WHY HEPATITIS? 
A PUBLIC HEALTH PERSPECTIVE FOR PAKISTAN

By Dr. Komal Fatima Rizvi

As part of the Shadbad Program, a comprehensive health, life and disability benefit for 3rd party distributors of Unilever (and their families), in May 2017, we launched the first nationwide chronic disease management campaign.

In deciding what disease to focus on, it was not very hard to pick one where we were confident that we could create impact, demonstrate value to end-users and measure the degree of recovery.

I was taught early on in my career that numbers never lie and when we examined the statistics around viral hepatitis through a global lens (for both Hepatitis B and C) - the numbers were too alarming and demanding to be ignored.

It is estimated that 400 Million people in the world are infected with Hepatitis B and C and 1.4 Million die each year.

To put this into perspective, Hepatitis is THE leading infectious disease- and its global burden surpasses even that of HIV/AIDS as well as Malaria and TB. It is also a Top 10 Leading Cause of Death.

This mortality is hard to accept knowing that Hepatitis B can be prevented by vaccination and hepatitis C can be cured in as little as 3-6 months, both with 95% efficacy.

With diseases that are preventable and curable, why is the morbidity and mortality so high?

One of the major reasons for this increasingly high death toll is the fact that diagnosis rates are very low. The numbers are pretty abysmal worldwide but depressingly low in our region.

Only 17% of the people living with Hepatitis C are diagnosed and this number decreases to less than half for hepatitis B sufferers. 9 in 10 people will continue living with this disease unaware and undiagnosed and only 1% will have access to treatment and care.
It is appalling and unacceptable to have carriers going about their life, unaware of this potentially life threatening disease and putting them at risk of transmitting the disease to others.

The barriers to Hepatitis B and Hepatitis C diagnosis and treatment according to the World Hepatitis Alliance are:

- Lack of public knowledge of the disease
- Out of pocket costs to patients
- Lack of easily accessible testing
- Stigma and discrimination
- Lack of knowledge amongst health care professionals
- The cost of procuring tests by the government or health system

Knowing these facts, we designed the hepatitis campaign to ensure that beneficiaries could be easily screened, diagnosed and treated for HEP B and C, without any out-of-pocket costs to them.

“The cashless aspect was the biggest driver, and enabled us to screen 3217 beneficiaries and identify 261 patients who we enrolled in our treatment plan.

The coordinated care model managed by doctHERs gave beneficiaries round-the-clock support to help them understand and navigate through their treatment. Each patient/family was assigned a family doctor and a nurse who managed their entire care cycle from coordinating lab tests and appointments with consultants, to ordering and dispatching prescription medicines and keeping track of all medical records.

The impact the Shadbad Hepatitis Campaign has created is significant but we have just started skim the surface at a national level. With effective vaccines and oral treatment options available, eradication is achievable. Diagnosing the missing millions is a key milestone in making this vision a reality, but simply diagnosis will not give us the impact we hope to achieve. The success of this campaign is validated proof that coordinated care, linking the diagnosis to patient counseling ensures good patient adherence and is the way forward.

Viral hepatitis is a public health threat. A multi stakeholder approach is required to scale up the diagnosis and treatment. We need the support of policy makers to form strategic partnerships that can give this disease the priority it deserves on the national agenda.

*Image adapted from World Digestive Heath Day Infographic by ueg

**Pakistan**

2nd Highest

Prevalence of HEP C in the World

1 in 10 Pakistanis have HEPATITIS

Globally

1.4 Million Die Each Year

1.4 Million Died in 2015

400 Million Infected

which is 10X more than HIV/AIDS

HBV & HCV MAJOR CAUSES OF:

CHRONIC LIVER DISEASE

LIVER CIRRHOSIS

HEPATOCELLULAR CARCINOMA

HBV

Unsafe sex and mother-to-child transmission are the most common causes

Unsafe injections, unhygienic instruments & injecting drugs are the most common causes

HCV

90% of HBV+ AND 80% of HCV+ infected in Pakistan are UNAWARE of their illness

A Snapshot on HEP B & C
THE PROCESS

Screening

All +ve screened members had a consultation with a GP and were prescribed advanced tests

Diagnostics - Advanced Tests

A series of Advanced Tests were carried out for 275 beneficiaries who had screened + for HEP B and/or C

Treatment

Each patient was assigned to a Coordinated Care Team and was given a personalized treatment plan

2554 Reinforcements Calls were made and SMS' were sent to DSRs to mobilize families

2382 DSRs screened onsite @ distribution centers

835 Family Members were screened @ Partnering Labs

261 confirmed cases for HEP B or C

Our in-House CSR Team, Patient Care Coordinators and Remote GPs co-manage the end-to-end healthcare of our members, providing round the clock guidance and access to healthcare that members can access from the convenience of their own homes.

