Hepatitis C in Portugal

Access to DAA‘s: the community story
Elimination and key populations
We organized a peaceful rally in front of the Ministry of Health.

The slogans called for affordable prices, access to the immediate treatment of the disease and prevention, as well as for the elimination of hepatitis C in Portugal by 2030.

July 2014
We were received by the Deputy Secretary of State for Health,, to whom we delivered na appeal “Hepatitis C: Treat the sicker first and eliminate the epidemic in Portugal”, subscribed by 17 ONG, as well as people living with Hepatitis C.

From the attending members in this small meeting, we are all cured. However, by the end of 2014, no one of us have the access to the treatment.

Since the policy work seemed to not be enough, we decided that we needed to go to the streets.

We did it on February 4 2015.
Only ~50 patients with Hepatitis C were treated with 3rd generation antiviral drugs (special authorizations)

Negotiations between Ministry of Health and industry went on behind closed doors. **Absolute uncertainty on what would be the outcome of those negotiations.**

Private hospitals were charging over 100.000€ Euros to treat Hepatitis C (two drugs).

**Advocats from all fields were demanding a decision**, including, if necessary, the use of TRIPS flexibilities (compulsory licensing), **to save lives.**
Hepatitis C: Policy in Action

The Tipping Point

February 2015

"DON'T LET ME DIE!"
José Carlos Saldanha
The Ministry of Health announced an agreement with Gilead Sciences and Harvoni® was fully funded for all patients with Hepatitis C.

Risk sharing model was adopted. The Ministry agreed on paying per patient that is clinically cured (not per number of weeks of treatment nor per number of patients treated) and the payment procedures were fully centralized.

Volume-based agreement: Price paid is inversely proportional to the number of patients treated.


Centralized registry database is currently used by physicians.
Gender Distribution (%)

Masc: 73.7%
Fem: 26.3%

Genotype Distribution (%)

- G1: 70%
- G2: 17%
- G3: 12%
- G4: 6%
- G5-6: 0%
- G1-a: 23%
- G1-b: 43%
- Outros: 4%

Source: INFARMED
27.2% co-infection HIV/HCV

Source: INFARMED
51.5% of Patients were treated previously for HCV

Source: INFARMED
Today

Over 17,591 patients that have been diagnosed with chronic HCV in the NHS had their treatment authorized

11,792 patients have initiated treatment

6,639 PATIENTS CURED

96,5% SVR

Source: INFARMED, July 2017
Hepatitis C: Policy in Action

Hepatitis C in Portugal

Health Outcomes (Feb 2017)

Averted 3,477 premature liver related deaths

Gained 62,869 life years

Averted 339 liver transplants, 1,951 liver cancers, 5,417 cases of cirrhosis

Savings 271.4 million Euros on treatment costs related to hepatitis C complications

First Step: Know your epidemics

To plan and deliver an adequate response we need reliable estimations of:

• number of people living with active HCV infection
• number of PWID/Problematic Users
• HCV prevalence among PUD and in Prisons
• HCV incidence among key groups
• Coverage and quality of injection and consumption material
• Coverage and quality of addition treatment focus on opioid maintenance
Hepatitis C: Policy in Action  
HCV | The “small things”

Scale up of key interventions$^1$ to meaningful coverage

- Provision of legal access to clean injection drug equipment
- Vaccination
- Drug Dependance Treatment
- Voluntary and confidential testing
- Infectious Disease treatment
- Health Promotion
- Targeted Delivery of Services

In-Mouraria:

• Low threshold Harm Reduction Center
• Health support (screening, basic care)
• Social support
• Linkage to care and relinkage to care
• Literacy and information
• Trainings for and with the community
• Non judgmental approach
• Peers as integral part of the team
Screening in Communities – Finding the missing links:

• Peer led project;
• Information sessions for former drug users about Hepatitis C infection and the new treatments
• Offer screening (rapid test, result in 20 minutes), and escorted linkage to care to all those with reactive results
• Also, people with known infection not being followed are relinked to the health system
• Transportation expenses covered and a light meal when necessary
• Peer always available for further contacts and assistance beyond first appointment