EASL – National Societies Collaboration Framework

Leadership meeting, Saturday 13 April 2019, ILC 2019

EASL The Home of Hepatology | THE INTERNATIONAL LIVER CONGRESS™ APRIL 10 - 14, VIENNA, AUSTRIA 2019

Agenda

Opening Remarks by Prof. Tom Karlsen, EASL Secretary General

Presentation of collaboration framework by Prof. Marco Marzioni and Dr Maria Reig, members of the Scientific Committee of the EASL Governing Board

Presentation of Policy and Public Health Committee by Helena Cortez-Pinto, EU Policy Councillor

Open discussion between EASL Leadership and National Societies

Concluding remarks and group photo

EASL – National Associations Collaboration Framework

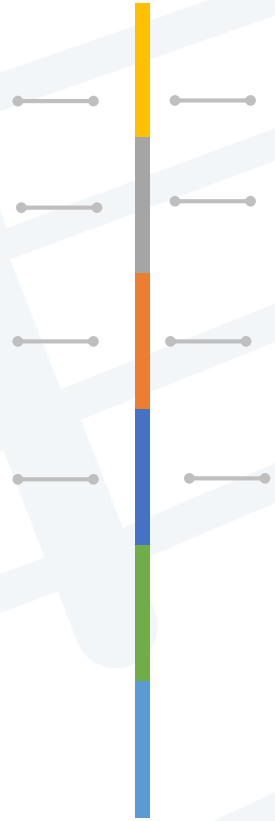
Objectives

Position EASL as the go-to forum for science, education and advocacy

Acknowledge talents of the EASL community

Reinforce EASL as the Home of Hepatology

Recognize the importance of national societies as EASL strategic partners



Encourage participation to EASL activities

Involve actively the national societies in the Delphi Rounds process of the CPGs

Share best practice and latest update from EU institutions

Facilitate communication between national societies

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Promote science

Clinical Practice Guidelines

- The Delphi Rounds process is a pilot concept in experimental phase depending on the CPGs programme per year
- National societies indicate experts per topic/ area of interest
- Pool of experts maintained on the CRM
- Experts are invited to contribute as part of the Delphi round process
- National societies may ask EASL for endorsement in case of translation of the CPGs in their local language (EASL is not held responsible for discrepancies between original and translated version)

Scientific Committee of the EASL GB

- National societies are invited to disseminate the process of the call for nominations
- Mailer campaign via the CRM where information is retained

EASL – National Associations Collaboration Framework

Support education and Young Investigators

EASL speakers

- National societies submit a request online at https://www.m-anage.com/Login.aspx?event=speakerrequest (info about the event, topic/proposed talk, draft programme)
- GB reviews during GB meeting and suggests speakers
- Speaker is invited by both EASL and national society (expenses to be covered by organizers)
- Organizers may also request EASL endorsement for their event

Event endorsement

- National society representative applies online at https://www.m-anage.com/Home/Index/Event/endorsementsponsorship/en-GB
- Same application process with the event endorsement programme – event can be organized in local language

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EASL – National Associations Collaboration Framework

Support education and Young Investigators

EASL Emerging Leader Award

- National societies to propose YIs for the Emerging Leader Award (former YI Award)
- Application online during October – November
- National Societies to provide necessary documentation at the application process

Activities for Young Investigators

- Facilitate the dissemination of activities for YIs
- Dedicated placeholder for YI activities on the National Societies webpage
- Related guidelines, posters and documentation can be downloaded

EASL – National Associations Collaboration Framework

Enhance advocacy through communication

Dedicated email address and new webpage on www.easl.eu

- nationalassociations@easloffice.eu for email campaigns and means of communication
- One GB member appointed a contact point for EASL - Dr Maria Reig, member of the Scientific Committee of the Governing Board
- Enhanced webpage for National Societies on the new website – all aspects of the framework to be featured
- Placeholder to promote national societies activities
- List of national societies in Europe, their representatives and contact details

