



DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT
ECONOMIC AND SCIENTIFIC POLICY **A**


Economic and Monetary Affairs

Employment and Social Affairs

**Environment, Public Health
and Food Safety**

Industry, Research and Energy

Internal Market and Consumer Protection



Communicable Diseases: EU Response to HIV, Tuberculosis and Hepatitis C

Study for the ENVI Committee

DIRECTORATE GENERAL FOR INTERNAL POLICIES
POLICY DEPARTMENT A: ECONOMIC AND SCIENTIFIC POLICY

Communicable Diseases: EU Response to HIV, Tuberculosis and Hepatitis C

STUDY

Abstract

In February 2016 a workshop was held on "Communicable Diseases: EU response to HIV, TB and Hepatitis C", hosted by Ms Glenis WILLMOTT and Mr Alojz PETERLE, co-Chairs of the Health Working Group of the ENVI Committee. It included presentations by representatives of European Commission DG Health and Food Safety, the ECDC-European Centre for Disease Prevention and Control, the World Health Organization Regional Office for Europe and civil society representatives. The workshop and this publication were carried out by the Policy Department for Economic, Scientific and Quality of Life Policies at the request of the Committee on Environment, Public Health and Food Safety (ENVI).

This document was requested by the European Parliament's Committee on Environment, Public Health and Food Safety (ENVI).

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Dr Andrea AMMON, Acting Director, ECDC.
Dr Antons MOZALEVSKIS, WHO Regional Office for Europe.
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LIST OF ABBREVIATIONS

- ECDC** European Centre for Disease Prevention and Control
- EMA** European Medicines Agency
- EMCDDA** European Monitoring Centre for Drugs and Drug Addiction
- Hepatitis C** Infection of the liver by the hepatitis C virus (HCV).
- HIV/AIDS** Human immunodeficiency virus / acquired immunodeficiency syndrome
- MDR** Multi-drug resistant (TB)
- TB** Tuberculosis. An infection caused by the species *Mycobacterium tuberculosis*
- WHO** World Health Organization

WORKSHOP PROCEEDINGS

On 17 February 2016, the Committee on Environment, Public Health and Food Safety (ENVI) of the European Parliament held a workshop on "Communicable Diseases: EU response to HIV, TB and Hepatitis C". The workshop was hosted by Ms Glenis WILLMOTT (MEP) and Mr Alojz PETERLE (MEP), co-Chairs of the Health Working Group of the ENVI Committee of the European Parliament.

Ms WILLMOTT opened the discussion by sharing some worrying statistics about Europe which has the fastest growing rate of HIV AIDS infections and multidrug-resistant TB in the world and Hepatitis C which affects 2% of the EU population. She acknowledged the progresses made with the Riga declaration on TB¹ from last year but stressed that there is still a lack of political involvement in the EU. Ms WILLMOTT also welcomed the commitment of Slovakia to hold a second ministerial meeting on this topic during its Presidency of the EU in the second half of 2016.

The presence of all stakeholders on this meeting - the Commission, the Council, the European Centre for Disease Prevention and Control (ECDC) and civil society organisations has been seen as a positive sign for the preparation of an EU Action Plan to combat these diseases.

Mr PETERLE continued by thanking Ms WILLMOTT for her excellent opening speech and expressed his delight that he is a member of a panel that is results oriented and also his hopes that the whole workshop will bring positive changes.

Policy tools in Europe to fight against HIV/AIDS, tuberculosis and Hepatitis C.

Mr Martin Seychell, Deputy Director-General for Health in DG Health and Food Safety of the European Commission

- HIV/AIDS - still too many people become HIV positive every year. Figures from 2014 show 29,000 new reported cases (ECDC figures). What is even more worrying- almost half of them (47%) are diagnosed late. This problem has been with us for decades.
- Viral Hepatitis - 19,000 new cases of Hepatitis B and nearly 32,000 cases of Hepatitis C in 2013. In the EU-EEA area the estimate are that 4.4 Million people live with Hepatitis B and 5.5 Million live with Hepatitis C. Most probably these numbers are very much an underestimation as hepatitis is often asymptomatic and has the tendency to affect marginalised groups. For Hepatitis B there is a vaccine, but there is none for Hepatitis C.
- TB in EU and EEA countries in 2013 has seen 65,000 new reported cases. There are big differences across MS up to 25 fold. The most frightening aspect of all is the emergency and increasing prevalence of multidrug-resistant TB.

The EU has a range of existing instruments that are being mobilised to assist the core activities of the Member States:

1. The EU HIV/AIDS Action Plan² - setting out a very clear EU Policy framework. A very much operational Action Plan with a focus on key deliverables. Emphasis has been placed on the following three aspects:

¹ http://www.vrm.gov.lv/images/userfiles/Prezidentura/tb_declaration_en.pdf

² http://ec.europa.eu/health/sti_prevention/docs/ec_hiv_actionplan_2014_en.pdf

- a) Integrated prevention and treatment for HIV and co-infections such as TB and Hepatitis;
 - b) Increased access to treatment also as a preventive measure;
 - c) Address stigma and discrimination;
2. The EU Health Programme³. The new Programme 2014-2020 will finance projects to combat those three diseases for a total value of over €6 million.
 3. To foster the exchange of best practices and dialogue among Member states and also with the civil society.
 4. The vital role of the EU agencies both in surveillance and scientific advice, in particular - the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
 5. Support for treatment. The EU could enhance the access to treatment, also with the help of the European Medicines Agency (EMA).

There are three major challenges, which although different have distinct common elements which should be addressed not only by creating new instruments but more by using the available ones.

Questions from FTI Consulting (André Corrazo):

1. Regarding the new HIV/AIDS action plan - are TB and Hepatitis C going to be an integral part of HIV action plan or will be treated as co-infections?
2. When will the Action Plan be adopted?

Answers from Mr SEYCHELL:

1. The three diseases are seen together as major communicable diseases with some common elements - tend to impact specific groups, there is a lack of awareness about the seriousness of the problem, they are all pandemic. There is a need to renew the communication approach and start to properly utilise new tools.

Questions from a representative of Médecins Sans Frontières:

1. Regarding the EU Health Programme - there are € 1.1 million for the early diagnostic and treatment of Hepatitis C. Are there any intentions to address affordability of treatment for Hepatitis C as these amounts will be enough for the treatment of just 22 people?
2. More information about the 5 new products coming to the market.

Question from European Aids Treatments Group and JTG Civil Society: How can the Commission support MS to get access to cheaper medicines?

Answers from Mr SEYCHELL:

It is not possible to provide direct treatment through the Health Programme. The budget will be used to ensure information exchange between MS. Access to treatment is also a

³ http://eur-lex.europa.eu/legal-content/EN/TXT/?sessionId=5Qj3TvyCyBqbhfLZzzBttjDGh3gyXkQWYrjhrt36mChMJlp02XXI2060916514?uri=uriserv:OJ.L_.2014.086.01.0001.01.ENG

Human rights issue. At the moment in Europe there are new vulnerable groups with which it is difficult to establish communication. As a result their access to treatment is significantly reduced.

Tuberculosis and HIV in the EU/EEA – Evidence for action

Dr Andrea AMMON, Acting Director, ECDC

The long term goal of the EU action plan to fight TB is to eliminate it. With the current rate of decline in TB it will be eliminated in 2092. To reach the goal set by the WHO - elimination of the disease by 2050 is necessary to double the annual rate of decline, so that it reaches 6 %.

In 2013 in the EU/EEA countries 64,844 have been diagnosed with TB which translates into around 180 cases each day. The infection rate is ranging from 3.4 to 83.5 cases per 100,000. The most alarming situation is with the multidrug-resistant (MDR) TB where the chances of a successful treatment are very low.⁴

Regarding HIV in the EU/EEA countries in the year 2014, 29,992 people have been diagnosed. The infection rate is ranging from 1.6 to 22.1 cases per 100,000. The only vulnerable group with an increase of cases is that of homosexuals while the other groups have seen a decrease. This gives one more reason for a targeted approach towards the high risk groups of the population.⁵

The proportion of people co-infected with HIV and TB seems to be going down to 4.9 % in 2013 compared to 8.2 % in 2008. However, it has to be noted that not all countries have given such statistics and also not all of the patients infected with HIV have been tested for TB.

