

CROATIA

VHPB BALKAN MEETING

LESSONS LEARNT, BEST PRACTICES AND FUTURE CHALLENGES

TATJANA NEMETH BLAŽIĆ & ADRIANA VINCE



National Strategy/Action plan

- The National Hepatitis Strategy/Action plan is in its preparatory phase - in the procedure for being adopted (already written in 2019)
- It is based on a National Consensus Conference held for the third time in February 2013 and Resolution on fight against viral hepatitis adopted by Croatian Parliament in 2009.
- conferences, round tables, press conferences with stakeholders, meetings of the working group

The control and prevention of hepatitis in Croatia is **integrated and implemented within the control and prevention measures for all infectious diseases** that is under surveillance in Croatia which is regulated by Act on the Protection of Population from Infectious Diseases, Health Care Act, Health Care Measures Program and linked to other related strategies (the same situation is with STI)

- No national strategy or plan exclusively or primarily on the prevention and control of viral hepatitis.

National viral hepatitis action plan

Main objective: to reduce morbidity and mortality from viral hepatitis and liver disease

- Raising awareness of general and key populations
- To educate health care workers and other experts
- Improving epidemiological data
- Strengthening priority measures for prevention strategies, diagnosis and treatment (e.g. vaccination, increase early diagnosis, linking to care and treatment, harm reduction programs, safer injecting and safer sex, achieving lower costs of drugs...)
- In line with WHO Global Hepatitis Strategy

CROATIA: National action plan

GOALS:

- ✓ **Long-term goal 1.** *Awareness raising in general population and key populations*
- ✓ **Long-term goal 2.** *Monitor health sector response*
- ✓ **Long-term goal 3.** *Reduce new infections for 90%*
- ✓ **Long-term goal 4.** *Sustain the epidemiologic control of hepatitis A*
- ✓ **Long-term goal 5.** *Reduce the mortality for 65%*

CROATIA: ACTION PLAN

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- NACRT
-
- **Ministarstvo zdravstva**
-
- **AKCIJSKI PLAN ZA**
- **PREVENCIJU I KONTROLU**
- **VIRUSNIH HEPATITISA 2019.-**
- 2030.**

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Sadržaj

Sadržaj

UVOD

1. Situacijska analiza

1.1. Epidemiologija

1.2. Procjena broja oboljelih i težine bolesti

1.3. Trenutna medicinska praksa

1.4. Zakonski okvir

1.5. Povezanost s drugim zdravstvenim strategijama i dokumentima

1.6. Financiranje testiranja i liječenja virusnih hepatitisa u Hrvatskoj

1.7. Civilno društvo

2. Upravljanje i organizacijska struktura

3. Svrha, kratkoročni i dugoročni ciljevi

4. Praćenje i evaluacija

5. Financijski okvir

CROATIA

BEST PRACTICES – SOME EXAMPLES

- Community based testing, integrated approach (HIV, HCV, STI, sexual health promotion)
- Mobile infoHep centre
- Needle and syringe programmes
- Screening and treatment in prisons
- Opioid substitution therapy (model of implementation)



Compendium of good practices in the health sector response to HIV in the WHO European Region



<http://www.euro.who.int/en/publications/abstracts/compendium-of-good-practices-in-the-health-sector-response-to-hiv-in-the-who-european-region>



NGO HUHIV - CheckPoint Zagreb

Testing and prevention in the community

CROATIA. Integration of community HIV and HCV testing through a comprehensive sexual health approach: HUHIV – CheckPoint Zagreb

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Background

In the period from 1985 to 2017, 1540 cases of HIV infection were documented in Croatia, 500 of which progressed to AIDS, resulting in 265 deaths. Most HIV/AIDS patients are male (88%). Almost 90% of people living with HIV in Croatia have been infected as a result of sexual contact and 5% as a result of injecting drug use. Since 2013, the average annual number of reported HIV/AIDS cases has been 100 (range 77–116), an increase of around 150% since before 2004. This may be partly explained by a genuine increase in the number of infections, along with an increase in HIV testing following the introduction of voluntary, free and anonymous counselling and testing for HIV in eight Croatian cities in 2004. The predominant mode of transmission is sexual contact between men, representing 64% of all registered cases. In 2016 alone, 84% of all newly diagnosed cases were MSM. Although Croatia has a low incidence rate of two cases per 100 000 population, the large increases in transmission via MSM are worrying. The number of registered cases of hepatitis C rose steadily during the 1990s, remained relatively stable at about 400 per year from 2000 to 2007 and has been gradually decreasing since 2008. The overall prevalence of HBV and HCV infection is less than 1%. In the general

