

explains Emily Watkins, special advisor to the president of the union.

According to Duff Conacher, cofounder of Democracy Watch, a nonpartisan citizen advocacy group, new top-down policies must be paired with training and clear agreements on interpretation for researchers and managers. Otherwise, “policies are just vague words on paper that can be

interpreted in different ways,” he says.

Conacher notes that many preexisting communications policies “are not clear,” so senior officials can change interpretations to suit their needs.

It’s not surprising scientists are unwilling to speak out in such an environment, he adds. “People with mortgages and kids and financial demands are not going to stick their necks out

without clear lines and knowing for sure they’re protected.”

In the meantime, “there are not a lot of incentives for the Liberals to actually change the policy until the media starts covering the fact that the announcement was not actually a policy change.” — Lauren Vogel, *CMAJ*

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“Irresponsible” not to adopt national hepatitis plan

Fears about the high cost of hepatitis drug treatment must not delay action on a pan-Canadian hepatitis strategy, a coalition of 35 health groups charged in a statement released Mar. 10.

Action Hepatitis Canada (AHC), which includes the Canadian AIDS Society and the Canadian Liver Foundation, wants Ottawa to act now on a 2014 World Health Organization resolution urging member states to adopt national hepatitis plans similar to those already implemented by Australia, France, the United Kingdom and the United States.

“National strategies in these countries promote prevention and screening, as well as price controls for HCV [hepatitis C virus] medicines,” says Patricia Bacon, chair of the AHC’s steering and executive committees. A national hepatitis strategy would result in higher treatment rates, improved prevention strategies, higher treatment retention, fewer treatment disparities and new pharmaceutical treatments moving faster to market, she says.

Hepatitis is not a small problem, Bacon emphasizes. According to the Canadian Liver Foundation, more than 500 000 Canadians are likely chronically infected with hepatitis B or hepatitis C.

In a Jan. 25 statement, AHC also asked the federal government to take steps to curb the expense of new hepatitis medicines, some of which cost up to \$60 000 for the complete treatment. The coalition wants the federal government to force down prices through measures such as bulk buying.

“Manufacturers of new HCV treatments are profiting at rates that are vastly disproportionate to their investment or to any reasonable expectation of commercial gain,” the AHC charged.

“In the case of new HCV drugs, the prices have been set so high that governments and private payers cannot afford to treat all those who would benefit.”

Many provincial formularies list HCV drugs but severely curtail access due to the cost.

The coalition would also like to see a national strategy to promote testing for everyone born between 1945 and 1975. “Nearly half of the Canadians who are living with HCV are unaware of their infection, and of those who are aware of their infection, too few are being treated to cure the disease,” Bacon says. “At these low rates of diagnosis and treatment, HCV rates will continue to rise as will health care costs, due to expensive treatment for liver failure and liver cancer, such as liver transplantation.”

Hepatologist Dr. Morris Sherman, chair of the Canadian Liver Foundation, agrees a national strategy is urgently needed.

“The Canadian government needs to understand that if not tackled today, both hepatitis B and C will be major burdens on the health care system in the next 20 years, as today’s patients will suffer complications, develop liver cancer or require liver transplants.” Sherman says liver cancer is most frequently a result of hepatitis B and C, and its incidence is increasing more rapidly than any other cancer. “Proper care can prevent or cure this cancer, but due to the lack of a national strategy, the majority of patients who develop liver cancer will die from their disease.”

Adam Cook, a hepatitis policy researcher for the Toronto-based Canadian Treatment Action Council, notes that the Public Health Agency of Canada

(PHAC) faces resistance from provincial and territorial officials. “The provinces are not taking the lead on this, because the increased screening increases the number of diagnoses, which increases the cost of treatment.”

PHAC’s deputy chief public health officer, Dr. Theresa Tam, acknowledges that although a federal framework for action on hepatitis has been in place since 2009, screening guidelines proposed by the agency in 2014 were retracted from public release at the urging of provincial and territorial representatives to the Pan-Canadian Public Health Network Council. “If you screen, you have to follow-up,” Tam says. “And that really means treatment.”

In the face of provincial and territorial resistance to screening, PHAC has referred the issue to the Canadian Task Force on Preventive Health Care, which will study the case for screening in greater detail, Tam says.

In the long run, screening and treatment will save money, according to a study published Jan. 12, 2015, in *CMAJ* by Dr. Jordan Feld, a clinician-scientist at the Toronto Western Hospital Francis Family Liver Clinic, and researchers at PHAC and the University of Toronto.

“There are very good data available now confirming there will be massive consequences if we don’t act now,” Feld says. “The failure to adopt screening guidelines is completely irresponsible. And it is terrible that we do not have a national strategy like those adopted in many other countries and recommended by the World Health Organization.” — Paul Webster, Toronto, Ont.

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