The burden of TB is substantial in the EU and more needs to be done to reach elimination. MDR TB remains an issue in the whole European region.

HIV/AIDS also remains a major public health concern in the EU/EEA countries. There is a need for a more tailored approach to the high risk groups of the population.

Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021

Dr Antons MOZALEVSKIS, Medical Officer for viral hepatitis, WHO Regional Office for Europe.

Viral Hepatitis is one of the major public health threads globally and in 2013 it was estimated as the 7th highest cause for mortality globally. There are about 240 million people living with chronic Hepatitis B⁶ and 150 million living with chronic Hepatitis C.

There had been a serious problem with statistics on Hepatitis as it was not taken as such a problem as HIV. However things have changed in the last years following the 2014

⁴ More details on the TB in the EU/EEA countries and the complete presentation can be found here: http://ecdc.europa.eu/en/healthtopics/Tuberculosis/epidemiological_data/Pages/tuberculosis-situation-2013.aspx

⁵ More details on the HIV/AIDS in the EU/EEA countries can be found here: <http://ecdc.europa.eu/en/healthtopics/aids/Pages/publications.aspx>

⁶ Data regarding Europe: http://www.euro.who.int/_data/assets/pdf_file/0009/283356/fact-sheet-en-hep-b.pdf?ua=1

resolution of the World Health Assembly, WHA 67.6⁷ of WHO and the adoption in 2015 of the UN General Assembly of the Sustainable Development Goals⁸.

The WHO has set a goal to eliminate viral hepatitis as a public health threat by 2030. For the first time global targets have been set for incidence and mortality from hepatitis B and C. The strategy identifies five key interventions for this elimination:

1. Vaccination (hepatitis B, A and E);
2. Prevention of mother-to-child transmission of hepatitis B;
3. Injection, blood and surgical safety;
4. Harm reduction for people who use injectable drugs;
5. Hepatitis C treatment (high cure rate of >90 %, 3 months orally), hepatitis B treatment (often lifelong);

It is estimated that in Europe 1 in 50 people are infected with hepatitis B and the same incidence is valid for hepatitis C.

The number of people who have died because of viral hepatitis in Europe is higher than the combined number of deaths from HIV/AIDS and TB.

Although there are successful treatments available a great part of the infected people are not aware that they have the virus.

The vision of the WHO European Region for 2016-2021 is to have it "free of new hepatitis infections, where all people living with chronic hepatitis have access to care, and affordable and effective treatment"⁹.

Civil society perspective on the EU response to communicable diseases

Ms Fanny Voitzwinkler Head of EU Office, TB Europe Coalition Coordinator, Global Health Advocates

The funding from the Global Fund stops as soon as a country becomes a 'middle income country'. That is why it is not investing anymore in European regions. And this is an issue for many countries. In our view, the role of the EU is to be a political convenor. Also, the European Commission services should work increasingly with MS.

⁷ http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R6-en.pdf

⁸ <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

⁹ <http://www.euro.who.int/en/health-topics/communicable-diseases/hepatitis>

AGENDA

**Organised by the Policy Department A-Economy & Science
for the Committee on the Environment, Public Health and Food Safety
(ENVI)**

WORKSHOP

Communicable Diseases: EU Response to HIV, TB and Hepatitis C

Wednesday 17 February 2016 - 12.30 to 14.30
European Parliament, Room A3G-2, Brussels

Opening

12.30-12.40

Welcome and opening by MEP Glenis WILLMOTT and MEP Alojz PETERLE, co-Chairs of the Health Working Group, ENVI Committee

Part 1

A major public health challenge for the EU

12.40-12.50

Policy tools in Europe to fight against HIV/AIDS, tuberculosis and Hepatitis C

Mr Martin Seychell, Deputy Director-General for Health in DG Health and Food Safety of the European Commission

12.50-13.00

RIGA declaration: strengthening the political cooperation for communicable diseases

EU Council Representative

13.00-13.20

Discussion time

Part 2

Communicable disease: Now and in the future.

13.20-13.30

Tuberculosis and HIV in the EU/EEA – Evidence for action

Dr Andrea AMMON, Acting Director, ECDC

13.30-13.40

Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021

Dr Antons MOZALEVSKIS, Medical Officer for viral hepatitis, WHO Regional Office for Europe.

13.40-13.50

Civil society perspective on the EU response to communicable diseases

Ms Fanny Voitzwinkler Head of EU Office, TB Europe Coalition Coordinator, Global Health Advocates

13.50-14.25

General Discussion

With the participation of Dr Masoud Dara, Senior WHO Advisor, WHO's Brussels Office, on follow-up of Riga Ministerial Conference

14.25-14.30

Conclusions by MEPs

Ms Glenis WILLMOTT and Mr Alojz PETERLE

SHORT BIOGRAPHIES OF EXPERTS

Mr Martin Seychell

Nationality: Maltese

Academic qualifications:

Bachelor of Pharmaceutical Technology (Honours) from the University of Malta – Second Class Lower Honours degree. Subjects covered: Chemistry, Biology, Industrial Chemistry, Pharmaceutics, Management. Four year full time course.

Professional experience in the European Institutions:

2014 - to date: Deputy Director-General for Health in the Health and Food Safety Directorate-General (SANTE).

2011 - 2014: Deputy Director-General in the Health and Consumers' Directorate-General (SANCO). Responsible for directorates dealing with Consumer affairs, Public health and Health systems and products.

Professional experience before joining the European Institutions:

2006 - 2011: Director Environment Protection, Malta Environment & Planning Authority. Responsible for implementation of environmental legislation in Malta under the Environment Protection Act, including input into national environmental policy and integration of environmental considerations into other policies; Responsible for implementation of legislation on environmental permitting, environmental assessment, biodiversity (including GMOs), environmental risk (chemicals, noise, air quality, radiation), waste management, water and marine policy. Between 2006 and 2009 also responsible for implementation of legislation on climate change.

Maltese member on the Management Board of the European Environment Agency (EEA).

Responsible for coordinating technical and legal advice to the Office of the Prime Minister (OPM) in the formulation and development of the Maltese national position on EC legislative proposals directly or indirectly related to the environment. Responsible for participation in various Council Working Parties (Environment), comitology meetings and other technical meetings; Responsible for coordinating Maltese position under various multilateral agreements in the area of environment. Co-ordination of and ensuring consultation with stakeholders on all aspects related to EC policies and proposals, as well as implementation aspects.

Responsible for liaison with line Ministries so as to ensure effective synergy between environmental and all other relevant policies. Advising the Ministry responsible for the environment (the Office of the Prime Minister) prior to and during high level meetings at European level, including the Environment Council. Regularly attended Environment Council meetings as part of the Ministerial delegation.

2001 – 2006: Head of the Foodstuffs, Chemicals & Cosmetics Directorate, Malta Standards Authority, Ministry for Competitiveness & Communications. Responsible for implementation of EU chemical and cosmetics safety legislation in Malta under the Product Safety Act; Responsible for adoption and implementation of EU legislation in the areas of food labelling, additives, GMOs & novel foods, geographical indications; Responsible for coordinating technical and legal advice to the Ministry for Competitiveness & Communications (MCMP) in the formulation and development of the Maltese national position on EC legislative

proposals in the areas of food safety, chemicals and cosmetic products (Free Movement of Goods).

1997 - 2001: Technical Co-ordinator, Malta Standards Authority

1986 - 1997: Professional Officer, Malta Standards Laboratory, Department of Industry

Other professional activities:

Represented Malta on the 'Sherpa' group set up by the President of the European Commission to advise on GMO policy (2008).

