

POLICY AND ADVOCACY WORKSTREAM

Correlation - Hep C

**1st Project Meeting - 20th and 21th of February 2013,
Amsterdam, Netherlands**

AGENDA

- 1. Desktop research on Hepatitis C policies and recommendations**
- 2. Advocacy Strategy and Action Plan** for Hepatitis C
3. What is the **most effective way to collaborate on this Work Stream?** Which specific contributions from each partner?

HEPATITIS C: POLICIES AND RECOMMENDATIONS

Desktop Review

ACKNOWLEDGING...

- WHA (2010). Resolution 63/18
- WHO (2011). European Action Plan for HIV/AIDS 2012-2015
- WHO (2012). Prevention & Control of Viral Hepatitis Infection: Framework for Global Action
- WHO (2012). WHO vision, goals and framework for global action
- WHO (2012). Guidance on Prevention of Viral Hepatitis B and C among People Who Inject Drugs
- Health Consumer Powerhouse (2012). Euro Hepatitis Index 2012 Report
- Correlation Network (2011). Policy Brief on Hepatitis C Infection among Injecting Drug Users
- Correlation Network (2011). Hepatitis C among people who use drugs: Key messages from practitioners
- EHRN& Correlation Project (2010). Hepatitis C transmission and injecting drug use: Harm Reduction responses
- EHRN (2007). Hepatitis C Among Injecting Drug Users in the New EU Member States and Neighboring Countries: Situation, Guidelines and Recommendations
- Public Policy Association (2010). European hepatitis C action plans and strategies, recommendations
- EU (2012). EU Drugs Strategy (2013-2020)
- European Society for the Study of the Liver (2011). Management of Hepatitis C Infection.
- EMCDDA/ECDC (2011). Guidance: Prevention and Control of Infectious Diseases among People who Inject Drugs.
- World Hepatitis Alliance (2010). Viral Hepatitis: Global Policy
- Ministère de la santé et des sports. Direction générale de la Santé. Plan national de lutte contre les Hépatites B et C 2009-2012
- The Scottish Government (2006 - 2008). Hepatitis C Action Plan For Scotland (Phase I & II)

HEPATITIS C REVIEW

- Several guidelines, reports, strategies and programmes with reference to Hepatitis C, but...
 - **Information provided isn't clear and consensual** (eg. prevalence of the disease)
 - Frequently **Hepatitis C is approached as a satellite issue** on HIV action plans and among other infectious diseases/drug related harms
 - **Lacks a global and unified response to viral hepatitis epidemics, specifically HCV, which leads to absence of funding.**

WHO AND HEP C

The World Health Assembly (WHA) Resolution 63/18 on viral hepatitis says that member states should:

“support or enable an integrated and **cost-effective approach for the prevention, control and management of viral hepatitis**” and establish “the necessary guidelines, strategies, time-bound goals and tools for the surveillance, prevention and control of viral hepatitis”

A progress report should've been available at the 65th Session of the WHA in 2012.

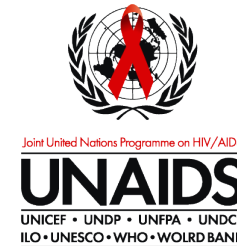
EU DRUG POLICY AND HEP C



EU Drugs Strategy for the period 2013-2020 **identifies as a challenge** that needs to be addressed:

“The **continued high incidence** of blood-borne diseases, especially hepatitis C virus, **among injecting drug users.**”

WHO, UNAIDS AND UNODC ON HEP C



Technical guide for **universal access to HIV prevention, treatment and care for injecting drug users** issued by WHO, UNAIDS and UNODC in 2009 defines:

“vaccination, diagnosis and treatment of viral hepatitis” among nine key interventions, the whole complex of which “will prevent or reverse HIV epidemics”.

EMCDDA AND ECDC ON HEP C



European Monitoring Centre
for Drugs and Drug Addiction

Guidance Report by EMCDDA and ECDC identifies good practices for prevention and control of infection diseases (including viral hepatitis) among **people who inject drugs** and **recommend 7 key interventions** including: **harm reduction approaches, opioid substitution treatment, voluntary testing and targeted delivery of services.**

EASL ON HEP C



“Drug users should be educated about modes of HCV transmission. They should be tested regularly for anti-HCV. Sterile needles should be provided”.

