Reaching the SDG Targets on Health by 2030 Ending Hep C & AIDS in Portugal

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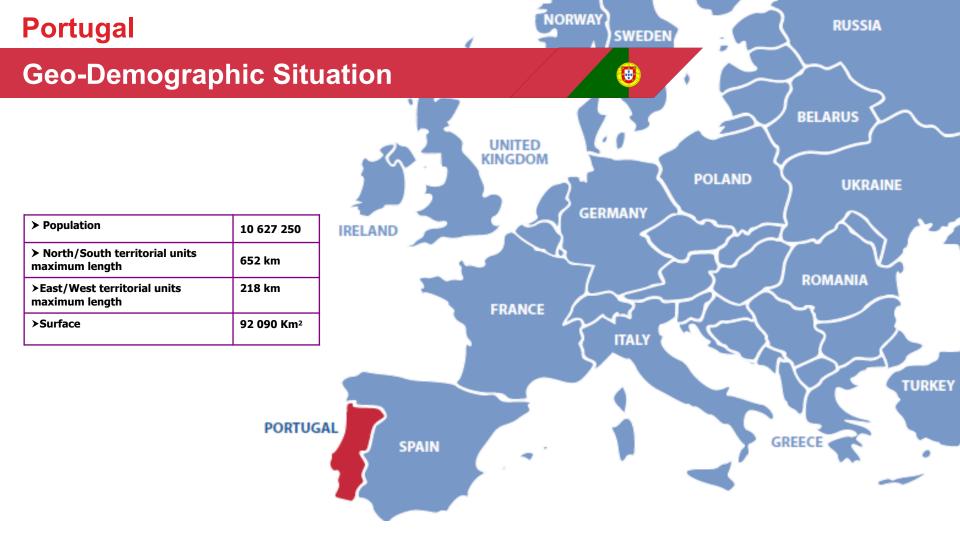
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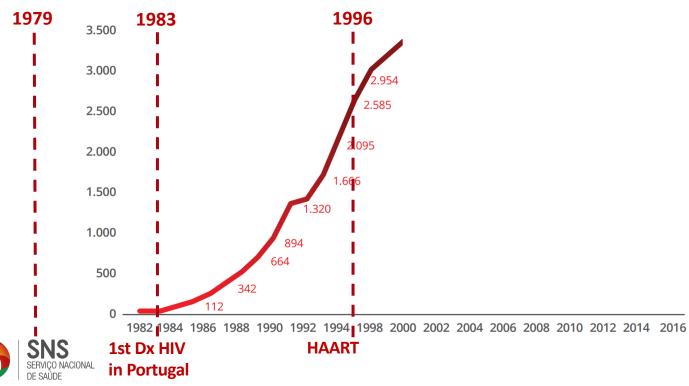
EUROPEAN
HEALTH FORUM
GASTEIN





Number of New HIV Infections 1983-2016

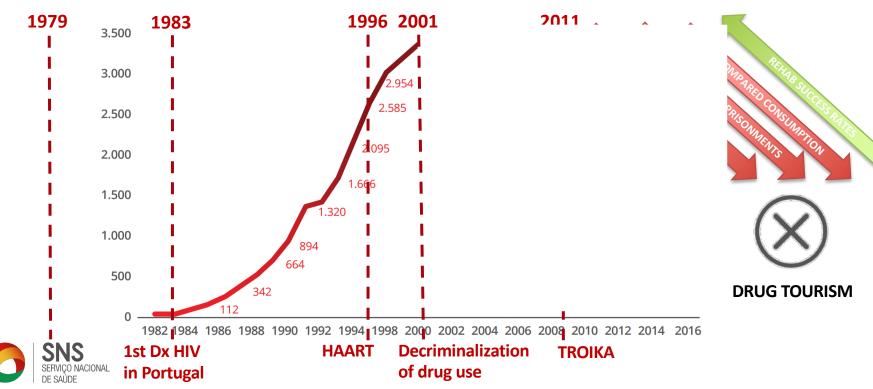




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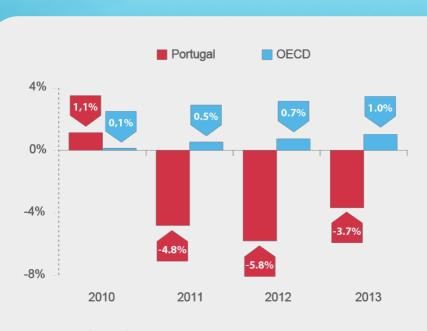