Represented Malta in meetings of the ad hoc Council Working Party on REACH between 2004 and 2006.

Represented Malta in meetings of the Council Working Party (Environment) dealing with proposals on mercury and soil.

Between 2002 and 2004 formed part of the CEEC Task Force, set up by the European Association of Cosmetics Manufacturers (COLIPA) to assist accession countries in the implementation of the Cosmetic Products Directive.

Language Skills:

Maltese, English (mother tongue)

Italian, French

Dr Andrea Ammon

Dr Andrea Ammon, MD, MPH, took over as Acting Director on 1 May 2015 following a decision of ECDC's Management Board on 26 March 2015 and will continue until a new director takes office.

Andrea joined ECDC as the Head of the Surveillance Unit in 2005. The unit was responsible for developing The European Surveillance System (TESSy), providing training for TESSy users, implementing a long-term surveillance strategy for the European Union (EU), evaluating the Dedicated Surveillance Networks (DSN), performing step-by-step transfer of DSN activities to ECDC, revising the EU case definitions and producing an Annual Epidemiological Report on infectious diseases in the EU.

From April 2011 to April 2015, Andrea Ammon was Deputy to the Director and Head of Unit for Resource Management and Coordination.

Prior to joining the ECDC, Dr Ammon served in several roles at the Robert Koch-Institute, in Berlin, Germany, most recently as Head of Department for Infectious Disease Epidemiology. In this capacity, she maintained and further developed the German national surveillance system; coordinated the national outbreak response team for current and emerging infections (including SARS and influenza A[H2N2]); performed emergency planning for influenza; directed the national Field Epidemiology Training Programme; coordinated epidemiological research programmes in infectious diseases and provided scientific advice for government Ministries, Members of Parliament, and the public.

Dr Antons Mozalevskis

Dr. Antons Mozalevskis is currently working as a Medical Officer at the WHO Regional Office for Europe in Copenhagen, Denmark. He is responsible for all viral hepatitis-related activities at the Regional Office and technical support to the Member States in the Region.

He completed his medical training and residency in Family Medicine at Riga Stradins University, Latvia. He worked as a clinician for seven years and was involved in a number of civil society, professional organisations and regional expert networks active in the field of HIV/viral hepatitis prevention and research. In 2012 – 2014, he completed the European Programme for Intervention Epidemiology Training (EPIET) and received a Master Degree in Applied Epidemiology from the National School of Public Health in Madrid, Spain.

Ms Fanny Voitzwinkler


Head of EU Office, Global Health Advocates


After graduating in Conflict Studies and Human Rights, Fanny worked on minority rights projects for the European Centre for Minority Issues in Kosovo, on peacebuilding and conflict transformation in the United Nations Africa Peacekeeping Operations in New York, on emergency health aid with the Palestinian Medical Relief Society in the occupied Palestinian territories, on children's rights campaigns for the Council of Europe and on multilateral relations with the European Commission.

She joined the GHA team at the beginning of 2011, with the creation of Global Health Advocates' Brussels office. She coordinates the work and strategy of GHA on Tuberculosis and child health at EU level. Since then she has focused her work on R&D for poverty-related diseases, on developing a TB advocacy alliance in the WHO Europe region (TB Europe Coalition), and in parliamentary relations as Secretary of the European Parliament Working Group on Innovation, Access to Medicines and Poverty-Related Diseases. She currently chairs the WHO Regional Collaborative Committee on TB.

PRESENTATIONS

Presentation by Dr Andrea Ammon






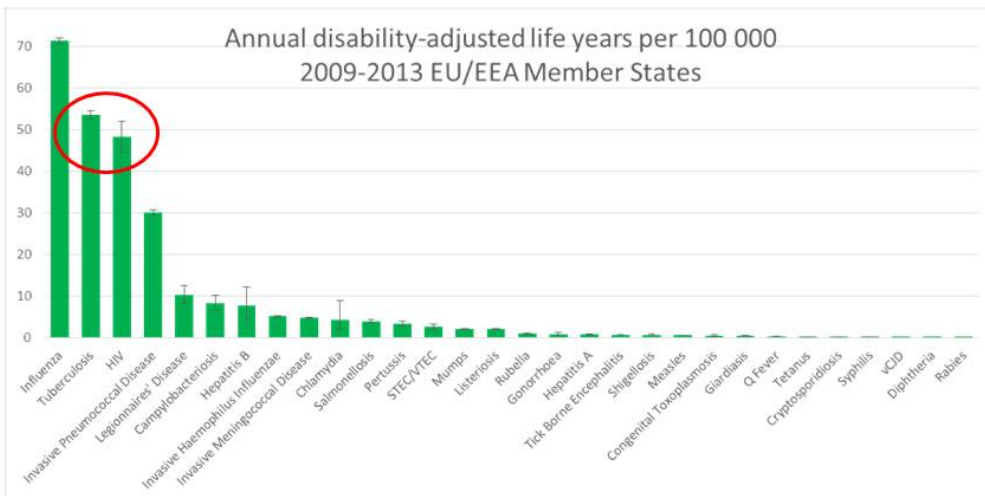
Tuberculosis and HIV in the EU/EEA – Evidence for action

Dr Andrea Ammon, ECDC Acting Director
Workshop on EU's response to HIV, TB and hepatitis C
at the European Parliament, 17 February 2016

Results from the ECDC Burden of Disease study 2015



Annual disability-adjusted life years per 100 000
2009-2013 EU/EEA Member States



Disease	Annual DALYs per 100,000 (approx.)
Influenza	70
Tuberculosis	55
HIV	50
Invasive Pneumococcal Disease	45
Legionnaires' Disease	30
Campylobacteriosis	10
Hepatitis B	8
Invasive Haemophilus Influenzae	7
Invasive Meningococcal Disease	5
Chlamydia	4
Salmonellosis	3
Pertussis	2
STECA/TEC	2
Mumps	1
Listeriosis	1
Rubella	1
Gonorrhoea	1
Hepatitis A	1
Tick Borne Encephalitis	1
Streptococcus	1
Measles	1
Congenital Toxoplasmosis	1
Giardiasis	1
Q Fever	1
Tetanus	1
Cryptosporidiosis	1
Syphilis	1
VCD	1
Diphtheria	1
Rabies	1

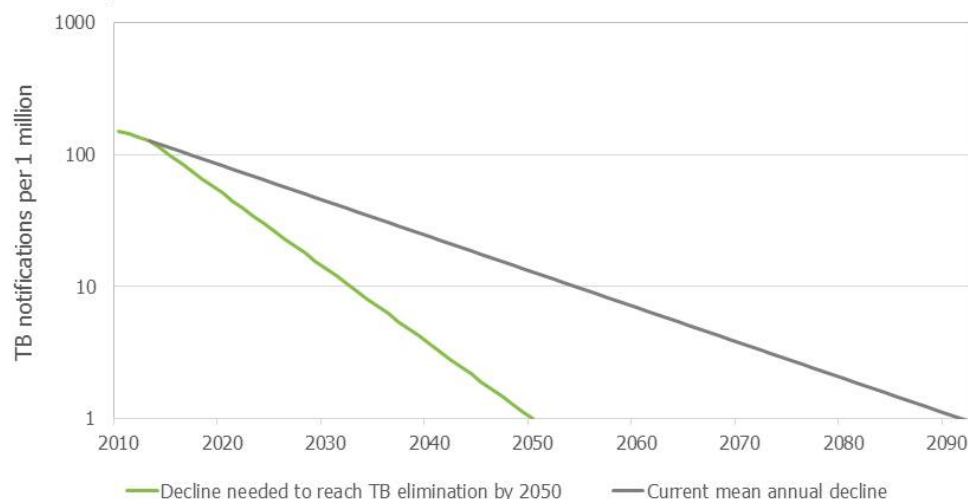
Burden of Communicable diseases in Europe 2015 (BCoDE) study. This study shows that TB and HIV are the communicable diseases with high burden in EU/EEA.

