

Background

- VHPB meetings: 2011 - Bulgaria; 2016 – Albania and western Balkans; 2018 - Romania; 2021 – Impact of COVID-19
- Relatively good progress has been made over the past decade in the control of viral hepatitis. WHO issued strategies with milestones set for 2018 and 2020, and EU programmes and actions have been launched. However, progress to modernize health systems has been slow and diverse; public interest in health care policies and viral hepatitis was low, rendering the garnering of support in general populations more difficult.
- 2019: irruption of COVID-19; immunization programmes (including hepatitis B but other routine vaccination programmes as well), harm-reduction programmes for those at risk, and treatment (from access to finance) put off track
- 2022: The Seventy-fifth World Health Assembly endorses WHO's Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2022-2030, with elimination goals for 2030; the WHO Regional Committee for Europe adopts a regional action plan that includes the ending the epidemic of viral hepatitis.
- 2030: regional targets for elimination set and accepted.

Elimination of viral hepatitis in the Balkan countries: objectives

- The following nine countries participated in the meeting: Albania, Bosnia-Herzegovina, Bulgaria, Croatia, Kosovo, Montenegro, North Macedonia, Serbia, Slovenia (three EU members)
- Provide **an overview** of the current viral hepatitis situation in the countries: surveillance systems, epidemiology, screening, burden, prevention, treatment and the cascade of care
- discuss **achievements and challenges** in the prevention and control of viral hepatitis, the possible implementation of new prevention strategies, control measures and monitoring system in the countries
- discuss the development and the **implementation of national hepatitis plans**, including putting **prevention and control of viral hepatitis on the national public health agendas**
- assess what is needed to achieve the goal of **eliminating viral hepatitis** as a major public health threat by 2030 as set out in WHO's renewed global strategy and the WHO Regional Office for Europe's action plan, building on the commitments made to the United Nations Sustainable Development Goals
- Discuss successes, issues, barriers to overcome and **the way forward**.

Health systems

- Each country responded to a questionnaire about basic elements of its health systems and epidemiological situation. (Further work is required to organize all the data - for the report.)
- Not all countries have a national plan or strategy for prevention and control of viral hepatitis, although one is recommended if they are to meet their commitment to WHO's elimination goals for 2030.
- Several countries reported slightly lower life expectancies than the European average, indicating that further efforts are needed to improve suboptimal health care systems; some countries have predominantly young populations whereas others are ageing and shrinking.
- The proportions of GDP (or gross national income) spent on health are generally low, as a percentage (around 3-5% but up to 8% in Bulgaria and 9% in Serbia) and in cash terms (ranging from several hundred euros only up to several thousands of euros).
- The general overall organization of the public health system related to viral hepatitis does not differ widely between countries, with compulsory health insurance and mixes of public and private services. The systems (including reimbursement of treatment costs) are generally funded from national health insurance funds (although in one country such a fund is established but not functional yet).
- In most cases, the systems are hierarchical and top-down, with some complex and convoluted structures and pathways; centralized systems may work for small countries, but current organizational thinking tends towards decentralization.

Health systems (continued)

- National examples of health systems range from assemblies with excellent interdisciplinary coordination to silo-type approaches.
- A comprehensive review of reimbursement of costs and restrictions on diagnostics and treatment of HBV and HCV showed that the Balkan countries are disadvantaged compared with their richer western European neighbours, with lower access to antiviral agents and more restrictions on their use.
- Access to universal health care is limited in some of the Balkan countries and lack of insurance also hinders access to diagnosis and up-to-date treatment. Little information was provided on access to health care for migrants and hard-to-reach populations.
- Exchanges of information and experience do occur between viral hepatitis professionals at various levels but not at any systematic level; although mutual cooperation was referred to, there was little evidence of regional collaboration.
- Patient associations (see below) and nongovernmental organizations have a role in health systems but they often have little power, insecure funding and an uncertain position in the hierarchy of health systems.

Patient organizations

- The role of patient associations is to inform, strengthen awareness, prevent, support and promote screening. Informing and educating means determining how to respond to all enquiries, and determining by whom and by what means. In COVID, the appointment of spokespersons led to them being identified as part of the Government and consequently their authority undermined and their advice devalued.
- Patients need information, access to preventive programmes and measures, support, and screening. The task is not so easy, as in other regions in Europe. Members of the organizations are often volunteers – professionals and members of the public.
- One such body, the Hepar Centar Bitola, in Northern Macedonia, has been active successfully through networking, teamwork and lobbying in order to bring together health stakeholders. It launched the First National Declaration on Liver Cancer in the country in 2021 and has been active in the preparations for a Centre for Liver Diseases scheduled to be opened in the University Clinic for Gastroenterology in 2023.
- The European Liver Patients' Association (ELPA) described its activities and role. It is active at the highest levels of the EU and other influential bodies. It worked to get the European Medical Association to change its forms for the reporting of adverse reactions to medicines as a result of patient dissatisfaction with their comments being ignored. As a result, the forms were reviewed and revised.
- ELPA has eight working groups; each group has five members and is designed to create expert patients in specific fields of liver disease. ELPA is involved in 10 medical research projects, and is a partner now in several research projects, including ECDC and WHO Regional Office for Europe as partners. It embodies its slogan "Together we are stronger".