Newsletter for National Societies

- Focus on sharing the latest updates from the EU institutions and relevant EASL activities for National Societies
- In collaboration with the EU EASL office for content creation

Networking

- Maintain annual leadership meeting at ILC
- Provide visibility at the National Associations' corner at the Community Hub at ILC

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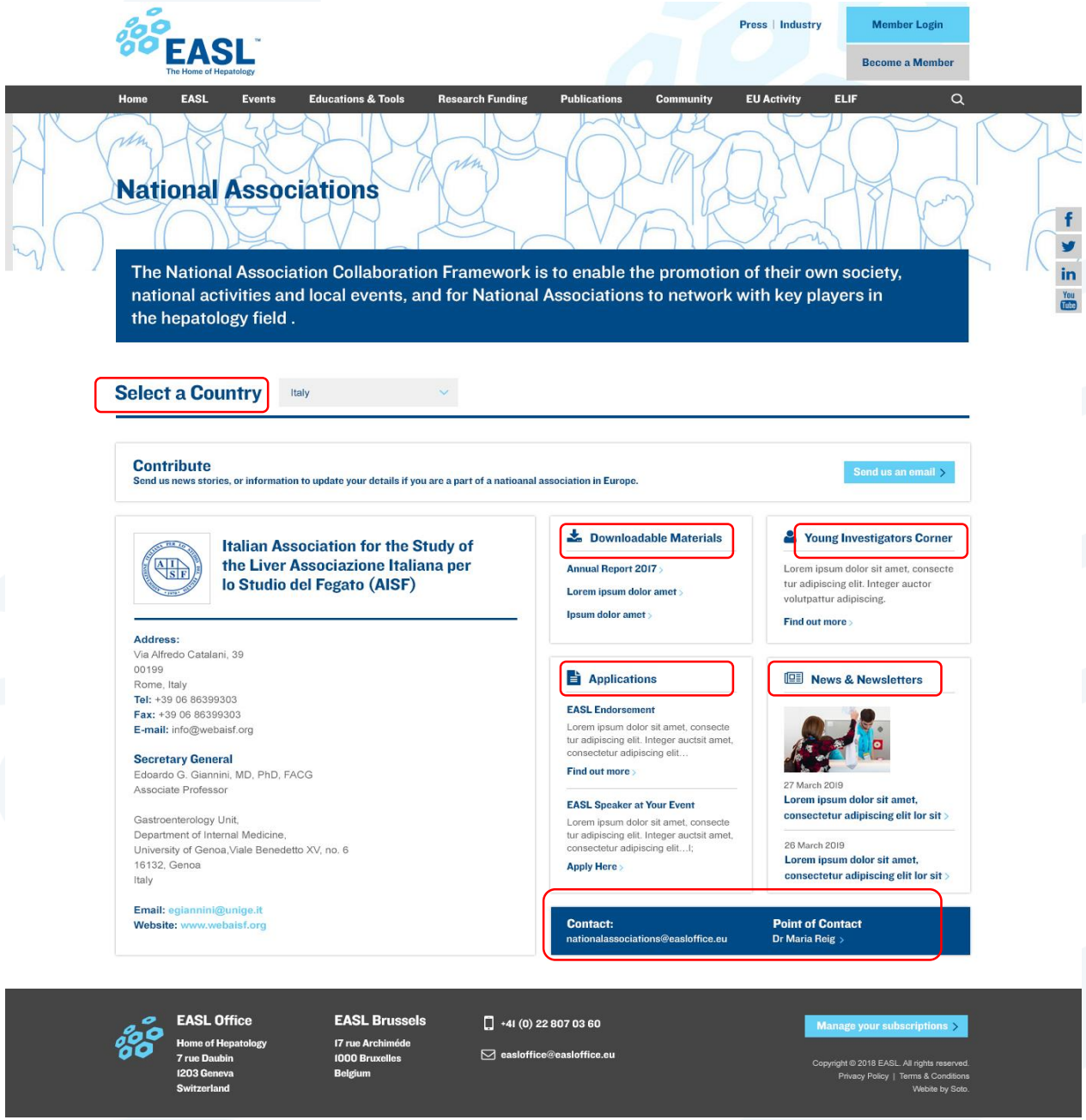