Towards TB elimination



With current mean annual change in the TB notification rate (-6%), the EU/EEA will achieve TB elimination by 2092.

To reach elimination by 2050, TB rates need to decline by 12% annually.



3

TB notifications by country, EU/EEA, 2013



In 2013, 64 844 TB cases were reported in the EU/EEA.

The notification rate was 12.7 per 100 000 population (range 3.4–83.5).

< 5 per 100 000

5 to 9 per 100 000

10 to 19 per 100 000

20 to 49 per 100 000

≥ 50 per 100 000

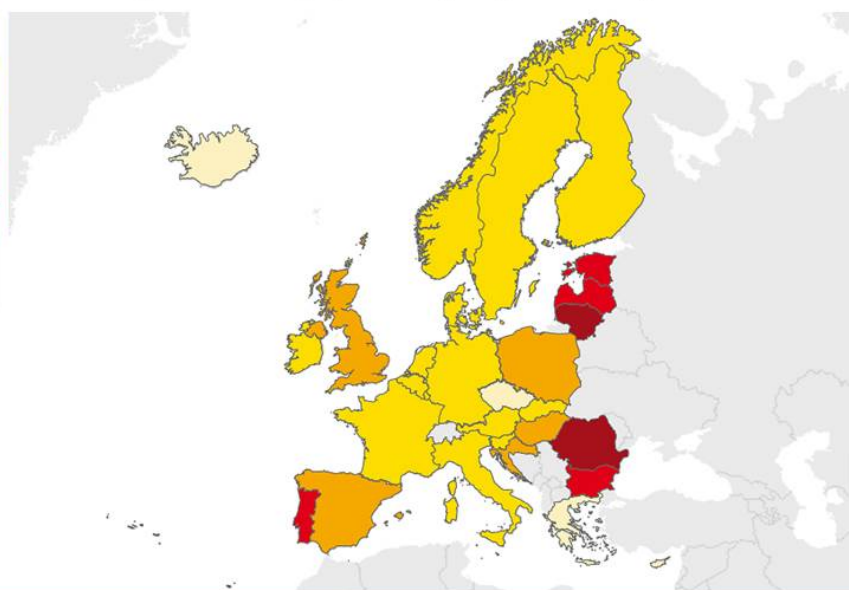
Not included or not reporting

Non-visible countries

Liechtenstein

Luxembourg

Malta

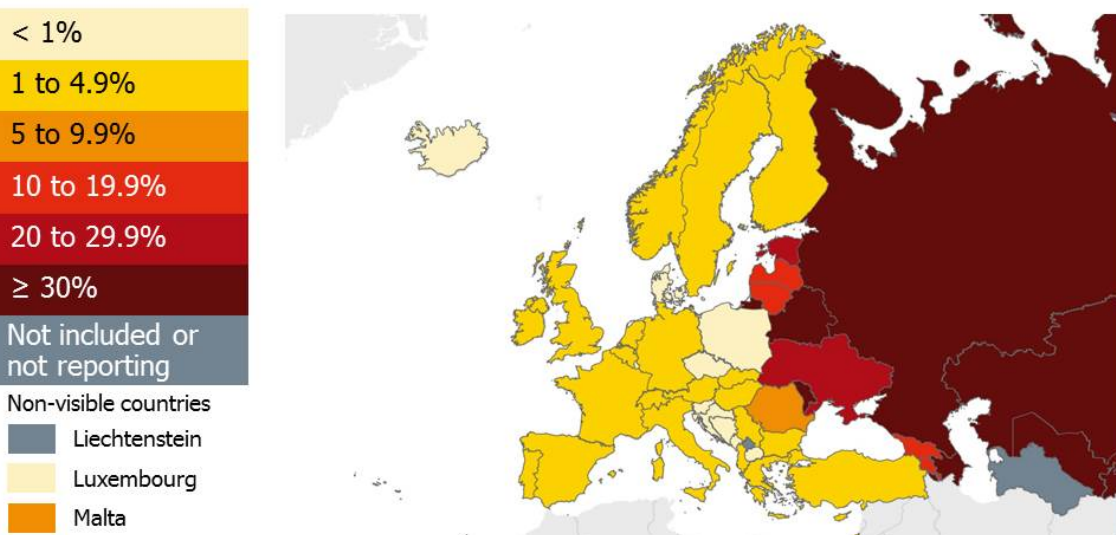


4

Multidrug-resistant TB among pulmonary TB cases*, European Region 2013



In 2013, the proportion of multidrug-resistance (MDR TB) among pulmonary TB cases in the European Region was 26% (range 0–44%).



