

# ACHIEVE

ASSOCIATIONS COLLABORATING ON HEPATITIS TO  
IMMUNIZE AND ELIMINATE THE VIRUSES IN EUROPE

## *Setting the course for Hepatitis elimination – what the EU can do to help reach the WHO 2030 goal*

### Event report

On Tuesday, December 7, the [ACHIEVE Coalition](#) convened a high-level webinar to raise awareness of the urgent need to put viral hepatitis B and C elimination on track. Panelists included senior representatives of EU and global institutions as well as EU and national stakeholders representing clinicians, patients, and community. Speakers took stock of where we are in the fight against viral hepatitis B and C, identified existing barriers and discussed the added value of EU policy initiatives and funding support to help Member States drive forward elimination, and facilitate good practices throughout the EU, also supporting the EU neighbourhood.

#### Welcome remarks

##### **Luís Mendão, ACHIEVE Co-Chair & European AIDS Treatment Group (EATG)**

The COVID-19 pandemic has posed, and is still posing, a significant strain on all of us. In particular on those sick with COVID-19, their families, and carers, but also to our health systems, bringing substantial disruptions to essential health services. Luís Mendão began by quoting the European Commission, President Ursula von der Leyen, who recently commended the great European research community for discovering the hepatitis C virus. He called on politicians to also make Europe a leader on hepatitis elimination, reminding the audience that hepatitis patients cannot wait. Finally, he asked for a stronger collaboration between the European Commission and the WHO for the benefit of the elimination of viral hepatitis and other important communicable diseases.

#### Opening statements

##### **Dr. Siddhartha Datta, Acting Director Communicable Diseases, Country Health programme Division, WHO Regional Office for Europe**

Dr. Datta pointed to the successful cooperation between WHO Europe, the ECDC, and EMCDDA did together to improve the countries' capacity to monitor the progress towards elimination. However, a lot still needs to be done to ensure that the elimination target will be met. Only a few countries in the WHO Europe region met the 50% target for people living with hepatitis B and C being diagnosed and aware of their condition. More political commitment is needed, access to treatment must be improved overall, the scale-up has been slowed down because of insufficient case finding and sometimes unnecessary complex patient pathways.

He highlighted that the COVID-19 pandemic has reversed some of the gains and added challenges to viral hepatitis and other communicable diseases response due to severe service disruption: testing levels significantly decreased in almost all countries during the pandemic, and some analysis suggests that initiation of treatment for hepatitis C has decreased by 50% from 2019 to 2020.

WHO Europe is currently developing its first integrated European Regional Action Plan for HIV, Viral Hepatitis, and Sexually Transmitted Infections 2022-2030 in recognition of the urgency in achieving hepatitis elimination and the UN SDG goals by 2030. Alongside that the need to improve access to



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health services, address stigma and discrimination and achieve equity, support human rights, strengthen public health and make those infected the focus of its efforts. Stakeholders are invited to contribute to the consultations in January and February next year. The plan will be to create a platform to mobilize adequate political support and provide the impetus towards a strategic partnership between the European Commission and other stakeholders.

## **John F. Ryan, Acting Deputy Director General of Public Health Directorate, DG SANTE, European Commission**

John F. Ryan confirmed the European Commission's commitment to helping the Member States to reduce hepatitis by 2030 as part of its wider UN SDG agenda.

He pointed out the importance of further increasing vaccination efforts against hepatitis B. The European Commission is supporting countries through various channels at EU and international level, as well as expanding the integration of hepatitis prevention, testing and care, as well as co-infections, in particular amongst vulnerable populations, where investments have been made and where results from EU initiatives could be transposed at national level.

He also highlighted that in the field of chronic, non-communicable diseases we identified best practices, and EU Member States, in the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases, select interventions, which they wish to upscale. The Commission is considering widening the scope of activities of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases also to relevant infectious diseases. This would allow other policy areas to benefit from this approach.