Description of the good practice

In response to the HIV epidemic, decentralized access to VCT centres provides an excellent solution of HIV prevention, especially for youth and adolescents. Operating within the Croatian Association for HIV and Viral Hepatitis (CAHIV), CheckPoint Zagreb provides health education to young people, counselling, and psychosocial support, along with voluntary, anonymous, confidential and free testing for HIV and HCV. The centre provides health care for youth, counselling and education (e.g. on HBV, HCV, HIV and HPV vaccination and on STIs), testing and early detection of HIV and HCV, and linkage to care and early treatment. CheckPoint Zagreb is a valuable addition to the existing network of 10 VCT centres in Croatia that collaborates with the National Institute of Public Health and the University Hospital for Infectious Disease "Dr Fran Mihaljević". Half of the CheckPoint users in Zagreb are aged under 29 years (39). Risk factors for youth may include having multiple partners and unprotected sexual intercourse and data show that young men and women in Croatia are increasingly becoming vulnerable to STIs. In addition to youth, CheckPoint Zagreb attracts older age groups with a sexual risk history such as previously untested MSM, including those who may be hard to reach or conceal their sexual orientation.

- **HUHIV: Croatian Association for HIV and Viral Hepatitis (CAHIV)**
- **Integration** education, counseling and testing with information about HIV, STDs and sexual and reproductive health (risks, protection, examination, testing, treatment, vaccination...)
- **Education** health care workers
- **Training of collaborators**, volunteers
- **Partnership** with relevant institutions
- **Collaboration:**
 - UIDH „Dr. F. Mihaljević”
 - CIPH
 - City Office for Health of the City of Zagreb
 - MoH
 - Other institutions/ organisations and NGOs
- **In line with:**
 - **Draft of the National Strategy for the Prevention and Control of Viral Hepatitis**
 - **National HIV / AIDS prevention program**



Compendium of good practices
in the health sector response
to viral hepatitis in the
WHO European Region

Background

Croatia has low prevalence rates for hepatitis B and C (below 1% in the general population). Epidemiological surveys in the general population have shown rates of 0.2–0.7% for HBV infection and 0.5–0.9% for anti-HCV (33). These figures result in estimations of 25 000 people living with chronic hepatitis B, and up to 40 000 people living with chronic hepatitis C (34), mostly unaware of their HCV status and not linked to care.

Regarding incidence, the CIPH estimated an average of 120 new cases of HBV infection and 180 new cases of HCV infection in 2015–2019. As of May 2019, 26 cases of HBV infection and 74 cases of HCV infection had been registered for that year (CIPH, unpublished data, 2020).

While the prevalence of hepatitis B in children and in the general population has been decreasing since the introduction of hepatitis B vaccination into the national immunization programme (35), the prevalence rates of hepatitis B and C remain high in key populations (36). Examples of such groups include PWID (29.1–65%), people in prisons (8.3–44%) and PLHIV (15%), with a range of values that far exceed those observed in the general population (37,38,39,40,41,42,43).

The prevention of new infections is one of the main public health challenges in Croatia. Voluntary counselling and testing (VCT) centres offer free and anonymous testing for HBV and HCV. Tests are also available through the CIPH and NGOs, covering 15 different locations throughout the country.

Despite such efforts, targeted testing for viral hepatitis remains a challenge and scale-up and outreach to key populations are needed. In order to achieve these goals, it is essential to connect with communities, strengthen prevention and awareness activities, improve linkages to care, and educate health-care workers, especially general practitioners – the first contact in the health system for many patients.

Treatments for hepatitis B and C are available in the country. Antiviral treatment with DAAs is provided through the Croatian Health Insurance Fund (44). The first draft national action plan for combating viral hepatitis was developed in 2018 (45).

Description of the good practice

The Croatian Association for HIV and Viral Hepatitis (CAHIV) has been successful in the development and implementation of community-based responses to viral hepatitis through collaborations with the Referral Centre for Diagnostics and Treatment of Viral Hepatitis of the Croatian Ministry of Health at the UHID, the CIPH, and the Zagreb City Office for Health.