National Societies

webpage preview easl.eu

https://easl.eu/community/liver-network/national-associations/

EASL
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APRIL 10 - 14, VIENNA, AUSTRIA
2019

National Societies Forum

Work of the Policy and Public Health Committee and policy papers

Helena Cortez-Pinto

EASL EU Councilor

ILC, April, 13, 2019

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Main focus of EASL Policy

- Alcohol and alcohol-related policies
- NAFLD and food policy
- Viral Hepatitis
- EU research policy (Horizon 2020 and the draft follow-up programme**, Horizon Europe**)

Policy and Public Health Committee

AIM

To provide EASL with expert scientific and policy guidance to enable it to carry out its public affairs activities and achieve its public affairs goals and objectives

Policy and Public Health Committee members

Helena Cortez-Pinto
Chair

General Hepatology, alcohol, NAFLD

Antonio Craxi
Expert Clinician

Viral hepatitis, migrant health

Moijca Matic
Expert Clinician

Viral hepatitis, co-infection, community liaison

Nick Sheron
Expert Clinician

Alcohol related liver disease

Martine Walmsley
Expert Patient

Rare diseases

Shira Zelber-Sagi
Expert Nutritionist

Food and nutrition

Policy and Public Health Committee (TOR) - #1

01

Design, development and implementation of EASL Policy and Public Health strategies and work plans, including **advocacy campaigns and strategies**

02

Overseeing the implementation of **EASL ILC programmatic Public Health track**

03

Identify **research and publications** needed to support and advance EASL's Policy and Public Health objectives and overall mission in these areas

04

Scientific oversight and expert advice for all EASL Public Health projects, including the work of the **Lancet-EASL Commission on Liver Disease in Europe**

Policy and Public Health Committee (TOR) - #2

05

Identify **expert speakers** to represent EASL when requested for participation in external events and meetings and for interviews with the media;

06

Identify **experts to sit on EU** and other institutional advisory boards and act as liaison points between those institutions, bodies and EASL where requested;

07

Determine and operate the **EASL strategic partnerships** related to Policy and Public Health, including, but not limited to, UEG, Biomed Alliance, WHO, CDC, ECDC, EPHA, and **patients societies**.

08

Develop official EASL **policy statements** on topics relevant to EASL's policy work for approval by the Governing Board;

First batch of policy statements

- Hepatitis C elimination
- Alcohol and alcohol-related diseases
- Food and obesity
- Liver disease and Migrant Health
- Hepatitis E blood testing

Presentation on Sunday 14 April
Liver Disease and Community
Lehar 4: 8h 30 - 11h 30

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Policy statements aims

- To have a summarised vision of EASL policy on relevant topics to focus lobbying efforts to these ends
- Distributed in a summarised version at ILC and other channels
- Complete “reference” version available on the EASL website
- Will be translated in other languages to facilitate implementation
- To be used for lobbying at European level or at National level

POLICY STATEME

Reducing the Burden of Alcohol-Related Liver Disease (ARLD)

Alcohol-related Liver Disease (ARLD) is the major cause of liver disease in Europe and, sinc it depends mostly on harmful alcohol consumption, it is a highly preventable disease.

