



A unique opportunity that shouldn't be missed

EU policymakers owe it to Europe's citizens to make hepatitis a thing of the past, argues **Tatjana Reic**



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Hepatitis C (HCV) is an urgent public health problem for the European Union, where an estimated 3.2 million people are chronically infected with HCV. However, this is a problem that can be solved, thanks to the availability of highly effective treatment that cures almost all cases. In 2016, the World Health Organization (WHO) issued its first global health sector strategy on viral hepatitis, calling for its elimination as a public health threat by 2030. Building on

the United Nations' Sustainable Development Goals, this strategy established ambitious but feasible targets for 2030 including achieving a 90 percent reduction in HCV incidence and a 65 percent reduction in HCV mortality, as well as increasing the average number of sterile needles and syringes available to people who inject drugs receive each year to 300.

EU Member States committed to these targets at the 2016 World Health Assembly. However, only six are on track to meet the 2030 elimination goal: France, Iceland, Italy, the Netherlands, Spain and the United Kingdom. To remedy this poor showing, EU countries must stop restricting access to treatment to only those with advanced liver disease, since reduced access contributes to the spread of HCV. Most Europeans are also unaware of their infection and there is little systematic effort to identify patients. Promising approaches such as micro-elimination

need to be more fully explored. Micro-elimination seeks to eliminate HCV in particular target populations, permitting rapid, focused action. It can also address inequities in service delivery by concentrating health system attention on stigmatised groups. Initiatives aimed at specific risk groups, such as men who have sex with men, migrants and drug users, already exist for HIV

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in so-called 'Fast-Track' cities, such as Amsterdam and Madrid and need to be adapted to include hepatitis.

Furthermore, greater efforts need to be made to locate those infected by untested blood donations, par-

ticularly before 1990, those who have been tattooed with unsterilised equipment. In addition, identifying healthcare professionals infected with viral hepatitis to allow precautions can be taken to avoid transmission to those in their care. The European Commission has funded several initiatives addressing hepatitis C prevention, treatment and care such as HepCare Europe and two joint actions: HA-REACT and INTEGRATE. These initiatives have been complemented by a recent expansion of the remit of the EU's HIV/AIDS Civil Society Forum and HIV/AIDS Think Tank, to address viral hepatitis and tuberculosis.

Although all these initiatives are commendable and help identify good practice and cultivate technical cooperation, they cannot hide the fact that the political will to eliminate viral hepatitis is sorely lacking. The Commission's Staff Working Document

from July 2018 stressed that the lack of epidemiological data makes it difficult to assess Member State progress on meeting their WHO targets. The European Centre for Disease Prevention and Control (ECDC) has

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recently released a framework to help countries monitor implementation of hepatitis B and C testing and prevention programmes. If rolled out across the EU, this system would provide a much-needed update on the state of HCV across Europe. The success of this initiative, however, depends on the commitment of EU national governments to apply the ECDC monitoring framework. In principle, the Commission and Member States made this commitment when they adopted the Sustainable Development

Goals in 2015 and the WHO Global Health Sector Strategy on Viral Hepatitis in 2016, but there is currently no sign that they are fully

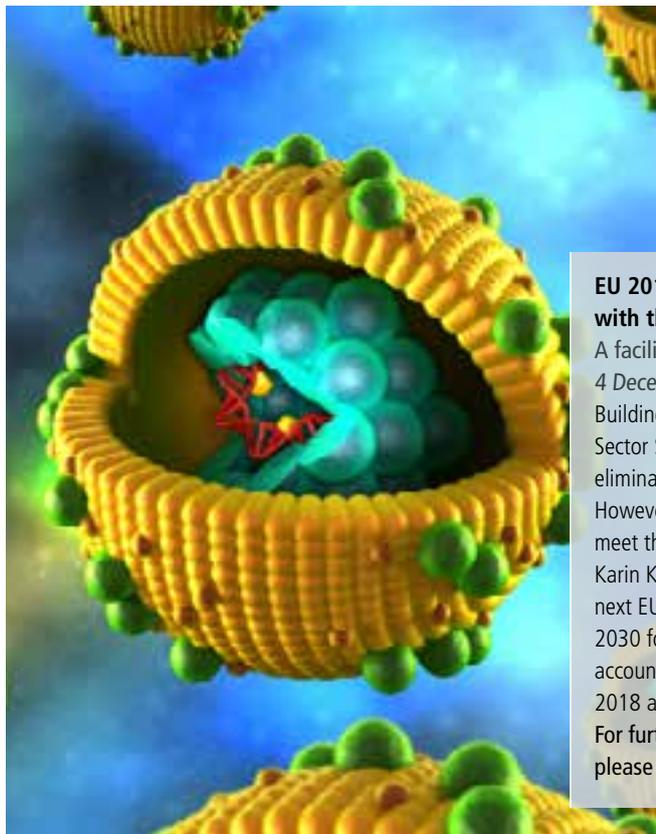
honouring their commitment.

In its Resolution from July 2017, the European Parliament recognised the importance of political will in fighting hepatitis and called for the development of a comprehensive EU policy

framework to address HIV, tuberculosis and viral hepatitis. The resolution also called for a strong European Council role in helping neighbouring countries fight these diseases; as

well as possible expansion of the 2004 Dublin Declaration on HIV/AIDS to address viral hepatitis and TB on an equal footing alongside HIV in the future. As Dublin was a political milestone in the fight against HIV, it is an interesting role model to aspire to. EU policymakers, be they representatives of Council, Commission or Parliament, owe it to Europe's citizens to take the actions required to make hepatitis a thing of the past by 2030. HCV patients, whose own life and that of their family and friends have been severely impacted by the disease for decades, rightfully feel very strongly that others must not to go through the same ordeal as they have.

Finally, I wish to thank Professor Jeff Lazarus, ISGlobak University of Barcelona, for his invaluable input to this article. ★



EU 2019-2024: How can we support viral hepatitis elimination in line with the WHO Global Strategy and UN SDGs?

A facilitated panel discussion with EU policymakers and stakeholders 4 December, 14.30h-16.30h, European Parliament, Room ASP5 E2 Building on the UN Sustainable Development Goals, the WHO Global Health Sector Strategy for viral hepatitis and the WHO Europe Action Plan consider the elimination of viral hepatitis as a public health threat by 2030 a feasible goal. However, evidence suggests only six EU/EEA countries are currently on track to meet this objective. The Achieve Coalition, together with MEPs-Silviu Busoi and Karin Kadenbach, are organising a high-level policy event to discuss what the next EU legislature can to make elimination of Hepatitis a reality in Europe by 2030 for the benefits of patients and society at large. The discussion will take into account the relevant European Commission Staff Working Document from July 2018 and the European Parliament Resolution from July 2017.

For further details on the agenda and registration, please visit <https://bit.ly/2zcMd1x>