Hepatitis C: Policy in Action

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8th September 2017 | Jersey City, New York

Portugal: Cascais – Sintra – Estoril Coast
HIV in Portugal

Number of New HIV Infections 1983-2016

- 1st Dx HIV in Portugal
- HAART
- Drug Addiction as Health Problem
- TROIKA T&T
- Fast Track Cities
- PrEP
Hepatitis C: Policy in Action

Hepatitis C in Portugal

Hepatitis C: Policy in Action

HCV Paradigm Shift

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

May 2014

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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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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.

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

Source: Ministry of Health PT
Hepatitis C: Policy in Action
Hep C Portugal | Central Registry

27.2% co-infection HIV/HCV

Source: Ministry of Health PT

51.5% of Patients were treated previously for HCV

Source: Ministry of Health PT
**Hepatitis C: Policy in Action**

**Hepatitis C in Portugal**

**Today**

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

**Health Outcomes (Feb 2017)**

- **Averted**: 3,477 premature liver related deaths
- **Gained**: 62,869 life years
- **Averted**: 339 liver transplants, 1,951 liver cancers, 5,417 cases of cirrhosis
- **Savings**: 271.4 million Euros on treatment costs related to hepatitis C complications

Hepatitis C: Policy in Action
Making Change Happen

Policy change is possible using **EDD:**
- Evidence-based
- Data-Driven
- Decision-Oriented Policy Making

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.
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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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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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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WHAT WE NEED

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

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.
# Let's End HEPC

## Link Between Quantitative Model Inputs & Outputs

### Model Inputs (Quantitative)

<table>
<thead>
<tr>
<th>Model Inputs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence</td>
<td>Proportion of newly infected individuals</td>
</tr>
<tr>
<td>Prevalence</td>
<td>Proportion of infected individuals at the end of the year</td>
</tr>
<tr>
<td>Increase</td>
<td>Annual increase in number of infected individuals</td>
</tr>
<tr>
<td>Cured</td>
<td>Proportion of infected individuals who have been cured</td>
</tr>
<tr>
<td>Treated</td>
<td>Proportion of infected individuals who are treated</td>
</tr>
<tr>
<td>Deaths</td>
<td>Number of deaths due to HCV-related causes</td>
</tr>
</tbody>
</table>

### Model Outputs

<table>
<thead>
<tr>
<th>Output</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence and Prevalence Rates</td>
<td>Proportion of infected individuals at the end of the year</td>
</tr>
<tr>
<td>Increase in Incidence</td>
<td>Annual increase in number of infected individuals</td>
</tr>
<tr>
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## Let's End HEPC

## Link Between Quantitative Model Inputs & Outputs

### Policies: User Input

<table>
<thead>
<tr>
<th>Policies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Measures to prevent HCV transmission</td>
</tr>
<tr>
<td>Treatment</td>
<td>Measures to treat HCV-infected individuals</td>
</tr>
<tr>
<td>Surveillance</td>
<td>Measures to monitor HCV prevalence</td>
</tr>
</tbody>
</table>

### Other Predefined Inputs

<table>
<thead>
<tr>
<th>Input</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Year of analysis</td>
</tr>
<tr>
<td>Age</td>
<td>Age groups</td>
</tr>
<tr>
<td>Sex</td>
<td>Sex groups</td>
</tr>
<tr>
<td>Region</td>
<td>Region groups</td>
</tr>
</tbody>
</table>

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COMPARATIVE ANALYSIS MATRIX

Full Response Tool

Descriptive capacity of actual reality

Static

Dynamic

FT EU

CRA

LEHC

Polaris

Hep-Core

Action Driver

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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There is a need to foster an organized network of Parliamentarians to fight HIV/AIDS, Viral Hepatitis and Tuberculosis, to:

- Address the long-stand quality of life, 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

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

With the support and under the auspices of www.unenetwork.org