Canada

Action Hepatitis Canada/Action Hépatites Canada

NGO – national coalition of hepatitis B and hepatitis C organisations
Victoria, British Columbia, Canada
http://www.actionhepatitiscanada.ca

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Canada 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": 1.3, 3.1, 3.3, 3.4, 3.5, 4.1, 4.4, 4.6, 4.7, 4.8, 4.10, 5.1, 5.2 and 5.3.

The government information was thought to not be accurate for ***44.0%*** *of items.*

Survey points marked "not accurate": 1.1, 1.2, 2.1, 2.2, 3.2, 4.2, 4.3, 4.5, 4.9, 5.4 and 5.5.

Survey comments from Action Hepatitis Canada/Action Hépatites Canada:

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is 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 who inject drugs, migrants, prisoners, the homeless, people living with HIV, low-income populations, indigenous people, ethnocultural populations and youth.	*However, the level at which prevention and control programmes are delivered is far from adequate and there lacks coordination between federal and provincial governments for whom this is a shared responsibility. The federal government shows little leadership and in fact hampers efforts by some provinces especially in the areas of harm reduction. No consistency from one institution to another either federally or provincially. No needle exchanges in prisons. Condoms, bleach and other harm measures not always readily available as they should be. It can be difficult for prisoners to access a doctor or a nurse. Consequently, HIV, hepatitis B and hepatitis C infection rates remain quite high in the prison system despite being preventable infections.*
	3.4 Hepatitis outbreaks are reported to local public health authorities and are further investigated only at the local level. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.	*Hepatitis B is a reportable disease as is hepatitis C and reported to Health Canada. Reporting parameters should be expanded; the details required are currently limited so important indicators such as genotype and access to treatment are not consistently monitored. There should be systematic HIV, hepatitis B and hepatitis C testing at annual check-ups particularly for those at risk either because of lifestyle or age group (baby boomers) who may have been infected and do not know.*
	3.5 There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is the general population. The last serosurvey was carried out from 2009 to 2011.	*Insufficient funding both federally and provincially/territorially (for non-pharmaceutical research topics and areas). Greater overall coordination needed nationally. Lack of transparency as to how federal funds are used. More psycho-social focused research funding needed, including community-based research. Need for a coordinated national knowledge dissemination and sharing mechanism with sufficient and reliable financial support from provincial, territorial and federal governments.*

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
✓ *To our knowledge, this information is accurate.*	**4.4** There is a national policy specifically targeting mother-to-child transmission of hepatitis B.	*The Public Health Agency of Canada (PHAC) recommends infants born to hepatitis B-positive mothers receive the appropriate dose of hepatitis B vaccine within 12 hours of birth and one at one month of age. The third needle is given at six months of age. Immune globulin is also given at birth. PHAC recommends that all pregnant women be routinely screened for hepatitis B. Nothing noted about counselling. PHAC does not recommend pregnant women be routinely screened for hepatitis C.*
	5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools of health professionals (pre-service education), on-the-job training and post-graduate training. There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection.	*Hepatitis B and hepatitis C training and continuing education are available to various levels of healthcare providers in a variety of formats. Training needs to be mandatory for emergency room staff and nurses. More efforts are required to improve enrolment and uptake of knowledge.*
✗ *To our knowledge, this information is not accurate.*	**1.1** There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.	*The Public Health Agency of Canada (PHAC) did a national consultation in 2008 and released a report in 2009 in the form of a framework which was coined as a renewed public health response to address hepatitis C.* *(http://publications.gc.ca/collections/collection_2010/aspc-phac/HP40-44-2009-eng.pdf) PHAC often refers to this framework as a national strategy but in effect it is not a national strategy which PHAC representatives have publicly acknowledged. Canada has yet to have a written national strategy which the medical and civil society communities have been requesting Health Canada to create. Provincial funding has been relatively stable and supportive in some instances, but in others has been inadequate or non-existent. Federal funding has been inconsistent, and delays in renewing funding agreements has been an ongoing problem putting at risk the very existence of many organisations. PHAC has not lived up to its ongoing funding promise made by the Minister of Health in 2008. Resources are still scarce and difficult to access. Strong resistance at the federal level to the concept of harm reduction.*

