

Viral Hepatitis Prevention Board

**Two decades of the VHPB:
achievements, impact and remaining
challenges in prevention and control
of viral hepatitis**

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Objectives

- To review VHPB's achievements and the lessons learnt
- to consider data on prevention and control of viral hepatitis and the current immunization status in Europe
- to evaluate incentives and barriers to hepatitis B immunization
- to analyse European countries' efforts to prepare a national hepatitis plan
- to identify remaining challenges for prevention and control of hepatitis

Context

Early 1990s

- Regular outbreaks of hepatitis A; high incidence and prevalence Rates in the European Region
- Hepatitis B acknowledged as a serious public health problem, especially in central, eastern and southern Europe as well as an occupational health issue
- Hepatitis C virus only recently identified
- Hepatitis D and E also recognized
- Hepatitis A and B vaccines licensed and approved
- 1990: Viral hepatitis subject of an occupational health meeting in Vienna; influential in leading to the creation of the VHPB
- Resolution WHA45.17 (1992) urged Member States to integrate cost-effective vaccine including hepatitis B vaccine into national immunization programmes

Context

- Continued burden of disease and death due to viral hepatitis, with increases forecast for HCV over medium term
- Heterogeneity between and within countries in the region (e.g. size, social disparities, cultures, ethnicities, policies and strategies, epidemiology and disease burden)
- Growing unease at the disparate institutional and governmental responses to disease burdens that match or outweigh the well-funded AIDS, tuberculosis and malaria sectors
- Rapidly changing prospects for treatment of hepatitis C, with a side variety of policies on reimbursement
- Enormous progress has been made, but still unfinished business

Context

- WHO active on viral hepatitis with World Health Assembly resolutions in 2010 and 2014, calling for numerous actions including development of comprehensive national strategies, inclusion of prevention, diagnosis and treatment in all relevant UN programmes, integrated programmes, and development of systems for regular monitoring of implementation and progress
- WHO Global Hepatitis Framework issued
- WHO European Region: European Vaccine Action Plan includes hepatitis B control goal
- Activities in the European Parliament, European Commission and ECDC
- Numerous patient organizations and groups also active, e.g. EASL, ELPA, World Hepatitis Alliance, ...

Role and impact of VHPB

- Independent forum and neutral provider of broad range of multidisciplinary expertise, with wealth of data on website
- Engaging civil society and patient organizations
- Convening power to bring together interested parties and disparate groups
- Country meetings catalyse communication, interaction and networking; are conducive to influencing policy and legislation; and allow sharing of best practices
- Trigger for high-level advocacy, facilitating prioritization and political commitment
- Technical meetings can resolve topical issues and provide recommendations for action at national, regional and global levels
- Drafting guidelines and consensus statements
- Potential model for different regions, for instance Latin America

VHPB country meetings

- 13 countries or regions, from the Arctic to Israel and, most recently, Brazil
- Countries reported that timely VHPB country meetings had been instrumental in shaping and changing policies
- **Italy:** a model country for tackling viral hepatitis effectively, being the first country in Europe to introduce universal vaccination of newborns; country meeting highlighted its success story
- **Portugal:** succeeded in its aim to put viral hepatitis on the national health agenda; supported health minister in preparing action plan for an integrated approach to viral hepatitis; plan was adopted by the National Assembly in 2014 and an advisory group is now coordinating approaches to treatment
- **Greece:** meeting (2007) identified the main challenges to VH prevention and control, which helped to shape the response in subsequent years, which have seen successes while numerous challenges still remain
- Albania and the Russian Federation described recent advances and challenges such as the need for sound national strategies, improved access to diagnosis and treatment, stronger public health laboratory capacities, better surveillance, the need to increase awareness and to decrease stigmatization