The partnership with key stakeholders and health experts has enabled several activities in health promotion, prevention of viral hepatitis, and combating stigma and discrimination – leading to improved health and social outcomes, especially for key populations and those living with the infection.

1. CAHIV activities include the following: Community-based counselling and testing at CheckPoint Zagreb (46)

Established by CAHIV in 2013, CheckPoint Zagreb offers IEC and VCT for HIV and HCV for both key populations and the general population, as well as psychosocial support, linkage to care and assistance throughout the continuum of care. Operational protocols were designed in collaboration with the UHID, with testing performed with on-site supervision by experts from both the UHID and CIPH.

2. Digital and online educational platform and mobile application *All about hepatitis* (47)

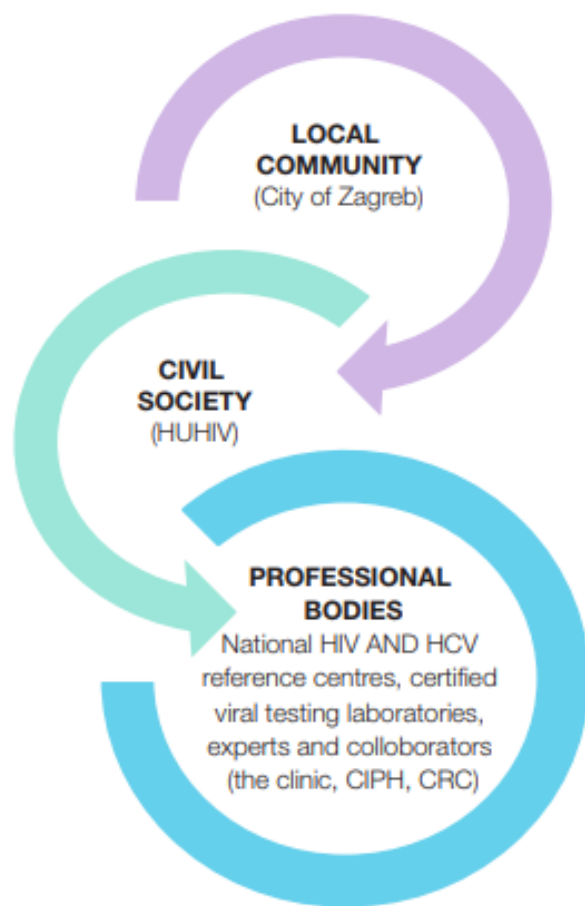
As a means to further promote education on the risks of viral hepatitis, CAHIV introduced a new digital approach in 2017, with the development of

Partnership and synergy in response to viral hepatitis in Croatia

- CheckPoint Center Zagreb – a testing and education center that operates in the community
 - Digital and online educational platform hepatitis.hr and mobile application Everything about hepatitis @ GooglePlay & AppStore
 - Psychosocial support for people affected by viral hepatitis
 - Education for healthcare professionals
 - National public health campaigns
-
- **Collaboration:**
 - UIDH „Dr. F. Mihaljević”
 - CIPH
 - City Office for Health of the City of Zagreb
 - MoH
 - Other institutions/ organisations and NGOs
 - **In line with:**
 - **Draft of the National Strategy for the Prevention and Control of Viral Hepatitis**
 - **National HIV / AIDS prevention program**

Model: Synergy of social community, local community and institutional health system

**Approach:
Complementary upgrade of the
healthcare system**



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Mobile InfoHep Centre – mobile clinic

CROATIA Mobile InfoHep Centre – mobile clinic

Strategic Direction 2 | Strategic Direction 3 | Strategic Direction 5

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Background

The prevalence of HCV infection in Croatia has been estimated at 0.9% or approximately 40 000 people at risk of liver cirrhosis, hepatocellular carcinoma (HCC) and liver failure (15,16,17). Approximately 200 newly diagnosed cases of hepatitis C are officially reported in the country every year. All newly diagnosed cases are reported to the National Public Health Information System (Nacionalni javnozdravstveni informacijski sustav, NAJS) of the Croatian Institute of Public Health (CIPH).

Testing for HCV infection in key populations and those subject to geographical barriers is still insufficient and the quality of medical records on diagnosis of hepatitis C and aetiology of liver cirrhosis and primary liver cancer prevents a more comprehensive understanding of the burden of the disease.

