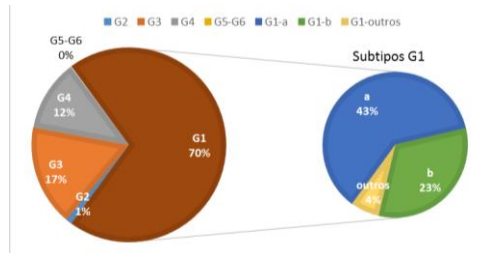
## Hepatitis C: Policy in Action

### Hep C Portugal | Central Registry

Gender Distribution (%)



Genotype Distribution (%)

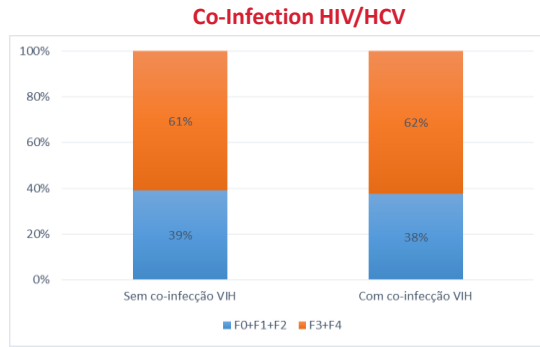


Source: Ministry of Health PT

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**Hepatitis C: Policy in Action**  
**Hep C Portugal | Central Registry**



**27,2% co-infection HIV/HCV**

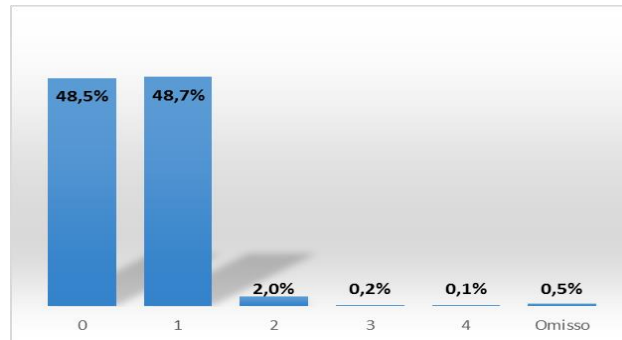
Source: Ministry of Health PT

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**Hepatitis C: Policy in Action**  
**Hep C Portugal | Central Registry**

**51,5% of Patients were treated previously for HCV**



Source: Ministry of Health PT

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## Hepatitis C: Policy in Action Hepatitis C in Portugal

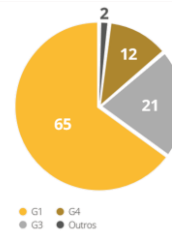


Over 17,591 patients that have been diagnosed with chronic HCV in the NHS and their treatment has been authorized

11.792 patients have initiated treatment

6.639 PATIENTS CURED

96,5% SVR



Source: Ministry of Health PT, July 2017

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## Hepatitis C: Policy in Action Hepatitis C in Portugal



**Averted**  
3.477 premature liver related deaths



**Gained**  
62.869 life years



**Averted**  
339 liver transplants,  
1.951 liver cancers,  
5.417 cases of chirosis



**Savings**  
271.4 million Euros on treatment costs related to hepatitis c complications

Source: Martins J, Rodrigues J, Paula Martins A, Andreozzi V, Vandewalle B, Félix J, Castro Alves E, Mota-Filipe H. Long-Term Effect of the Portuguese Universal Access Program to New Generation Direct-Acting Antivirals for Treatment of Hepatitis C. EASL 2016, Barcelona, Poster #SAT-178.

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# Hepatitis C: Policy in Action Making Change Happen



**EPH** EUROPEAN  
PUBLIC  
HEALTH  
CONFERENCE  
2016 | Vienna, Austria

Policy change is possible using

**EDD:**

- E**vidence-based
- D**ata-Driven
- D**ecision-Oriented Policy Making

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**LET'S END HEPC:**

## ROAD TO ELIMINATION DASHBOARD

Institute of Health Sciences | Católica University of Portugal  
Public Health Unit

DECLARATION OF INTERESTS  
Gilead Sciences Europe Ltd is providing financial support for this project.

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## LET'S END HEPC

### Road to Elimination Dashboard



**SUPPORTING *WHO* ON THE ELIMINATION OF THE VIRAL FORMS OF HEPATITIS BY THE YEAR 2030.**

**ELIMINATION BY 2030 MEANS:**

**REDUCING NEW INFECTIONS BY 90 PERCENT,  
AND MORTALITY BY A CORRESPONDING 65  
PERCENT**

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## LET'S END HEPC

### WHERE WE ARE



**Elimination demands a holistic approach:**

“Close the Tap” to new infections through **prevention** strategies

Achieve **diagnosis** of all cases of HCV chronic infections in the community

Ensure **linkage-to-care** for all patients diagnosed with hepatitis C

Guarantee **access to treatment** according to updated guidelines

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## LET'S END HEP C

### REGIONAL DISPARITIES AND NO SURVEILLANCE

There are no policy surveillance mechanisms available at the national or European levels for these parameters:

