

What can be done in Belgium for fighting against hepatitis C ?

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Belgium is a federal country with three regions and three communities. Competences of Regions are based on territories, while competences of communities are based on language-speaking. Health care is paid and managed by the federal administration of Public Health and Social Affairs as well. Preventive care, such as vaccinations and screening, are performed by the communities. A perverse side-effect of this repartition is that, if prevention avoids mortality and costs, benefits and return are for the federal administration. Thus, benefits of prevention are not fully perceived as they should be. Nevertheless, the federal government now assists communities in prevention programs such as screening of breast cancer or childhood vaccination.

Prevalence of Hepatitis C (HCV) in Belgium was estimated to 0,7/1000 and one third of this group is estimated to have been detected. It means that 40,000-70,000 persons are still to be detected. HCV has a long incubation (10-30 years) and majority of sufferers were infected by blood transfusion prior the 1990's. From that moment screening for blood donation was compulsory and new cases of hepatitis C were due to other routes of infection.

In November of 2001, The Belgian Association for Study of the Liver in collaboration with the Ministry of Public Health organized in Brussels a Hepatitis C Belgian Day. The main objectives were to present medico-social and economical aspects of the disease to a widespread audience of concerned personalities and patients. Proceedings of this important event were published in an abstract book and a white book. Aside from interesting lectures on the disease and their consequences, main recommendations to the health authorities were presented :

- Organization of national screening day in Belgium

- Free vaccination against Hepatitis A and B for patients affected by HCV
- Total reimbursement of medications for patients treated for HCV
- Additional financial support for research
- Administrative control of tattooing and piercing
- More information to hospitals, dentists and GP's for disinfection of medical material
- More resources for transfusion centres

Mixing preventive and curative cares, this proposal needs collaboration between federal and community authorities. The best way is to prepare a protocol agreement where a strategic plan is clearly defined, tasks to be done by each other described and repartition of allocated financial resources decided by each party. The earlier, the better, and chances of recovering are greater when the diagnosis is early. However, financial means are limited and the screening has to be carried out in a favourable cost-effective way.

Does the screening to be targeted to persons transfused before 1990 or should this screening envisaged for the whole population ? This question of considerable importance for its financial and operational consequences, has to be solved by the scientific working group which will be settled by the possible agreement.

Working with a fixed budget, it is difficult to allocate a big amount to a new project without reducing current resources already allocated for other purposes. Currently, financial resources for Public Health care are managed as for a definite budget.

Ageing of population, new technologies and capabilities of prevention or treatment will force decision-makers to reconsider the percentage of the Global National Product allocated to Public Health. This should be a priority as a political theme for the next elections.

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