

China

Asiahep Hong Kong Limited*

NGO – health education and patient advocacy
 Hong Kong Special Administrative Region, China
www.asiahep.org.hk

SURVEY HIGHLIGHTS

Asiahep Hong Kong Limited did not comment on the information that the Chinese government submitted to the World Health Organization [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#).

Instead, the organisation provided the following general statement regarding key hepatitis policy issues in the Hong Kong Special Administrative Region:

In Hong Kong, the Centre for Health Protection of the Department of Health monitors the trend of viral hepatitis A to E through voluntary notification system. HBsAg and anti-HCV prevalence are deduced from blood donors, compulsory prenatal check, premarital and pre-pregnancy data from the Hong Kong Family Planning Association, and governmental healthcare workers' pre-employment check. However, governmental hospitals and clinics do not screen the population or have any active programmes. There is reliance on private insurance health checks and NGO

activities to promote awareness. Many people are told that they are hepatitis B carriers with no explanation, no counselling and no follow-up. This means missing opportunities to assess disease activity, treat appropriate patients and reduce morbidity and mortality through appropriate medical management.

Government's role should be the coordinator for hepatologists and infectious disease doctors in the private and public sectors – draw up plans to screen the population and provide advice and treatment.

NGOs should coordinate advocacy activities to achieve more sustainable and impactful results. This requires resources which can be provided by

government, pharmaceutical companies, philanthropists, and fundraising activities. Please refer to data from the Centre for Health Protection (Hong Kong Department of Health) website (December 2013 update).

Asiahep Hong Kong Limited has an annual World Hepatitis Day press conference to offer free or sponsored free blood tests. It also has a longstanding collaboration with Hong Kong Family Planning Association. For World Hepatitis Day 2013, a joint press conference raised awareness for HBV DNA testing and sponsored initial assessment for HBsAg-positive individuals, including HBeAg HBV DNA and ALT. Over 600 people participated. <http://www.asiahep.org.hk>

* World Hepatitis Alliance member.

China

Inno Community Development Organisation*

NGO – hepatitis education

Guangzhou, China
www.theinno.org

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of China 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 **52.0%** of items.

Survey points marked "accurate":
1.1, 1.3, 2.1, 2.2, 3.1, 3.4, 4.1, 4.3, 4.4, 4.5, 5.2, 5.3 and 5.4.

✗ The government information was thought to not be accurate for **24.0%** of items.

Survey points marked "not accurate":
4.6, 4.8, 4.9, 4.10, 5.1 and 5.5.

— The respondent took no position on the government information for **24.0%** of items.

Survey points marked "take no position":
1.2, 3.2, 3.3, 3.5, 4.2 and 4.7

Survey comments from Inno Community Development Organisation:

Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

4.3 Nationally, 91% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 94% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

— 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. The name of this office was not provided. It has seven staff members. There are seven full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

Civil society respondent comments (2014)

If a family wants a newborn baby to be vaccinated against hepatitis B, the family does not need to pay any money. But I don't know the accurate percentage.

Chinese Center for Disease Control and Prevention is responsible for hepatitis-related activities. But I don't know how many staff they have.

Statement from Inno Community Development Organisation regarding key hepatitis policy issues in China:

Viral hepatitis is one of the issues that Inno Community Development Organisation (Inno) focuses on. Based on data from the Inno workplace hepatitis hotline, more than 80% of calls are from people seeking knowledge of hepatitis B, and 17% of calls are for psychological support. Less than 2% of people are calling because they have experienced hepatitis-related discrimination.

From the data analysis of Inno Database, we could say:

➤ The majority of people lack a correct knowledge of hepatitis and an awareness of how to protect themselves from the hepatitis virus.

On one hand, mandatory hepatitis B testing is not allowed by Chinese laws and regulations. If a company requires employees to undergo testing, the company is violating the law. However, the Chinese government maintains a policy of forbidding hepatitis carriers from being state employees. What the Chinese government has done is inconsistent with what the law says. As a result, most people are confused and fear hearing anything about hepatitis. They think viral hepatitis is equal to cancer.