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2011 | TROIKA@Portugal





^{*} Per capita spending in real terms. Source: OECD Health Statistics 2015





2011 | HIV Resolution



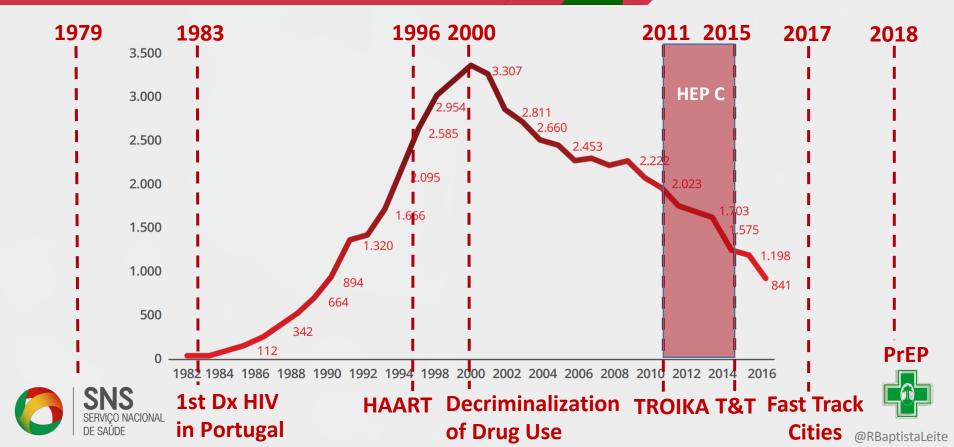






Number of New HIV Infections 1983-2016





Hepatitis C in Portugal







HCV Paradigm Shift







Católica University of Portugal

Institute of Health Sciences

Public Health Unit



LISBOA · PORTO · VISEU

Consensus Method®

Review scientfic 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

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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HCV | When Research meets Policy





The Ministry of Health announced an agreement with Gilead Sciences and DAA's were fully <u>funded for all patients with Hepatitis C</u>.

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 in Portugal

Today

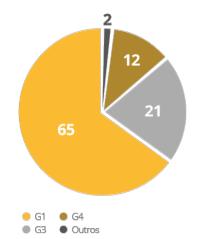
Over 20,712 patients that have been diagnosed with chronic HCV in the NHS

and their treatment has been authorised

18,707 patients have initiated treatment

10,906 PATIENTS CURED

96.6% SVR



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

'Give' politicians what they need

Getting Political Leaders to push for Health Promotion

- In line with public concerns
- Clear 'Before and After' Data
- Savings, No or Low Cost (in this order)
- Timely results (ie, election period)







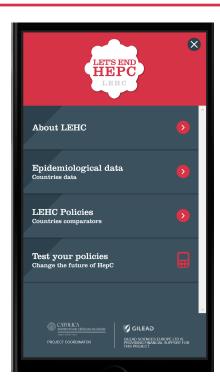


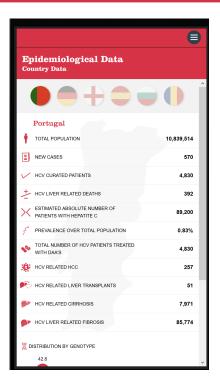
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DECLARATION OF INTERESTS

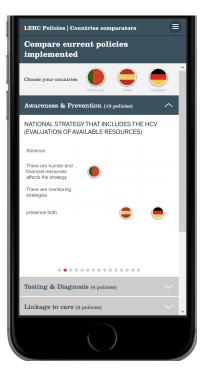












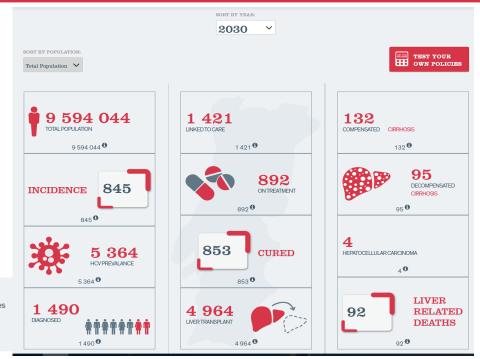




POLICY IMPACT ON HEALTH OUTCOMES

- Main HCV Outcomes
- Per Year 2019-2030
- Vulnerable Populations







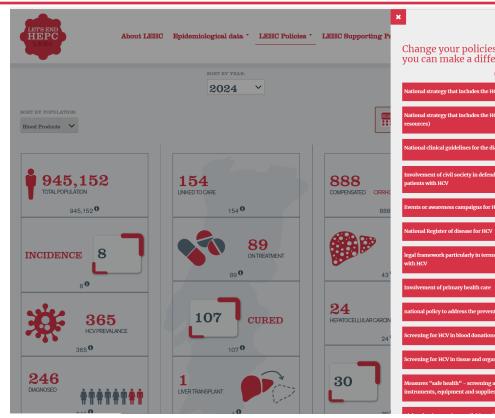


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POLICY CALCULATOR

'Gamification of Policy Making'