1,256,900
liver disease deaths worldwide

27%
of liver disease deaths worldwide are associated with alcohol intake

38,378
deaths in Europe from ARLD

32 out of 35
European countries have experienced increasing prevalence in the levels of cirrhosis since 1990

Liver disease accounts for significant health and economic losses, as

2/3
of potential years of life lost are working years, which contrasts with other chronic diseases where onset and death generally occur at a later age

Deaths from liver disease are largely determined by population alcohol consumption, with a direct correlation seen in

21 of 28
EU member states

Inequalities
Mortality from ARLD is substantially greater for disadvantaged socio-economic classes and amongst younger patients

The relationship between alcohol intake and cirrhosis is **exponential** for heavy drinkers (4 or more drinks per day)

Crucial Policy Interventions

It has been demonstrated that alcohol-related policies are both effective and cost-effective at reducing ARLD and EASL calls for all European countries to implement population-level strategies for:

REDUCING CONSUMPTION: Cultural and historical changes in alcohol consumption patterns have a large impact on liver mortality – with four fold reductions in France and Italy seen during a period of decreased consumption of cheap wine. Marked increases in liver mortality have also been associated with modest increases in overall alcohol consumption – as seen in the UK with the move to drinking stronger alcohol at home. Effective policies to reduce alcohol consumption may reduce liver mortality quickly, as patients with ARLD usually die from acute-on-chronic liver failure driven by recent excessive alcohol consumption.

EASL recommends public health and education programmes to change behaviours and the separation of alcohol products in shops (similar to tobacco).

INCREASING PRICE: The EU Court of Justice and the UK Supreme Court judged minimum unit pricing (MUP) to be more effective than comparable measures, as it was highly targeted at harmful and extreme drinkers, and was likely to reduce health inequality. In British Columbia, MUP reduced alcohol-related mortality by 32% within one year of implementation.

EASL recommends the introduction of excise taxes and other pricing policies, such as minimum price per alcohol gram, to decrease the affordability of alcohol.

RESTRICTING ADVERTISING: Alcohol is the most dangerous commodity marketed in Europe, second only to tobacco, where marketing is heavily regulated. All Member States have regulations on alcohol marketing, however, these vary. There is a positive association between exposure to marketing and subsequent drinking behaviour and harmful consequences of drinking, particularly amongst young people, and the European Commission has concluded that marketing leads children to drink at an earlier age and drink more.

EASL recommends that countries move towards a comprehensive and legislative ban on alcohol advertising, promotion and sponsorship, particularly those aimed at young people. This should be monitored by governments, as self-regulation by the alcohol industry has not been effective, and there is strong evidence that industry has been successful in preventing implementation of effective policies and in circulating misleading information to the public.

IMPROVED LABELLING: Whilst health labels on alcoholic drinks have shown little impact on behaviour, this may reflect the fact that these have generally been small text warnings as larger, more graphic labels have been shown to be highly effective in reducing tobacco sales. It is a consumer right to receive information about adverse health effects from foodstuffs, yet alcohol is exempt from this regulation, despite being a level one carcinogen.

EASL recommends the implementation of mandatory labelling of alcohol products, which includes health information on the risks of alcohol consumption, especially cancer and pregnancy risk, and information regarding the caloric value.

CLINICAL INTERVENTIONS: Around 75% of fatal cases of ARLD present for the first time with an emergency hospital admission, underlining the importance of early identification and intervention. However, the majority of individuals with ARLD have normal liver tests, so early identification is reliant on identifying at-risk groups.

EASL recommends the introduction of screening, via non-invasive diagnostic tools, for harmful alcohol consumption and the delivery of effective brief interventions in primary care and other health and community settings. Individuals who need support should be referred to specialist alcohol services for assessment and treatment.

POLICY STATEMENT

Obesity is feeding the rise in Non-Alcoholic Fatty Liver Disease (NAFLD) across Europe

NAFLD affects 1 in 4 people across the EU

€35Bn **€200Bn**
The annual predicted cost of NAFLD in Europe is estimated to be >€35 billion of direct costs and a further €200 billion of societal costs

Prevalence of NAFLD continues to rise and is now becoming one of the most frequent causes of cirrhosis (advanced liver disease) and liver transplantation in Europe

Prevalence varies markedly according to ethnicity, geography and socio-economic status

NAFLD is caused by unhealthy lifestyles, excessive energy intake, poor diet, obesity, diabetes and pre-diabetes

NAFLD is the accumulation of excess fat in the liver and is now the most common cause of liver disease in Western countries due to the rapid rise in levels of obesity and type 2 diabetes.