Furthermore, John Ryan's statement pointed to Europe's Beating Cancer Plan as a flagship initiative that contributes to the elimination target and reduces liver cancer at the same time, through early detection, and improved access to treatment to prevent cancer in the long run.

Furthermore, John Ryan's statement pointed to Europe's Beating Cancer Plan as a flagship initiative that contributes to the WHO elimination targets of viral hepatitis B and C infection and helps reducing incidence of liver cancer at the same time, through early detection, and improved access to treatment to prevent cancer in the long run. With regard to surveillance and monitoring of the progress towards achieving the WHO targets, he pointed to the efforts of the ECDC and EMCDDA to support the Member States in their monitoring of progress made. At the same time, he acknowledged that hepatitis data was in need of improvement, and expressed the hope that this area would benefit from the implementation of the European digital health policy.

Finally, Mr. Ryan pointed to the legislative package proposed to strengthen the health systems resilience to deal with cross-border health threats, the ECDC and the European Medicines Agency (EMA) mandate extension and the Pharmaceutical Strategy, as well as the financial instruments, such as the EU4Health and Horizon Europe programmes, all of which can contribute to hepatitis prevention and control.

## **Session 1: *What are the barriers we need to overcome to drive forward elimination?***

### **Alexis Goosdeel, Director, European Monitoring Centre for Drugs and Drug Addiction**

For Alexis Goosdeel, most health services are still too vertical and specialised, and there is a need to push for more integrated care. However, the pandemic also brought innovations and the opportunity



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for new partnerships that may contribute to a positive outcome in the future. To that end, more inclusive and comprehensive policies are necessary, including addressing illicit drugs in the context of health policies. He acknowledged that the fight against COVID-19 increased political focus, but expressed concern that budgets to support drug users might be cut in an attempt to pay back the massive debt incurred due to the fight against the pandemic.

There has been a major adverse impact on the hepatitis elimination goal due to the COVID-19 pandemic, especially in services for people using drugs that were not considered essential. For Mr. Goosdeel, community involvement is a critical step in reducing inequalities, improving linkage to care, and gaining support for initiatives on the ground.

## **Professor Thomas Berg, Secretary General of the European Association for the Study of the Liver (EASL), Head of the Division of Hepatology, Leipzig University Medical Center**

To Prof. Berg it is clear that the COVID-19 pandemic severely impacted the management of patients with hepatitis B and C. At the same time, he saw new learnings about viral infections and how to fight them, which can improve policymaking also for the fight against viral hepatitis if implemented. Micromanagement through targeted screening is crucial among vulnerable populations, such as those in prison or people who are injecting drugs. At the same time, however, finding those who are infected but do not have a clear risk profile is more difficult to achieve.

Prof. Berg pointed to the recent release of the [EASL-Lancet Liver Commission Report](#) which highlights opportunities for preventing liver diseases, including tackling hepatitis B and C infection. He hopes that liver cancer will also be among the priorities of Europe's Beating Cancer Plan which will promote the shift towards more prevention, instead of only dealing with the end-stage of the disease.

## **Ivana Dragojevic, ACHIEVE Co-Chair & board member of the European Liver Patients' Association (ELPA)**

Ivana Dragojevic pointed out that most of the health systems' resources in the world are currently put into the fight against COVID-19, which means that hepatitis elimination is put in jeopardy. However, prevention, screening, and treatment of viral hepatitis were not a priority even before the pandemic. There are several examples of good practices to respond to viral hepatitis across the EU, but they need to be facilitated through the establishment of transnational networks to connect stakeholders and national policymakers. The European Commission's role to play is through the provision of funding and facilitating discussions amongst the Member States.

Ivana Dragojevic pointed out viral hepatitis is still perceived as a disease that mainly affects risk groups, with significant levels of stigma and discrimination associated with it. This leads to fear amongst vulnerable populations and also creates significant barriers in access to care that must be overcome.