LETSENDHEPC.COM **Download the APP 'LET'S END HEPC'**



Change your policies and see where you can make a difference! ational strategy that includes the HCV (clinical evaluation) National strategy that includes the HCV (evaluation of available lational clinical guidelines for the diagnosis and treatment of HCV atients with HCV nvolvement of primary health care creening for HCV in blood donations Screening for HCV in tissue and organ donations

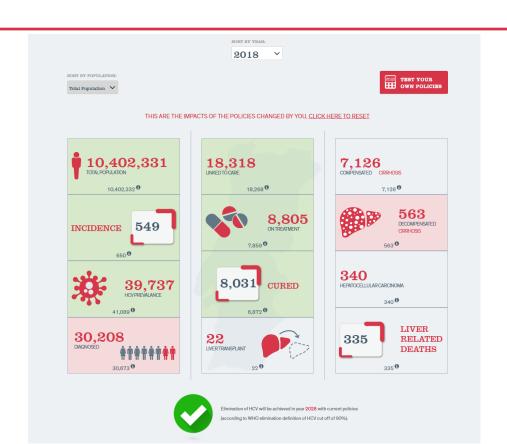




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What's missing to achieve Elimination?





- **Action Plan** with concrete indicators, (elimination) goals and resources for the whole of the cascade including **Europe-wide monitoring** for viral hepatitis
- Overcome the 'warehouse effect'
 - Ongoing awareness campaigns
 - Vulnerable populations | role of NGO's
 - General population | Digital reminders for GP's/ER's
- Ensure harm reduction services and systematic screening programs (in prisons and other settings)

What's missing to achieve Elimination?





- Integration of digital registry at point of diagnosis
- Digital and personal follow-up from diagnosis to treatment
- Include GP's (and possibly nurses) as treatment prescibers

What's missing to achieve Elimination?





- Advance towards 'Test & Treat'
- Reassess need for all pre/post exams (fibroscan, HCV RNA,...)
- Facilitate access to treatment in all settings, including prisons and primary health clinics
- Include *follow-up* into the central registry

FALLING BEHIND





will-ing-ness

/'wiliNGnəs/

noun

- cheerfully consenting or ready:
- Acting or ready to act gladly; eagerly compliant: a willing worker.
- Done, given, or accepted voluntarily or ungrudgingly.

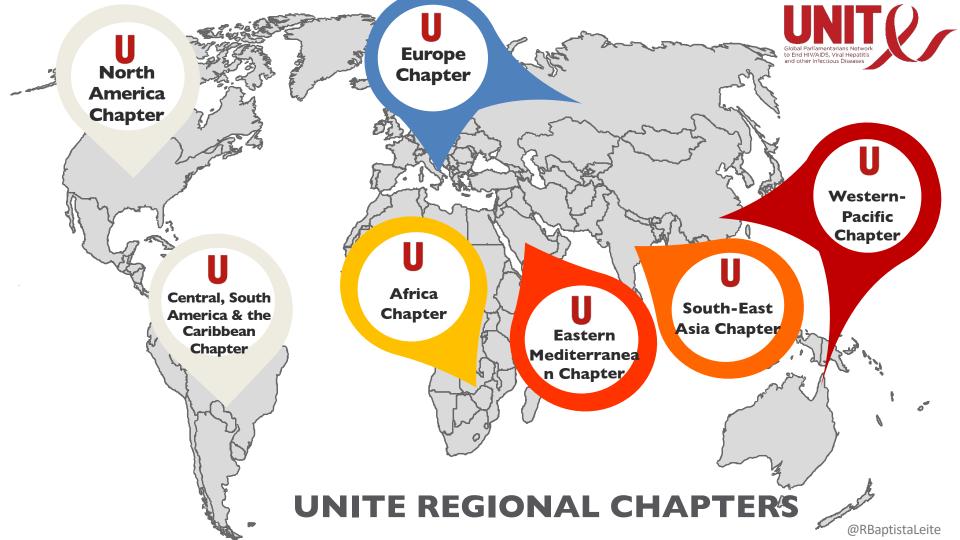
The role of policy makers

Members of Parliament

- Approve national budgets
- Directly change local and national policies
- Interface between Governments and the People



Still MPs are **excluded** from most International - Multilateral workgroups and decision processes





OUR VISION

A WORLD FREE FROM HIV/AIDS, VIRAL HEPATITIS AND OTHER INFECTIOUS DISEASES

OUR MISSION

PROMOTE A **GLOBAL POLITICAL RESPONSE** TO END HIV/AIDS, VIRAL HEPATITIS AND OTHER INFECTIOUS DISEASES AS GLOBAL PUBLIC HEALTH THREATS AND IN ACCORDANCE WITH THE SUSTAINABLE DEVELOPMENT GOALS BY 2030

OUR VALUES

INSPIRE, CONNECT, EMPOWER

WE REJECT ALL FORMS OF VIOLATION OF HUMAN RIGHTS, STIGMA AND DISCRIMINATION

