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

# The final push to eliminate viral hepatitis

*How can the EU lead the successful  
achievement of this global public  
health priority?*

Event Report



On 25 October 2022, the MEP Friends of the Liver Group hosted the event ***“The final push to eliminate viral hepatitis – how can the EU lead the successful achievement of this global public health priority?”***, with support from the European Association for the Study of the Liver (EASL) as Secretariat of the Group, and the ACHIEVE Coalition.

In his introduction, **Cyrus Engerer MEP, Co-Chair of the MEP Friends of the Liver Group**, pointed to the World Health Assembly’s June adoption of the WHO’s Global Health Sector Strategy Against Viral Hepatitis for 2022-2030, which reaffirms the 2030 elimination goal. He also highlighted that WHO recognised viral hepatitis B (HBV) and C (HCV) as preventable cancer risk factors, but that liver cancer is the 6<sup>th</sup> most common cancer in incidence and ranks 3<sup>rd</sup> in mortality rate. *“Urgent*

*actions to address these trends are needed”*, Engerer stressed.

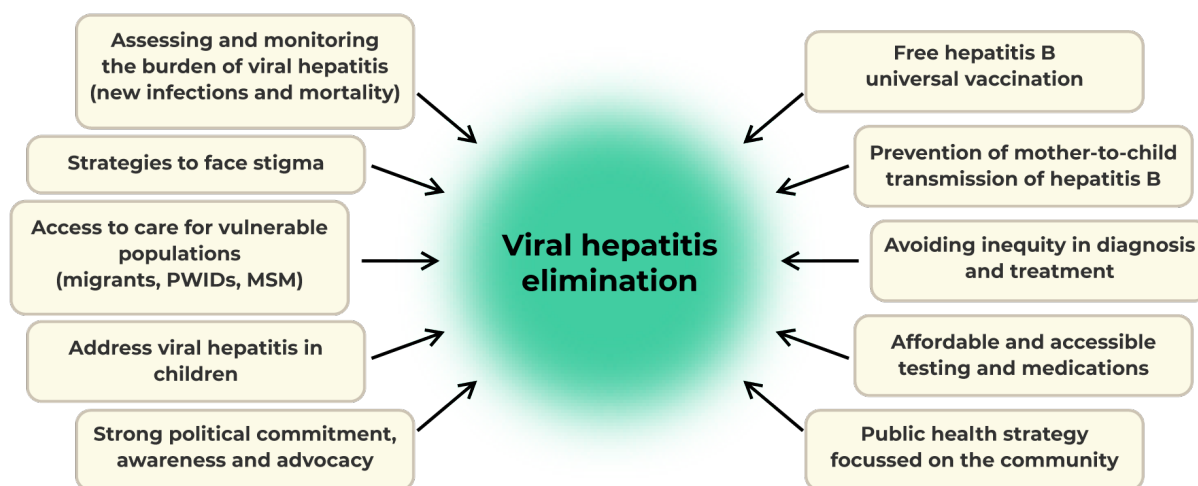
**Professor Maria Buti, EASL EU Policy Councillor**, confirmed Cyrus Engerer’s analysis: Between 1990 and 2019, the annual number of liver cancer cases almost doubled, and mortality rose by 70% to 85% of liver cancer cases are linked to prior infection with viral hepatitis. For HBV, effective vaccines and a therapy to control the disease exist. For HCV, there is a cure that works for more than 95% of cases. Vaccination, screening, and treatment of viral hepatitis can effectively prevent liver cancer and reduce the cancer burden significantly.

In her conclusion, Maria Buti pointed to the priorities identified by the EASL Hepatitis Elimination Conference earlier this year (see figure below).

In his contribution, **George Kalamitsis, ACHIEVE Coalition Co-Chair**, referred to the ACHIEVE paper [“Inequalities in liver cancer prevention linked to viral hepatitis B \(HBV\) and C \(HCV\) services”](#), which collates evidence gathered by

globally. As a testimony of this good practice, Kalamitsis presented the ACHIEVE 2022 edition of the [“Stories to Inspire”](#), a collection of initiatives by patient groups, community, clinicians, or policymakers from across Europe, but

## Priorities in viral hepatitis elimination



ACHIEVE at the request of DG SANTE working on the Cancer Inequalities *“In the EU there are significant inequalities throughout the patient pathway, inequalities in prevention, in access to information on transmission routes and on how to prevent transmission. Inequalities in access to screening and diagnosis, inequalities in access to treatment and cure, inequalities to access aftercare, and inequalities in monitoring for follow-up diseases such as liver cancer or liver cirrhosis. These inequalities are partly geographical, but they also relate to discrimination and stigmatisation of populations. As long as these inequalities persist, we will not achieve the WHO goal of elimination of viral HBV and HCV by 2030”*, Kalamitsis concluded.

