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?
<table>
<thead>
<tr>
<th>2018 MILESTONES</th>
<th>2020 TARGETS</th>
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<tr>
<td><strong>ENHANCING CHRONIC HEPATITIS CARE AND TREATMENT</strong></td>
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## Working group 5

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<th>2018 MILESTONES</th>
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<td><strong>EVIDENCE-BASED POLICY</strong></td>
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<tr>
<td>• 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</td>
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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-tp-care: - from GPs to specialist at 9 general hospitals
  - specialists refer pts to the ONY 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 extent 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 up and treat HBV HCV patients
- Create an independent body to control all the activities