Romanian National Viral Hepatitis Plan

Dr Corina Pop
Dr Florentina Furtunescu

Bucharest, Romania
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Global Framework

- 2015: 6 – 10 mil. infections
- 2030: 900,000 infections
- 2015: < 500,000 deaths
- 2030: < 500,000 deaths

- Hepatitis B + C
- New infections
- Deaths
- 10% reduction in deaths
- 30% reduction in new infections
- 90% reduction in new infections
European Framework

**Vision:** “a WHO European Region in which the transmission of new viral hepatitis infections is halted, testing is accessible, and people living with chronic viral hepatitis have access to care and affordable and effective treatment.”

**Goal:** Eliminate viral hepatitis as a major public health threat by 2030

**Five strategic directions:**

1. Information for focused action
2. Interventions for impact
3. Delivering for equity
4. Financing for sustainability
5. Innovation for acceleration

**Frameworks for action:** universal health coverage; the continuum of services; and the promotion of a public health approach.
Romanian Action Plan – Vision and goal

• **Vision 2030:**
  - Transmission of new hepatitis infections is halted
  - Testing and diagnosing is available to the entire population
  - All patients with HBV and HCV have access to cost-effective treatment.

• **Goal 2030:**
  - elimination of viral hepatitis as a public health threat
  - minimizing the transmission of hepatitis viruses
  - reducing the morbidity and mortality due to viral hepatitis and its complications and
  - ensuring equitable and universal access to the entire cascade of care.

Romania will be a net contributor to the European hepatitis action plan
What we actually know?

• No of existing cases Hep B, Hep C?
• No of new cases Hep B, Hep C occurring each year?
• No of persons treated each year? Yes
• Cost per person / cost per person/year?
• Treatment success rate? Yes
• Survival, complications Yes
• Use of other services?
National Plan
Strategic directions

• SD 1. Information and communication
• SD 2. Impactful interventions
• SD 3. Equity of service provision
• SD 4. Service delivery and financing
SD 1. Information and communication

**National epidemiological data system need strengthening**

- National hepatitis monitoring and evaluation system is fragmentary
- Epidemiological data on the burden of chronic viral hepatitis is 12-years old
- Information, education, awareness campaigns are uncoordinated and small-scale
- Realtime data not available for planning interventions

**Priorities**

- Develop the national hepatitis monitoring and evaluation system,
- Update epidemiological data on the burden of chronic viral hepatitis
- Information, education, awareness interventions
- Increase use of data in policy planning

**Targets 2020**

- All registries operational (vaccination, screening and treatment, communicable diseases)
- National epidemiological study carried out
- National and four regional awareness campaign in implementation funded from EU grants
- NHIH Electronic Patient File extended, allowing real-time monitoring of the cascade of care
## SD 2. Impactful interventions (I)

**Primary prevention needs consolidation**

- Vaccination rate in decline
- Stock-outs of HBV newborn vaccine
- Pregnant women screening undocumented
- Supply issues with HBIG
- High rates of HBV and HCV infection in IVDUs

**Priorities**

- Vaccination awareness raising-interventions
- Increase vaccination rates
- Focus vaccination on risk groups: newborns, transplants, healthcare workers, dialysis patients
- Monitor pregnant women HBV/ HCV screening
- Maintain blood donations security
- Prevention of HBV /HCV transmission associated with injecting drug use

### TARGETS 2020

- Over 90% vaccination rate of newborns
- Over 95% vaccination rate for children
- 100% pregnant women screened for HBV and HCV
- 100% of blood donations screened
- Syringe exchange programs for IVDUs
## Testing and diagnosing need to become routine

- Opportunistic testing so far, hence a reduced pool of known patients
- Until 2018, diagnostic and staging not in the basic service package
- From 2018, testing is available to insurees with referral from the family physician
- From 2018, diagnostic and staging available to insurees in hospitals (day care admission)
- From 2018, screening program in four regions under inception (funded from EU-grants)

## Priorities

- Routine annual checks for adults to include HBV/HCV testing
- Develop infrastructure for diagnosing and staging in public hospitals, including screening centers and mobile units
- Train and involve family physicians and community nurses
- Implement the screening program in four regions
- Collect screening data and use it to inform planning and guidelines

## TARGET 2020

- [✓] National screening methodology
- [✓] Train 8,000 health professionals
- [✓] Test 50% of risk groups population
- [✓] Diagnose 75% of patients with cirrhosis and HCC
### Treatment needs to be extended

- Insurees have access to IFN-free DAA against HCV – 18,000 treated by mid-2018
- Insurees have access to most nucleoside analogues approved by EMA
- The EU funded 4-region screening program will provide access to antiviral treatment for the uninsured tested positive

### Priorities

- Extend HCV treatment to all patients regardless of fibrosis
- Continuously expand therapeutic options for HBV
- New therapeutic options for HBV – HDV coinfection
- Financing and compliance instruments for the treatment of uninsured patients
- Coordination of all providers and payers along the cascade of care

### TARGET 2020

- 90% enrollment to treatment of newly identified patients
- Continuous treatment access for HCV and HBV patients
- Universal access to HCV IFN-free treatment
- Regular updated of the reimbursement list
SD 3. Equity of service provision

**Risk groups have difficult access to services**
- Risk groups have limited access to care due to lack of awareness, testing, long distance to providers
- Stigmatization of infected patients still a phenomenon
- Community health services underdeveloped
- Uninsured lack access to testing, diagnostics and treatment

**Priorities**
- Identify populations and locations most affected - poor rural communities, IVDUs
- Improve cooperation with HIV and TB national programs and providers
- Consolidate community health services and involve them in the cascade of care (esp. primary and secondary prevention)
- Coordination with patient associations and social services within local communities
- Solutions for uninsured patients

**TARGET 2020**
- Risk groups identified and located
- Awareness campaigns will address stigmatization
- Partnership with patient association to fill the gaps in the cascade of care (e.g. travel)
- Solutions for IVDUs in addition centers
## SD 4. Service delivery and financing

### Healthcare system is not fully prepared to face a large influx of patients
- Screening methodology and infrastructure in need
- Electronic registries missing
- Electronic patient file incomplete
- Service providers know-how uneven
- Lack of coordination among service providers
- Public tendering for vaccines underdeveloped
- Managed Entry Agreements for innovative medicines under transformation

### Priorities
- EU funded screening program to improve screening policy and practices
- Development of electronic registries
- Encourage the development or provider networks
- Strengthen public tendering capacity in the MoH
- Expand and consolidate Managed Entry Agreements

### TARGETS 2020
- All electronic registries operational
- NHIH electronic patient file system under completion
- Service provider networks regulated
- MoH public tender unit expanded
- MEAs to include all available therapeutic options
Romanian Action Plan – Institutional Framework

Strategic decision

DECISION
- CSOs, patients organizations
- Relevant medical stakeholders
- Authorities MoH, NHIH MFin

ADVISORY BOARD

PUBLIC CONSULTATION
- Pharma sector
- Other economic sectors
- Media

Technical Committee
- Clinicians
- PH Epidemiology
- Legal
- Economists procurement
- Technical Secretariat

Executive decision

Operational work
Milestones 2018

• A costed and funded National Hepatitis Plan approved and under implementation

• Monitoring system of the Plan operational

• A national governance structure/ coordinating mechanism to oversee the national hepatitis response

• Partnership - key stakeholders/ academics/ Eu/WHO Experts including affected communities