* MDR TB proportion for France and Italy calculated for all confirmed TB cases

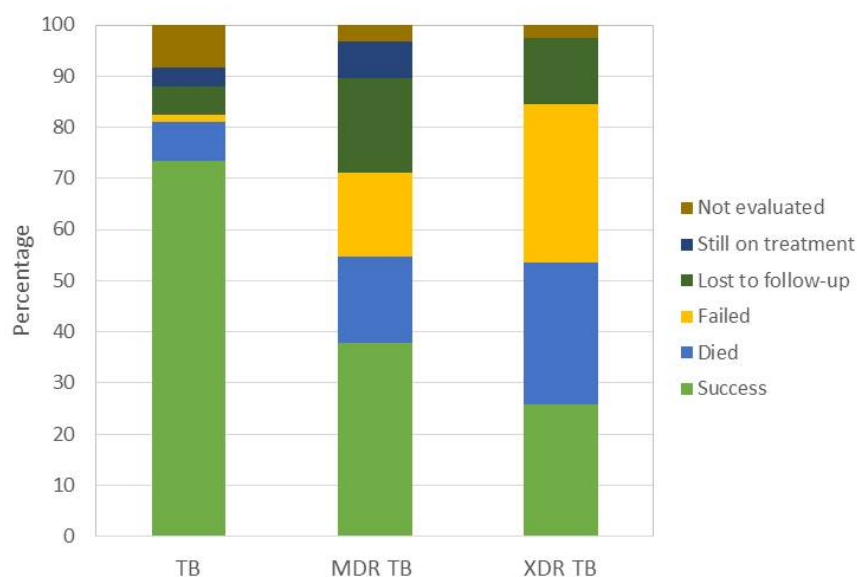
5

Treatment outcomes for TB, MDR TB, and XDR TB patients, EU/EEA, 2013

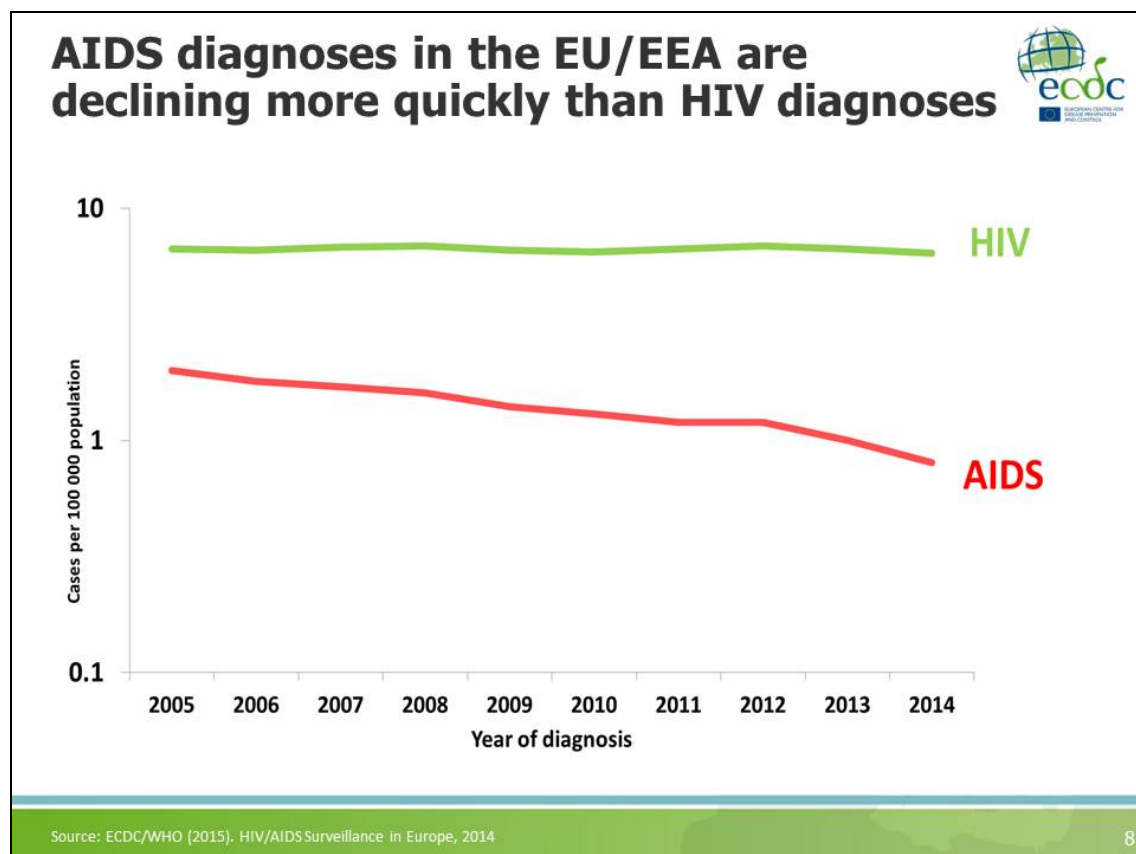
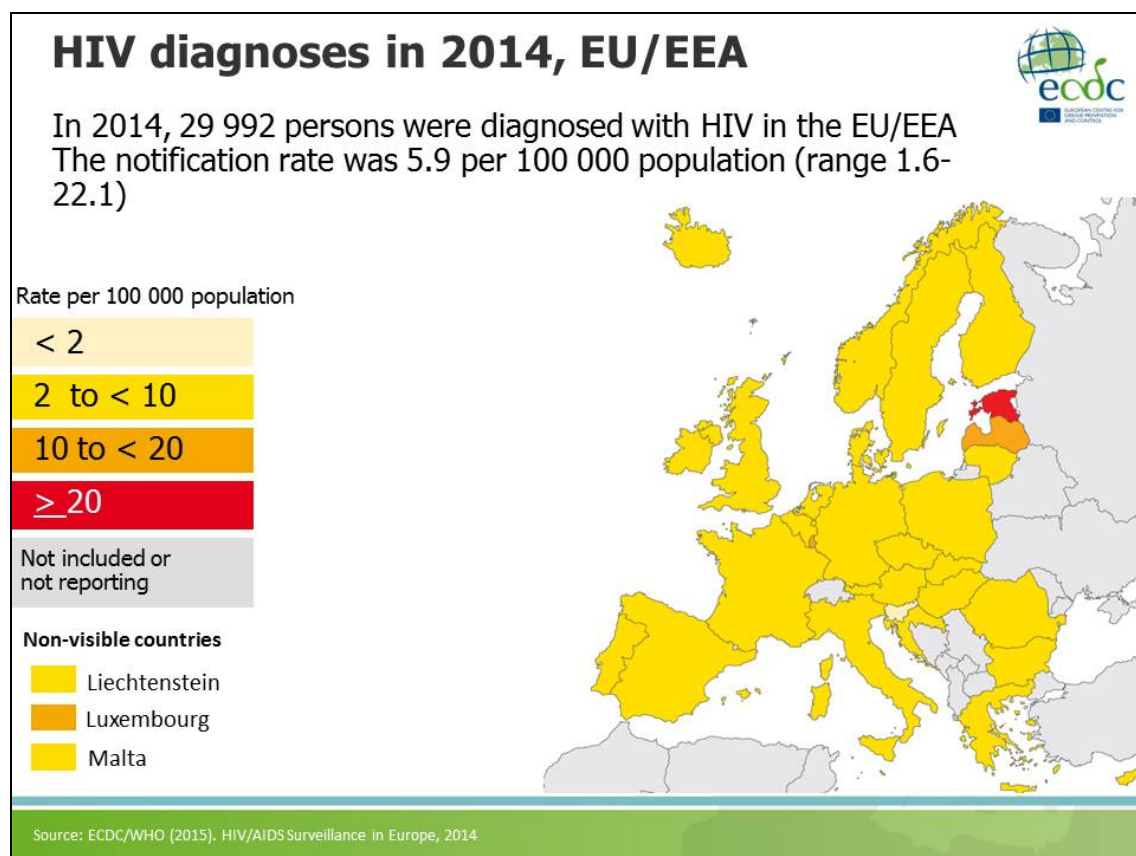