Whilst these inequalities are of tremendous concern, Kalamitsis was also keen to point out that good practice does exist, in Europe and

also Australia, Asia, and Africa. Each of these Stories shows that progress in the elimination of HBV and HCV can be achieved - for the benefit of those infected, their families and friends, our health systems, and our societies at large. Kalamitsis concluded that what is needed now is the political will to disseminate good practice and ensure its rollout across Europe and globally.

**Dr. Lina Nerlander, expert in hepatitis B and C surveillance** at the **European Centre for Disease Prevention and Control (ECDC)**, outlined the current situation: almost 5 million people are infected with HBV and almost 4 million with HCV, and in 2015 it was estimated that around 64,000 people died of viral hepatitis. These figures are for the EU/EEA and the UK. The prevalence varies among countries and groups. Viral hepatitis is most prevalent among migrants, men who have sex with men (MSM), people who inject drugs (PWID), and people in prison.

The World Health Organization recommends that 95% coverage of childhood immunisation, but only half of European countries meet this target in the EU. Furthermore, there is a need for those that were not vaccinated as

around half meet this target of having 50% of people diagnosed. We need to get better data to figure out what is going on, but the little data we have show we are falling behind the targets. To increase diagnosis and meet this



George Kalamitsis,  
ACHIEVE Coalition Co-Chair

children and belong to groups at risk to now be immunised, but we are falling short of those targets.

Dr. Nerlander stated that harm reduction services to prevent transmission through the provision of clean needles and drug treatment are essential. However, many Member States fall short of providing the recommended coverage, which includes offering 200 syringes annually per person who injects.

For testing and diagnosis, Dr. Nerlander pointed out that it is difficult to assess the status of reaching the WHO Europe interim target for 2020 of having 50% of all infected people diagnosed: only around 7 or 8 countries have provided data on this target and out of these only

target, Nerlander highlighted the need to bring testing to the community to reach groups such as MSM and PWID. Such testing can be undertaken also by well-trained people without a medical degree, to increase access. However, this is still not legal everywhere in Europe and this is a big barrier, she stressed.

As regards the 2020 WHO interim target of ensuring access to treatment for 75% of those diagnosed, it is also difficult for the ECDC to assess the situation due to data limitations. For HBV treatment, there is in essence no data. For HCV, only 9 countries provided data and none met the target – in fact none of the countries reported treating more than 15% of those diagnosed.

In terms of data generation at the national level, Nerlander highlighted several problems:

- 1) Data sharing and connectivity: clinicians might have a lot of good data on their hepatitis patients, but these are frequently not shared with public health authorities for reasons of data protection or lack of data linkage capabilities.
- 2) Good national prevalence surveys are required to assess how many people are infected, but these are expensive and many Member States do not undertake them.
- 3) Capacity issues: Many countries only have a small team of epidemiologists who need to cover several other diseases such as HIV or Sexually Transmitted Infections (STIs), in addition to hepatitis.

ECDC provides support to Member States in the development of new surveys, making use of synergies to lower costs, e.g. generating data from COVID-19 surveys. Furthermore, digitisation offers many opportunities to better extract and connect data, but of course this requires financial and personnel resources and will not solve everything.

ECDC's small but dedicated viral hepatitis team is working closely with its partners EASL, WHO, and the European Monitoring Centre for Drugs and Drug Addiction, as well as with their counterparts in the Member States. The ECDC's now extended mandate is exciting because it gives ECDC a stronger focus on prevention

and on using electronic data sources for better surveillance, but needs to be matched by political commitment at the national level. Nerlander concluded that there are a lot of opportunities at EU level such as EU4Health and the elimination goals to help us to synergise efforts. When initiatives are designed and Member States apply for funding it is important to keep the hepatitis elimination targets in mind, even if the project is more general such as about improving surveillance.

