



ELIMINATE ~~HEPATITIS~~



## THE PATIENT PERSPECTIVE ON ELIMINATING VIRAL HEPATITIS


**Marinela Debu,**

APAH-RO president & ELPA vicepresident

# About APAH-RO

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- The Romanian Liver Patients Association (APAH-RO) was established in 2009, by a group of patients affected by liver disease
  - APAH-RO has branches & regional centers in Alexandria, Arad, Brasov, Bucharest, Iasi and Cluj
  - The association secures the liaison between key stakeholders – patients, medical community, central & local authorities
  - **APAH-RO acts under the „For Your Rights!” motto, aiming to have in Romania:**
    - **A National Strategy for Hepatitis** which should include key stages such as:
      - Screening/ Prevention
      - Diagnosis
      - Treatment
      - Monitoring
    - **Access to treatment** for all patients, **without discrimination**
    - Prevention, **without disruption – vaccine for Hepatitis B**
    - Increased awareness regarding viral hepatitis
    - **Analysis/ tests for viral hepatitis (diagnosis & monitoring) reimbursed by the National Health Insurance House** (part of the basic analysis package – through GPs)
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**Dr Gottfried Hirnschall,**  
Director of the WHO's Global Hepatitis Programme

- **“We know how to prevent viral hepatitis, we have a safe and effective vaccine for hepatitis B, and we now have medicines that can cure people with hepatitis C and control hepatitis B infection.”**



(September 2015,  
<http://www.who.int/mediacentre/news/releases/2015/eliminate-viral-hepatitis/en/>)



# WHO/ eliminating viral hepatitis

**Table 1. Global hepatitis strategy targets at a glance**

TARGET AREA	BASELINE 2015	2020 TARGETS	2030 TARGETS
<b>Impact targets</b>			
Incidence: New cases of chronic viral hepatitis B and C infections	Between 6 and 10 million infections are reduced to 0.9 million infections by 2030 (95% decline in hepatitis B virus infections, 80% decline in hepatitis C virus infections)	30% reduction (equivalent to 1% prevalence of HBsAg <sup>1</sup> among children)	90% reduction (equivalent to 0.1% prevalence of HBsAg among children) <sup>2</sup>
Mortality: Viral hepatitis B and C deaths	1.4 million deaths reduced to less than 500 000 by 2030 (65% for both viral hepatitis B and C )	10% reduction	65% reduction
<b>Service coverage targets</b>			
Hepatitis B virus vaccination: childhood vaccine coverage (third dose coverage)	82% <sup>3</sup> in infants	90%	90%
Prevention of hepatitis B virus mother-to-child transmission: hepatitis B virus birth-dose vaccination coverage or other approach to prevent mother-to-child transmission	38%	50%	90%
Blood safety	39 countries do not routinely test all blood donations for transfusion-transmissible infections 89% of donations screened in a quality-assured manner <sup>4</sup>	95% of donations screened in a quality-assured manner	100% of donations are screened in a quality-assured manner
Safe injections: percentage of injections administered with safety-engineered devices in and out of health facilities	5%	50%	90%
Harm reduction: number of sterile needles and syringes provided per person who injects drugs per year	20	200	300
Viral hepatitis B and C diagnosis	<5% of chronic hepatitis infections diagnosed	30%	90%
Viral hepatitis B and C treatment	<1% receiving treatment	5 million people will be receiving hepatitis B virus treatment 3 million people have received hepatitis C virus treatment (Both targets are cumulative by 2020)	80% of eligible persons with chronic hepatitis B virus infection treated 80% of eligible persons with chronic hepatitis C virus infection treated