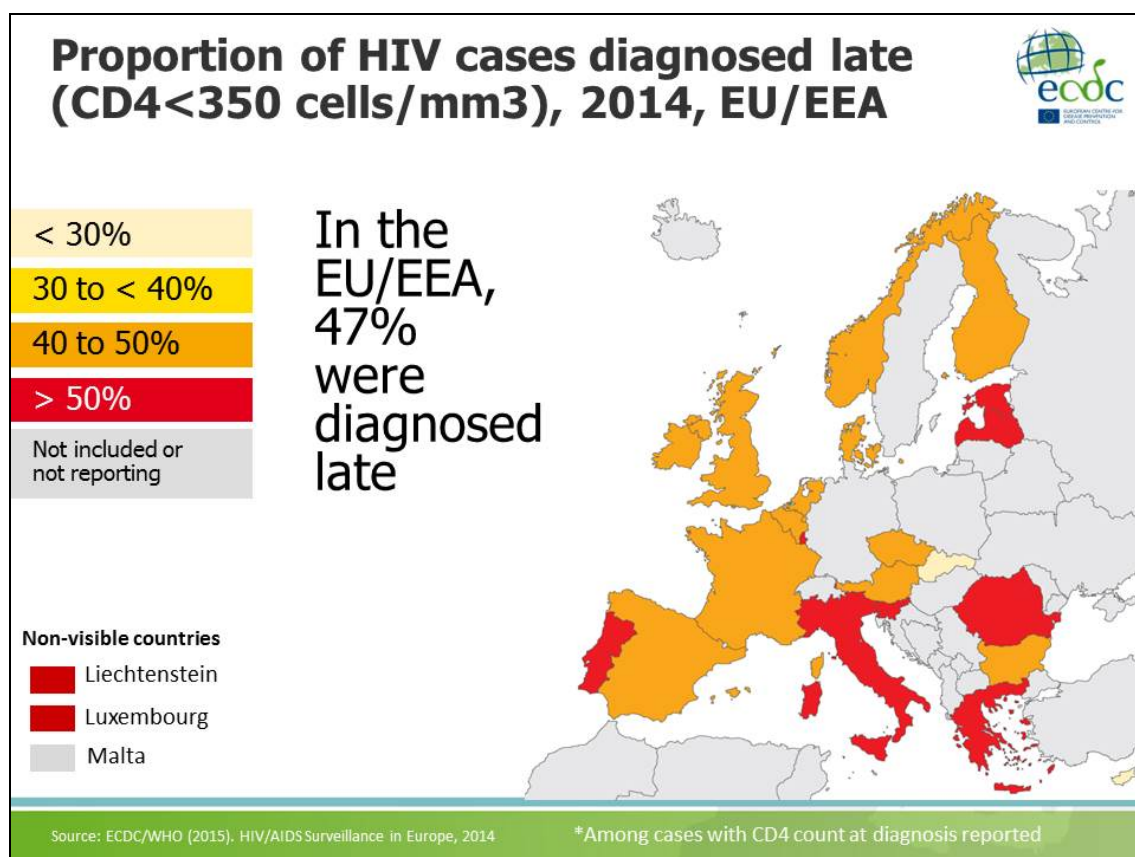
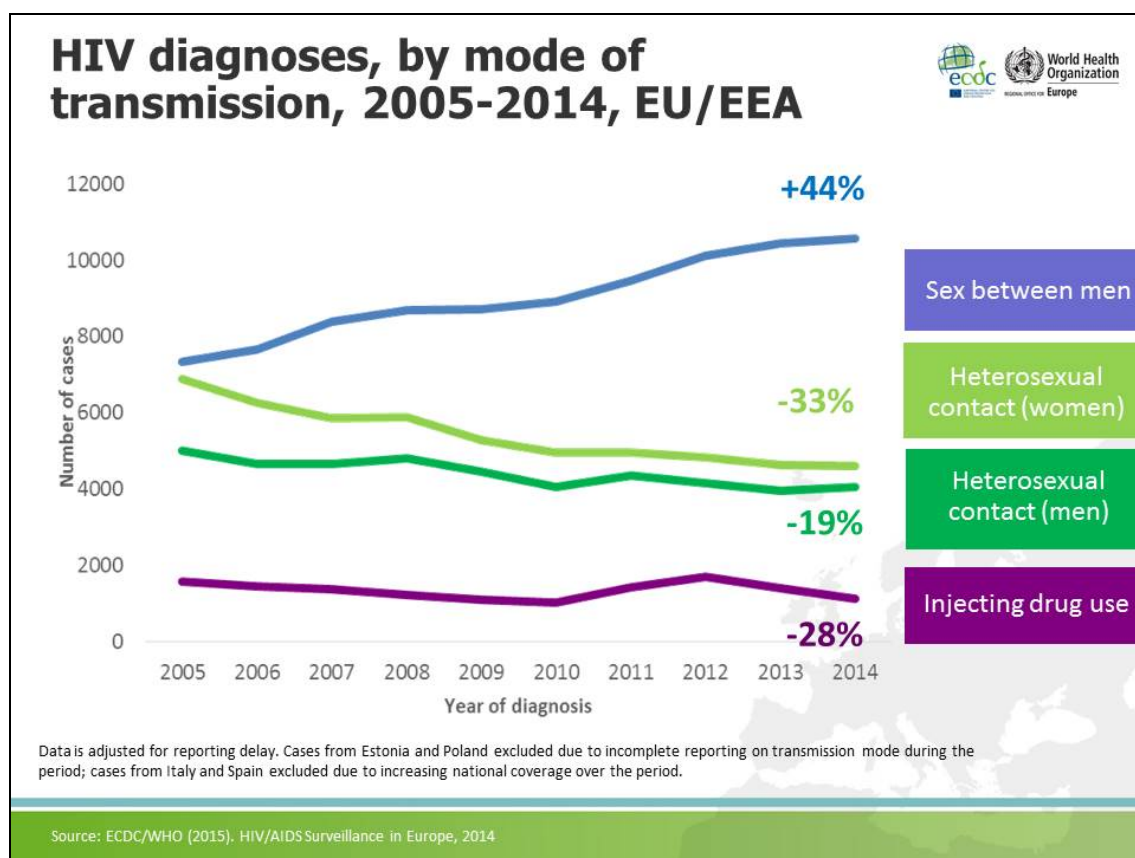
MDR TB
Multi-drug-resistant tuberculosis is defined as a form of TB infection caused by bacteria that are resistant to isoniazid (INH) or rifampicin (RMP) or both.

XDR TB
Extensively drug-resistant TB is a type of MDR that is resistant to INH and RMP, plus any fluoroquinolone and at least one of three injectable second-line drugs (amikacin, kanamycin, or capreomycin).



ECDC/WHO-Europe Tuberculosis surveillance and monitoring in Europe report 2015





Collaborative European efforts to increase HIV testing in key populations



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Resources

European HIV Test Finder

Find out where you can have an HIV test across the European Union

Use our European HIV test finder to find an HIV testing centre convenient to you.

First select your country using the drop down menu. Then either select a state or town from the second drop down menu or enter your location.

En | Es | Fr | It | Pt | Ru

Please select your country:

and select a town / state:

or enter your post / zip code:

Display results:
☒ As a list
☐ On a map

If you would like to add details of your HIV testing services, please tell us about your service.

supported by ECDC

This directory of European Union HIV testing services has been developed by NAM in collaboration with the European Centre for Disease Prevention and Control (ECDC). ECDC is an independent European Union agency, established to provide the European Union with independent advice on threats to human health posed by communicable diseases. For the avoidance of doubt, ECDC has no control over the content of this website and reference herein to any product, process, service, statement, view or opinion, or other such content as may be displayed, including any inclusion of the ECDC logo, does not constitute endorsement by ECDC or represent the official position of ECDC. ECDC is not liable for consequences resulting from the use of the information herein, or in any respect for the content of such information.

11

TB/HIV co-infection, EU/EEA, 2013

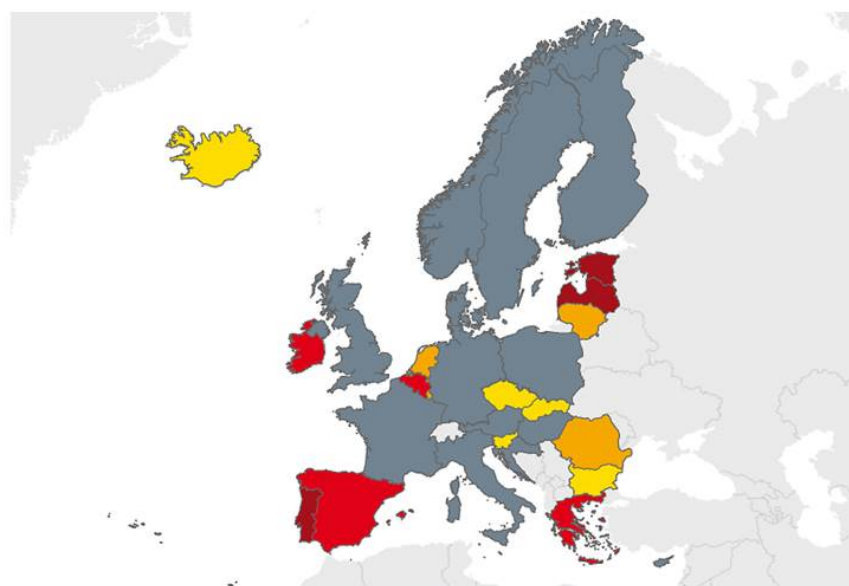


In 2013, the proportion HIV positive among TB cases with known HIV status in EU/EEA was 4.9% (range 0–22.6%).



Non-visible countries

- Liechtenstein
- Luxembourg
- Malta



12

Take home messages



Tuberculosis

- The burden of TB is substantial in the EU and more needs to be done to reach **TB elimination**
- **MDR TB** remains an issue, especially in the European region


HIV/AIDS

- HIV infection remains a major public health concern in the EU/EEA, with no clear signs of an overall decrease
- In most key risk groups, HIV has decreased during the last decade, however **cases diagnosed among MSM continue to increase.**

TB & HIV

- In order to **maximise the impact of our interventions**, we need to **continue to tailor our responses** to reach the different key populations and those **most at risk.**


Presentation by Dr Antons Mozalevskis





Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021


Antons Mozalevskis
WHO Regional Office for Europe

Workshop on Communicable Diseases:
EU Response to HIV, TB and Hepatitis C
17 February 2016
European Parliament, Brussels

 World Health Organization
REGIONAL OFFICE FOR Europe

 Organisation mondiale de la Santé
BUREAU REGIONAL DE L'Europe

 Weltgesundheitsorganisation
REGIONALBÜRO FÜR Europa

 Всемирная организация здравоохранения
Европейское региональное бюро

Viral hepatitis: global public health threat largely ignored until recently

- **240 million** people with chronic hepatitis B virus infection
- **130–150 million** people with chronic hepatitis C virus infection
- In 2013 – **seventh highest** cause of mortality globally

Hepatitis landscape: The five “Lacks” or “opportunities”?



