

# Argentina

## Fundación HCV Sin Fronteras\*

NGO – hepatitis patient group  
Pinamar, Argentina  
www.hepatitisc2000.com.ar

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Argentina reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **76.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 1.3, 2.1, 3.1, 3.3, 3.4, 4.1, 4.3, 4.4, 4.5, 4.6, 4.8, 4.9, 4.10, 5.2, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **16.0%** of items.

Survey points marked "not accurate":  
2.2, 4.2, 4.7 and 5.1.

– The respondent took no position on the government information for **8.0%** of items.

Survey points marked "take no position":  
3.2 and 3.5.

### Survey comments from Fundación HCV Sin Fronteras:

#### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

1.1 There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

2.1 The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

3.3 Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally. The government publishes hepatitis disease reports annually.

4.5 There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

4.6 There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

5.2 The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

#### Civil society respondent comments (2014)

Only hepatitis C, and prevention information is scarce.

July 28, 2012, the government participates in the first celebration. In 2013 made a little action in their offices, as it plans for this year 2014.

The amount of information received is very low.

This national strategy is not always respected around the country.

This national strategy is not always respected around the country.

These policies are still insufficient.

\* World Hepatitis Alliance member.

Information reported by government (2012–2013)

Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

5.4 Publicly funded treatment is available for hepatitis B and hepatitis C. The following groups are eligible: all people without social coverage. The government spends 40 million pesos (US\$ 8.8 million) annually on publicly funded treatment for hepatitis B and hepatitis C.

*Is accurate, just do not know how much money the government intended for treatments.*

5.5 The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: pegylated interferon, lamivudine, entecavir and tenofovir. The following drugs for treating hepatitis C are included on the national essential medicines list or subsidised by the government: pegylated interferon and ribavirin.

*Since 2014 also included telaprevir and boceprevir for hepatitis C.*

✗ To our knowledge, this information is not accurate.

2.2 The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: Fundación HCV Sin Fronteras.

*Fundación HCV Sin Fronteras participates on the honorary Advisory Committee of the National Hepatitis Programme, and is working with the Ministry of Health.*

4.2 The government has not established the goal of eliminating hepatitis B.

*The government introduced free universal hepatitis B vaccination with success, as well as advertising campaigns for vaccination.*

5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through on-the-job training and postgraduate training. There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

*There are also guidelines on hepatitis B and hepatitis C conducted in 2012.*

**Statement from Fundación HCV Sin Fronteras regarding key hepatitis policy issues in Argentina:**

The government does not conduct prevention and information campaigns for hepatitis C, works with his participation in campaigns by civil society or medical associations. No hits on hepatitis C in diffusion media. The government should carry out prevention campaigns, information, and especially hepatitis C screening.

Health professionals do not fully comply with mandatory reporting of cases of hepatitis B and hepatitis C. The information reported cases of hepatitis is poor. The difficulties are bureaucratic, centralising information is also missing cases are diagnosed in the field of private health. The government is working to improve this information but in our opinion the work is very slow.

Missing strategies for the prevention of transmission of hepatitis C.

The government should do more biosecurity education campaigns in the health centres. Missing policies aimed at at-risk or vulnerable groups.

It is serious that our government does not have a policy of screening for hepatitis B and hepatitis C. A national and international level should promote detection of hepatitis and join forces to gather resources to make tests in at-risk populations.

# Argentina

## Hepatitis Rosario\*

Support group for chronic viral hepatitis patients and their families and friends

Rosario, Argentina  
www.hepatitis-c.com.ar

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Argentina reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **56.0%** of items.

Survey points marked "accurate":  
1.1, 3.3, 4.1, 4.2, 4.3, 4.5, 4.6, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3 and 5.5.

✗ The government information was thought to not be accurate for **36.0%** of items.

Survey points marked "not accurate":  
1.3, 2.1, 2.2, 3.1, 3.2, 3.4, 3.5, 4.4 and 4.7.

— The respondent took no position on the government information for **8.0%** of items.

Survey points marked "take no position":  
1.2 and 5.4.

### Survey comments from Hepatitis Rosario:

#### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

**3.3** Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally. The government publishes hepatitis disease reports annually.

**4.3** Nationally, 94.4% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 92.5% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

**4.5** There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

**4.8** There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

**4.9** There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

#### Civil society respondent comments (2014)

Public hospitals give information.