Canada

Action Hepatitis Canada/Action Hépatites Canada continued

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
✕ *To our knowledge, this information is not accurate.*	**1.2** There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. The name of this office was not provided. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.	*At the federal government level, there is not a single designated unit solely responsible for coordinating and carrying out viral hepatitis activities. It is an integrated approach to sexually transmitted and blood-borne infections, and many departments are involved. The Centre for Communicable Diseases and Infection Control plays a coordinating role. Treatment and care is delivered by the provincial governments who have responsibility for health care. It is presently a patchwork of inconsistent services from province to province.*
	2.1 The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.	*World Hepatitis Day events held by civil society have been supported by the Public Health Agency of Canada since 2009 up until and including 2013. See http://whdcanada.org*
	2.2 The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Canadian Society for International Health, Canadian AIDS treatment Information Exchange and University of British Columbia Hepatitis Services.	*This list should be more extensive as the Public Health Agency of Canada (PHAC) has funded many more civil society groups and has renewed the funding for the next three years. No new groups however may be funded until PHAC completes its reforms.*
	3.2 There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 0%–10.0% is reported as "undifferentiated" or "unclassified" hepatitis.	*National acute and chronic definitions are used, but a case definition for resolved infection is required.*
	4.2 The government has established the goal of eliminating hepatitis B but information was not provided about a specific timeframe for this goal.	*Hepatitis B vaccine programmes are supposed to be publicly funded across Canada which is not the case in all provinces as some Canadians must pay and others do not have to. Greater consistency is needed both in terms of availability for all children and public coverage.*

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
✕ *To our knowledge, this information is not accurate.*	**4.3** Information was not provided on the percentage of newborn infants nationally in a given recent year who received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who received three doses of hepatitis B vaccine.	*Publicly-funded hepatitis B vaccination programmes are available in all provinces and territories. The age at which vaccinations are offered varies from region to region. The Public Health Agency of Canada (PHAC) recommends universal hepatitis B vaccination; schedule varies from region to region. PHAC recommends hepatitis B vaccination specifically for those at risk (e.g. health care workers, people who use drugs, newcomers to Canada). PHAC recommends pre-exposure prophylaxis for individuals at risk of hepatitis A infection or at risk of greater severity of hepatitis A infection. The combined hepatitis A/hepatitis B vaccine is recommended to children scheduled for hepatitis B vaccine who have an indication for hepatitis A virus and for groups at risk of either type of hepatitis.*
	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.	*Health-care settings and correctional facilities have up-to-date and enforced infection control policies. Personal services settings (body art, beauty, acupuncturist facilities) need to be regulated across the nation and control/enforcement measures put into place. In a few locations, the personal services settings industry is creating training and testing for practitioners, and some cities are working to develop more stringent control/enforcement measures as well as public education.*
	4.9 There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.	*This is an opportunity to treat, prevent and educate a very high-risk population in relation to viral hepatitis and other infectious diseases, as well as drug treatment strategies including methadone. No consistency from one institution to another either federally or provincially. No needle exchanges in prisons. Condoms, bleach and other harm reduction measures not always readily available as they should be. It can be difficult for prisoners to access a doctor or a nurse. Consequently, HIV, hepatitis B and hepatitis C infection rates remain quite high in the prison system despite being preventable infections.*
	5.4 Publicly funded treatment is available for hepatitis B and hepatitis C. All Canadian residents are eligible for this. The amount spent by the government on such treatment for hepatitis B and hepatitis C is not known.	*Hepatitis B treatment and hepatitis C treatment are generally available but not uniformly in all Canadian regions or in all correctional settings. More specialists are needed and waiting time needs to be reduced. Individuals perceived as at risk of re-infection need to be treated along with supports and services that help ensure preventing re-infection. Cost for treatment disparities need to be reduced or eliminated.*

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Action Hepatitis Canada/Action Hépatites Canada continued

To our knowledge, this information is not accurate.

Information reported by government (2012–2013)

The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir and telbivudine. The following drugs for treating hepatitis C are on the national essential medicines list or subsidised by the government: pegylated interferon, ribavirin, boceprevir and telaprevir.

Civil society respondent comments (2014)

Drug approval process is good but more consistency in coverage and access among provinces would be desirable. Sometimes drugs can receive a fast track review by Health Canada. In general, once approved by Health Canada provinces can be very slow to review them and approve them for their own formulary. Each province makes its own decisions, leading to inequities across Canada. Eligibility criteria established by provinces are not always based on medical recommendations and are usually more restrictive, creating access issues for some individuals who would benefit from treatment. One national drug plan would be desirable.

Statement from Action Hepatitis Canada/Action Hépatites Canada regarding key hepatitis policy issues in Canada:

Action Hepatitis Canada has been calling on Canadian federal, provincial and territorial governments to adopt measures that address the international and national viral hepatitis epidemic from a public health perspective. More specifically, the Coalition urges the Canadian government to adopt a fully-funded coordinated national strategy for both hepatitis B and hepatitis C by 2012 that:

- Promotes prevention of hepatitis B and C through expanded education, immunisation and harm reduction programmes all across Canada.
- Improves access to comprehensive care and treatment programmes in all areas of the country.
- Increases knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of hepatitis B and hepatitis C on Canadians.
- Creates awareness about risk factors, stigma and the need for testing among the general population and at-risk groups.
- Builds capacity through training and recruitment of qualified health professionals.
- Supports communities and community-based groups in developing, delivering and evaluating peer-driven and focused initiatives.