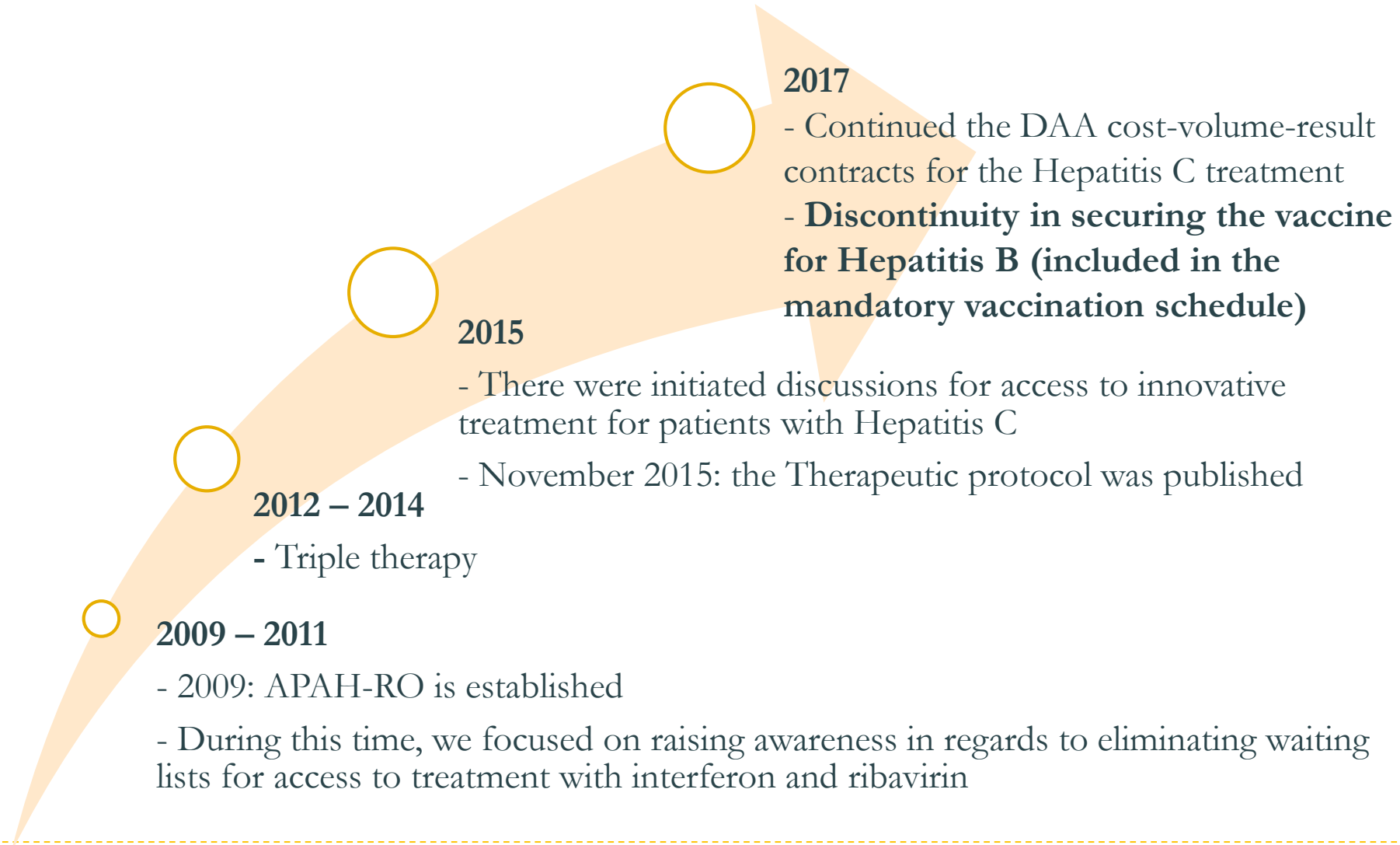
<sup>1</sup> The abbreviation “HBsAg” refers to hepatitis B virus surface antigen. It should be noted that some of WHO’s regional committees have already endorsed region-specific targets. 1% is to be taken as the global average.

<sup>2</sup> Documentation of the 0.1% HBsAg will require development of new methods for validation that should be developed in the light of all available efforts to eliminate mother-to-child transmission of the hepatitis B virus, such as the use of the hepatitis B vaccine and anti-viral medicines.

<sup>3</sup> WHO/UNICEF coverage estimates 2013 revision, July 2014, see: [http://apps.who.int/immunization\\_monitoring/globalsummary/timeseries/tswucoveragebcg.html](http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragebcg.html) (accessed 1 April 2016).

<sup>4</sup> Global database on blood safety, Summary Report 2011, see: [http://www.who.int/bloodsafety/global\\_database/GDBS\\_Summary\\_Report\\_2011.pdf?ua=1](http://www.who.int/bloodsafety/global_database/GDBS_Summary_Report_2011.pdf?ua=1) (accessed 1 April 2016).

# Romania/ access to treatment



# Hepatitis – state of play in Romania

## Viral hepatitis – a public health issue



~ 600.000 Romanians live with chronic hepatitis C!

~ 800.000 Romanians live with chronic hepatitis B!

Increase in reported hepatitis A cases!

