ACTION HEPATITIS CANADA
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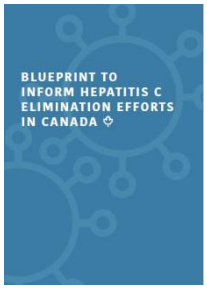
Hepatitis C Elimination Blueprint: Pillar #3 Treatment and Care

Addressing HCV Treatment Barriers



The CanHepC *Blueprint to inform hepatitis C elimination efforts in Canada* is a document to guide policymakers and measure their progress toward global hepatitis C elimination goals. It has three pillars: Prevention, Testing & Diagnosis, and Care & Treatment. These closely mirror three of the four pillars in the *Pan-Canadian framework for action to reduce the health impact of STBBI*, released by the Public Health Agency of Canada in 2018.

Why Treat?

Left untreated, HCV-related liver disease is associated with a range of systemic health problems, progressive liver damage and liver cancer, decreased quality of life due to fatigue and anxiety, and increased healthcare costs.

Fortunately, curative DAA treatments have been widely available in Canada since 2015, curing **95%** of people after **8-12 weeks** of treatment, usually with **daily pills** that have few or no side effects.

Being cured of HCV is transformative, reducing the risk of cirrhosis, end-stage liver disease, liver cancer, transplant, and even death. For these reasons, WHO has issued a **"treat-all"** recommendation.

Barriers to Treatment

Some barriers to treatment have been removed in the last few years, as lower prices were negotiated and fibrosis restrictions were lifted.

When new DAA treatments first became available, predictably treatment rates increased, but **treatment rates are now on the decline**, and we are not on track to meet our target of elimination by 2030.

Treating **14,000 patients/year** will put us on track to reach our 2030 elimination target.

In order to increase treatment rates, we need to:

1. Develop **simplified models of care** that rely less on specialists.
2. **Shorten the time** between diagnosis and starting treatment.
3. **Re-engage** those diagnosed and then lost to care.

Elimination Blueprint Hepatitis C Treatment and Care Objectives and Targets

OBJECTIVES	2025 TARGETS	2030 TARGETS
Increase the number of people diagnosed with HCV who are linked to care treatment and ongoing support	**50%** linked to a provider who is familiar with HCV	**90%** linked to a provider who is familiar with HCV
Increase the number of people with HCV who are initiating DAA treatment	**50%** of those living with HCV have initiated DAA treatment	**80%** of those living with HCV have initiated DAA treatment
Ensure high treatment completion rates and documentation of sustained virologic response (SVR)	**95%** treatment completion with **85%** documentation of SVR	**95%** treatment completion with **85%** documentation of SVR
Reduce HCV prevalence	**50% ↓**	**90% ↓**
Reduce HCV-related liver transplantation	**30% ↓**	**65% ↓**
Reduce HCV-related mortality	**30% ↓**	**65% ↓**

Priority Actions for Advocacy

- Expedite linkage to care and initiation of DAA treatment, and reduce delay between entry to care and treatment initiation;
- Increase the number and type of providers treating HCV by eliminating provider-based prescribing restrictions;
- Provide stigma reduction training for healthcare providers;
- Implement a national pharmacare program to make treatment access more equitable and assist in tracking those treated to evaluate progress on elimination targets;
- Eliminate barriers to treatment for people who currently use drugs;
- Expand treatment and care sites to reach Priority populations and other at high and ongoing HCV risk by co-locating HCV treatment with Opioid Agonist Therapy, harm reduction, addiction, mental health and social services;
- Simplify on-treatment monitoring by eliminating unnecessary testing and appointments;
- Provide follow-up care, including regular HCV RNA testing for people at ongoing risk of reinfection, and retreat HCV reinfection without stigma or discrimination;
- Continue to provide post-care liver cancer surveillance with ultrasound surveillance every six months for people known to have cirrhosis prior to HCV treatment.