

**The role of international organisations in the elimination of viral hepatitis in Europe**  
**Achievements, challenges and the way forward**

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# Objectives

- to provide an overview of the current viral hepatitis situation in Europe, in relation to the renewed global health-sector strategies of the World Health Organization (WHO) for 2022-2030
- to discuss initiatives, achievements, best practices of and challenges to international organizations in the prevention and control of viral hepatitis
- to assess the needs for achieving elimination of viral hepatitis as a major public health threat by 2030 as set out in the health-sector strategies 2022-2030
- to investigate potential collaborations
- to discuss successes, good practices, issues and barriers to overcome and the way forward

# Global and European efforts to control viral hepatitis

- Smallpox laid the ground for programmes to eliminate viral hepatitis; WHO's Expanded Programme of Immunization in 1974 was supported by numerous coalitions, including VHPB and also in 1991 the US recommending universal immunization of children, until GAVI kick started massive introduction of hepB vaccine in the 2000s
- WHO introduced a global health system strategy for viral hepatitis in 2016 with an extended version adopted in 2022 setting goals for 2030 to eliminate viral hepatitis as a public health threat; the strategies included triple elimination goals, including sexually transmitted infections and tuberculosis
- WHO has produced several major guidance documents and recommendations on many aspects of prevention and control, including recently decentralization, integration and task-shifting, and simplification of care pathways
- Several countries in Western Europe have done well in preventing viral hepatitis, with some eastern countries lagging behind, but much work remains to attain the 2030 goals. WHO's Regional Office for Europe had its own regional action plan and works towards elimination through Collaborating Centres such as the Robert Koch Institute in Berlin and the National Centre for Disease Control and Public Health in Georgia
- The European Technical Advisory Group (ETAGE) provide WHO with independent review and advice on operational aspects of hepatitis B control and and the Working Group on hepatitis B validates attainment of control targets at country level

# Global and European efforts - continued

- Progress in a range of policy areas has been monitored by The Lancet Gastroenterology & Hepatology Commission, using an index of policy preparedness containing different criteria (from data to economic burden); it found gaps in policy implementation
- WHO is not alone; other actors contributed funds and expertise: the Global Fund to Fight AIDS, Tuberculosis and Malaria, the European Commission and its several supported programmes and agents (see later), the US CDC and National Institutes of Health, as well as individual national governments and WHO CCs. Additionally ECDC and EMCDDA are covering activities within their mandates in EU/ EEA countries in close collaboration with WHO's Regional Office for Europe.
- Partnerships and collaboration are also vital: the International Organization for Migration; the International Centre for Migration, Health and Development; CDC; the European Monitoring Centre for Drugs and Drug Addiction; and the European Centre for Disease Control and Prevention, to name but a few
- The results of more than 40 years' work show that it is possible to reach most population groups through vaccination programmes and they can successfully lower incidence rates, interventions can efficiently target MTCT. It has also been demonstrated that it is possible to control and eliminate MTCT of hepatitis B even in countries with historically high endemicity; screening can be introduced and scale up of testing programmes can increase uptake; moreover, services and people-centred care can be provided to underserved populations given the political will and resources are available.

# Global and European efforts - continued

Key themes were

- recovery from COVID-19 (from vaccination to access to testing and community engagement),
- the pressure to find funding and shoestring budgets for many organizations,
- economic crises, the limitations on staff (only 1 person dedicated to hepatitis work in WHO EURO),
- competing priorities,
- concerns that not all means for prevention of MTCT are promoted, as with the hepB birth dose of vaccine in countries where the policy is to screen and give a birth dose
- the shift from relative to absolute targets,
- the continuing need for good quality data collection systems and for the availability of better data, such as denominators, monitoring frameworks, surveillance, national policies and plans
- greater efforts to reach targets
- the impact of migration (“people on the move”) on the burden of hepatitis

