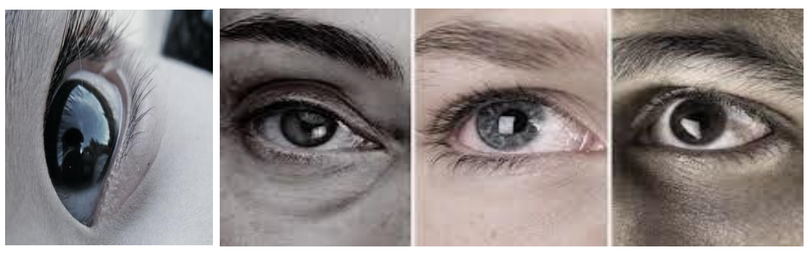

CURRENT POLICY, CLINICAL AND ECONOMIC ENVIRONMENT OF EYE CARE AND VISION HEALTH IN BULGARIA

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Background

There is a global call for action for addressing eye health as a public health problem

The prevalence of eye diseases is rising and placing significant strain on already overburdened health system capacity

constrained clinical workforce, inefficient workflows, burdensome treatment options, and gaps across the disease management

WHO and The United Nations General Assembly resolution on vision developed strategic pillars on:

- the inclusion of eye care in national health plans to achieve "vision for everyone" by 2030
- health promotion, prevention, treatment and rehabilitation strategies

Aim

The aim of the study is to assess the clinical, economic environment of neovascular age-related macular degeneration (nAMD) and diabetic macular oedema (DME), and access to therapy in Bulgaria

Methods & Materials

We conducted two step research to identify current strategic policies for vision health and eye care and subsequent analysis of the economic burden of neovascular age-related macular degeneration (nAMD) and diabetic macular oedema (DME)

01 Desktop policy analysis

- Current strategic policy documents on regional and national level on eye care and vision health
- Comparisson with Bulgarian guidelines

02 Economic burden of DME and nAMD

- Cost of illness (COI) study on the current therapeutic environment of nAMD and DME in Bulgaria
- Societal perspective assessing the value of medical, non-medical reosurses and productivity loses for 5 year period
- Direct medical and non-medical resources are costed through micro-costing approach in euro
- Productivity losses are costed through human capital approach in euro

Results: Desktop analysis

The policy desktop analysis shows that **currently** there is no National Eye Health Plan/Strategy in place in EU

Portugal used to have active Eye health plan but only between 2011-2020

UK had active program until 2018 and current campaign for developing and implementing a national strategy for eye care

Results: Desktop analysis

01 Develop and implement national screening programs that enable earlier detection of specific retinal diseases (e.g., diabetic eye disease) for which interventions are readily available

02 Enhance access to more durable therapies thatreduce the number of required medical visits

03 Promote the continued investment in and uptake of at-home/community-based solutions for monitoring disease progression (as they become available)

04 Streamline diagnostic and treatment care pathways through centralized referral systems and integrated services to coordinate and accelerate a patient's time to treatment

Results: COI study nAMD

Alternative	Direct medical costs payer perspective	Direct medical costs patient perspective	Direct non-medical patient perspective	Indirect patient perspective
aflibercept	18941.01	6306.58	118.78	84.81
brolucizumab	18493.37	6116.46	118.78	84.81
faricimab	11283.57	3656.01	84.64	60.19

Results: COI study DME

Alternative	Direct medical costs payer perspective	Direct medical costs patient perspective	Direct non-medical patient perspective	Indirect patient perspective
aflibercept	19486.77	6481.45	122.87	87.54
brolucizumab	13921.33	4569.12	88.73	62.92
faricimab	11202.56	3656.01	84.64	60.19

COI analysis shows that the introduction of faricimab in the Bulgarian therapeutic practice is expected to lead to reduction in direct non-medical costs and indirect costs bringing additional value to the patients

Conclusions

Despite all strategic documents, guides, and publications, eye care and vision health often do not receive adequate attention from policymakers, health systems, and even individual health care providers

Vision outcomes are influenced by the availability and affordability of the best therapies

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