## **Session 2: Good practices in the response to viral hepatitis across Europe.**

### **Integrating HIV, Hepatitis TB services for vulnerable people - Romania - Maria Georgescu, Executive Director of the Romanian Anti-SIDA Association (ARAS)**

Maria Georgescu shared her experience in fighting hepatitis in Romania with ARAS, a Non-Governmental Organization whose main goal is to prevent HIV, hepatitis C and B, and tuberculosis among vulnerable populations and ensure their linkage to diagnosis and care. Support is given through



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a mobile unit, a drop-in service for people who inject drugs, sex workers, and men who have sex with men. ARAS is one of the few harm-reduction service providers in Romania, covering 20% of vulnerable populations' needs.

In her view, the EU needs to monitor how each Member State implements recommendations, such as multidisciplinary and cross-sectoral approaches to vulnerable groups. Furthermore, EU policies must also reinforce the involvement of civil society at the country level and provide financial support and advice to the Member States in the design of policies which help meet the global hepatitis targets. Maria Georgescu added that across Europe and in the Member States one should also learn collectively from failures.

## ***Multidisciplinary care to service vulnerable groups – France – Dr. Sandrine François & Céline Rigaud, Centre Hospitalier Universitaire de Limoges***

Dr. Francois and Dr. Rigaud introduced the Scanvir project as an all-inclusive test and treat strategy to promote hepatitis C among vulnerable groups in unconventional facilities (For more information on Scanvir, please watch [here](#)). Through monthly screening days and by bringing together a multidisciplinary team, the aim is to optimize the efficiency of screening, immediate initiation of treatment, and patient retention in the care pathway.

Increasing human resources of physicians, nurses, and social workers, as well as validated training on the use of screening tools in unconventional structures of care provision, needs to be prioritised. Not only, but access to treatment must also be secured – testing without treatment does not make sense. To secure access to medicines, financial agreements between the industry and governments need to be put in place as was the case for HIV.

## ***Inclusion of hepatitis in primary care health check-ups – Germany - Professor Markus Cornberg, Deputy Director of Clinic for Gastroenterology, Hepatology and Endocrinology at Hannover Medical School***

Prof. Cornberg pointed to German policymakers' recent decision to include hepatitis testing in the general examination for insured persons over 35 years, the so-called check-up 35+. This is a much-needed pragmatic step forward for the elimination of viral hepatitis B and C, helping identify chronically infected without a clear risk profile in a primary care setting without adding a significant burden on the professionals during the consultation.

Prof. Cornberg highlighted that although clinicians frequently receive financial incentives depending on the number of patients they treat, hepatitis patients do not benefit from such an approach. There is a need for more financial incentives for healthcare professionals for better diagnosis to overcome the inherent lack of interest and education in addressing viral hepatitis.

Professor Cornberg concluded that prevention is not only about addressing lifestyle factors. It is also about better addressing hepatitis: avoiding transmission, screening, and access to effective control (hepatitis B) and cure (hepatitis C).

## ***Session 3: “The Way Forward: EU policy and funding measures to move the needle for 2030 elimination to become a reality”.***



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## **Dr. Cristian-Silviu Buşoi MEP, former rapporteur on EU4Health, Chair ITRE Committee**

Dr. Buşoi MEP acknowledged the work done during previous years but pointed out that a clearer EU policy framework is needed, including clear EU and national plans, to drive forward hepatitis elimination in a comprehensive and targeted manner, decrease inequalities across the Member States, capitalize on synergies and look closer at-risk groups and comorbidities. He called for the EU to draw lessons from the COVID-19 pandemic specifically on communicable disease prevention, detection, and treatment.

The most important role is played by the Member States. With the support of the European Parliament and the European Commission, we need to use positive pressure and convince countries to act faster and with more determination.

On inequalities, the feedback provided by patients' organisations and other stakeholders plays a crucial role in assessing the situation. Following on from this, the European Commission should pressure the Member States where inequalities are most significant to make hepatitis elimination a priority.

