

ACHIEVE

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

Call to Action for the new EU legislature 2024-2029

Why this Call to Action?

Viral hepatitis B and C are two deadly viruses whose burden is greater than HIV/AIDS and Tuberculosis combined¹.

According to the WHO Global Strategy from 2016², which builds on the UN Sustainable Development Goals (SDGs)³, viral hepatitis B and C can be eliminated by 2030. An effective vaccine exists for hepatitis B, and affordable, easy-to-administer, effective treatments are available for both hepatitis B and C. For hepatitis C, the cure rate is almost 98% and, in the absence of a vaccine, treatment in addition to the harm reduction measures serves also as prevention for virus transmission⁴. Hepatitis B vaccination also prevents co-infection hepatotropic viruses, such as hepatitis D, which puts patients at risk.

However, the EU as a whole is not on track for elimination, leading to significant inequalities across Europe:

- Too many people are unaware of the viruses and their threat to health and life.
- Too many remain unaware of the various ways that the infections can be transmitted and prevented.
- Too many do not know about the availability of effective vaccines and the effectiveness and safety of the available therapies against a chronic infection with viral hepatitis B (including hepatitis D co-infection) and viral hepatitis C.
- Too many lack access to immunization, testing, treatment, and cure, in particular the vulnerable and marginalized people who are the most affected.

This is **nothing short of a tragedy** for those infected, those at risk of becoming infected, their families, Europe's health and social systems, and the economy. **This tragedy can and must be prevented.**

¹ European Commission. (2018). *Commission Staff Working Document on Combatting HIV/AIDS, viral hepatitis and tuberculosis in the European Union and neighbouring countries - State of play, policy instruments and good practices*. Brussels: Directorate-General for Health and Food Safety.

² World Health Organization. (2016). *Global health sector strategy on viral hepatitis 2016–2021: towards ending viral hepatitis*. Geneva. (<https://apps.who.int/iris/handle/10665/246177>).

³ United Nations. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*. New York. (<https://sustainabledevelopment.un.org/post2015/transformingourworld/>)

⁴ World Health Organization. (2023). *Hepatitis C*. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-c>



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Viral hepatitis B and C are also responsible for more than 70% of primary liver cancer, as well as other cancers, and have been named “*preventable cancer risk factors*” by the WHO, the International Agency on Research in Cancer (IARC), and the European Commission^{5,6,7}. **Eliminating viral hepatitis B (D co-infection) and C will thus significantly reduce Europe’s cancer burden.**

What are the key obstacles to viral hepatitis B and C elimination?

- **Lack of political will at the national level:** Frequently, the WHO Global Strategy has **not resulted in a national action plan** with dedicated funding, clear timelines for execution, and the necessary checks on progress made. Sometimes, such national plans have also been put on hold, related to the COVID-19 pandemic.
- **Stigma and discrimination:** People with an elevated risk of being infected are frequently part of vulnerable populations, including **people who use drugs, prisoners, the homeless, men who have sex with men, or migrants from endemic countries**. For many of these individuals, discrimination in access to prevention, diagnosis, and treatment remains an issue.
- **Unawareness of the underdiagnosis not only amongst risk groups but also amongst the general population:** The viral hepatitis infectious risk is perceived as low in the general population. Previous diagnostic, therapeutic, or aesthetic procedures conducted in low hygienic conditions are reported as risk factors for viral hepatitis in the general population. Since October 2021, viral hepatitis B and C testing has been included in the Check-up 35 plus, a reimbursed health check-up in Germany to which every member of a public sick fund of over 35 years of age is entitled. Initial results reveal a **multi-fold increase in viral hepatitis B and C cases for these age groups in 2022** compared to the years prior to the introduction in the Check-up 35 plus⁸. Similar improvements in detection are reported by HCV screening in the general population cohorts from 30 to 50 years of age recently implemented in Italy.
- **Organisation of Care:** Access to prevention, screening, and linkage to appropriate treatment is **frequently complicated and bureaucratic**. Patients embark on a **real odyssey** with multiple appointments and long waiting times, often leading to dropouts in the process. This complexity is unnecessary, since available therapies for hepatitis C are well tolerated and can be given by a **general practitioner or a nurse** without the need of frequent specialist visits. Once cured, patients need **monitoring for potential follow-on diseases such as cancer and/or cirrhosis**. The situation differs for hepatitis B, where the disease requires close monitoring to determine when treatment is needed. The challenge here lies in **capacity issues related to access to specialists**. Furthermore, patients often lack an understanding that close monitoring of the condition remains key to controlling the disease and **preventing cirrhosis and/or cancer**.

⁵ Wild, C., et al. (2020). *World Cancer Report: Cancer Research for Cancer Prevention*. Lyon, France: International Agency for Research on Cancer. (<http://publications.iarc.fr/586>)

⁶ European Commission. (2022). *Europe’s Beating Cancer Plan: Implementation Roadmap*. (https://ec.europa.eu/health/system/files/2022-01/2021-2025_cancer-roadmap1_en_0.pdf)

⁷ de Martel, C., et al. (2020). *Global burden of cancer attributable to infections in 2018: a worldwide incidence analysis*. *The Lancet Global Health*, 8(2), e180–e190. [https://doi.org/10.1016/s2214-109x\(19\)30488-7](https://doi.org/10.1016/s2214-109x(19)30488-7)

⁸ Hüppe, D., Wedemeyer, H., & Cornberg, M. (2023). *Population-based screening works: Effect of integrating screening for hepatitis B and C into the general health check-up in Germany*. *Journal of Hepatology*. <https://doi.org/10.1016/j.jhep.2023.10.034>



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What EU mechanisms exist and can help?