Our team maintain medical records, order and dispatch prescription meds, check lab reports and radiological inquiries, makes referrals to specialists, handle active primary care cases, coordinate with hospitals and oversee the entire treatment plan.
261 HEP+ active cases

**HBV+**
- Actively in Treatment: 17
- Under Observation: 54
- Completed Treatment: N/A
- Other: 17

**HCV+**
- Actively in Treatment: 43
- Under Observation: 97
- Completed Treatment: 45

**PLUS 61 New Cases Diagnosed in 2018**
KEY LEARNINGS

Lack of Understanding for Disease
- While there was awareness of the term 'Hepatitis' there was a general lack of knowledge regarding transmission, prevention and treatment

Myths & Misconceptions
- Social stigmas persist and there are all sorts of myths and misconceptions about hepatitis

Untreated Cases
- A subset of DSRs who were already diagnosed with HEP B or C in the past did not seek medical help due to the exorbitant cost of treatment
- Others sought alternative treatments (e.g. herbal medicine) which were ineffective

Field Force Retention & Loyalty
- No-out-of-pocket payments for DSRs served as a major incentive for them to participate in program
- Inclusion of parents in the campaign was viewed positively and increased DSR feelings of loyalty to Unilever

Positive Family Influence
- Families with at least 1 infected member were more likely to get screened

Peer to Peer Support
- DSRs organically formed informal support groups within distributions that helped us to accelerate patient education and compliance

Trust
- Our in-house female doctors established strong rapport & trust which enabled them to counsel patients on sensitive topics
- We discussed safe sex and IV drug use with male beneficiaries
- We uncovered a range of active issues with females that had been unreported

Repeatability
- The success of the Hepatitis campaign made it easier to re-engage the beneficiaries for other campaigns i.e. Maternity Program, Women's Wellness, Diabetes Awareness, etc.

Learnings & Insights
Case Studies

A DSR contacted us about the health of his mother. She had been diagnosed with HEP C and the doctor had given her 6 months to live. Our team took over the management of her case and found that she had chronic HEP C with cirrhosis and liver damage. As a high-risk patient, she was put on an intensive plan. She required endoscopies and other tests while undergoing treatment for 6 months. While it was not possible to reverse the damage to her liver, the antiviral treatment was able to control her disease. The DSR’s mother is not only back on her feet and in good health, but the virus is also now undetected in her body. Her liver specialist is optimistic about her health and the family is very grateful for her care.

A Naya Lease on Life

A DSR was informed that he had screened positive for HEP B but the disease was undetected which meant that he would be put on a watchful waiting plan for several months. The DSR reluctantly complied and was tested each month but also made it a point to tell us, without fail (every month) that he was disappointed that he was getting lots of needles and tests but no medicines. Ultimately, his hidden disease flared up and he was started on a 6 month oral treatment course of combination, antiviral therapy.

While we had hoped that the disease would not become active, we are happy we detected the disease early on. The bright side of the story is that this DSR has become an ambassador for Hepatitis screening at his distribution center. He know understands the importance of getting screened and his complaints of having to be tested each month have now been replaced with him encouraging other DSRs and their families to be screened and treated for the disease.

A Patient, Patient

We discovered that 3 members from one family all screened positive for HEP B - the wife of a DSR, his 15 year old son and his 18 year old daughter. The DSR agreed to get further tests done for his son but not for his wife or daughter. Our team counseled this DSR and were met with the excuse of time and not being able to get the females screened. In response our team made attempts to facilitate the tests for the family and continued to follow-up but were not successful in persuading the father. Meanwhile the son completed his treatment successfully. While we are not sure what the reasons for noncompliance are in this case, our clinical team has frequently observed that there is a fear in exposing health issues, especially in cases where the daughters are of marriageable age. It is very common for the wives of beneficiaries to be neglected because a mother with a health risk may also pose a threat to her daughter’s marriage prospects.

A Tale of 2 Genders
**RECOMMENDATIONS & NEXT STEPS**

**Pull Through Approach for Non-Compliant Patients:**

- Through persistent reinforcement calls and efforts by our Patient Care Coordinators, we were able to reduce our patient non-compliant rates (the percentage of members who do not adhere to our medical advice)

- In Q1 we had 51 non-compliant cases. This number came down to 14 cases by the end of Q2 and 11 at the end of Q4.

- Another approach we can take early on is to engage management from Unilever and the Distributor to help reinforce the importance of treatment.

**Appoint DSRs as Health Champions & Ambassadors**

- Identify and assign health champions at each distribution site who can serve as resident champions for the Shabad Program(s).
- We can roll-out new updates and information to champions and they can help their peers maximize the utilization of their benefits

**Preventive Health Education & Awareness**

- Develop online & offline patient education material for DSRs and their families

- Reinforce the importance of patient education on preventing HEP A & HEP E. South Asia has the highest prevalence of water-borne hepatitis in the world but it is preventable through good WASH (water, sanitation and hygiene) practices

- Disseminate health education via SMS/Whatsapp

**Vaccinations**

- HEP B vaccine is recommended for all families where a member has been previously treated for HBV

- Flu Shots are recommended for Parents and any additional patients with compromised immunity

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**Recommendations & Next Steps**