## **Dr. Erika Duffell, Principal Expert Hepatitis, STI, Bloodborne Viruses, DPR at European Centre for Disease Prevention and Control (ECDC)**

Dr. Duffell drew attention to the persistent challenges in the collection of robust and recent data collection for viral hepatitis which have been made worse because those collecting such data had to focus on the fight against the COVID19 pandemic. Only two countries of those who provided data had achieved the harm reduction targets in terms of clean needles and opium substitution therapy, so there is an urgent need to upscale harm reduction measures. Only half of the EU countries who provide data met the 95 percent target for hepatitis B vaccination, and in 2020, we saw a reduction in vaccination rates likely due to COVID-related healthcare disruptions or vaccine hesitancy. In terms of testing and treatment, some countries had done really well, but overall across the region, millions of people remain undiagnosed, and of those diagnosed, it is clear they are diagnosed late and complications such as cirrhosis and cancer have already occurred. Gaps in treatment due to access barriers remain.

Dr. Duffell highlighted that the extension of the ECDC mandate and the provision of more resources was decided to improve communicable disease control and improve preparedness, through stronger coordination, production of risk assessments, and collection of more robust data. In particular, the strengthening of data collection will have a positive knock-on effect on hepatitis. Furthermore, the commitment to supporting the Member States in their monitoring on the way to reach the UN SDGs is also enshrined in the ECDC strategy.

As a region, we have many tools and resources at hand, but we need to be better at transposing these at the national level. We must also use the close network of stakeholders to get closer to countries, understand their needs, and make sure that resources are allocated where and when most needed.

## **George Kalamitsis, ACHIEVE Co-Chair & Liver Patients International (LPI)**

The COVID-19 pandemic has a clear impact on the general health of the population beyond the actual virus. For those infected with viral hepatitis who have never been in the limelight, this is not good news at all.



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Apart from EU funding, we need stronger policies and political will to get the focus on hepatitis on track. For example, harm reduction measures are one of the most cost-effective strategies in place at the moment and it is concerning that only two countries across the European region have reported data on it.

Unlike COVID-19, viral hepatitis is a slow-burning disease. However, it is linked to sickness and death. If we don't take action now, Mr. Kalamitsis fears Europe will see the consequences in populations' health and health systems in the future.

## **Greet Hendrickx, Viral Hepatitis Prevention Board (VHPB) & Antwerp University**

For Greet Hendrickx it is clear that Europe cannot have a plan for the elimination of viral hepatitis without knowing the burden of the disease, therefore better national data is needed. Whilst concerned about spillover effects from COVID-19 vaccine hesitancy to hepatitis B vaccination, she pointed out that there are several lessons in tackling the COVID-19 pandemic that could be usefully deployed to drive forward hepatitis elimination. For example, the use of self-testing is being promoted across several EU countries and is widely accepted among the population. Also, health care providers are keen to obtain more information on vaccines and testing, which should be used to also inform on hepatitis.

For Europe to achieve elimination, one cannot solely focus on treatment, but must also ensure prevention: access to vaccines, diagnosis, and prevention of transmission through better information. Unlike other viruses, such as Human Papillomavirus (HPV), there are strong hepatitis patient organisations that can help in this regard and with whom cooperation should be sought.

## [Closing remarks and summary of insights gained](#)

## **George Kalamitsis, ACHIEVE Co-Chair & Chair Liver Patients International (LPI)**

In his concluding remarks, George Kalamitsis pointed out that there are several good initiatives at the EU level that can be used as a springboard for progress, notably the roll-out of Europe's Beating Cancer Plan and the mandate extension of the ECDC.

Furthermore, he pointed to the need for continued and increased EU4Health funding to facilitate the exchange of good practices between stakeholders across the EU and structures in place. This will ensure that all Member States governments can continue to exchange on good practices. At the same time, he pointed to the importance of the extension of the Steering Group on Health promotion, disease prevention and management of non-communicable diseases in the context of the UN SDGs.

Finally, a stronger collaboration between the WHO and the EU to mark the final run-up to the 2030 elimination finishing line would be important. Failure to meet the WHO's 2030 targets is not an option.



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