

**Press Release**

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## **First Major European Viral Hepatitis Study Reports Serious Gaps in Policies**

**ELPA presents the stark findings of the 2016 Hep-CORE Report**

***Berlin, 20 December 2016 – Fifty-two per cent (52%) of surveyed European (25) and Mediterranean Basin (2) countries lack national strategies to address viral hepatitis B or C despite the WHO World Health Assembly resolution calling on all countries to have one. Only three of these countries have access to the new, highly effective medicines (direct-acting antivirals) for hepatitis C without restrictions.***

**These are just two sobering results from the 2016 Hep-CORE Report on the state of viral hepatitis policy and practice in Europe, released by the European Liver Patients Association (ELPA) today.**

The Hep-CORE Report was conducted under the direction of Prof. Jeffrey V. Lazarus of ISGlobal, University of Barcelona. According to Lazarus, “2016 has been a turning point for viral hepatitis thanks to the adoption of the first-ever WHO Global health sector strategy on viral hepatitis. The European region can and should take the lead in implementing it. These Hep-CORE results serve as an unprecedented analysis of regional and national gaps, clearly showing where there are deficient policies and, by default, what action needs to be taken.”

For example, despite an urgent need for broad monitoring and disease surveillance, this ground-breaking study found that 17 countries (63%) have no national hepatitis B virus (HBV) register and that 15 countries (56%) have no national hepatitis C virus (HCV) register.

Basic access to testing and screening facilities is vital for patients, especially those from high-risk groups such as people who inject drugs, or prisoners. Despite this, patient groups from 10 countries (37%) reported that there are no HCV testing or screening sites outside of hospitals for the general population in their countries. Even more alarming, patient groups from 12 of the countries (44%) reported that there are no such sites outside of hospitals that provide testing or screening services for high-risk populations.

With the design of the Hep-CORE Report, ELPA has looked to a unique approach. The data were collected from local specialists in each country. The research team asked one patient group in each of ELPA's 27 member-country to complete a 39-item survey about various aspects relating to HBV and HCV: overall national response, public awareness and engagement, disease monitoring and data collection, prevention, testing and diagnosis, clinical assessment, and treatment.

Another section of the survey asked a set of questions oriented towards understanding hepatitis prevention in each country. This section focused on the availability of harm reduction – services that target the reduction of negative health consequences associated with drug use, such as the spread of viral hepatitis. It was reported that clean needle and syringe programmes are available in at least one area of a patient group's country in 22 cases (81%), that opioid substitution therapy is available in at least one area of a patient group's country in 24 cases (89%), and that drug consumption rooms are available in only 5 cases (19%). Significant gaps in harm reduction with regards to reported coverage and availability remain.

"It is completely unacceptable that hepatitis continues to be so poorly addressed in Europe. There are excellent prevention and treatment possibilities, well-thought-out strategies are available, and we have numerous international initiatives, especially from WHO," said Tatjana Reic, President of ELPA. "I expect this study to change the landscape of viral hepatitis policy surveillance on a regional, and even global, level."

Baseline data for the transmission and development of infection are prerequisites for the elimination of pandemic infectious diseases like viral hepatitis. Such data is grossly underreported and, even in best-case scenarios, poorly estimated in Europe. What we do know is that every year 171 000 people die due to viral hepatitis related causes (approximately 2% of all deaths annually). This translates to more than 400 deaths from hepatitis every day. The vast majority of these deaths are due to late effects of chronic HBV and HCV infections (which caused an estimated 56 000 and 112 500 deaths in 2013, respectively).

"The reduction to zero of the incidence of hepatitis C in defined risk groups is possible in the coming years. For that we need rigorous HCV surveillance across all European countries, effective screening programmes, increased treatment uptake with high efficacy therapies, and close collaboration between stakeholders," emphasised Prof. Massimo Colombo from the University of Milan and Chairman of the EASL International Liver Foundation.



Prof. Lazarus concluded that, “the 2016 Hep-CORE Report findings are a resource that can aid the efforts of all those working to eliminate HBV and HCV as public health threats in Europe, and beyond, in line with WHO’s global strategy and the recently adopted ‘Action plan for the health sector response to viral hepatitis in the WHO European Region’. We now have a starting point from which we can systematically scale up hepatitis prevention, treatment, and care – and monitor the much-needed progress. Viral hepatitis, which affects millions of people in Europe, has to be combated on a large scale and this requires individual country and concerted pan-European action.”

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#### **About ELPA**

*The European Liver Patients Association, established in 2005, works to promote the interests of people with liver diseases. ELPA currently has 35 member groups from 27 countries. ELPA and its members are dedicated to multi-level lobbying initiatives involving European Union and national policymakers, liver specialist associations and public health experts.*

**ELPA member patient groups that formed part of the 2016 Hep-CORE study represent the following 27 countries:**

Austria	Germany	Serbia
Belgium	Greece	Slovakia
Bosnia & Herzegovina	Hungary	Slovenia
Bulgaria	Israel	Spain
Croatia	Italy	Sweden
Denmark	Macedonia	Turkey
Egypt	Netherlands	Ukraine
Finland	Poland	United Kingdom
France	Portugal	
	Romania	