Access to DAA’s – Leave no one behind:
PUD, People in Prison, undocumented people
We organized a peaceful rally of people living with hepatitis C 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 its elimination.
We were received by the Deputy Secretary of State for Health we delivered an appeal with the title “Hepatitis C: Treat the sicker and respond to the epidemic in Portugal”,

All the patients on the photo are cured now

However, by the end of 2014, no one of us have the access to the treatment.

The policy work seemed to not be enough, we decided to go to the streets.

We did it on February 4 2015.
The Ministry reach an agreement with Gilead Sofosbuvir and Harvoni® fully funded for all patients with Hepatitis C.

Risk sharing model adopted. The Ministry agreed paying per patient that is cured. Centralised payment.

Volume-based agreement: Price per treatment is inversely proportional to nr. of patients treated.

New national HCV treatment guidelines

Centralized treatment registry database.
Hepatitis C in Portugal

Today

Current estimation around 50,000 people living with active HCV infection; In 2014 only 14,000 people were in medical follow up; In two years several thousand people returned to the health system and were diagnosed with HCV

Over 17,591 patients with chronic HCV in the NHS had their treatment authorized

Near 10,000 people are registered cured

97.5% SVR

Source: INFARMED, July 2017
The road to elimination: Step 1 - Know your epidemics

- Number of people living with active HCV infection and who they are (groups, places, ages, etc.);
- Number of PWID/ Users (non injectors)
- HCV prevalence among PUD and people in Prisons
- Coverage of safe injection and consumption material (according to reliable PUD estimations)
- Coverage of addiction treatment - focus on opioid maintenance
Two vital steps for global elimination:

1. Evidence and human rights based policies on prevention, testing and treatment.

2. Universal access to the best treatment options with prices that can be covered by national health systems or international funding mechanisms;
Evidence and human rights based policies

We will not reach elimination without:

• Full and targeted access for undocumented people, people using drugs and people in prisons;
• Changing the current drug policy prohibition model, based on repression and criminalization to a human rights based policy framework (Let’s meet in UNGASS on Drugs 2019);
• Ensuring the full participation and mobilization of people living with Hepatitis C, including especially PUD, people in prisons, MSM and migrants in all stages of the response, from planning to service delivery;
• This requires the communities to be informed, and that capacity is built in order to foster their meaningful involvement.
Universal access to the best treatment

The tools we have:

• Increase number of countries with access to generics through MPP, patent opositions, fostering generic competition, compulsory licensing (DOHA declaration);

• Where generics cannot be accessed due to TRIPS agreements, the fight for lower prices until an affordable threshold is essential.

• Lowering prices is also a way to ensure that funds are available for prevention, testing and linkage to care without compromising the sustainability of health systems.

A fully funded response is not just treatment
Global thinking and local action as well as international partnerships at a community level are needed;

For an effective response we need to work together with the scientists, health professionals and work together critically or, whenever necessary, fight with the governments and pharmaceutical industry (originators and generics);

Reinforce the MPP funding capacity and mandate for expanded coverage;
Obrigado!
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Merci!
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Thank you!

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