Although it is included in the mandatory vaccination schedule, the vaccine for hepatitis B is not available on the Romanian market! (issue since the end of 2016)



**ROMANIA RANKS 4<sup>TH</sup>, IN EUROPE, IN TERMS OF LIVER DISEASE DEATHS!**

Romania is among the countries that do not have specific policies for prevention, diagnosis and treatment targeting viral hepatitis!

Past efforts in addressing the issue were mainly inconsistent!



# Viral hepatitis, the socio-economic dimension

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- Due to lack of awareness on the issue, people diagnosed with hepatitis face social stigma
- Many patients do not disclose their healthcare status
  - Increases the risk of disease transmission
- Patients or people who have family members diagnosed with hepatitis often feel excluded in working environments
  - **Labor Code does not have special provisions regarding discrimination based on the healthcare condition of the employee**



# Challenges in addressing viral hepatitis

- According to Euro Hepatitis Care Index\* (2012), the main issues in terms of viral hepatitis in Romania include:
  - Lack of systematic measures for diagnosis
  - Lack of financing for testing without a recommendation from the GP or from a specialist doctor
  - Lack of a national register for Hepatocellular Carcinoma (HCC)
  - Lack of specialized medical assistants dedicated to viral hepatitis
  - Lack of a national efficient system for monitoring viral hepatitis

\* <http://www.healthpowerhouse.com/files/euro-hepatitis-index-2012/Report-Hepl-HCP-121104-2-w-Cover.pdf>

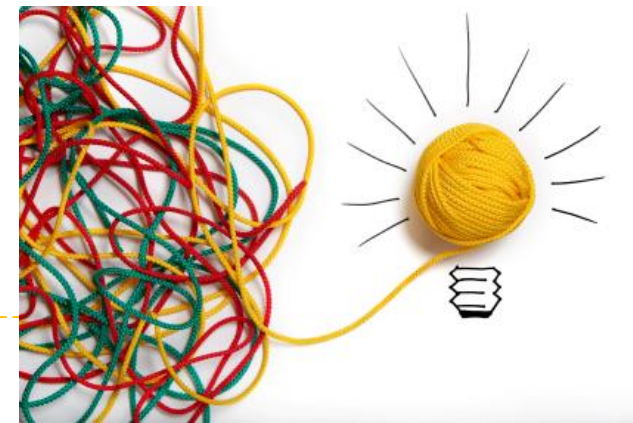




# APAH-RO, active in public debates

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- APAH-RO actively engaged in the national public debates related to securing patients' access to treatment
  - Attended public debates organized by the Ministry of Public Health & the National Health Insurance House & submitted recommendations
    - Vaccination Law
    - Cost-volume-result contracts
  - Attended the working event organized at the Ministry of Public Health (July 18<sup>th</sup>), with the participation of the WHO representative, representatives of the public authorities in charge with defining healthcare policies, representatives of the medical community, NGOs representatives
- We've emphasized the need of an integrated strategy supported by all key stakeholders



# Action points for Romania/ viral hepatitis

**Acknowledging hepatitis as a PUBLIC HEALTH ISSUE!**

**- Implementing a NATIONAL STRATEGY FOR VIRAL HEPATITIS -**

Securing a framework targeting a wide range of people at risk: people that do not have medical insurance, people who inject drugs, prisoners etc.

## **PROGRAMS FOR RAISING AWARENESS & PREVENTION**

**SCREENING** (diagnosis at early stages)

- Increasing chances of getting cured
- Decreasing the risk of spreading the infection
- Decreasing treatment costs related to complications – cirrhosis, liver cancer

## **ACCESS TO TREATMENT**

Treating infection at an early stage reduces costs related to treating complications!

## **MONITORING**

- Reimbursing analysis/ tests
- Securing psychological counseling

# Action points for Romania/ hepatitis C

During the public debate organized by the National Health Insurance House, on September 13<sup>th</sup>, in regards to the cost-volume result contracts, APAHO-RO submitted **the following proposals aimed at increasing patients' access to treatment & securing better pricing within negotiations:**

1. Implementing a **MULTI-WINNER SYSTEM**, in order to eliminate discrimination in terms of access to treatment for certain categories of patients

2. **LONG-TERM CONTRACTS** (more than a year), in order to ensure predictability in regards to access to treatment

3. **INITIATING THE PROCEDURE FOR NEGOTIATIONS IN DUE TIME**, in order to avoid disruptions in terms of access to treatment for patients





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