Epidemiology in Europe (EU/EEA)

- The ECDC presented an overview of epidemiology and the burden of disease in the 30 countries that make up this region. A total of 3.6 million people are estimated to have been living with chronic hepatitis B in 2016. For chronic hepatitis C the figure for 2022 is 2.4 million. The total of six million is a significant population. The burden of disease varies widely across countries and population groups. Case burdens of HCV ranged from less than 300 in Iceland to more than 600,000 in Italy. The true picture is obscured by a lack of data and the different changes over time: from the impact of different prevention and control measures, including curative HCV treatment, to the impact of migration from high endemicity countries.
- The 2015 estimate of mortality for EU/EEA countries and the UK of 64,000 deaths will have to be lowered to around 22,000 a year to meet WHO's 2030 elimination target. The latest data from the EU/EEA do not indicate that this target will be met and deaths from hepatocellular carcinoma are still increasing.
- A limited number of countries are consistently reporting data to ECDC and there are questions about the validity of the data. The same issues apply to data collection by WHO Regional Office for Europe.
- Prevention activities are hampered by lack of knowledge about transmission routes and their variation between countries and areas. However, the implementation of hepatitis B vaccination programmes across the region has had a major impact as seen through the continued downward trend in notifications of acute hepatitis B which is a proxy measure for incidence. Data from the EU drug agency on HCV prevalence trends over time in young/new injectors, which are used as proxies for incidence, indicate no significant downward trends.
- WHO and ECDC are ready and willing to continue to provide technical assistance to countries to help to optimize the collection of data, improve surveillance, and support the effective implementation of prevention and control programmes.

Epidemiology and burden of disease (Balkan countries)

- A diverse, heterogeneous and complex picture was presented.
- Data submitted by the individual countries were occasionally incomplete, including baseline figures; sometimes reported data were old and not necessarily representative. It should be noted that the data presented were not always collected in a uniform standard method: they derive from national health systems and various bodies within countries. Gaps, such as infection rates in health care workers and migrants were evident. Incidence and prevalence data were not always presented per capita. For these reasons interpretation of data should be approached with caution.
- The monitoring of the cause of death from viral hepatitis and HCC requires attention, meaning that data on the contribution of hepatitis B and C are hard to assign. A breakdown of deaths by country revealed that for HBV mortality figures are increasing over time in Albania but for other countries in the region the rates are steady or declining. For HCV trends are increasing for all five countries examined.
- EU members are expected to report data to ECDC and a few of the countries report to WHO using the Regional Office's database.
- The practice of reporting in various Balkan countries is not homogenous and requires attention; ideally it could be improved through the electronic submission of data.
- It should be noted the among the mass of data presented there was much valuable information and the results of much work and effort recognized.

European strategies and action plans

- WHO's governing bodies endorsed the global health sector strategies on HIV, viral hepatitis and STIs for 2022-2030 and the corresponding European regional action plans in mid-2022 after extensive consultatory processes.
- The regional plan contains multiple country actions, with focus on most at-risk populations, with milestones for 2025 in readiness for the 2030 goals.
- The need for comprehensive national plans was emphasized so as to be able to define progress on the cascade of care and other targets. Detailed plans would also help facilitate bulk negotiations for diagnostics and medicines for small Balkan countries; the WHO Regional Office is able to help in negotiations with the pharmaceutical industry, but needs a national plan.
- WHO has issued several publications such as updated guidelines (including self-testing for HCV), HCV policy briefs (June 2022), interim guidance on viral hepatitis elimination (2021). WHO stands ready to facilitate exchanges of experience between Balkan countries.
- Priority actions cover strategic information on equity across the continuum of care, preventing transmission, increasing testing and early diagnosis, ensure early access to treatment and linkage to care, and sustain gains in planning and financing.
- Through its Regional Office for Europe and its collaborating centres WHO strongly offers technical assistance in exploiting the lessons from COVID-19 such as service delivery. Other next steps include: reviewing lessons learned from elimination pilot countries (e.g. Georgia), implementing the regional action plan, disseminate and implement updated guidelines, and drawing lessons from HIV (such as “hit early and hit hard”).

