

The unsung pillars of HCV elimination



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The World Health Organization's Global Strategy and Regional Action Plans for Hepatitis outline an ambitious scenario for 2030: eliminate viral Hepatitis as a public health threat.

As much of the viral hepatitis burden in Europe is associated with Hepatitis C infection, this will probably be the most focused of the viral hepatitis, and the most necessary to deal with adequately should we want to reach that objective.

Many people still wonder if we can actually reach the goal regardless of what we do. To start, and using a widely known slogan, "Yes, we can!". The first message must be, in all situation: we have all the tools we require to diagnose and treat Hepatitis C worldwide. The real question is: will we make it?

And the word "will" is not here by accident. Aside from a considerable effort from all actors on the field, from community organizations to the actors in the health systems, it requires will: political will, and political commitment.

However, before going into that, much has been written and said about the pillars of HCV elimination, but I often find that some of the most crucial issues in ensuring that we can actually reach all those who have an HCV infection, link them to an adequate health response, treat them successfully and monitor them post treatment are sometimes left in the background. So my objective is to shed some light on a few of those I consider to be critical components of the elimination effort that are, as many of the groups we need to work with to get there, left behind.

I would start by saying that we require additional unrest. WHO estimations in the European Health Sector Action Plan mentions 400 daily deaths due to viral hepatitis related causes, the vast majority due to Hepatitis C, a now a curable and easy to diagnose disease, and yet there is no unrest, everything seems to be "normal". I cannot see how this is admissible, but we will go back to that.

If we are aiming for elimination, there are a few things we should remove from the discussions. Things so important they should be implemented everywhere. The most important of these is full respect for human rights.

As long as situations like Tchechenia or the Philippines are allowed to continue (only to name 2 recent examples), we cannot expect to eliminate Hepatitis C, or

any other infection. For as long as we keep forcing people to fear the consequences of coming into any system, for as long as we force people to conceal who they are or how they behave, instead of accepting their identities and behaviors, and developing responses adjusted to their needs and life circumstances, we cannot realistically expect to be able to reach those who often carry the bigger burden of this, and other epidemics.

Therefore an international, high level effort on the urgent need to ensure that political and legal frameworks integrate full respect for human rights, for people's choices and identities is an urgent priority, and one that is years overdue, as all our international rights conventions can clearly show, if you look at their signature dates.

Political and legal change will not be enough though. An investment in training of all those responsible for service provision to people with non normative life paths (from people who use drugs to sex workers, prisoners, just to name a few) is also critical. People will not actively resort to a system that discriminates them, that judges them. Would you resort to a system or service that would treat you poorly?

Speaking of services, much has been said about hard to reach people. Not only does the attitude of services towards people with different life choices must be analyzed, the design of the care systems itself must be looked at.

No person is hard to reach, if we use the right methods. Systems, however, can be very hard to reach. Bureaucratic barriers, geographic barriers, financial barriers and, of course, the aforementioned human relation barriers make it so many of our services are hard to reach for many of the people most in need of them.

Since I started with human rights, let's continue on the topic. The right to health is a fundamental part of these basic human rights, and if we are failing with other fundamental rights, with this specific one we (as a civilization) have been doing a terrible job.

We cannot imagine solutions without, at least at the same time, questioning the system that is conditioning the provision of this right to health.

With this I mean that, up until now and for the last decades, we enslaved access, conditioned it to successful negotiations. And while we wait for the price to be set, people die. While I am not against, by any means, supporting innovation and making sure that investing in the development of innovative medical technologies is profitable, I am deeply against inequality, and if we are capable of developing innovation, as we did in Hepatitis C, it baffles me that we are not capable of making sure it is accessible to those who need it.

We cannot pay what was being asked without compromising our health systems, in most countries, and again, there was not enough unrest. Not enough voices in the public showing the world how unfair, how borderline criminal this is, that we are letting people die of a curable disease, whose medication costs almost nothing to produce, all to keep the industry going.

As I said, I would love the industry to go on, and to be profitable, but not at the cost of human lives.

However, elimination is not only tests and pills, and speaking of Hepatitis C we must speak of people who use drugs and people in prisons. These two populations

should call out attention to two fundamental aspects of planning a response with the goal of ending this infection as public health threat.

Social determinants, life conditions and environment are critical factors in this group. Not only the aforementioned legal issues (criminalization of drug use for example), and the issue of system wide stigma and discrimination, which lead to frequent refusal or low quality delivery of services to those who would need it the most, and that would most contribute to the improvement of public health, we need to keep in mind that many of these people live in circumstances we cannot even imagine.

If you ask any sick person if they want to be treated, and the answer is no, something is deeply wrong in that persons life.

When our health and, in the case of a communicable disease, the health of those close to us is not one of our primary concerns, we must keep in mind that that means that something in the life of that person, and something very important, is not well.

We cannot, thus, look at health individually, but with a contextual approach. Social situation, income, housing status, employment, among many others, are critical factors. Is it therefore essential that health services, and health professionals, are both ready and willing to really understand who is the person in front of them, and not just what is the disease. Often life conditions are the key factor for adhesion (or lack of it), and it is common that health systems barely have an idea of the person's life. We cannot expect doctors and nurses to become psychologists and social workers, but it would be legitimate to expect the health system to have all of these available, and that its professionals would be able to pick up and refer cases who would benefit from this support.

We cannot keep health in a silo, we never should have in the first place. And we cannot, in my view, keep the voice of health in its silo as well. There are too many things that need to happen over little over 10 years so that we have the luxury of sitting in our corner speaking to those who think like us.

It is more than time for health professionals, and I would emphasize doctors due to the social status associated with the profession in most countries in the world, to be vocal, to go public, to be opinion leaders, not only for their peers, but for society, with their politicians.

If we want to reach it we need to raise our voices. I said in the beginning we needed political will: politicians are reactive to the people, and you can influence the people, as many of you can also get to politicians, so start now.

2030 is just around the corner. If are serious about our work, and really want to contribute for HCV elimination, we do not have the luxury of sitting quietly and wait for it to come.