VHPB technical meetings

- Broad range of topics, from HBV mutants, combined vaccines, long-term immunity and boosters, and injection safety to hepatitis A and E, how to reach risk groups (including adolescents, health care workers, migrants and refugees), patient and advocacy groups, surveillance and economic evaluations
- A global meeting on the control of hepatitis A
- Technical consultations with WHO, ECDC and other bodies
- The three “Siofok-like” meetings on the strengthening immunization systems and the introduction of hepatitis B vaccine in central and eastern Europe and the newly independent States
- Outputs include scientific articles published in peer-reviewed journals, reports, letters to health ministers, a journal and newsletter as well as the website

National planning and situation reports

- WHA resolution calls urgently for action plans
- 53 countries in the WHO European Region surveyed for national information on prevention and control of viral hepatitis, 66% response rate so far
- Results compiled in a major report, covering: Country profile, Screening (considerable gaps in incidence data), vaccination programmes, treatment, national plans (reported for 20 countries), impact, and specific issues and future challenges
- Full analysis and conclusion to be prepared later
- Pioneering French holistic plan for viral hepatitis, already treating 14,000 hepatitis C patients
- Scottish plan focuses on hepatitis C, was championed strongly and won parliamentary support and funding: strongly evidence-based, used links with academia and advocacy
- Parallels: driven by data, started from a public health issue, stepwise build up, importance of collaboration and coordination

Hepatitis B immunization policies

- More than 180 countries have adopted routine infant immunization policies; in Europe, six countries with low incidence rates of hepatitis B follow an approach based on targeting risk groups
- Online survey of hepatitis B vaccination practices for migrants and other risk groups in a selection of six EU countries revealed inconsistencies in application of policies and the offering of vaccine as well as lack of awareness in a high proportion of the professionals concerned about current practices of vaccination of migrants from areas where hepatitis B is highly endemic; also co-payments were requested in some cases
- The Netherlands changed its policy in 2011 to universal infant vaccination with no catch up – the public acquiesced in this decision
- The Nordic countries have mixed views, some having no plans to introduce universal infant vaccination and others, such as Norway which is finalizing a national strategic plan, preparing to consider the issue
- The UK has examined the issue thoroughly over 10 years and argues forcefully that universal infant vaccination would not be cost effective and that hepatitis B can be controlled in the general population through improvement of existing sensitive targeted vaccination programmes

Challenges

- Complexities of working with multiple stakeholders
- Moving from vertical programmes and integrating into broader programmes
- Dependence on key personalities or champions
- Generation of political will and leadership

Lessons learnt - VHPB

- Independence, structure and method of work (including minimal bureaucracy); neutral forum for bringing together experts and, in country meetings, disparate and previously unconnected groups working on different aspects of viral hepatitis
- Advisers work in personal capacity but have the backing and support of their host institutions
- Objectivity and technical expertise open doors and can persuade policy- and decision-makers at the highest levels
- Value of VHPB's dissemination of information, reports, scientific papers, press releases, consensus and position statements, and a user-friendly website
- Need for a permanent secretariat and multiple sources of funding

Lessons learnt – viral hepatitis

- Treatment is included in the concept of prevention
- Surveillance is an intervention for prevention and control
- Better education and training of health professionals about viral hepatitis and vaccination are still needed, although health care workers are better protected than two decades ago
- It takes time to change policies and the key to success is political will
- Barriers to access to preventive measures, diagnosis and treatment still exist, engendering health inequities; the cost of new treatments will exacerbate those inequities
- The ethics of screening while not being able to offer treatment have (still) not been resolved

Future challenges

- Changing epidemiology
- Sustainability of existing prevention and control programmes
- Overcoming “vaccine hesitancy”
- Continued advocacy for universal infant vaccination while recognizing divergent views on appropriate national policies
- Integration of vaccine programmes into larger programmes
- Recognition of treatment as prevention and surveillance as an intervention for prevention and control
- Ethics of screening when treatment is not available or affordable
- Engagement and collaboration with all stakeholders
- Better training, education and awareness raising, including removal of stigmatization

Future challenges - continued

- Identifying the numerous national and supranational programmes in Europe (e.g. Hepscreen) and sharing information
- Monitoring implementation of programmes
- Devising funding mechanisms for sustainable programmes
- Negotiating affordable prices with industry for antivirals as for vaccines – creating political will