**Dr. Sandra Dudareva, Co-Head of the viral hepatitis desk at Robert Koch Institute, Berlin**, (the German national disease control agency) echoed the need for political commitment to progress in the generation of reliable data to fill the gap and to measure progress towards the elimination of viral hepatitis. Dudareva provided an overview of the data situation in Germany from prevention to care: prevention of mother-to-child transmission, childhood vaccination against HBV and vaccination of at-risk groups is fully covered by public health insurance and free of charge. Despite the availability of this measure, the actual target is still not reached, and data from at-risk groups is incomplete.

As regards testing and screening, Germany has well-defined guidelines. Since 2021, a one-time hepatitis screening is in place free of charge for all those over 35 as part of a general check-up. Data on the programme will be available as of 2023. However, good data on coverage for certain target populations is still lacking and doubts prevail as to whether access to screening is equally good for all population groups.

Data on how many patients have received/ are receiving treatment for

HBV and HCV exists, but a complete picture of the cascade of care remains to be built, with the help of additional studies which will need to be carried out.

amongst those who are likely to benefit most from vaccination, i.e. in the case of the young people. The best way to achieve this is to promote gender neutral vaccination so that all sections of the



Dr. Cristian-Silviu Busoi MEP (in the middle) with panellists.

**Professor Daniel Kelly**, from the **European Cancer Organisation (ECO) HPV Action Network**, shared some learnings from current vaccination campaigns by ECO against human papillomavirus infection (HPV), which can also apply to viral hepatitis. The focus in the HPV network since 2019 has been on influencing the EU Beating Cancer Plan to include HPV targets, as well as improving public education and engaging with young people (who may not always have access to protective vaccination), but also working with in-country policymakers and health providers. The promotion and uptake of HPV vaccination, as well as the registration of cancer, is not always acceptable in every European country and this makes the target of eliminating HPV by 2030 an even more difficult goal. ECO has successfully advocated for HPV to be included in all national cancer plans. It is also working to influence and raising awareness of how to prevent cancer, in particular

community are protected from all cancers that HPV can cause. A recent project has also highlighted the most effective interventions to promote vaccine uptake in young adults. Further action is needed on self sampling for cervical screening, as well as the potential of urine testing to make screening more acceptable.

Kelly admitted to not having known enough about the strong link between viral hepatitis and cancer, and the strong parallels with HPV, until coming to this event. Awareness of future cancer risks is always the challenge; but people themselves have the power to ask for protection by pushing for vaccination and early treatment, Kelly stressed.

**Rimalda Voske, DG SANTE**, provided an overview of the European Commission's activities to fight viral hepatitis within Europe, in line with the EU's commitment to "help Member

States reduce hepatitis by 2030 and achieve the UN Sustainable Development Goals.”

### **Europe's Beating Cancer Plan**

Europe's Beating Cancer Plan, a key priority of the Von der Leyen Commission, explicitly recognises viral hepatitis as a preventable cancer risk factor and includes a large number of actions for cancer prevention.

The Joint Action on cancer and NCD prevention was launched in September 2022 and Member States have until February 2023 to submit a proposal. The fight against viral hepatitis will definitely benefit from the potential of this Joint Action, provided the actions selected include targeted prevention campaigns and early detection of cancer-related risk factors such as viral hepatitis, Voske said.

The future Council recommendation on vaccine preventable cancers, proposal expected for Q3 2023, could help Member States address cancer risks linked to HBV by increasing vaccination, in both the general population and at-risk groups. The European Commission is aware of the need to improve viral HBV vaccine uptake in Member States, Voske confirmed. As regards the need to improve the epidemiological data on HBV and HCV prevention, testing, and treatment, Voske stressed that the European Commission encouraged Member States to close data gaps, by making use of tools generated by the Joint Action on integrating prevention, testing and link to care strategies across HIV, Viral Hepatitis, TB & STIs in Europe.

### **Good practice sharing**

Importantly, Rimalda Voske pointed out the recent European Commission decision that a new Member State expert group would replace the current

Steering Group on health promotion, disease prevention and management of non-communicable diseases, which identifies good practice interventions with the goal of accelerating their implementation in Europe. The new Expert Group has the same remit, but will also include viral hepatitis, as well as HIV/ AIDS, TB, and antimicrobial resistance in its scope, in view of the important and persistent public health concern that these diseases constitute in the EU, Voske stated.