“An individualized approach after evaluation and close monitoring by an experienced multidisciplinary team of hepatologists and addictologists is recommended.”

WHA ON HEP C

According to “Viral Hepatitis: Global Policy” (2010) (World Hepatitis Alliance) (193 Member States; 44 of the 53 countries in the Europe region (83%), accounting for 94% of the population)

- 65% of governments report that **hepatitis B and/or C** is considered an **urgent public health issue** in their country.

- A strategy for hepatitis B and/or hepatitis C is reported to be in place in 66% of countries and in 41% of these a designated individual leads this work nationally.

HCP, ELPA AND EASL ON HEP C



Health Consumer
Powerhouse

European Liver
Patients Association

ELPA



EASL

EUROPEAN
ASSOCIATION
FOR THE STUDY
OF THE LIVER

- The Euro Hepatitis Index 2012 shows **France as the country with the best hepatitis care delivery in Europe.**
- **France and Scotland** have some of the best practice regarding hepatitis care. These two countries were the only which had implemented a national hepatitis strategy plan for several years and the **only which has a public funded strategy so far.**
- Development of national strategies (with funding opportunities):
 - UK (Northern Ireland, Wales and England)
 - Bulgaria
 - Germany
 - Croatia

HEPATITIS C POLICIES - FRENCH CASE

- A **funded action plan** that includes **five strategic axes**:
 - I. Reducing the transmission of viruses B and C (primary prevention)
 - II. Reinforcement of screening for hepatitis B and C
 - III. Enhancing access to care.
 - IV. Implementation of complementary measures adapted to prison
 - V. Monitoring and epidemiological knowledge. Evaluation. Research

HEPATITIS C POLICIES - FRENCH CASE

Focus on IDUs, namely through the following actions:

- 'Propose drug users for vaccination against hepatitis B in a systematic and free approach
- Encouraging drug users screened for hepatitis B and C and the establishment of support for the announcement of the result
- Addiction training of health professionals in charge of chronic viral hepatitis
- Evaluation of risk reduction strategies and prevention materials for drug users'

HEPATITIS C POLICIES - SCOTTISH CASE

The Action Plan involved:

- **Extensive consultation**
- **Two-phased plan:**
 - Phase I: generating the evidence base
 - Phase II: improving services
- **Multidisciplinary approach**
- **Management/Co-ordination of performance**
- **Great Government Investment**
- **Funding**

HEPATITIS C POLICIES - SCOTTISH CASE

The Action Plan has been divided into six main sections.

- 1. Co-ordination**
- 2. Prevention**
- 3. Testing**
- 4. Treatment, care and support**
- 5. Education, training and awareness-raising**
- 6. Surveillance and monitoring**

HEPATITIS C POLICIES - SCOTTISH CASE

Aims:

- **To prevent the spread of Hepatitis C, particularly among IDUs.**
- To diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment.
- To ensure that those infected receive optimal treatment, care and support. Extensive consultation

The Sexual Health and Blood Borne Virus Framework builds on *Hepatitis C Action Plan* and, specifically, will continue to progress the key aims of that policy.

SNAPSHOT POLICIES OVERVIEW

- **Finland**
- **Romania**
- **Portugal**
- **Germany**



SNAPSHOT POLICIES OVERVIEW

Portugal



- There aren't specific guidelines for diagnosis, treatment and management of patients with HCV and, in particular, for the IDUs.
- National Health Programme 2011/2016, does not include hepatitis. Recommendations for Viral Hepatitis are integrated in the National HIV Programme 2011-2015.

- A national plan proposal for hepatitis C by the PT Medical Association (2005), in which is addressed the drug use and the need to promote/expand programs to reduce risk.

ADVOCACY STRATEGY SETTING UP

ADVOCACY STRATEGY

WHAT?

- **What is the message?** Discuss main priorities of the advocacy strategy focusing on Hepatitis C and drug use in Europe (based on partners results and experiences).

WHO?

- **To whom?** Debate the stakeholders that will be addressed at different levels (European and National) taking into account the experiences developed by partners.

HOW?

- **How** will we disseminate it and exploit it? **When** and **Where?** What is your experience: what kind of actions/activities have been worked/not worked in the past?

ADVOCACY STRATEGY DEBATE AND SUMMARY

ADVOCACY STRATEGY

WHAT?