Regarding follow-up and treatment, liver elastography and DAAs have already been introduced and have since become the standard for treatment and care of chronic HCV infection in Croatia (18). Yet, the underreporting of new cases, particularly in rural areas, results in significant delays in the lead time between request for antiviral treatment and treatment initiation, negatively affecting the lives of patients.

that is also fully equipped with state-of-the-art health services for diagnosis of viral hepatitis. The unit is a development of the InfoHep Centre, launched in 2007 thanks to the enthusiasm of a few highly motivated people from different sectors, dedicated to testing, consultations and legal support for beneficiaries in Split, Croatia.

The MIHC provides excellent medical care for patients throughout the country and has been praised by many, including the government, health providers, academia, civil society and key populations.

Mobility enables the delivery of treatment and care to key populations and people facing barriers in access to health, including transportation and geography – this includes people in prisons and closed settings, homeless people, war veterans, people living on islands, rural communities and those recovering from substance use disorder. The unit provides direct contact between the newly diagnosed patient and assigned physicians, and promotes delivery of equity in access to social and health services.

Equipped with liver elastography, the MIHC has been requested by small communities throughout Croatia, and neighbouring countries. The model is innovative



National coordination, local implementation and scale-up of needle and syringe programmes in Croatia

CROATIA National coordination, local implementation and scale-up of needle and syringe programmes in Croatia

Strategic Direction 2 | Strategic Direction 3 | Strategic Direction 4

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Background

The prevalence of hepatitis C in the general population in Croatia is relatively low. However, the prevalence among PWID is high – with proportion of individuals testing anti-HCV positive as high as 44.7% in a respondent-driven sampling survey conducted in Rijeka, Split and Zagreb during 2014–2015 (20). A capture-recapture study performed in 2010 indicated that Croatia had 10 726 opioid users (21).

NSPs were introduced in Croatia in 1996 (22) and have since been implemented by NGOs at the local level, funded by national and local authorities (23). NSPs have been integrated into national public health and strategic documents (24,25) and are coordinated by NGOs specialized in prevention and outreach.

It is important that NSPs have shared standards – including a system of codes and protocols for clients, and uniform reporting mechanisms to donors – and exchange information on gaps and geographical barriers to improve the coverage of services throughout Croatia.

Description of the good practice

Harm reduction services, including NSPs, were introduced in Croatia in 1996, with an increase in political support and recognition from the Croatian Parliament (26). The NGO “Help” implemented the first NSP in Split with financial support from the Open Society Foundations.

During 1996–2003, civil society organizations expanded their activities to include harm reduction and NSPs, and implemented these initiatives in larger cities such as Pula, Zadar and Zagreb in 1998. Financial support was provided by the Global Fund to Fight AIDS, TB and Malaria during 2003–2006, and eventually harm reduction and NSPs fully transitioned to domestic funding – securing sustainability and even scaling up activities in some established services.

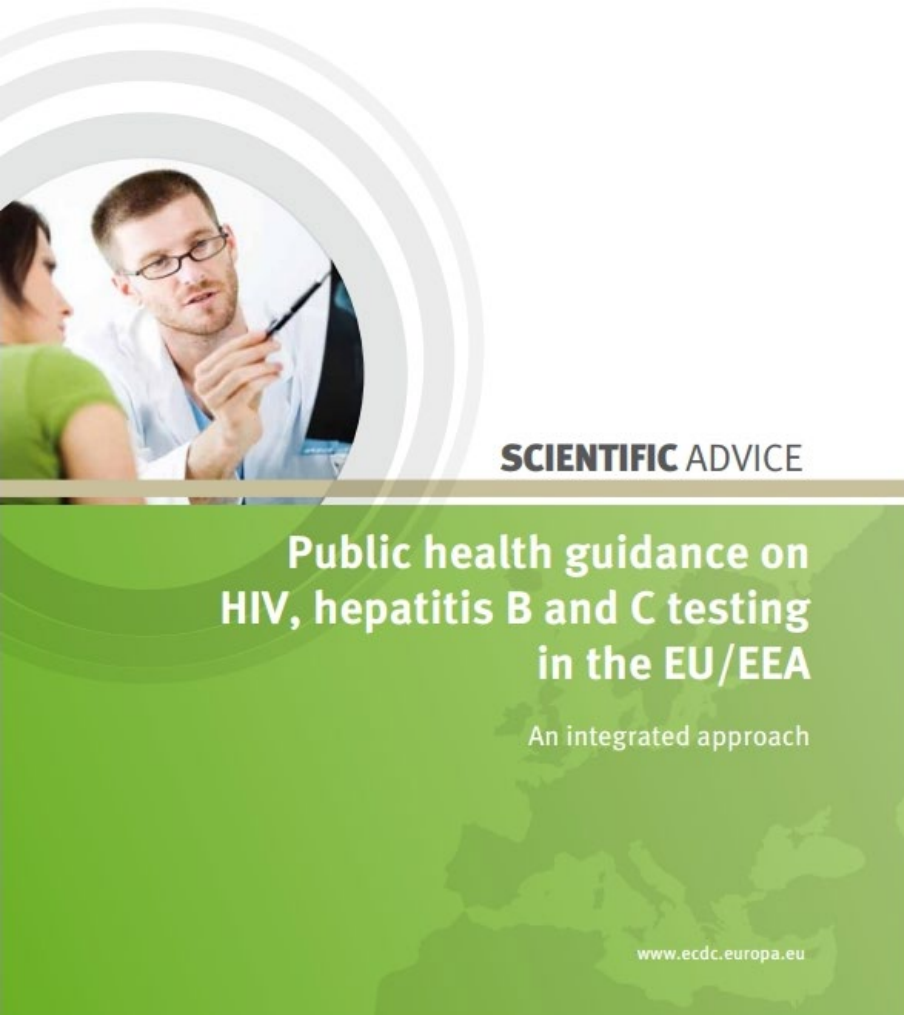
In 2015, technical guidelines on harm reduction were introduced to ensure high standards and the safety of clients. Today, NSPs are regularly implemented by seven NGOs in 102 geographic locations (6 fixed sites,