- It has become impossible to assess if we are truly on the road to eliminate Hepatitis C
- We are unable to perform a comparative policy analysis at the country level
- Health policy and management officials don't have the appropriate tools needed to make evidence based decisions towards Hep C elimination

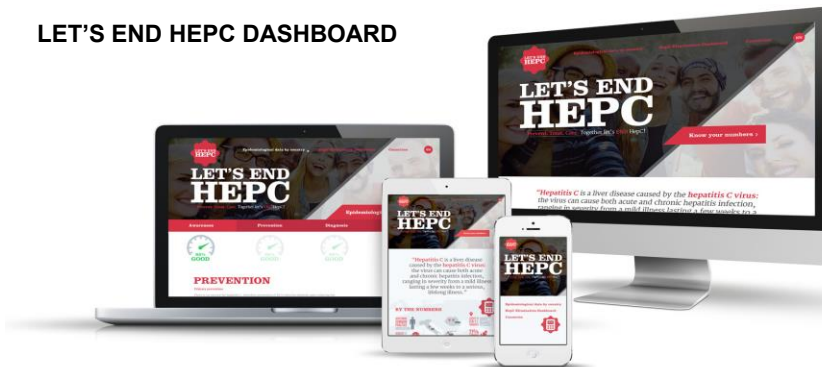
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## LET'S END HEP C

### WHAT WE NEED



### LET'S END HEP C DASHBOARD

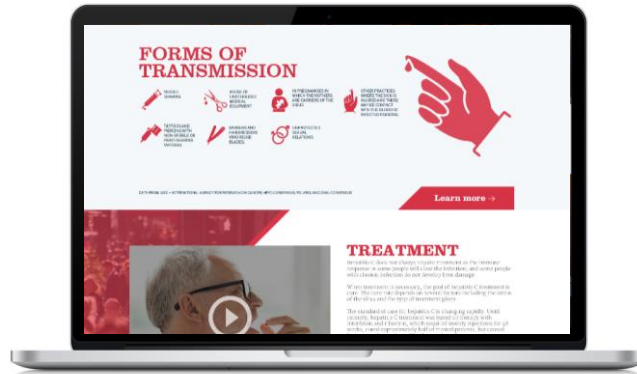


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## Road to Elimination Dashboard



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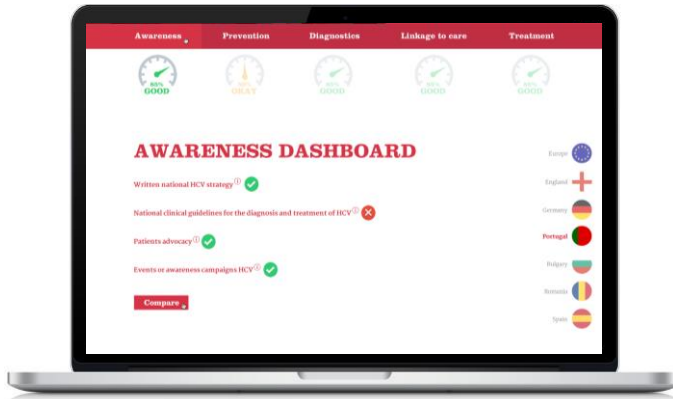


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Road to Elimination Dashboard



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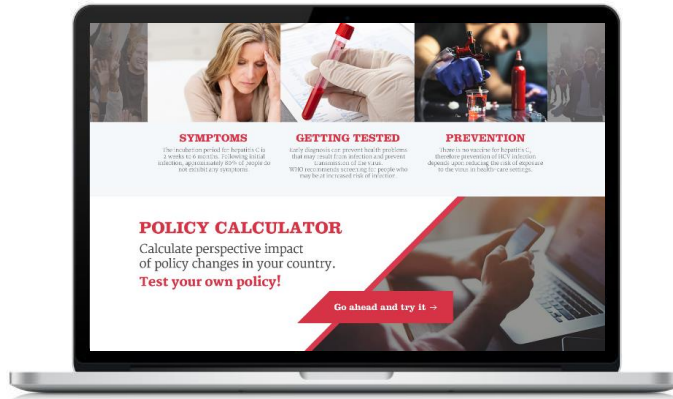


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### Road to Elimination Dashboard



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## LET'S END HEPC

### METHODOLOGY & IMPACT



1. Grid of **policy indicators validated by a multistakeholder university panel**
2. **Open data** policy surveillance digital platform
3. **Website and App** hosting Dashboard and additional epidemiological data
4. **Network of prestigious university centres** committed to maintaining the dashboard up-to-date on a semester basis (every 6 months)
5. **Automatic (predictive) assessment of country capability of achieving elimination of Hepatitis C by 2030**
6. **Real time 'calculation' of impact of policy changes at country level**
7. **Provide advocates the tools needed** to push for policy changes at country and European levels.