# International organizations - global

- **WHO** HQ and Regional Office for Europe – expanding universal health coverage and triple global health sector strategies 2022-2030 and elimination goals; publishes numerous guidance documents, manuals, recommendations, policy briefs and position papers
- **CDC** Its mission is to protect the USA from health, safety and security threats, both foreign and national; its Division of Viral Hepatitis consists of three branches – epidemiology and surveillance, prevention, and laboratory; it has regional and country offices like WHO and responds to requests from countries for support, examples are Georgia and Moldova
- **The Center for Disease Analysis (CDA) Foundation**, a not-for-profit organization, aims to provide countries and territories with data and information to create and implement successful strategies to eliminate diseases as well as innovative financing mechanisms; its Polaris Observatory provides epidemiological data, modelling tools, training and decision analytics to support the elimination goals for hepatitis B and C globally, and its Global Procurement Fund to supports expanded access to treatment. Its works shows that simplified test and treat programmes show countries that elimination is feasible and that elimination of hepatitis C is highly cost-effective
- The **Coalition for Global Hepatitis Elimination/International Viral Hepatitis Elimination Meeting (IVHEM)** aims to fast track the discovery of safe, effective, affordable and scalable cures to benefit all people with chronic hepatitis B and to compensate for the underfunding of HBV research compared with that for other diseases; it focuses on digital media communications; it runs international working groups on virology, immunology, innovation and clinical studies to identify gaps in research and other meetings; it established the UN group of Friends to Eliminate Hepatitis

# International organizations, global: continued

- The **International Centre for Migration, Health and Development**, a non-profit organization, works on research, training and policy advocacy, supporting governments, international and nongovernmental organizations and the private sector; it addresses emerging issues around hepatitis B and C, and the barriers to vaccination.
- **Liver Patients International** (LPI), a patient-led umbrella organization, represents and advocates on behalf of liver people with liver disease to ensure that their voices influence the decision-making process; it organizes information and awareness campaigns and supports national organizations of patients. It focuses on access to diagnosis, linkage to care and quality of life for patients. It calls for inter alia greater understanding of the consequences and impact of hepatitis B, more information about local activities, better policies and removal of stigma.
- **UNITE** is a network of parliamentarians working on the promotion of efficient and sustainable policies for improved global health systems across the world in line with the UN Sustainable Development Goals, focusing on human rights and equitable access to health services, supporting parliamentarians' work on preventing and controlling infectious diseases and, through champion parliamentarians, supporting civil society organization advocating policy reform

# International organizations, global: continued

- **Viral Hepatitis Prevention Board (VHPB)** of international experts in viral hepatitis provides a platform for the exchange and dissemination of information primarily through regular meetings to discuss technical and country-specific issues relating to the prevention and control of viral hepatitis, issuing guidance, encouraging actions and catalysing the development of recommendations; it is not restricted just to Europe having held scientific meetings in Brazil and Viet Nam
- **The World Hepatitis Alliance** comprises a global network of civil society and community organizations by harnessing the power of people living with viral hepatitis to achieve its elimination through advocacy, capacity-building and awareness raising; it organizes global awareness days and global summit meetings (this year's theme "I'm not waiting")

# Organizations in the European region

- **Associations Collaborating on Hepatitis to Immunise and Eliminate the Viruses in Europe (ACHIEVE)** is a coalition of bodies representing patients and the community, clinicians and researchers to fight against hepatitis B and C in WHO's European Region, focusing on surveillance, prevention, testing, treatment and care; it published a compendium of good practices and organizes meetings and conferences. Key messages are to bring organizations together to speak with one voice and to "break out of the viral hepatitis niche", to broaden the focus to cancer prevention, inequalities, support for vulnerable populations
- **Correlation – European Harm Reduction Network**, a civil society initiative, brings together a broad range of actors in the field of drug use and harm reduction, working closely with community-led organizations, including people living with viral hepatitis to improve access to and the quality of harm reduction and other low-threshold service for people who use drugs, including other vulnerable and marginalized people. Its reports include monitoring and fostering community knowledge. It calls for decriminalization, destigmatization, access to health and social services and for harm reduction to be seen as an essential service.
- **European Association for the Study of the Liver (EASL)**, a non-profit association, aims to promote communication between European professionals, promotes research concerning the liver and education of physicians and scientists, raises public awareness of liver disease and their management and advises European and national health authorities on liver diseases, clinical services and the need for research funding; it issues guidelines on clinical practice and treatment (hepatitis B and C) and Hepatitis E virus infections; a guide to hepatitis D is about to be launched. It identified priorities for elimination of viral hepatitis. It conducted the EASL-Lancet Liver Commission, which, inter alia, emphasized harm reduction and community involvement as well as widespread testing for both HBV and HCV, an observatory for transparent pricing of antivirals, monitoring system for access to treatment, guidelines for unrestricted access, mechanisms for prescription of HCV treatments with reimbursement, and a paradigm shift to focus on early disease stages. The need to simplify treatment of hepatitis B was recognized.

