THE HCV DRUG POLICY SIMILARITY SCORE AMONG COUNTRIES IN THE EU/EEA, AND THE UK

Authors: Adam Palayew BSc^{1*}, Samya Rose Stumo MSc^{2*}, Prof Graham S Cooke FRCP³, Prof Sharon J Hutchinson PhD⁴, Prof Marie Jauffret-Roustide PhD⁵, Prof Mojca Maticic MD PhD^{6,7}, Prof Magdalena Harris PHD⁸, Prof Ammal M Metwally MD^{9,10}, Prof Jeffrey V Lazarus PhD², on behalf of the Hep-CORE Study Group

*Co-first author

Affiliations:

- 1. McGill University Department of Epidemiology, Biostatistics, and Occupational Health, Montreal, Canada 942 Pine Ave W, H3A 1A2, Montreal, Quebec, Canada Canada
- 2. Barcelona Institute for Global Health (ISGlobal), Hospital Clínic, University of Barcelona, Calle del Rossellón 132, 4th, ES-08036 Barcelona, Spain
- 3. Division of Infectious Diseases, Imperial College, South Kensington, SW7 2AZ London, UK
- 4. School of Health and Life Sciences, Glasgow Caledonian University Cowcaddens Rd Glasgow, UK
- 5. Cermes3 (Inserm U988/CNRS UMR 8211/Ecole des Hautes Etudes en Sciences Sociales/Paris Descartes University), 45 rue des saints-pères, Paris, 75015 France
- 6. Clinic for Infectious Diseases and Febrile Illnesses, University medical Centre Ljubljana, Japljeva 2, 1525 Ljubljana, Slovenia
- 7. Faculty of Medicine, University of Ljubljana, Vrazov trg 2, 1000, Ljubljana, Slovenia
- 8. Department of Public Health, Environments and Society; London School of Hygiene & Tropical Medicine, 15-17 Tavistock Place, WC1 9SH, London, UK.
- 9. Community Medicine Research Dept, Medical Research Division, National Research Centre, 12311-El-Behoos Str., Dokki, Giza, Egypt
- 10. Association of Liver Patient Care, Dakhlyia, Egypt, Dekernes City, next to Dekernes Club and city Council.

Background:

The World Health Organization (WHO) in 2016 committed to eliminating hepatitis C by 2030, highlighting people who inject drugs (PWID) as a priority population. To reach the elimination goals there is need for policies to address hepatitis C in PWID. The aim of this study was to identify the policy and implementation gap from a patient group perspective.

Methods:

We surveyed 20 member organisations (one per country) of the European Liver Patients Association (ELPA). The survey was distributed in October of 2018 and asked about the implementation of eight policies in place. Once the data were collected, they were coded as 0 (no policy), 1 (policy in place but not implemented), and 2 (policy implemented). We then applied a multiple correspondence analysis (MCA) to generate similarity scores based on the responses. We standardized the results to range from 0-10 (best) and included fictitious reference countries (ElimiNation, ProcrastiNation, and StagNation) to contextualize results.

Results:

All 20 participants responded to all questions. The MCA found that there were two dimensions that explained 44%, and 35% of the variation in the dataset for a total of 79% of the variation explained (figure). The first similarity score (y-axis) indicates the total number of policies that were in place. The second similarity score (x-axis) is about the implementation of policies in place. Spain was the only

country that had all policies in place and implemented. Poland had the lowest implementation level for the policies and Bosnia Herzegovina was the lowest ranked country for policies in place.

Conclusion:

We found that major gaps exist in having policies and their actual implementation. If the countries in the study are to meet the WHO elimination targets, there is a need for all countries to have all relevant policies and for better implementation of policies in practice.



Disclosure of interest:

AP, SRS, MJR, MM, and AM report no conflicts of interests. GC reports personal fees from Gilead, personal fees from MSD, all outside the submitted work. SJH reports personal fees from Gilead, all outside the submitted work. JVL reports grants, personal fees and other from AbbVie, Gilead Sciences, and MSD, and personal fees from CEPHEID, Intercept, and Janssen MSD, outside the submitted work.