- **What is the message?** Discuss main priorities of the advocacy strategy focusing on Hepatitis C and drug use in Europe (based on partners results and experiences).

WHO?

- **To whom?** Debate the stakeholders that will be addressed at different levels (European and National) taking into account the experiences developed by partners.

HOW?

- **How** will we disseminate it and exploit it? **When** and **Where?** What is your experience: what kind of actions/activities have been worked/not worked in the past?

ADVOCACY STRATEGY

WHAT?

- 1) Clarifying on HCV Incidence in EU
- 2) Outlining clear actions and resources/funding based on a multidisciplinary approach, namely involving affected communities, to address 5 axes:

- I. Disease Surveillance**

- II. Public Awareness and Prevention**

- III. Testing and Counseling**

- IV. Treatment and Care**

- V. Evaluation and Research**

- 3) Pointing out the inclusion of HCV guidelines on Drug Strategies

- 4) Identifying the need of investment and funding

ADVOCACY STRATEGY

WHAT?

I. Disease Surveillance

- Improve surveillance systems and reporting, including in the prison system

ADVOCACY STRATEGY

WHAT?

II. Public Awareness and Prevention

- Increase knowledge and awareness (policy-makers; general population; health professionals; vulnerable populations (IDUs))
- Innovate the methods to give out information, particularly peer to peer education
- Upgrade and expand HR policies and interventions
- Improve accessibility to vaccination of Hepatitis A and B (free of charge at low threshold facilities - including prisons)
- Improve education on HCV among young people

III. Testing and Counseling

- Improve early diagnosis through provision of accessible and low threshold testing and counseling (accessible, voluntary, confidential, free of charge, eg. in drug services, prisons)
- Upgrade screening technologies
- Promote case findings among GPs
- Peer to peer information/patient self support (testing and counseling)
- Specialist qualifications for Hepatitis C nurses

IV. Treatment and Care

- Hepathologists, clinicians and health professionals training in drug use
- High quality accessible treatment to people who use drugs (individualized approach - including in prisons)
- Guidelines for the management of IDU infected people (and co-infected: Hep C, HIV, Hep B)
- Lowering prices of HCV treatment medications with pharmaceuticals
- Comprehensive multidisciplinary approach offering
- Peer outreach and education

V. Evaluation and Research

- Provide evidence-base (Cost-effectiveness)
- Multisectorial collaboration among health and educational institutions, non-governmental organisations and civil society
- Evaluate impacts and performance on prevention, testing, treatment and care

ADVOCACY STRATEGY

WHO?

- **Policy and Decision Makers** - EU Parliament, Drug Policies Focal Points, Health Boards, Intergovernmental Organisations (e.g. WHO, ONU)
- **Civil Society** - Organisations, Professionals and Communities (Physicians Associations or Groups, Health Workers, Researchers, Patients Associations, Drug Users Associations...)
- **General Population** - Traditional Media and Social Media (e.g. Blogosphaera, Facebook, etc.)

HOW?

ADVOCACY STRATEGY

M1 - Jan 2013

M12 - Dec 2013

M24 - Dec 2014

M5 - Apr 2013

Advocacy Strategy

M9 - Sept 2013

1 European Strategy

M10 - Oct 2013

4 National Policy Strategy

M13 - Jan 2014

1 European Parliamentary Meeting

M13-20 - Jan-Jul 2014

4 National Policy Dialogue Meetings

HOW?

ADVOCACY STRATEGY HOW?

M1 - Jan 2013

M12 - Dec 2013

M24 - Dec 2014

M6 - Jun 2013

Policy Assessment Report

M10 - Oct 2013

1 leaflet for promoting the European Meeting

M14-22 - Feb-Aug 2014

4 National Policy Dialogue Meetings Report

M14 - Feb 2014

1 European Meeting Report

M24 - Dec 2014

European Hepatitis C Platform on use drug

ADVOCACY STRATEGY

HOW?

1) **Specific actions:**

- 1 European - Belgium – Brussels (EU Parliament)
- 4 National
 - Romania – Bucharest
 - Portugal - Porto
 - Finland - Helsinki
 - Germany - Frankfurt

2) **Broader and/or Systematic actions:**

- Platform on Hepatitis C and other Relevant future activities