Romanian National Viral Hepatitis Plan

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Global Framework

2015		2030
6 – 10 mil. infections	→	900.000 infections
1.4 mil. deaths	→	< 500.000 deaths

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.

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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, health care 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

SD 2. Impactful interventions (II)

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 all health professionals
- ✓ Test 50% of risk groups population
- ✓ Diagnose 75% of patients with cirrhosis and HCC

SD 2. Impactful interventions (III)

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

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*