Yes, we do well with hepatitis A and hepatitis B until age 11. After this is the problem.

Health workers are vaccinated.

Yes, in blood banks they screen for hepatitis.

Nor do they even know who injects drugs.

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

5.2 The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

*Yes, there is a national programme but it is bad, incomplete, bureaucratic to the point of exaggeration and therefore does not serve to detect the ill. It is a disgrace. Those who are ill do not know. The government does not pay much attention to this. It does very little. Their bureaucracy makes it difficult for them to tell the public that they do anything.*

5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals and are not compulsory for members of any specific group.

*People are free to be tested. But they do not know they should do it. As I've said, there is no good health policy for hepatitis.*

5.5 The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: pegylated interferon, lamivudine, entecavir and tenofovir. The following drugs for treating hepatitis C are included on the national essential medicines list or subsidised by the government: pegylated interferon and ribavirin.

*Yes, but we remind you that only very few people who have hepatitis are detected. In the province of Buenos Aires, which has 16 million inhabitants, there are 66 cases of ongoing hepatitis treatment. A shame.*

✗ To our knowledge, this information is not accurate.

1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people living with HIV and the uninsured.

*The government controls HIV very well. Very little importance is given to hepatitis. That is our fight. To report what the government does not report. They are complicit in the silence of the evolution of the disease. There is not good public health policy.*

2.1 The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

*There are only 12 Argentinean groups. It is very difficult to reach the government and get them to listen to us. The 12 groups manage the campaigns. The government only does a small amount of vaccination against hepatitis B. There is a lack of education, prevention, information and, logically, treatments.*

2.2 The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: Fundación HCV Sin Fronteras.

*Fundación HCV Sin Fronteras is like a mother of the Argentinean groups. The government collaborates too little. People develop badly and do not know they have hepatitis.*

# Argentina

## Hepatitis Rosario continued

**x** *To our knowledge, this information is not accurate.*

### Information reported by government (2012–2013)

**3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C, D and E, and for the following types of chronic hepatitis: B, C and D.

**3.2** There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided regarding the percentage of hepatitis cases reported as “undifferentiated” or “unknown” hepatitis.

**3.4** Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

**3.5** There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is children. Information was not provided regarding when the last serosurvey was carried out.

**4.4** There is a national policy specifically targeting mother-to-child transmission of hepatitis B (Annex B).

**4.7** Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

### Civil society respondent comments (2014)

*There is vaccination for hepatitis A and B, not massive, but pretty good. There is no information about the existence of hepatitis C. When a patient arrives at a public hospital, it normally follows. This is the problem. When they arrive, what happens is people do not know they have this silent disease and will develop in darkness/ignorance.*

*Confirmed statistics do not exist anywhere in Argentina. It is assumed that 1,000,000 people are infected with hepatitis B and hepatitis C, but this is data taken from the blood banks. Therefore it is not accurate.*

*I am overwhelmed by the government's disinterest in keeping statistics.*

*All newborns are vaccinated against hepatitis B and again when they turn 11 years old. It seems the rest does not interest them. We are the groups that report this.*

*No, we are fighting to get statistics.*

*All disposable material is used.*

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

 We take no position regarding this statement

**1.2** There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. This programme is part of the AIDS and STD Directorate. Information was not provided regarding how many staff members this office has. There are eight full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

*National Hepatitis, HIV and STI Programme exists. It works with lots of bureaucracy and does not reach the majority of people.*

**5.4** Publicly funded treatment is available for hepatitis B and hepatitis C. The following groups are eligible: all people without social coverage. The government spends 40 million pesos (US\$ 8.8 million) annually on publicly funded treatment for hepatitis B and hepatitis C.

*I do not know what they do. We were never told.*

### Statement from Hepatitis Rosario regarding key hepatitis policy issues in Argentina:

The main problem is ignorance. They do not do timely diagnosis for then subsequent timely treatment.

Health policy must be changed so that people have access to prevention, screening and treatment.

The government has all responsibility and should produce statistics for all of Argentina. In order to vaccinate, prevent, screen and give treatments for all.

Our role is to collaborate. But in reality if we exist, it is because governments do not fulfil their functions globally.

The evidence shows that people in general will only learn about chronic viral hepatitis thanks to the work of helping organisations. And not thanks to information from governments. Our work is not paid for by anyone. And our main collaborators are doctors and hepatologists.