➤ Though the Chinese government tries hard to eliminate discrimination against hepatitis-infected people, such as amending laws for eliminating discrimination, inequality in social

status exists between hepatitis-infected and -uninfected people. Few social resources can be used by hepatitis-infected people. If a student is found to be a hepatitis carrier, the school will stop him/her from attending.

➤ A system of supervision and assessment, made by government, has a great impact on the execution and quality of the hepatitis programmes. Some partners or programme executives focus on data, neglecting the quality when they run a hepatitis project. The data could show to the public easily and make the executives more easy to sell themselves to other funders, however, the quality of a hepatitis programme is hard to assess.

* World Hepatitis Alliance member.

China

ITPC China

NGO – advocacy network for treatment access

Guangzhou, China
www.itpc-china.org

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of China 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, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.8, 4.9, 4.10, 5.1, 5.2 and 5.5.

✗ The government information was thought to not be accurate for **8.0%** of items.

Survey points marked "not accurate":
5.3 and 5.4.

– The respondent took no position on the government information for **16.0%** of items.

Survey points marked "take no position":
1.2, 3.4, 3.5 and 4.7.

Survey comments from ITPC China:

Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

5.5 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, telbivudine and tenofovir. The following drug for treating hepatitis C is on the national essential medicines list or subsidised by the government: ribavirin.

✗ To our knowledge, this information is not accurate.

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 not free of charge for all individuals. They are free for certain groups, but information was not provided on which groups. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.

5.4 Publicly funded treatment is available for hepatitis B, but not for hepatitis C. Information was not provided on who is eligible or the amount spent by the government on such treatment.

Civil society respondent comments (2014)

However, ribavirin is not approved to treat hepatitis C, which is weird but doesn't affect its actual use.

There is compulsory testing for people detained for compulsory detox, as far as we know.

A few provinces/cities have included pegylated interferon in their health insurance for treating hepatitis C, while most others only include interferon.

Statement from ITPC China regarding key hepatitis policy issues in China:

National coordination. There has not yet been a national strategy or plan that focuses on the prevention and control of hepatitis C (HCV). Only in 2013, the national Centre for Disease Control (CDC) started to set up an HCV office, which is under the national HIV/AIDS programme. As HCV is being increasingly addressed by both the national and international level, we think that a strategy to prevent and control HCV in China should come out as soon as possible under the leadership of

the national CDC and with support from other stakeholders.

Awareness-raising, partnerships and resource mobilisation. Collaboration with civil society organisations is far from enough in the issue of viral hepatitis, as the two organisations listed by the government response to the 2013 survey are more like government-owned organisations or medical societies. There are well-known patient-based NGOs working on hepatitis B, as well as many groups of people living with HIV and groups of people who inject drugs (PWID)

that are deeply affected by hepatitis C. These groups should be included more in the national response to viral hepatitis.

The awareness-raising done by the government is not effective or efficient. Civil society and the business sector should be mobilised to develop more creative and effective ways to raise public awareness on viral hepatitis, particularly dealing with the stigma caused by some of the previous "awareness-raising" ads. Hepatitis C should be emphasised more in all activities, as the Chinese public is not aware of it.

China

ITPC China continued

Prevention of transmission. Harm reduction strategies are not widely available among the PWID population in many parts of China. The national policy prefers compulsory detoxification more than methadone maintenance treatment and clean syringe programmes. More humane and practical intervention approaches need to be widely adopted to reduce the risk of viral hepatitis transmission in the PWID population.

Screening, care and treatment.

The biggest challenge is the accessibility and availability of treatment.

For hepatitis B, the reimbursement rate covered by different types of health insurances varies. There are three major health insurance systems co-funded by both the government and the beneficiaries: rural health insurance, urban resident health insurance, and urban employee health insurance. In general, the less income you have, the more you will need to pay out of your own pocket. In most cases, patients need to be hospitalised to get reimbursed by health insurance, while being treated as outpatients is more cost-effective for both the patient and the government.

Besides, as noted by a hepatitis B expert, “if all of the nonsense liver protection meds and herbs are removed from the health insurance reimbursement list, China can double its coverage of hepatitis B treatment with no more extra investment.”