Viral hepatitis: the change of paradigm

- 2014 – **WHA67.6 resolution** urges Member States to develop and implement coordinated multisectoral national strategies for preventing, diagnosing and treating viral hepatitis based on the local epidemiological context and tasks WHO to provide technical support
- 2015 – UN General Assembly adopts **Sustainable Development Goals**, with Target 3 calling for specific action to combat viral hepatitis

Global Health Sector Strategy on Viral Hepatitis, 2016–2021

- Goal: to **identify priorities** and to **set global targets** for a coordinated global response
- A vision of **elimination** of viral hepatitis as a **public health issue of concern**
- Final draft to be presented to the **69th World Health Assembly** in May 2016 for adoption

For the first time: global hepatitis targets

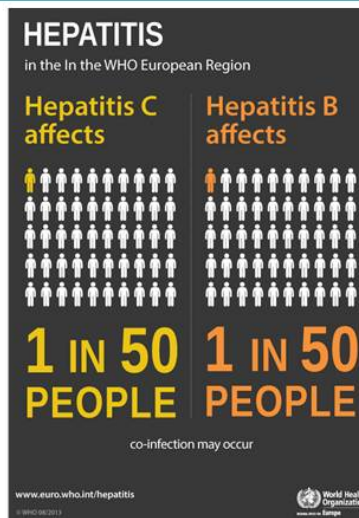
- **Impact targets across hepatitis B and C** – incidence and mortality by 2030
- Supported by **coverage targets** for key interventions
 - Balance **feasibility** with **ambition**
 - **Set agenda to 2030 with milestones for 2020**

Five key interventions towards *elimination*

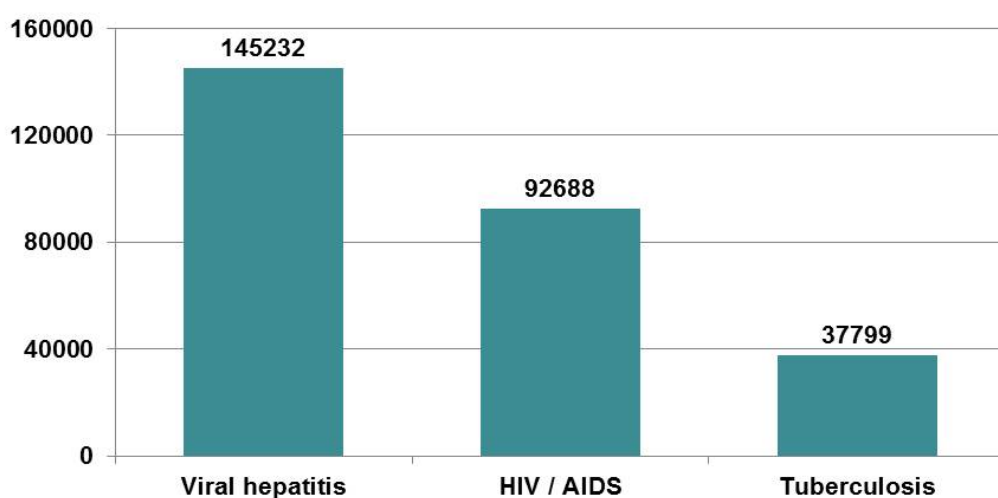
1. Vaccination (hepatitis B, A and E)
2. Prevention of mother-to-child transmission of hepatitis B virus
3. Injection, blood and surgical safety
4. Harm reduction for people who inject drugs
5. Hepatitis C treatment (high cure rates of >90%, 3 months oral), hepatitis B treatment (often lifelong)

Burden of hepatitis B and C in the WHO European Region

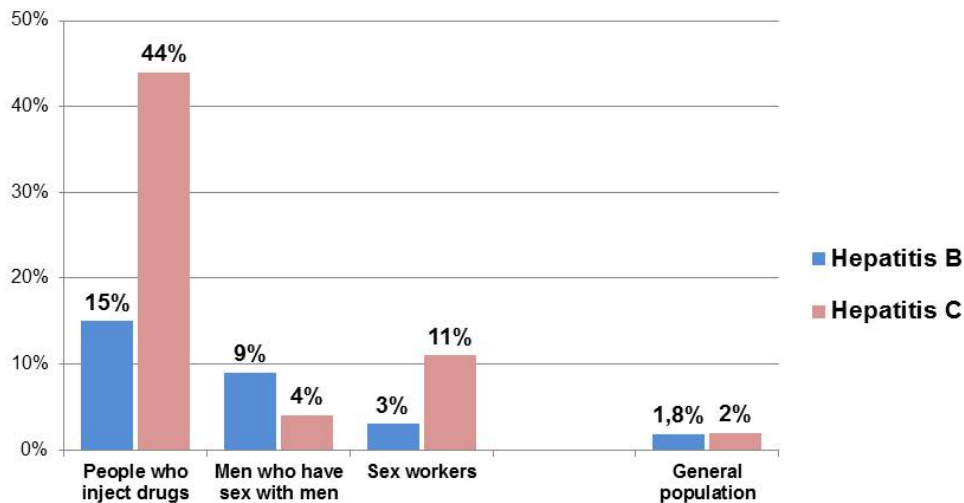
- Estimated number of people living with infection¹:
 - Hepatitis B – 13.3 million
 - Hepatitis C – 14-15 million
 - Over 60% infected live in eastern European and central Asian countries (EECA)
 - The burden concentrated in certain vulnerable populations
- Estimated number of deaths due to viral hepatitis²:
 - ~ 60 000 deaths due to Hep B annually
 - ~ 84 000 deaths due to Hep C annually



Causes of deaths (selected diseases) WHO European Region, 2012*

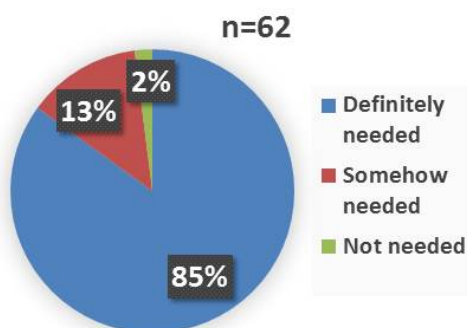


Hepatitis B and C among “most affected population groups” in the WHO European Region, 2012

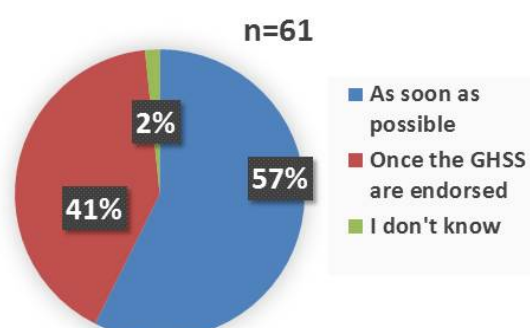


European Regional Technical Consultation on WHO Global Health Sector Strategies on HIV, Viral Hepatitis and STIs, June 2015, Copenhagen

«Is a regional action plan on viral hepatitis needed for a feasible and timely implementation of the GHSSs in the European Region?»



«When do you think it would be most opportune time to start developing the regional action plan on viral hepatitis?»