ECDC Guidelines the best examples of an integrated approach testing for hepatitis B (HBV), hepatitis C (HCV) and HIV

6 overarching principles for HBV, HCV and HIV testing programmes

- **Testing should be accessible, voluntary, confidential and contingent on informed consent.**
- **Appropriate information should be available before and after testing.**
- **Linkage to care is a critical part of an effective testing programme.**
- **Testing in healthcare settings should be normalised.**
- **Those carrying out HIV, HBV and/or HCV testing should receive appropriate training and education.**
- **An effective national testing strategy, including a monitoring and evaluation framework, is critical in responding to HBV, HCV and HIV infection.**



Closing the gaps in HIV coverage through the first noninstitutional centre for testing on HIV and HCV in Croatia

COM3: Closing the gaps in HIV coverage through the first non-institutional centre for testing on HIV and HCV in Croatia

Author(s): Beganović, Tomislav¹; Erceg, Maja¹; Dišković, Arian¹ and Portolan Pajić, Ivana²

Affiliation(s): Croatian Association for HIV and Viral Hepatitis (CAHIV)¹; City Office for Health of the City of Zagreb²

Country: Croatia

Setting: Community setting

Source: Open call

Background

Although Croatia has a low HIV incidence rate of 2 per 100 000 persons, recent increases in MSM transmission are of concern [48]. In Croatia, most new HIV/AIDS cases are male (88%) and almost 90% of all people infected with HIV in Croatia are infected as a result of sexual contact, with only 5% as a result of injecting drug use [48].

The overall prevalence of HBV/ HCV in Croatia is less than 1% in the general population, rendering Croatia a low-prevalence country for these infections [48]. However, estimates of prevalence in high-risk populations are higher. For people who inject drugs, HBV prevalence is 3% and 40% for HCV (range: 30–65% [48]).

HIV and HCV testing services in Croatia have been based on free anonymous testing in healthcare settings within the Clinic for Infectious Diseases in Zagreb, a network of 10 centres in public health institutions and hospitals. Prior to establishing decentralised community-based voluntary testing, the response rate to voluntary HIV testing in healthcare settings was below 2% of sexually active populations [48]. The reason for this is high levels of associated stigma and discrimination, insufficient awareness by health professionals and lack of individual commitment in recognising people's needs and concerns.

Case study example

CheckPoint Zagreb has served as an important supplement to blood-borne virus testing services provided by the Croatian healthcare system and was the first non-institutional centre for testing HCV and HIV in Croatia.

Since the launch of the checkpoint, the number of tests in Croatia has tripled. Positivity rates for both HCV and HIV at the checkpoint exceed 1%. Since 2013, 7 100 have been tested at CheckPoint Zagreb, with 4 300 people tested for HCV and 5 300 for HIV. Around 60%–70% of all visitors to the centre have never been tested before. Of the new positive test results, 50 were HCV tests (1.15%) and 61 were HIV (1.13%). The diagnosed patients are linked with appropriate specialist services.