NAFLD is a major European health burden due to its high prevalence, capacity to progress to liver cirrhosis and liver cancer, and because it is associated with a greater risk of cardiovascular disease and other cancers.

More than half of adults and one third of children across Europe are classified as overweight or obese, with the highest proportion coming from lower socio-economic groups and NAFLD is prevalent

Unhealthy behavior - lack of physical activity and excess calorie intake - together with high consumption of sugars and saturated fats, leads to weight gain and/or fat deposits. This plays a major role in the development and progression of NAFLD.

Sugar-sweetened beverages (SSBs) are one of the largest sources of added sugar and, whilst an important contributor of calories, have few, if any, other nutritional value.

Consequently, consumption of SSBs is now one of the leading causes of childhood and adult obesity and is associated with NAFLD and increased liver damage.

In the absence of any licensed pharmacological therapies, specific policy measures and interventions in key areas must be implemented to prevent NAFLD, and its associated complications, especially amongst at-risk groups:

ADVERTISING
Across the WHO European Region, children are regularly exposed to marketing that promotes foods and drinks high in energy, saturated fats, trans-fatty acids, added sugar or salt. Food and beverage commercials, and in particular those embedded in children's TV programmes, electronic and social media, have been shown to drive consumption of high-calorie and low-nutrient beverages and foods.

EASL recommends public health policies to restrict advertising and marketing to children of SSBs and industrially processed foods high in saturated fat, sugar and salt.

INDUSTRY REGULATION
Food and beverage manufacturers have a social responsibility to protect consumers. Research indicates that governmental measures aimed at increasing the cost of SSBs can reduce consumption by 20-50%. It is estimated that a 20% levy on SSBs would prevent 3.7 million cases of obesity and 25,498 cases of BMI-related disease over the next 10 years, saving approximately €11.5m in health service costs.

EASL recommends the introduction of fiscal measures to discourage the consumption of SSBs and legislation to ensure that the food industry improves labelling and the composition of processed foods.

HEALTHY EATING
Consumption of saturated fat increases liver fat. In contrast, healthier mono and poly-unsaturated fats, such as in the Mediterranean diet (characterised by a high intake of olive oil, nuts, fruits, vegetables and fish and a low intake of red and processed meat and added sugar) are beneficial in the treatment of NAFLD.

EASL recommends health education programmes which emphasise the benefits of a Mediterranean diet and initiatives which promote water consumption, instead of SSBs.

EXERCISE
Physical activity produces significant changes in liver fat making it an essential compliment to healthy eating. Establishment of safe and appealing walking and cycling infrastructures can have a major influence on behaviour, with the recent WHO Global Action Plan on Physical Activity providing a framework to support policy and practice in this area.

EASL recommends policies and changes to local infrastructure which promote and encourage regular physical activity, improve opportunities for exercise and reverse sedentary lifestyles.

EDUCATION
Awareness that obesity and diabetes can lead to significant liver disease is low amongst the public and the medical community, as is knowledge of appropriate and effective behaviour change techniques to avoid relapse and weight regain.

EASL recommends the expansion of knowledge and skills amongst healthcare providers on the high prevalence of NAFLD, risk factors, how to conduct nutrition screening and counselling and engaging patients in appropriate behaviour change initiatives. This should be accompanied by public awareness campaigns on liver disease, highlighting that it is not only linked to excessive consumption of alcohol.

RESEARCH
Identification and diagnosis of NAFLD is made worse by the lack of effective biomarkers to identify which patients have developed the disease and which have progressed to a more advanced stage.

EASL recommends further funding of new diagnostic research programmes.

easloffice@easloffice.eu I www.easl.eu

POLICY STATEMENT

Eliminating Hepatitis C – an Action Plan

Viral hepatitis is an inflammatory condition of the liver and the 7th most frequent cause of death in the world, surpassing HIV.

Among the five viral agents capable of causing hepatitis, the hepatitis C virus (HCV) is one of the deadliest, causing 400,000 deaths annually.