As a way to obtain a snapshot of the state of the nation with respect to these "Six Asks," the Coalition prepared a report card in July 2011 which identifies what is being successfully achieved as well as gaps that must be addressed and uses this information to develop a grade reflecting the current performance of the Canadian federal, provincial and territorial governments. The following year, updates were made to the report card. The report card can be consulted at : http://www.actionhepatitiscanada.ca/wp-content/uploads/2012/07/Hepatitis-Strategy-Report-Card.pdf.

Monitoring of government responses to our initial national Six Asks indicated that there remained much to be achieved as we approached the original 2012 deadline.

In looking at the national situation just prior to the 2012 deadline , three priority areas were identified for which we asked that concrete measures be implemented before the end of 2012. These priority areas are:

- Increasing awareness and preventing hepatitis B and hepatitis C infections among at-risk populations.
- Improving access to health care and drug coverage.
- Supporting communities and groups through stable funding for prevention, education, care and support.

While new, very effective drugs have been developed, they are not yet available to all Canadians who desperately need them. In the United States, the Centers for Disease Control and Prevention urges people born between 1945 and 1965 to be tested, noting that roughly 75% of people with the disease are baby boomers. Canada has no plans to follow the lead of the United States and urge all baby boomers to be tested. The Public Health Agency of Canada is currently reviewing its options, and a report is to be completed that "will help shape our future hep C screening guidelines." Canada should not drag its feet. Our baby boomers are no less at risk.

Action Hepatitis Canada produced a "Briefing Note: Hepatitis B & Hepatitis C" which provides a snapshot of the burden of hepatitis B and hepatitis C and the socio-economic costs in Canada. (The briefing note can be consulted here: http://www.actionhepatitiscanada.ca/wp-content/uploads/2012/07/Briefing-Note-final-2.pdf.) Effective medicines and control strategies are available to dramatically reduce suffering and deaths caused by these diseases and yet federal, provincial and territorial governments have not put forth concerted efforts to fight hepatitis B and hepatitis C by providing adequate funding and national policy to ensure success.

There are many factors that contribute to the burdens of hepatitis B and hepatitis C, and those living with and affected by hepatitis B and hepatitis C not only suffer from the disease but also stigmatisation, shame and anguish. The magnitude of the impact on human lives and to society can be minimised and/or avoided at lower costs with the correct management strategies initiated today. Healthy outcomes for individuals can be achieved as well as solutions to the key determinants through enhanced cross-sectorial collaborations, increased funding and prioritised spending.

In a July 2012 letter, we asked our elected government officials to provide leadership in addressing the issues and gaps identified in Action Hepatitis Canada's briefing note and strengthen the delivery of hepatitis B and hepatitis C healthcare to reach the entire population, particularly the most vulnerable and difficult-to-reach. This leadership has yet to be seen. At the 3rd Canadian Symposium on Hepatitis C Virus held in Toronto February 7, 2014, the request to the federal government for a national strategy was once again made to the government of Canada's representatives by attending participants from both the medical and civil society communities.

Canada

AIDS Kootenay Outreach Support Society (ANKORS)*

NGO – direct service provider
Nelson, British Columbia, Canada
ankors.bc.ca

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Canada 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 **96.0%** of items.*

Survey points marked "accurate": 1.1, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

*The government information was thought to not be accurate for **4.0%** of items.*

Survey points marked "not accurate": 1.2.

The AIDS Kootenay Outreach Support Society did not provide any comments about survey items. The respondent also did not provide a statement regarding key hepatitis policy issues in Canada.

* World Hepatitis Alliance member.

Canada

Hep C Support Group*

NGO – hepatitis patient group
Robson, British Columbia, Canada

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Canada 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, 2.1, 2.2, 3.1, 3.3, 3.4, 4.3, 4.5, 4.7, 4.10, 5.1, 5.2, 5.3 and 5.4.

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

Survey points marked "not accurate": 1.2, 1.3, 3.2, 3.5, 4.1, 4.2, 4.4, 4.6 and 4.9.

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

Survey points marked "take no position": 4.8 and 5.5.

The Hep C Support Group did not provide any comments about survey items.

Statement from the Hep C Support Group regarding key hepatitis policy issues in Canada:

National coordination. Very poorly set up.

Awareness-raising, partnerships and resource mobilisation. Not enough done in this area.

Evidence-based policy and data for action. All governments are not doing enough or paying for treatment for those who were infected through the blood supply. We are left out in the cold, in hopes we soon all die off. Treatment options too expensive for most people who suffer, as stigma has put them in a bad financial situation. Put more funding into action rather then statistics.

Prevention of transmission. Local government should be involved and health workers need more training.

Screening, care and treatment. I cannot find any evidence that they are doing anything.

* World Hepatitis Alliance member.