

**Briefing Note for Public Accounts Committee
22 November 2018**

Hepatitis C & HIV Compensation Tribunal

1. Approximately 1,700 people in Ireland became infected with hepatitis C or HIV through the administration of infected blood products within the State. These include:
 - Women infected with Hepatitis C through the administration of Anti-D immunoglobulin in the periods 1977-79 and 1991-94;
 - People with haemophilia infected with HIV and hepatitis through the administration of infected clotting factors in the period before 1985;
 - Recipients of blood transfusions before the introduction of a screening test in 1991;
 - Some people who received treatment for renal disease.
2. The Hepatitis C Compensation Tribunal was established on a non-statutory basis in 1995 to compensate people who had contracted hepatitis C from infected blood products.
3. The Tribunal was put on a statutory footing in November 1997 through the Hepatitis C Compensation Tribunal Act.
4. An amending Act in 2002 extended the Tribunal's remit to include HIV and also allowed for claims by dependants of infected persons – loss of consortium, dependency losses, loss of society, post-traumatic stress disorder/nervous shock and future care claims.
5. The Act was further amended in 2006 to provide for the establishment of an insurance scheme and also to clarify the definition of hepatitis C diagnosis.
6. The Tribunal has been hearing claims since March 1996. Expenditure on the Tribunal currently amounts to approximately €25m per year. To the end of 2017, the Tribunal had cost a total of €1.18bn, covering awards, legal fees and administrative costs.

National Hepatitis C Treatment Scheme

1. Establishment
 - In 2015, the Government:
 - approved an HSE national treatment programme for state-infected and other patients
 - agreed to a commitment to make treatment available to all state-infected patients by end 2017.
2. Programme
 - A multi-annual public health plan, with a view to eliminating hepatitis C in Ireland.
 - €30 m in annual funding since 2015 for treatment with directly acting anti-viral drugs, which can effect cures in over 90% of patients.
 - Established in line with Department of Health report – A Public Health Plan for the Pharmaceutical Treatment of Hepatitis C.
 - Structure:
 - A programme manager, reporting to the National Director Primary Care.
 - A clinical lead, supported by a clinical advisory group and an overall advisory committee.
 - A national register to measure treatment plan outcomes.

- Clinical prioritisation for access to treatment (international criteria).
- Clear decision pathway for treatment (prioritisation, registration, reimbursement approval).
- Treatment for both state-infected and other patients.

3. Results to Date

- Structured use of direct acting anti-virals has allowed Ireland to provide early and timely access to innovative and effective treatments for very seriously ill citizens.
- Nearly 3000 people successfully provided with treatment for hepatitis C since 2015.
- All patients infected by blood products offered treatment by end 2017 – over 98% success rate.
- Hepatitis C eradicated in the Irish haemophilia population by end 2016.
- Treatment commenced in paediatric patients in 2017.
- Treatment in HSE addiction treatment centres, outside acute care, on a pilot basis from 2017, with plans for additional sites, including prison and homeless services.
- More patients treated each year with better value in drug procurement: In 2017, almost 1150 patients received treatment, over three times as many as 2015 (350) within the same budget. Expected to treat some 1800 patients in 2018 within budget, four times as many as 2015.
- Treatment registry established with the National Centre for Pharmacoeconomics.
- Current virus clearance rate (12 weeks after treatment) of over 95%.

4. National Screening Guidelines

- 2017: National Council for Clinical Effectiveness issued National Screening Guidelines
- The Guidelines:
 - recommend an overall HSE hepatitis C programme to link all components of care through screening, prevention and testing to treatment and cure
 - informed HSE proposals for expansion of the treatment service.