The 2016 ELPA Hep-CORE Report
Monitoring the Implementation of Hepatitis B and C Policy Recommendations in Europe

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HEPATITIS B AND C

- affects 6-10 million people every year (1)
- causing 400 death each day (2)
- 130-150 million people suffer from Hepatitis C in the world (1)
- Approximately 700,000 patients die from Hepatitis C related diseases each year (1)
- 240 million persons are affected by Hepatitis B worldwide.
- more than 686,000 people die every year due to complications of hepatitis B (1).
- has high impact on quality of life and on society.
- causes high financial burden (management costs, treatment costs and social costs).
- Antiviral medicines can cure 90% of persons with hepatitis C but access to diagnosis and treatment is low. (1)

1 WHO, 2016
HEALTH POLICY DEVELOPMENTS

- EU - Written Declaration on Hepatitis C 0087/2006 (2007)
- 1st World Health Assembly resolution on viral hepatitis (2010)
- WHO Framework on Viral Hepatitis Prevention and Control (2012)
- EU – Bridging the Gap between Viral Hepatitis and Liver Cancer (2012)
- EASL – The burden of Liver Disease in Europe (2013)
- Hep-C Berlin Declaration (2014)
- 2nd World Health Assembly Resolution on Viral Hepatitis (2014)
- EASL – ELPA HEPAMAP (2014)
- WHO European Action Plan on Hepatitis (2016)
- EASL Recommendations on Treatment of Hepatitis C (2016)
- WHO Guidelines on Hepatitis B and C testing (2017)
WHY Hep-CORE

The name serves as an abbreviation for:

Community,
Opinion,
Recommendations,
Experts

Promotes recognition of hepatitis as a “core” challenge to be tackled – even a part of the Sustainable Development Goals (3.3 and 3.4)

Source: prof. Jeff Lazarus
The purpose of Hep-CORE is “to evaluate the extent to which ELPA member countries (27) follow key international recommendations for good practices in addressing viral hepatitis.”

Source: prof. Jeff Lazarus
METHODOLOGY


- 7 sections: overall national response, public awareness & engagement, monitoring & data collection, prevention, testing & diagnosis, clinical assessment, and treatment

- Respondents: 27 total country respondents (25 EU and 2 Mediterranean: Israel and Egypt)

- Written by Prof. Jeff Lazarus, Kelly Safreed Harmon, Samya R Stumo from the Barcelona Institute of Global Health (ISGlobal), Hospital Clínic, University of Barcelona, Spain, and CHIP, Rigshospitalet, a World Health Organization Collaborating Centre on HIV and Viral Hepatitis, University of Copenhagen, Denmark.
OBJECTIVES

Establishing a baseline measurement of how a country is doing on combating viral hepatitis.

Getting a better understanding of where we are successful and where gaps remain.

Comparing national country data to the EU average helps to show relative progress.

Source: Prof. Jeff Lazarus
AKNOWLEDGEMENTS

STUDY GROUP MEMBERS

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Greece
Hungary
Israel
Italy
Macedonia
Netherlands
Poland
Portugal
Romania
Serbia

Slovenia
Spain
Sweden
Turkey
Ukraine
United Kingdom
Slovakia
Some preliminary results of the Report were published on WHD 2016.

The ELPA Hep-CORE Report was successfully launched in Berlin during an international press conference in front of 35 journalists coming from 20 Countries. It had a strong echo and had a sound impact in many countries especially in Macedonia.
Does your country have a written national HBV and/or HCV strategy?
Does your country have national clinical guidelines for the diagnosis and treatment of HCV?

- **Yes**
- **No**
- **Unknown / Unavailable**
HCV Prevention among PWID

- **Addressed in national HCV (sub) strategy**
- **National Clinical Guidelines for the Prevention among PWID**
- **National Strategy & National Clinical Guidelines**
- **Unknown / Unavailable**
Harm reduction services for PWID
Needle and Syringe Programmes (NSP)
MAIN FINDINGS (5/6)

Harm reduction services for PWID

Opioid Substitution Therapy (OST)

- All parts of the country
- Some parts of the country
- Unknown / Unavailable
**Main Findings (6/6)**

Restrictions on access to direct-acting antivirals for HCV treatment

What restrictions are there on access to direct-acting antivirals for the treatment of HCV in your country?

<table>
<thead>
<tr>
<th>No restrictions</th>
<th>FR</th>
<th>NL</th>
<th>PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibrosis level</td>
<td>AT</td>
<td>BU</td>
<td>HR</td>
</tr>
<tr>
<td>People who are currently injecting drugs</td>
<td>AT</td>
<td>BU</td>
<td>HR</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>AT</td>
<td>BU</td>
<td>HR</td>
</tr>
<tr>
<td>Quotas</td>
<td>HR</td>
<td>DK</td>
<td>FI</td>
</tr>
<tr>
<td>People who injected drugs in the past</td>
<td>HR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other restriction options included:**
- People who have abstained from injecting drugs for a specified period of time;
- Past or present drug users only treated if they are receiving OST;
- Other.

9 - Hep-CORE for MSD, 16 Mar 2017
CONCLUSIONS

- Hep-CORE is the FIRST and ONLY patient-led Report
- The Hep-CORE Report is the only European viral hepatitis policy monitoring tool
- It offers an overall picture on hepatitis policies in 27 European and Mediterranean countries
- It gives a comprehensive picture of each country’s situation
- It is a great tool to support advocacy
- It can be used as a model for patient-led policy monitoring for other regions of the world
ELPA would like the EU and all countries in the WHO EURO region:

to establish comprehensive surveillance systems to
- measure (incidence, prevalence, mortality, morbidity, risk group analyses)
- track actions and their impact
- share results with civil society stakeholders

To initiate targeted screenings

To enable access to all new and approved antiviral therapies

To induce all European healthcare professionals to follow EASL guidelines
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THANK YOU
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