

Towards HCV Elimination, Egypt as a Model

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DESCRIPTION

Chronic HCV is a major health problem in Egypt as the nation bears one of the highest prevalence rates of chronic HCV worldwide, reaching 14.7% in 2008. This has prompted an essential need to establish a national control strategy to combat the HCV epidemic in Egypt. Objectives of the Egyptian National Control Strategy: Delivery of equitable, safe and standardized medical evaluation and treatment services to all HCV patients, without discrimination. Preventive strategies to reduce further risk of transmission including raising public awareness of modes of transmission.

Negotiations between the Egyptian Government and Gilead Sciences, the US manufacturer of Sovaldi® (Sofosbuvir), have led to an agreement providing the medication for patients treated through the Government program at \$300 per pack in 2014.

By the end of 2015 wait lists reached 350,000 patients due to limited supply of costly medications and this has urged more drastic measures.

CONCLUSIONS

By the end of July 2016, the aforementioned Egyptian national control program managed to declare end of waiting list of all registered eligible patients, and now we managed to treat more than 1.1 million patients and we launched the HCV national screening program, a giant step towards elimination of HCV from Egypt before 2030.

PUBLIC HEALTH IMPACT

Establishing approved evidence based national guidelines for treatment of chronic HCV infection. Training the health care professionals to deliver an efficient counseling, care and treatment. Major Stakeholders included: The National Committee for Control of Viral Hepatitis (NCCVH) as the cornerstone for the Egyptian national control strategy. Governmental stakeholders include the Ministry of Health and Population (MOHP), Ministry of Administrative Development and Ministry of Communication. In 2007, NCCVH established specialized centers for treatment of viral hepatitis within MOHP health care facilities, directed through

Upscaling of Egyptian national control plan started at the end of 2015 and this included improving access to care through increasing number of treatment centers to reach 164 centers, complete automation and decentralization. Introduction of locally manufactured generic DAAs was the turning point that boosted access to medications with marked reduction in cost of medication to < 0.05% of international prices whilst maintaining efficacy with 95% SVR for SOF/DAC regimens used.

CONFLICTS OF INTEREST

No conflicts of interest.

WHY IS THIS INNOVATIVE?

A well-trained teamwork of specialized hepatologists providing a full spectrum of care for patients. More than 48 centers were established between 2007 and 2015. National Network of Treatment Centers (NNTC), was founded in 2010 to connect the viral hepatitis treatment centers to the headquarter, where baseline and follow-up data of patients under treatment in all centers were recorded. A dedicated website for online registration was launched in 2014.

During the past three years and since the introduction of DAAs, the Egyptian Government spent around 3.2 billion L.E. (200 Million US dollars) for HCV national treatment program. Almost 88% of treated patients were totally sponsored by the government, the remaining 12% of patients were treated out of pocket. Non-governmental organizations (NGO) played an important role in this respect.

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