### **Inequalities**

Voske was keen to highlight that addressing inequalities and finding effective ways to identify vulnerable populations with viral hepatitis and link them to care is essential. This is in line with the new EU Action Plan on Integration and Inclusion 2021-2027, which focuses on fighting inequalities in health, in addition to those related to education, housing, and employment.

The Commission is already investing in community-based projects helping people affected by viral hepatitis. As such, the EU4Health-funded BOOST project, led by ACHIEVE member Correlation Network, will work for 3 years in improving access and quality of community-based services, including viral hepatitis, for people who use drugs. The European Commission call from July 2022 for Thematic Networks also focused on addressing health inequalities and improving services for those affected by viral hepatitis, HIV/Aids, TB and STIs.

### **Ukraine**

Rimalda Voske then outlined the activities the European Commission is undertaking to support refugees in Ukraine, ensuring a coordinated response with Member States. In March 2022, the EU activated the Temporary

Protection Directive, which offers access to medical care to refugees, including services tailored to support specific needs for those suffering from hepatitis and coinfections. As such, the European Commission facilitated a

European Commission. Finally, Voske highlighted that Ukraine has joined the EU4Health program.

Her colleague **Virginija Dambrauskaite, DG INTPA (International Partnerships),**



discussion with the Health Security Committee, aimed at supporting the Member States in easing access to vaccination and high-quality resources in line with ECDC guidelines on infectious diseases for vulnerable populations. The EU project to support the modernization of the public health system created a website for Ukrainians living with viral hepatitis, as well as coinfections, who need therapy, informing them on how to access care and treatment options across European countries. A dedicated stakeholder network to support Ukraine was set up on the EU Health Policy Platform to make it easier for stakeholders to share information and bring them together with the Member States and the

complemented this overview by sharing some details on the forthcoming new EU Global Health Strategy, which is slated for publication in late November 2022. With the new Strategy, the EU seeks to strengthen health systems in lower-income countries holistically, preventing, detecting and treating infectious and non-infectious diseases, as a contribution to the UN Sustainable Development Goals. Leveraging lessons from the pandemic, the new Strategy will pursue these goals in both multilateral and bilateral partnerships, adapting to changes in the new global health architecture. While health will be at the centre, the Strategy will also consider the interconnectedness of



health with other sectors in line with the health-in-all policies approach.

Dambrauskaite also highlighted the European Commission's role as a donor to the Global Vaccines Alliance, GAVI, which contributes to improving vaccination in low-income countries. Since 2001, GAVI has introduced HBV vaccination in 73 eligible countries' vaccination calendars. The European Commission has recently pledged another 300 million Euros to GAVI, thereby doubling its contribution since 2003, Dambrauskaite stated.

In the subsequent discussion, **Jessica Hicks**, from the **World Hepatitis Alliance**, welcomed the EU's support to GAVI, but raised the concern that GAVI has paused its rollout of HBV childhood vaccination. It would thus be very important for the European Commission to urge GAVI to continue with its rollout. Furthermore, Hicks highlighted that, historically, viral hepatitis has not been integrated into key programmes/strategies, although the virus essentially impacts the same populations as HIV and other disease areas. This was due to a lack of political focus and funding. Whilst it is encouraging to see some changes with the Global Fund this year expanding their support for hepatitis, Hicks said that it will be key to have the European Commission's support to ensure that more strategies and programmes integrate viral hepatitis.

For high-income countries, **Dr. Loreta Kondili** from the **National Institute of Health, Italy**, and **member of the EASL Policy, Advocacy and Public Health Committee**, expressed concern about the low level of awareness about hepatitis in the population and amongst healthcare professionals. Furthermore, the hepatitis issue is no longer as apparent since many patients

are enrolled in treatment or have been treated. However, there are those infected who remain undiagnosed, are often asymptomatic, and have never heard of viral hepatitis. The political commitment is important to increase public awareness, which should also include medical staff, general practitioners, and other healthcare professionals in primary care, who are also not sufficiently familiar with the transmission routes, causes, and impact of viral hepatitis. **Maria Buti** agreed, adding that increasing awareness in schools can be helpful, since viral hepatitis frequently does not receive a lot of attention in educational settings.