Viral hepatitis in Europe: highlights

- Increasing number of Member States developing **national plans on viral hepatitis**: Turkey, Albania, Spain, Georgia (Hepatitis C Elimination Plan)
- Enhanced viral hepatitis **surveillance** in the EU/EEA countries since 2011
- Successes in **prevention of health-care associated transmission** (injection safety, blood safety)
- Successes in **access to treatment** in some Member States

Viral hepatitis in Europe: challenges

- Many countries still lack **national strategies / plans**
- **Lack of reliable data** on disease burden in many Member States
- Majority of patients **unaware of their infection**
- Unequal access to **harm reduction** across the Region – resulting in growing epidemics among injecting drug users
- **New treatments** (DAAs) are not accessible to all who are in need in majority of Member States; affordability and sustainability

Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021

Vision:

«A WHO European Region that is free of new hepatitis infections, where all people living with chronic hepatitis have access to care, and affordable and effective treatment»

Goals:

- to reduce the transmission of viral hepatitis; and
- to reduce morbidity and mortality due to viral hepatitis.



Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021

Five strategic directions (aligned with the global health sector strategy on viral hepatitis):

SD1: Information for focus and accountability (know your epidemic and response)

SD2: Interventions for impact (covering the range of services needed)

SD3: Delivering for equity (covering the populations in need of services)

SD4: Financing for sustainability (covering financial costs of services)

SD5: Innovation for acceleration (looking towards the future)

With specific focus to implementation that reflect the European context, including epidemiology and health systems.



```
graph LR; A[Global Health Sector Strategy] --> B[Regional Action Plan]; B --> C[National strategies and plans]
```

The diagram illustrates a three-stage process. It begins with a blue rounded rectangle containing the text "Global Health Sector Strategy". A blue arrow points from this box to a second blue rounded rectangle labeled "Regional Action Plan". Another blue arrow points from the second box to a third blue rounded rectangle labeled "National strategies and plans".

Thank you!

www.who.euro.int/hepatitis

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Presentation by Ms Fanny Voitzwinkler

BRINGING CIVIL SOCIETY TOGETHER TO END THE TUBERCULOSIS EPIDEMIC

Civil Society Perspective on the EU Response to Communicable Diseases

Fanny Voitzwinkler
Head of EU Office Global Health Advocates
Coordinator TB Europe Coalition

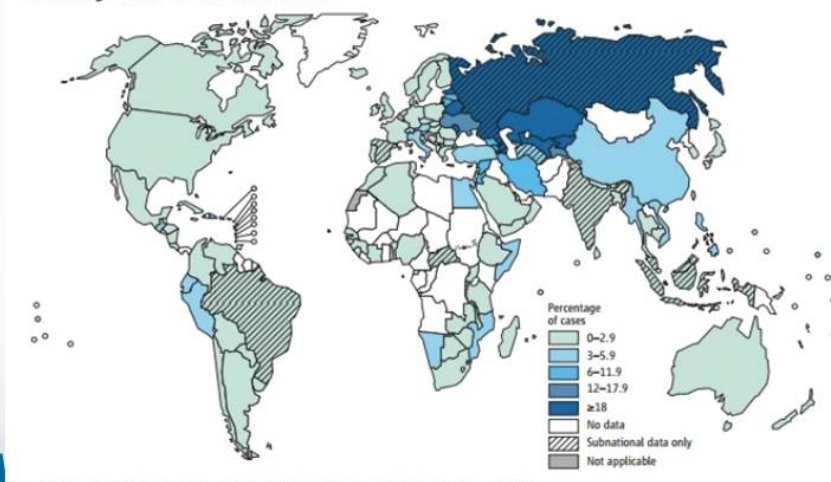


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AN ALARMING HEALTH SITUATION TB and MDR TB

Percentage of new TB cases with MDR-TB*



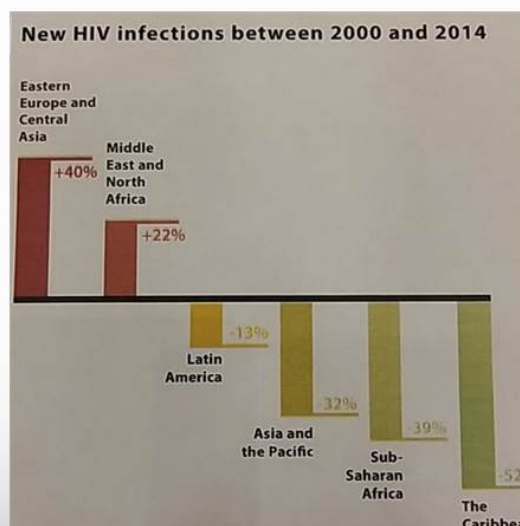
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AN ALARMING HEALTH SITUATION HIV



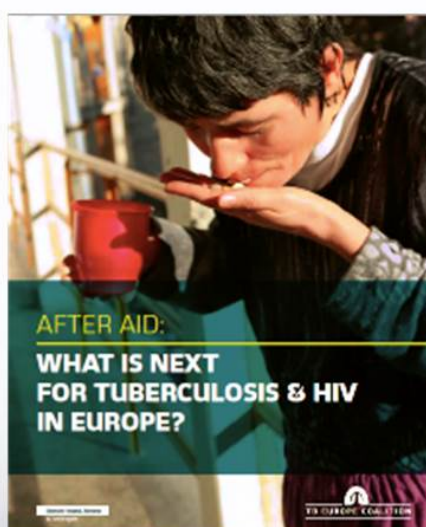
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Policy Shift from Donors



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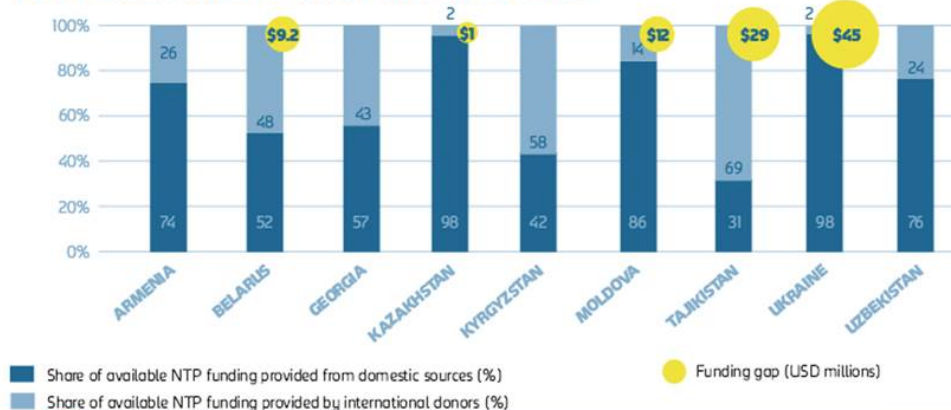
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Consequences for epidemics?

INTERNATIONAL VS. DOMESTIC FINANCING OF NATIONAL TB PROGRAMMES & THE FUNDING GAPS



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RECENT POLITICAL COMMITMENTS BY MEMBER STATES AND PRESIDENCIES

- Rome: HIV Ministerial Conference. November 2014
- Riga: 1st EU-Eastern Partnership Ministerial Conference on TB and MDR TB. March 2015
- Tbilisi: Ministerial Meeting on Sustainability of TB and HIV response and harm reduction. September 2015
- Bratislava 2016?
- Malta 2017?
- The Netherlands hosting AIDS 2018



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Role of the European Union?

- **SHARED RESPONSIBILITY: Facilitating policy dialogue**
- **WORK WITH MEMBER STATES**
- **POLITICAL SUPPORT IN EU DEL**
- **DEVCO POSITION AT GF BOARD**
- **TRANSITION FOCAL POINT IN EC AND DIALOGUE BETWEEN EEAS/NEAR/SANCO/DEVCO**
- **DONOR MEETING**
- **SUPPORT TO CSOs IN THE REGION**



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POLICY FRAMEWORK ON HIV, TB AND HCV

- **Outdated TB Framework**
- **Current HIV Action Plan**
- **No HCV policy Framework**
- **Enlarging stakeholders forum**



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DIRECTORATE-GENERAL FOR INTERNAL POLICIES

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