Lessons learned, best practices and future challenges

- ACHIEVE's recently launched good practice compendium on how regional, national and local initiatives are helping to achieve elimination of viral hepatitis is available online.
- The Balkan countries presented overviews of their achievements, some of which (Croatia and Slovenia) feature in the compendium.
- Although some countries still do not have national strategies, all have been active in preventing and controlling hepatitis B and C within their resources.
- Decentralization may be more appropriate for some aspects of the health system, including service delivery.
- Some countries have programmes or best practices for testing and treating prisoners, operating mobile clinics, testing and prevention in the community, needle exchange programmes, using telemedicine for linking to care, investing in collaboration between clinicians, physicians and epidemiologists (and maybe NGOs).
- Opportunities exist such as building on lessons; for instance, from HIV and from COVID-19 (e.g. the role of self-testing and differentiated service delivery); microelimination.
- Future challenges include: sustaining commitment and political will, completing and implementing plans, coordinating activities at local and national levels, educating health professionals and the general population, countering vaccine hesitancy, maximize the number of patients with hepatitis C in treatment and making antiviral agents as affordable and available as possible, bringing the cascade of care into line with expected targets, ensuring access to prevention, care and support services for all who need them, preventing viral hepatitis and liver disease in migrants, reducing stigma and discrimination, and monitoring and evaluation.

Needs

Health systems

- Encourage the extension of services and delivery from the centre to periphery; some services are restricted to institutions in capital cities.
- Encourage use of digital data systems for reporting and the creation of electronic registries of patients; create good and interoperable databases of records (from vaccination and screening to treated patients and HBsAg-positive pregnant women).
- Raising awareness of general population and of key groups, including decision-makers. That activity means identifying medical and other specialists who are not visibly part of the Government to encourage acceptance of messages. Support the activities of bodies such as ELPA to create expert patients for advocacy.
- With regard to exchanges of information and experience between viral hepatitis professionals at various levels in the various countries in the region, there could be more systematic collaboration and maintenance of communication. Indeed, greater regional collaboration on the whole should be encouraged in areas such as negotiating prices for medicines and diagnostics. The offers of support from WHO and ECDC should be taken up.
- Regular review of the performance and achievements of the various health systems should be undertaken. Impacts need monitoring,

Needs (continued)

Epidemiology and burden of disease

- Urgent need for (any or better) baseline data in Balkan countries. WHO and its partners are able to provide support for serosurveys and to generate such data and estimates. Costs need not be high and opportunities of piggy-backing other surveys (such as web-based applications and surveys during COVID-19) should be investigated and taken advantage of.
- Some data presented were old, out-of-date and not representative. A standardized method to collect and measure prevalence and incidence is sorely needed. Balkan countries should unite to generate acceptable data and to coordinate collection of data on incidence and prevalence. WHO is well positioned to provide technical support in such activities.
- Underlying such actions lies the need to raise political commitment; if data are too vague, sound and forward-looking decisions for effective elimination programmes cannot be taken properly. Participants in the meeting called for support from governments and partners to support such commitments.
- Few data were presented on the monitoring of pregnant women who are HBsAg carriers, including measurement of viral load and antiviral treatment in the third trimester of pregnancy.
- Reporting should be upgraded, including electronic systems, with the creation of electronic databases and registries. WHO is able to help with such projects.

Next steps

- As well as some of the identified needs, next steps should include completion of national strategies and plans for meeting the 2030 targets, including costed plans with numbers (vital for negotiations with the pharmaceutical industry) for progressing towards those goals.
- Also, in the near future, action needs to be taken to pass the 2025 milestones, especially as indications seem to be that vaccination rates – not just birth doses of hepatitis B vaccine, but completed courses (three doses) thereof, but even the three-dose course of DTP which is showing signs of falling below recommended levels.
- Activities should aim to raise and maintain hepatitis B vaccination rates, and to initiate screening of pregnant women.
- Numerous potential partners, from the World Hepatitis Alliance to WHO Collaborating Centres, exist whose expertise and support could be drawn upon.
- Support for harm-reduction activities and NGOs.
- Finding people willing to take on leadership roles and providing the drive and motivation for continued and sustained work and advocacy.

Output of breakout groups

- Participants broke out into three groups to discuss: epidemiology, prevention and treatment.
- The conclusions will not be reproduced here but will be incorporated into the written report of the meeting, which will be published in the VHPB website (<https://www.vhpb.org/vhpb-meetings>).

Useful resources

- ACHIEVE's recently launched good practice compendium on how regional, national and local initiatives are helping to achieve elimination of viral hepatitis is available online.
- It is hoped that the data and information provided by the participating countries can be made available separately.