Globally, there are an estimated 71 million people actively infected with HCV, and 11-14 million of these reside in Europe.

Late diagnosis and mortality

HCV infection may persist in people without causing any symptoms, therefore remaining unnoticed for many years, even decades. Many symptoms, like fatigue, joint pain and neurocognitive impairment, are not specific and affected persons do not necessarily associate them with HCV infection. For this reason, diagnosis is inefficient, delayed diagnosis is common and effective testing strategies difficult to implement. During this time, not only can the infection be transmitted to others but the persisting inflammation may lead to liver cirrhosis, ultimately resulting in liver failure and liver cancer.

These complications of HCV are a major cause of early mortality. Because many infections occurred decades ago, the relentless progression of liver disease results in a constant increase in late-stage complications and deaths in many countries. In the absence of increased diagnosis rates and appropriate links to effective treatment, mortality rates are estimated to increase for many years to come.

Risk of infection remains high in hard-to-reach groups

Several populations remain at high risk of infection, including people who inject drugs, men who have sex with men that engage in high-risk sexual practices, prisoners, sex workers and migrants from areas of high prevalence. There is currently no available vaccine to prevent HCV infection, however, effective, well-tolerated, oral medicines - Direct Acting Antivirals (DAAs) – are now available, which directly interfere with the HCV lifecycle and can clear the virus in ≥95% of cases and reduce the risk of long-term complications, such as liver disease.

Lifestyle factors strongly affect the viability and course of treatment

The advent of DAAs has ushered in a true medical revolution in the field. In principle, all patients with HCV can now be treated and cured but, in reality, this is still not the case and many barriers hamper universal access to therapy. Due to the high price of DAAs in some settings, only patients with advanced disease can be treated; in others, only liver specialists can prescribe DAAs, which limits access and the development of novel models of care. Furthermore, in some countries, DAAs are only prescribed if a patient is abstinent from active drug or alcohol consumption.

The WHO's Global Health Sector Strategy on Viral Hepatitis

In 2016, the World Health Organization (WHO) adopted the first Global Health Sector Strategy on Viral Hepatitis, calling for its elimination as a public health threat. The strategy presented a target of reducing new HCV infections by 90% and mortality by 65% by 2030 alongside specific measures aimed at reducing new infections and saving lives. All WHO Member States have approved this strategy and now EASL is calling on all European countries to take immediate action to implement a six step Hepatitis C national public health action plan:

1. Increase awareness amongst health professionals, patients, policy-makers, the media and the public (especially high risk groups), whilst combating the stigma and discrimination that is associated with HCV infection
2. Implement harm reduction strategies, such as access to opioid substitution therapy and safe injecting equipment for people who inject drugs, and safe sex education
3. Make DAAs available at reasonable prices, to avoid any further reimbursement restrictions and to allow governments to implement a comprehensive elimination strategy
4. Improve access to treatment and care by increasing the number of authorised prescribers, promoting telemedicine and by increasing input from Allied Health Professionals during and after treatment
5. Treat every Hepatitis C patient at the earliest opportunity, especially those at high risk
6. Offer rapid testing, in all relevant settings, with priority given to high-risk persons

Hepatitis C can, and should, be eliminated as a public health threat across the whole of Europe by 2030.

EASL believes that medical associations and clinicians, in collaboration with other key stakeholders i.e. policy-makers, have a public duty to make this goal a reality and eliminate HCV in Europe.

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National Focal Points

- To have an easy communication between EASL GB and the National Societies, designating National Focal Points
- This relation intends to be bidirectional:
  - EASL supporting National initiatives or providing documents such as the Policy statements,
  - National representatives (focal points), who we could address questions, discuss the best way to circulate a survey, etc.

EASL Key partners

- NGO
  - Eurocare, SHAAP
  - UEG
  - WHA,
  - Biomed Alliance
  - Patients associations: ELPA, PSC/ERN
- Institutional
  - ECDC
  - CDC
  - WHO