A glance in hepatitis C policy in Brazil: Access and performance

Lucas Miyake Okumura 1
Mariana Rosim 1
Bruno Salgado Riveros 1
Rosa Camilla Lucchetta 1
Gabriel Ogata Pedro 1
Marcelo Eidi Nita 1


Payment for performance (P4P) is a model of health care where professionals and organizations are compensated by achieving predetermined performance measures1. To illustrate, P4P in Brazil has shown promising results, as demonstrated by UNIMED/Belo Horizonte, where doctors receive extra financial incentives for each additional patients with controlled chronic disease2. Recently, P4P has come to hepatitis virus C (HCV) treatment3, providing the chance to discuss a paper published by Chaves et al.4, entitled “Public procurement of hepatitis C medicines in Brazil from 2005 to 2015”.

Chaves et al.4 assumed that by guaranteeing universal access to treatment, there would be room to lower the cost of acquisition of such expensive drugs. Despite, the economics principle of supply and demand applies to most of products, in health’ care, efficacy, effectiveness and efficiency are also the landmarks for a feasible universal system.

Improving access to DAA (Direct-Acting Antivirals) will happen by acquiring larger amounts of drugs at reduced costs and prescribing to earlier stages of HCV1. Whether the treatment achieves SVR (sustained virological remission) in a large group of patients as demonstrated in past clinical trials (RR 0.44, 95%CI 0.37~0.52)3,5, the industry will be fully compensated. That is, the more effective DAA is, the higher will be the profits to patients and other stakeholders1.

DAA efficacy has been demonstrated in controlled environments3. However, Real World Data (RWD) is needed to evaluate DAA in population scale6. Emerging countries, such as Brazil, work with the need to receive the maximum benefits of health care innovations in a shorter period of time than developed countries, due to the lower Gross Domestic Product (GDP) per capita. Thus, more mechanisms to guarantee risk sharing, correct use of DAA2, RWD analyses and better resource allocation are needed to overcome the higher initial investment.

Neither access to HCV nor lower costs preclude better health care. Brazil is on the way of P4P1,3, by promoting HCV prevention, updating HCV guidelines, engaging professionals2,7, industry3, health institutions2 and RWD6 analysts to work towards HCV SVR. That will be the key to truly improve viral liver diseases-induced morbimortality in Brazil.

References