# Organizations in the European region - continued

- **European Centre for Disease Prevention and Control (ECDC)**, a European Union agency works to undertake surveillance, generating epidemic intelligence, providing scientific advice, public health training, health communication and improving preparedness; it created a hepatitis B and C network with the work initially focused on the rollout of a regional surveillance system; the programme of work now includes support to EU/EEA countries in generating epidemiological information for action, the provision of technical guidance and the monitoring of progress towards the viral hepatitis elimination targets across the EU/EEA
- **European Liver Patients' Association (ELPA)** promotes the interests of people with liver disease; its activities range from awareness raising, promoting prevention and sharing experience of successful initiatives to cooperation with professional and political bodies in order to ensure harmonization of treatment and care to the highest standards; its 8 working groups have surveyed national strategies for testing and treatment. Challenges remain adult vaccination, HDV, lack of data, stigmatization, decentralization and HCC, although it has published a White Paper on liver cancer. Activities include awareness raising and infection prevention.

# Organizations in the European region – cont'd

- **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** provides independent scientific evidence and analysis contributes to EU and national policies but it does not itself formulate policy; its outputs include dissemination of best practices especially in prisons and, in particular, an initiative to increase access to testing for and treatment of hepatitis C through drugs services. It has collected data on progress towards elimination among PWID from focal points, using 10 indicators, finding that generally progress was below that needed to reach goals for data availability and prevention interventions. Models of care were studied in five prisons. Issues included probable reinfection and the need to focus on prevalence over time. Purchasing vaccines and medicines together could be a lesson learnt.
- **European Society for Clinical Virology**, a non-profit organization, focuses on the diagnosis and management of viral diseases, their pathogenesis, natural history and prevention and improving diagnostic methods; it seeks to promote high standards in laboratory diagnosis of viral infections through quality assurance and education
- **WHO Regional Office for Europe** – the Regional Committee adopted a regional action plan for the health system strategy for viral hepatitis 2022-2030. There are also three WHO Collaborating Centres in the region: for Viral Hepatitis and HIV at the Robert Koch Institute in Germany; for Viral Hepatitis Elimination in the National Center for Disease Control and Public Health in Georgia, and the Centre for Evaluation of Vaccination at the University of Antwerp, Belgium

# Organizations in the European region – cont'd

- European Union/Commission – no presentation, but many activities. Limitations on staffing were mentioned in DG Sante.
- **The BOOST** project, a consortium of community-based networks and partners and funded by the EU4Health programme, supports the elimination of hepatitis C, ending the AIDS epidemic and other communicable diseases using a people-centred and integrated harm-reduction approach; its four main areas are Inform (practice and quality of services), Improve (raising knowledge and expertise as well as enhancing use of digital tools), Support (developing action plans) and Connect (strengthening and consolidating networks)
- The **CORE project (Community Response to End Inequalities)**, also funded by the EU4Health programme, aims to promote, strengthen and integrate community responses and to provide prevention, testing, counselling and linkage to and retention in care with respect to HIV/AIDS, tuberculosis and viral hepatitis; the project will reach 16 countries and will strengthen capacity-building, linkage to care, improve communication between service providers and communities and focus on removing policy, legal and structural barriers.
- **RISE-Vac**, a consortium of nine diverse partners in six countries from England to Moldova, aims to improve the health of prison population in Europe by promoting vaccine literacy, enhancing the vaccine offer and increasing vaccine uptake, and creating models of care. It takes a life-course vaccination approach, including offering hepatitis B and COVID-19 vaccine (the latter to all prisoners) and will monitor implementation. The model represents a shift from emergency response to routine practice.
- **VH-COMSAVAC (Viral Hepatitis COMMunity Screening, Vaccination and Care)**, a multi-country programme, funded by the European Commission, forms part of the research activities of the Barcelona Institute for Global Health (ISGlobal). Its objective is to scale up and adapt community-based testing and vaccination models of prevention and care for immigrant and refugee populations with documented high incidence and prevalence rates of HBV and HCV. It will use simplified diagnostic tools and person-centred referral processes to reduce liver cancer-associated mortality. It will be carried out in Italy, Greece and Spain.