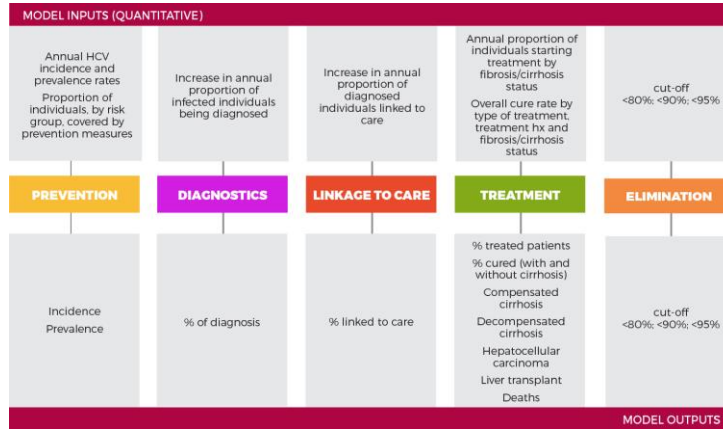
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# LET'S END HEP C

## LINK BETWEEN QUANTITATIVE MODEL INPUTS & OUTPUTS

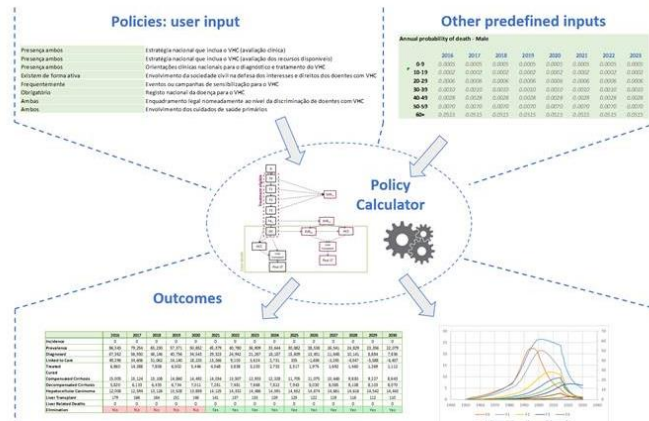


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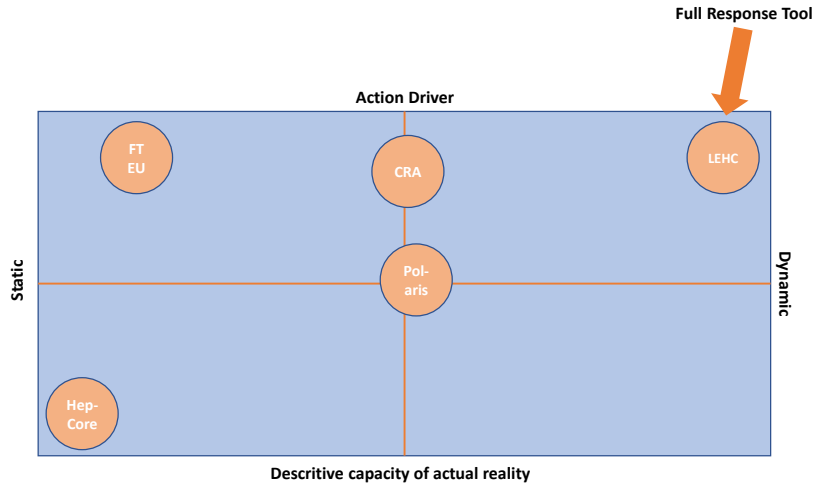
# LET'S END HEP C

## LINK BETWEEN QUANTITATIVE MODEL INPUTS & OUTPUTS



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**LET'S END HEPC**  
**COMPARATIVE ANALYSIS MATRIX**



**LET'S END HEPC**  
**Road to Elimination Dashboard**



***A tool that integrates***

Open data policy surveillance digital platform

**Indicators from each link of the "Hepatitis C Cascade":**  
 Awareness & Prevention  
 Diagnosis  
 Linkage to Care  
 Treatment  
 Cure

Country comparative analytic tools at the service of all

Prospective impact assessment of indicator adjustments

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# TAKING GLOBAL ACTION TO DELIVER ON GLOBAL POLICY GOALS

There is a need to better coordinate network of Parliamentarians to End HIV/AIDS, Viral Hepatitis and Tuberculosis

Key diseases with the critical

Addressing inequalities, inequality, exclusion and changing epidemiological trends

**Generate synergies** in action by approaching the 3 interrelated epidemics together

Focus responses and expand testing in **key populations**

Ensure **access** to treatment

Promote **research & innovation**

# UNITE



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It's time to end HIV/AIDS, Viral Hepatitis and Tuberculosis. It's time to **UNITE.**

# UNITE

Parliamentarians Network to End HIV/AIDS, Viral Hepatitis and Tuberculosis  
[www.unitenetwork.org](http://www.unitenetwork.org)

With the support and under the auspices of



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