



AUGUST 4, 2017

2018 PRE-BUDGET SUBMISSION
TO THE HOUSE OF COMMONS FINANCE COMMITTEE

ACTION HEPATITIS CANADA
www.actionhepatitiscanada.com

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Action Hepatitis Canada, a national coalition of 59 organizations working toward the elimination of viral hepatitis, thanks the Committee for the opportunity to contribute to the 2018 federal budget through this pre-budget consultation submission.

EXECUTIVE SUMMARY

AHC's recommendation is that a Hepatitis C National Action Plan be properly resourced by the federal government, in order to save the lives of thousands of Canadians, meet our international commitment to eliminate hepatitis C as a public health threat by 2030, and remove this significant burden on our healthcare system.

Introduction

Identified in 1989, hepatitis C (HCV) is a leading cause of cirrhosis, liver cancer and liver transplantation in Canada.¹ It is estimated that at least 250,000 Canadians are living with HCV.²

Great advances have been made in treatment of hepatitis C in the last few years. It is preventable and it is also curable. Hepatitis C can now be cured in almost all cases with daily pills in as little as 8 to 12 weeks. These new treatments - along with our knowledge about successful prevention practices - make the prospect of eliminating HCV in Canada a real possibility.

Even with this progress, nearly half of the Canadians who are living with HCV are unaware of their infection.³ Of those who are aware of their infection, too few are being treated and cured. At these low rates of diagnosis and treatment, HCV rates will continue to rise.

The Federal Commitment

In May 2016, Canada signed on to the World Health Organization (WHO)'s first ever Global Viral Hepatitis Strategy, with the goal of eliminating viral hepatitis as a public health threat by 2030. The WHO strategy includes specific reduction targets, and all countries were asked to develop a National Action Plan to meet these targets.

¹ RP Myers, MD MSc; Mel Krajden, MD; Marc Bilodeau, MD; et al. Burden of disease and cost of chronic hepatitis C virus infection in Canada. *Canadian Journal Gastroenterol Hepatol*. 2014 May; 28(5): 243-250.

² Trubnikov M, Yan P, Archibald C. Estimated Prevalence of Hepatitis C Virus infection in Canada, 2011. *Canada Communicable Disease Report: Volume 40-19*, December 18, 2014. Available at: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-19/surveillance-b-eng.php>

³ Ibid

However, at this point Canada has no action plan in place. An effective national action plan is required to align and coordinate all those involved in the prevention and management of HCV across our provinces and territories, toward the goal of elimination.

While our Health Minister Dr. Jane Philpott has taken steps to address this need for a Hepatitis C National Action plan as part of an integrated STBBI Elimination Plan, she has been clear during consultations that her intention is for the elimination of multiple sexually transmitted and blood-borne infections to be undertaken by community groups with zero funding to support their efforts. The WHO Global Viral Hepatitis Strategy is very clear that countries that have signed on are in turn expected to provide the adequate resources to support the action plan.

The Opportunity

The need for a resourced National Action Plan to eliminate hepatitis C stems from the growing recognition of its massive public health burden and the huge opportunities for action.

With these curative treatments now available and with the pCPA negotiations bringing the price for these drugs down significantly in February 2017, the time is now for a coherent public health response with clear national targets, population-specific strategies, and an improvement of the continuum of HCV care through testing, diagnosis, monitoring, and treatment.

AHC, along with our many allies, are calling on our federal government to put in place a resourced National Action Plan that will provide guidance and monitor progress on our prevention, monitoring, and treatment targets across the provinces and territories, saving thousands of lives and fulfilling our international commitments.

Helping Canadian Businesses

Many Canadians living with hepatitis C report that even the less severe side effects of their disease, such as headaches, nausea, fatigue, and depression, reduce their workplace productivity.

Unlike heart disease or diabetes, hepatitis C is often hidden, so employers are unaware the numbers of employees that will need treatment and care. In the last 3 years there have been numerous reports of Canadian employers blindsided by the spike in speciality drug costs, stemming largely from insurance claims for hepatitis C drugs. The cost of the drugs have led many private and public payers to restrict access to treatment until a certain level of liver damage is visible, but weighed against the cost of end-stage liver disease, liver transplants, cancer treatments and hospitalizations, and sick days, employers will eventually pay one way or another.

As reported in the Canadian Journal of Infectious Diseases and Medical Microbiology: In the Ontario Burden of Infectious Disease Study, HCV had the highest burden of disease as measured by years of life lost due to premature mortality and year-equivalents of reduced functioning, outranking all other

infectious pathogens.⁴ In Canada, while the prevalence of HCV infection is predicted to decline over the next 20 years, rates of advanced liver disease and related complications will continue to rise over the same time period, and total healthcare expenditures secondary to HCV are predicted to increase by 60% from 2013 to a peak in 2032,⁵ with the majority attributable to cirrhosis and its complications (81% in 2032 versus 56% in 2013). HCV continues to remain the primary reason for liver transplantation in the developed world.⁶

There is a surprising lack of Canadian data available when it comes to hepatitis C surveillance. We are unable to provide good data on the direct and indirect costs of hepatitis C on employers as it does not seem to exist. However, the Public Health Agency of Canada estimates that chronic disease costs the Canadian economy \$122 billion annually in lost productivity.⁷ Since 2014, hepatitis C treatment has been a huge disruptor in the insurance industry, with insurance providers and plan sponsors alike concerned about the sustainability of offering the current models of drug plans to employees.⁸

Federal leadership in eliminating hepatitis C - ***particularly in identifying those who are incurring liver damage but do not yet know they are infected, and then initiating treatment before more expensive interventions are required*** - will benefit Canadian businesses in the long term by improving workplace productivity of affected employees and reversing the rising tide of healthcare costs related to the disease.

Conclusion

Even with the advent of curative medicines, our frontline community workers are still witnessing people dying of hepatitis C due to the low rates of timely diagnosis and inequitable access to care.

Given the current treatments available, the high costs of delaying HCV treatment and care, and our international commitment to eliminate hepatitis C by 2030, an investment into a National Action Plan for eliminating hepatitis C in the 2018 federal budget is both fiscally and morally sound.

⁴ Mark Hull, Stephen Shafran, Alex Wong, et al. CIHR Canadian HIV Trials Network Coinfection and Concurrent Diseases Core Research Group: 2016 Updated Canadian HIV/Hepatitis C Adult Guidelines for Management and Treatment. Canadian Journal of Infectious Diseases and Medical Microbiology, Volume 2016, available at <http://dx.doi.org/10.1155/2016/4385643>

⁵ Ibid

⁶ Ibid

⁷ Sunlife Financial. *Chronic Disease in the Workplace*. GB10267-E, 2016, available at <http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Group%20benefits%20products%20and%20services/The%20Conversation/Bright%20Papers/files/GB10267-E.pdf>

⁸ Manulife. *The Impact of specialty drugs on the pharmacy benefits landscape*. GC268SE. 2015, available at <https://resourcepublic.manulife.com/wps/wcm/connect/534f3c54-7edc-4fe1-b0dc-4cc148162c46/GC2685ESpecialty+drugsinfo+sheet.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-534f3c54-7edc-4fe1-b0dc-4cc148162c46-IIWo3Qb>