Public Health Expert Group

The European Commission rightly decided in December 2022 to expand the mandate of the high-level Steering Group, originally focused on non-communicable diseases, to include communicable diseases, including viral hepatitis, in the context of the UN SDGs. The group was subsequently renamed to [Public Health Expert Group](#) (PHEG), consisting of representatives of national ministries of health of the EU/EEA. Convened by the European Commission, the PHEG engages in discussions to facilitate the rollout of best practices across Europe. On 6 December 2023, the PHEG agreed to include viral hepatitis B and C among its priorities for 2025 and 2026.

Council Recommendation on Vaccine-Preventable Cancers

The upcoming Council Recommendation on vaccine-preventable cancers presents an opportunity to close the vaccination gap for all children and adolescents, as well as all adults at risk of contracting viral hepatitis B.

EU Funding: EU4Health 2024 Work Programme

The European Commission has recently earmarked dedicated funding in the [EU4Health Work Programme for 2024](#) to prevent cancers related to infections, including viral hepatitis B and C. This decision is commendable, as is the Commission's inclusion of a call for proposals to improve health literacy on cancer prevention in the work programme.

European Code Against Cancer

The envisaged revision of the [European Code against Cancer](#) is an opportunity to inform the general public about opportunities in how to reduce their cancer risk related to both viral hepatitis B and C.

European Cancer Inequality Register and related topical fact sheets

The European Cancer Inequality Register aims to collect data from the EU/EEA and visualise inequalities along the patient pathway, including cancer prevention data. In view of the health inequalities related to viral hepatitis B and C both across and within the EU/EEA Member States, and their link to cancer, a topical factsheet and additional data can be important tools for informed decision-making going forward.

ECDC Guidance

The ECDC coordinates the EU's surveillance system on viral hepatitis B and C, collecting information on new cases. It also maintains a prevalence database and funded a review of national prevalence data. The ECDC has also developed the hepatitis B and C monitoring system to support Member States in assessing progress towards the UN SDGs, including data on prevention, continuum of care, and impact.



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Together with the EMCDDA and other partners, the ECDC also issues evidence-based guidance on addressing viral hepatitis B and C in specific risk groups.

Through its extended mandate, the ECDC can provide stronger guidance via non-binding recommendations and support Member States in addressing data gaps related to late diagnosis, treatment, mortality data analysis, surveillance, and burden estimates.

Call to Action to eliminate viral hepatitis B and C in the EU/EEA

Member States

1. Use the PHEG to identify best practices and drive forward their rollout across the EU/EEA to help eliminate viral hepatitis B (including D co-infection) and C.
2. Use funding from the upcoming Joint Action DP/CR-g-24-28, Cancers caused by infections, vaccine-preventable cancers, and addressing communicable diseases (HIV/AIDS, Tuberculosis, Hepatitis under the Eu4Health 2024 Work Programme to advance efforts on prevention, screening, and linkage to care for viral hepatitis B (including D co-infection) and C.
3. Provide valuable tools to increase the awareness and behavioural changes specific to both the general population as well as key populations with a focus on marginalized and underserved
4. Adopt an impactful Council Recommendation on vaccine-preventable cancers and ensure its implementation.
5. Collect additional data on viral hepatitis B (including D co-infection) and C and collaborate with the ECDC for effective data sharing and evidence analysis.
6. Use relevant ECDC guidance.

Stakeholders

1. Continue to share good practices on the [EU Best Practice Portal](#) for validation by the European Commission and discussion within the PHEG. *(Of note: some of the authors of “[Stories to Inspire](#)” published by ACHIEVE in 2022, have already made submissions to the Portal)*
2. Submit impactful proposals to drive forward the elimination of viral hepatitis B and C in response to relevant calls under the EU4Health 2024 Work Programme.

European Commission

1. Evaluate the best practice submissions put forward by European and national stakeholders and officials, including those already submitted by authors of the ACHIEVE *Stories to Inspire*.
2. Facilitate discussions on the rollout of best practices on viral hepatitis B (including D co-infection) and C elimination within the PHEG.
3. Ensure Member States make use of the upcoming Joint Action under EU4Health 2024 in line with the project description.
4. Support Member States with data analysis and evidence-based guidance.
5. Monitor progress in the annual elimination of viral hepatitis B and C.
6. Develop a hepatitis-related cancer factsheet, disseminate it to Member States through the Cancer Inequalities Registry initiative, and consider incorporating additional hepatitis-related evidence in the database.



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7. Better inform on hepatitis-related risks and how to address them through prevention, testing and treatment in the updated European Code Against Cancer, and other health literary tools in the context of cancer prevention.
8. Support specifically migrant populations who have multiple barriers: financial, linguistic, cultural, educational, and geographic that hinder them from accessing timely and appropriate liver cancer screening, diagnostic tools, and treatment.

European Parliament

1. Use parliamentary oversight to ensure that Member States use the EU4Health funding to effectively drive forward hepatitis B and C prevention-related cancer efforts, in line with the EU4Health 2024 project description.
2. Ensure that the discussions in the PHEG promote the elimination of viral hepatitis B (including D co-infection) and C at the national level.
3. Review progress on the elimination of viral hepatitis B and C, confirming commitment to the WHO 2030 elimination goals.

On behalf of the ACHIEVE Coalition,

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Ivana Dragojevic, Board Member European Liver Patients Association and ACHIEVE Co-Chair



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On behalf of EASL,



Professor Maria Buti, Public Health Councillor, EASL



About ACHIEVE

[ACHIEVE](#) is a multi-stakeholder coalition advocating to end hepatitis by 2030 in line with the 2030 WHO elimination target and the UN SDGs goals, comprising patient associations, academics, clinicians and industry.

ACHIEVE Compendium of Good Practices ‘*Stories to Inspire*’ available [here](#).



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