Access to hepatitis C treatment in Europe: findings from the 2016 Hep-CORE study

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BACKGROUND

While new direct-acting antivirals introduced are now effective enough to cure more than 90% of hepatitis C cases, it is not known whether there are suitable policies to promote access to treatment in European countries. The Hep-CORE study collected information on viral hepatitis policy issues from patient groups belonging to the European Liver Patients Association (ELPA) and offers insight into this situation.

AIMS

Findings will inform efforts to monitor whether countries are implementing the World Health Organization’s first-ever global health sector strategy on viral hepatitis, introduced in 2016.

METHODS

This prospective cross-sectional study utilised a structured 39-item questionnaire administered online to ELPA member organizations in mid-2016. The study was carried out in 25 European countries, with one patient group or coalition of patient groups providing information for each country. The questionnaire addressed hepatitis C treatment in items that asked about clinical guidelines, availability, cost, treatment settings, and restrictions on treatment access.

RESULTS

According to patient groups, 24 of the 25 study countries (96%) have national clinical guidelines for the diagnosis and treatment of hepatitis C (Map - Figure 1).

All types of direct-acting antivirals were reported to be available in 18 countries (64%) to all HCV diagnosed patients, while in four (16%), none were reported to be available. In the remaining five countries (20%), availability varied depending on the specific drug (Figure 2).

Twenty one countries (84%) were reported to have one or more types of restrictions on access to direct-acting antivirals such as restrictions relating to the patient’s fibrosis level or use of injecting drugs (Figure 5).

CONCLUSIONS

The widespread existence of national clinical guidelines and availability of direct-acting antivirals in many European countries do not ensure high levels of utilization. There is an urgent need to modify policies and increase resources in order to reduce barriers to access and realise the potential of the new treatment arsenal to drive progress toward the elimination of hepatitis C as a public health threat.

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Figure 1. Does your country have national clinical guidelines for the diagnosis and treatment of HCV?

Figure 2. Which of the following drugs are available to all patients diagnosed with HCV in your country?

Table 1. Cost of available HCV treatment in your country

Table 2. Which of the following restrictions are there on access to direct-acting antivirals for the treatment of HCV

Figure 3. Do any HCV patients in your country have the option of being treated in non-hospital settings?

Patient groups reporting available HCV treatment in non-hospital settings (N=25)

No
20 (80%)
Yes
5 (20%)

Figure 4. Is HCV treatment provided in prisons in your country?

Patient groups reporting available HCV treatment in prisons (N=25)

Available
17 (68%)
Not available
7 (28%)

Figure 5. In practice, what restrictions are there on access to direct-acting antivirals for the treatment of HCV infection in your country?

Restrictions on access to direct-acting antivirals for the treatment of HCV

Available
3 (12%)
Not available
21 (88%)

In five countries (20%), patients were reported to have the option of receiving treatment in non-hospital settings (Figure 3). Patient groups indicated that 17 countries (68%) provide hepatitis C treatment in prisons (Figure 4).