**Aleksandra Kaczmarek** from **Digestive Cancers Europe (DiCE)** asked about the political decisions needed, as well as about the decisions which, from experience, have the best impact to raise awareness. In her reply, **Rimalda Voske** referred to the opportunity to raise awareness about viral hepatitis and its elimination under Europe's Beating Cancer Plan, as well as under the umbrella of the EU vaccination policy, which will both contain relevant initiatives. Historically, she pointed to the European Testing Week, which started in 2013, as a way to create a united European effort for raising awareness at the beginning of HIV testing. In an acknowledgment of the overlaps of key affected populations and transmission routes, viral hepatitis and STIs were included in the Testing Week Campaign. In addition, the annual European Testing Week in November 2018 saw the successful piloting of the first European Spring Testing Week, in collaboration with the Integrate Joint Action and co-funded under the former EU4Health Programme.

In addition to raising general awareness, **Luís Mendão, ACHIEVE Co-Chair**, stressed that in Europe awareness amongst specific population groups, such as migrants, homeless people, and people who inject/injected drugs needed to be raised. Civil society's involvement in developing an effective and cost-effective response is very important here. These infections can infect anyone, but impact certain groups in certain regions more acutely, Mendão confirmed.

Mendão further highlighted the importance of forward-looking plans to allocate the right human and financial resources to clinical trials that might revolutionise the treatment of HBV. Health systems and budgets need to prepare for this to ensure wide access to affordable treatment. Having more patients diagnosed will be beneficial for price negotiations. Mendão also confirmed the importance of timely, reliable, and comparable data that Member States need to collect with guidance from the ECDC and WHO.

**Dr. Cristian-Silviu Buşoi MEP, Chair of the European Parliament's ITRE Committee and Member of the MEP Friends of the Liver Group**, reaffirmed the strong political commitment of the European Parliament, and particularly the MEP Friends of the Liver Group, to the elimination of viral hepatitis. The European Commission has chosen the right path, and Parliamentarians are coordinating with the Commission and providing political support to their actions, he outlined. Stakeholder insights, as provided by EASL and ACHIEVE, are extremely important in this context, he added.

Buşoi expressed the hope that there will be more EU action toward the elimination of hepatitis following this

meeting. He said that we need to continue to educate, prevent transmission, close vaccination gaps for HBV, and diagnose and link patients to the appropriate care. In addition, we need to ensure appropriate monitoring as part of care and aftercare, to diagnose co-infections such as viral hepatitis D as well as complications such as liver cirrhosis and cancer.

In terms of future priorities, Buşoi highlighted in particular the EU4Health programme. As rapporteur, he reminded the audience that he fought to have hepatitis included as a priority. As such, he was pleased that in 2021 relevant calls were included, but for the future, it will be important to continue and expand funding of impactful initiatives to support elimination of viral hepatitis across Europe.

As regards Europe's Beating Cancer Plan, Buşoi stressed that the actions, activities, and initiatives therein to prevent, monitor, diagnose and care for viral hepatitis (including after care) in order to reduce the cancer burden, must be mirrored by national cancer plans.

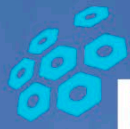
The upcoming EU Global Health Strategy is an opportunity for the EU to confirm the commitment to eliminate viral hepatitis as well as HIV and TB, Buşoi highlighted. As already highlighted in the UN Declaration on Universal Health Coverage in 2019, it will be important for the EU to generate support for integrated service delivery for hepatitis, HIV, TB, and other diseases, in bilateral and multilateral initiatives, he stated.



In his conclusion, **Dr. Andrey Kovatchev MEP, Member of the MEP Friends of the Liver Group**, concurred with his colleagues that only common efforts can lead to more effective treatment, more awareness and education about cirrhosis and cancer, and the cause of viral transmission of hepatitis. Closing vaccination gaps for children and adults at risk, common efforts for the effective and affordable cure of HBV and HCV, and mapping of proteins for HCV that can lead to an effective vaccine must be a priority. As rapporteur of the European Health

Data Space from the Internal Market and Consumer Protection Committee, Kovatchev confirmed the importance of this initiative for patients and research based on good data.

Both the MEP Friends of the Liver Group and the informal group on access to healthcare offer an opportunity for discussions with stakeholders on these issues. There is a need for more EU engagement to eliminate viral hepatitis, Kovatchev concluded.



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