

Group discussions 15:20 – 16:45 Working group 5 Treatment

What is needed to achieve the proposed targets and milestones of the WHO Action plan for the health sector response to viral hepatitis in the WHO European Region?



Working group 5

2018 MILESTONES	2020 TARGETS
ENHANCING CHRONIC HEPATITIS CARE AND TREATMENT	
<ul style="list-style-type: none">• National hepatitis treatment and care updates, in line with WHO guidelines established and regularly updated• Baseline estimation of people who need to receive treatment for chronic HBV, HCV and HDV infection obtained, preferably by liver disease stage	<ul style="list-style-type: none">• Treatment for chronic HBV, HCV and HDV infection, in line with international standards, is available and affordable for all• 90% of diagnosed patients with chronic HBV, HCV and HDV infections are linked to care and adequately monitored• 75% of the diagnosed patients with chronic HBV and HDV infection, who are eligible for treatment, begin treatment and among those on long-term treatment for HBV, 90% obtain viral suppression• 75% of the diagnosed eligible patients with chronic HCV infection receive effective treatment and at least 90% of them are cured



Working group 5

2018 MILESTONES	2020 TARGETS
EVIDENCE-BASED POLICY	
<ul style="list-style-type: none">• A costed and funded national hepatitis plan with clear targets or a viral hepatitis response plan integrated into a broader health strategy or action plan	



ALBANIA – current situation

- Sero-diagnosis for HBV, HCV infection: done at various places
- Confirmatory testing/molecular dg: mostly performed at private labs
(patient pay for it)

- Linkage-to-care: - from GPs to specialist at 9 general hospitals
- specialists refer pts to the ONLY referential clinic for hepatitis treatment:
University Hospital Center Mother Teresa

- Treatment for HBV, HCV: ONLY at UHC Mother Teresa

- Up until 2016: only gastroenterologists-hepatologists to prescribe anti-HBV/HCV drugs
In 2015: also ID specialists can prescribe anti-HBV/HCV drugs

ALBANIA – current situation

- Funding pool for DDAs:
 - in 2016 for 50 pts
 - in 2017 for 100 pts

ALBANIA – CURRENT SITUATION

- Dichotomy between the two specialties:
hepatologists vs. ID specialists
- Indications for treatment: made by an expert commission (hepatologists)
Fund policy: confirms or rejects the proposals for treatment initiation
- No national clinical guidelines for the treatment indication in HCV infected
- Reimbursement of drugs separated from the whole package for treatment of HBV and HCV:
 - patients perform laboratory testing and virological tests elsewhere
(mostly they pay for it at private labs)

ALBANIA – FUTURE?

- Evaluate the extend of the problem:
 - No of HBV, HCV patients in need for th
 - No of METAVIR stage F4, F3, F2...
 - No of HIV/HCV co-infected
 - etc
- Make a financial estimation of cost-effectiveness (cost-saving)
- Create a funding policy based on evaluations
- Create the National guidelines for clinical management of HBV and HCV infected
- Create a package for the complete follow-up (exact qualitative/quantitative tests performed, treatment) for HBV and HCV patients
- Allow other specialists in general hospitals to follow upand treat HBV HCV patients
- Create an independent body to control all the activities