# EU programmes and actions: opportunities

- **The EU4Health programme** represents a seven-fold increase in funding for communicable diseases, aiming to assess and improve national surveillance systems to yield customizable systems that cover viral hepatitis. It behoves countries to ensure that they consider viral hepatitis as relevant to the programme.
- The **Joint action on cancer and other NCDs prevention – action on health determinants** explicitly includes viral hepatitis, but no proposals have been made. Countries can adapt the programme and should be encouraged to advance viral hepatitis.
- A **work programme** sees funds committed to refugees from Ukraine for preventing communicable diseases. Consider using the opportunity to ensure that viral hepatitis is not forgotten.
- A new **Public Health Expert Group** for EU/EEA countries includes viral hepatitis as well as HIV and tuberculosis; it is beginning its agenda-setting process, an opportunity for health ministries to stress inclusion of viral hepatitis.
- The European Council's recommendation for vaccine-preventable cancers - **Europe's Beating Cancer Plan** – is another plan that opens possibilities and opportunities related to viral hepatitis.

# Main identified barriers

Although numerous barriers were identified, the meeting broke into groups to discuss the six most commonly identified ones:

- prioritization by policy-makers of other diseases
- lack of awareness/more acknowledgement
- underfunding and understaffing
- availability of data
- stigmatization, discrimination and apathy
- national and regional commitment

# Prioritization by policy-makers/stigmatization and awareness

- Change the branding to liver cancer and other conditions consequent on infection with hepatitis viruses such as diabetes to try to create stronger political commitment.
- Every diagnosis of viral hepatitis could become an opportunity to prevent cancer
- Simplification: self testing with rapid tests, combined with political messaging. Also, simplification of guidelines so that every general practitioner and nurse should be able to treat early stages of hepatitis, with transfer of difficult cases to specialist centres.
- Stigmatization and awareness: a cyclical process. Hepatitis C has been so stigmatized, hence silence and unwillingness of former patients to speak out. Need for well-known patients (especially recipients of liver transplants) while raising awareness, otherwise there would be no self-testing.
- Change messaging (to resemble warnings against smoking)

# Data availability/underfunding and understaffing

- Many data exist – a question of determining which are most important and where to invest most efforts (a decision for countries): risk groups, burden of disease, mortality or prevalence data by age and sex. Identify needs for policy-makers (the source of funding and staffing)
- Needs: standardization, linking of databases and interoperability, registries (EU countries calling for support), good empirical data for modelling, simple models, continued technical support

## Who can contribute?

- Suggestions: involve industry (for example for registries); UNITE, for promoting better data collection and highlighting gaps; seek clinical sources (for instance, collaboration with EASL); critical role for communities and their involvement (sharing data and views).
- Role of community organizations in helping to validate data (as in HIV) and in reaching the communities where the data lie.
- Are there too many global players? Is it an issue? Much work goes on behind the scenes in international organizations to avoid duplication (especially WHO/ECDC/Correlation). Maybe there are too many at local level.
- Is the lack of screening guidelines a barrier? Several already exist. A key issue is that many may need to be tailored to local situations and that depends on community data.

# National and regional commitment

- Without political will nothing will happen
- Cure of hepatitis C implies that prevention is no longer so important
- Resources for treatment exist, but less so for prevention and case finding. Prevention need to be given more attention.
- National governments show no real commitment to public health
- Elimination goals are seen as recommendations and not a “must”
- Funding and human resources are an important issue

**Solutions:** Bodies such as WHO and ECDC who have a mandate to work with governments should try to persuade governments.

- Governments should dedicate staff and funds for viral hepatitis in health ministries, be held accountable and made responsible
- Single voice/theme messaging to governments with better bottom-up examples in order to make powerful case and persuade them of the interest in acting even in low prevalence countries
- Push for EU legislation for screening on entry into hospital
- A representative working group could be formed to draft a policy on commitment

# Awareness of the health of society

- An educated community with good health literacy is needed; health education should start at an early age in schools as a means of addressing stigmatization, discrimination and apathy and support long-term commitment
- How? Change curriculum in schools and for medical and health care students (also in continuous education), with focus on simplified approaches; demonstrate what impact actions can have; better access to knowledge and information for lay people (for instance through the European Education Portal)
- Who? Governments, teachers' associations and other relevant bodies, churches and other religious institutions, universities, professional organizations.

# People on the move

## **Possible solutions**

- Many hosted in countries with limited resources; need to change this situation
- Non-discriminating policies for screening and treatment (a subgroup approach often does not work)
- Provision of human resources and funding
- Follow up of people on the move

## **Who?**

- National bodies and governments

# Declension of the verb “to explain”

- I explain
- You simplify
- He/she/it trivializes

Thank you for your attention