For hepatitis C, pegylated interferon (peg-IFN) is not covered by health insurance in most parts of China, and even in some areas where it is covered, patients still need to be hospitalised to get reimbursement. The out-of-pocket cost for a 48-week course with peg-IFN and ribavirin therefore ranges from US\$ 2,500 to 10,000. This is very unacceptable considering that most people living with hepatitis C are rural residents or have a history of intravenous drug use, and their annual income is typically less than US\$ 800.

To deal with treatment access issue, the following major changes are required:

- Health insurance policies need to change, by removing nonsense medications, and including medications that are commonly regarded as “gold standard” by the international

community. The threshold at which patients get reimbursement from health insurance needs to change to prioritise outpatient treatment rather than inpatient treatment. Putting more recommended medications onto the essential medicines list will allow more patients to access them at basic healthcare facilities.

- The government should take the lead in negotiating the price of viral hepatitis drugs with Big Pharma. While China produces most of the ingredients of many chemical drugs, the price of the drugs is much more expensive compared to other middle-income countries. This is essential for the government to develop and implement a national programme on viral hepatitis.
- Civil society organisations should act to mobilise affected communities to know their own viral hepatitis status, and to create more demand for accessible treatment.

Liver Department of Wu Jieping Medical Foundation*

Medical society
Beijing, China
www.cnsid.org

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of China 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 **68.0%** of items.

Survey points marked "accurate":
1.1, 2.1, 2.2, 3.1, 3.3, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 5.1 and 5.3.

✗ The government information was thought to not be accurate for **32.0%** of items.

Survey points marked "not accurate":
1.2, 1.3, 3.2, 3.4, 4.10, 5.2, 5.4 and 5.5.

Survey comments from the Liver Department of Wu Jieping Medical Foundation:

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 has seven staff members. There are seven full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

There is a designated government department responsible for hepatitis but not solely.

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) and people who inject drugs.

Not national programme.

3.4 Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C, but not for hepatitis E.

Surveillance activities also includes hepatitis E.

5.2 The government has national policies relating to screening and referral to care for hepatitis B, but not for hepatitis C.

Has policies for hepatitis C too.

5.4 Publicly funded treatment is available for hepatitis B, but not for hepatitis C. Information was not provided on who is eligible or the amount spent by the government on such treatment.

Treatment is also for Hepatitis C.

* World Hepatitis Alliance member.

China

Liver Department of Wu Jieping Medical Foundation continued

x To our knowledge, this information is not accurate.

5.5 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, telbivudine and tenofovir. The following drug for treating hepatitis C is on the national essential medicines list or subsidised by the government: ribavirin.

The listed medicines are only subsidised by government in some specific cities and provinces.

Statement from the Liver Department of Wu Jieping Medical Foundation regarding key hepatitis policy issues in China:

We believe that the greatest problem is that screening, care and treatment are not accessible to hepatitis patients from rural areas and the countryside, since reimbursement for the disease is limited and treatment in these areas is in urgent need of standardisation. Reimbursement of the cost of treatment in rural areas should be increased, while the doctor's diagnosis and treatment skills should be improved in order to achieve greater health equity. Currently, the New Rural Cooperative Medical System (medical insurance for rural residents) reimbursement is only 50%; the rest is

paid by the individual patient. The survey of hepatitis C disease burden by Wu Jieping Medical Foundation shows that patients with liver disease also suffer a substantial economic burden, and many patients are unable to take on long-term drug treatment.

We also investigated the doctor's treatment skills; there is no uniform norm to promote the implementation of treatment, resulting in uneven levels of treatment. So many patients in rural or remote areas do not have access to regular and effective treatment.

Government in addressing these issues should play a leading role, and only on the support of national policies the reform can be promoted; other related organisations

should also actively cooperate in this process with the government, and contribute their efforts. For example, related NGOs can do advocacy with the government and can conduct patient education about their disease. Academic organisations can provide standard guidelines and conduct training for doctors. Pharmaceutical companies should try to provide cheap and good-quality drugs. International societies and organisations can actively promote international cooperation and exchange, and also can promote the development of national government programmes.