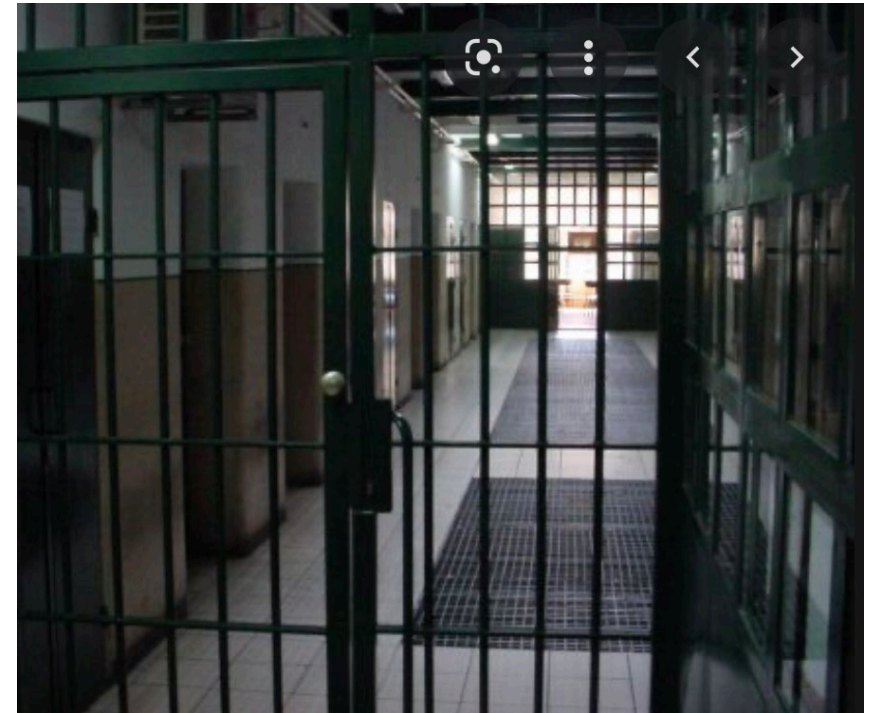
Every person who receives a preliminary reactive test at CheckPoint Zagreb is referred to an infectious disease specialist who provides post-counselling and conducts a confirmatory test. Staff at CheckPoint Zagreb can schedule these appointments immediately. Support is offered to people who have had a reactive test by psychologists affiliated with the checkpoint, both during treatment and follow-up.

—from Case Study COM3 in Annex 2

- **Collaboration:**
- UIDH „Dr. F. Mihaljević”
- CIPH
- City Office for Health of the City of Zagreb
- MoH
- Other institutions/ organisations and NGOs
- **In line with:**
- **Draft of the National Strategy for the Prevention and Control of Viral Hepatitis**
- **National HIV / AIDS prevention program**

Introduction of screening and treatment in prisons (EU funded Project started in 2021)

- **Deinstitutionalization of services for people with addiction problems - Development of a network of social services– UP.02.2.2.06.0373**
- **Financed by European Social Fund (Expanding the network of social services in the community – PHASE 1)**
- **NGO project in collaboration with CIPH, Ministry of justice, hospitals in Zagreb**
- **All prisoners insured by CHIF**



GENERAL OBJECTIVE OF THE PROJECT is to improve the social inclusion of people with drug addiction problems by building a network of stakeholder cooperation at the local and regional level to provide non-institutional social services for members of the target group and their families.

CROATIA: SCREENING IN PRISONS



23 prison institutions educated
Educational materials of the project distributed to prison institutions through the Directorate for the Prison System and Probation

7 visits to 4 prisons
Zagreb Prison, Diagnostic Center in Zagreb, Glina Penitentiary, Lepoglava Penitentiary

229 covered users
(education / screening tests: local experts, person at increased risk of drug use)

218 tested users
Number of tested users (do not know their status / are not sure / do not remember)

33% anti-HCV positive (max. 57%)
identified by screening testing and those who know their diagnosis but are not on treatment

CROATIA

FUTURE CHALLENGES

- Activation of Action Plan
- Education of primary care physicians and psychiatrists
- Screening in risk populations and linkage to care
- Screening and treatment in prisons
- Monitor impact! (M&E)