Role of International Organizations
EASL

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COI Declaration:
Maria Buti

Advisory: Gilead, Abbvie, Janseen, GSK
Speaker fees: Gilead, Abbvie
EASL, the European Association for the Study of the Liver, founded in 1966, is a medical association dedicated to pursuing excellence in liver research, to the clinical practice of liver disorders, and to providing education to all those interested in hepatology. As of 2022, EASL serves 4,800 members.
EASL recommendations on treatment of Hepatitis C

This final update of the EASL Recommendations on Treatment of Hepatitis C series is intended to assist physicians and other healthcare providers, as well as patients and other interested individuals, in the clinical decision-making process, by describing the current optimal management of patients with acute and chronic HCV infections.

Hepatitis B EASL Guidelines

EASL Guideline on Hepatitis B. Hepatitis B virus (HBV) infection remains a global public health problem with changing epidemiology due to several factors including vaccination policies and migration. This EASL Clinical Practice Guideline presents updated recommendations for the optimal management of HBV infection. Chronic HBV infection can be classified into five phases: (I) HBeAg-positive chronic infection, (II) HBeAg-positive chronic infection

Hepatitis E Virus Infection EASL Guideline

Hepatitis E Virus Infection (HEV) is a significant cause of morbidity and mortality, representing an important global health problem. Our understanding of HEV has changed completely over the past decade. Previously, the common thought was that HEV was limited to certain developing countries. We now know that HEV is endemic in most high-income countries and is largely a zoonotic infection. The focus of this Clinical Practice Guideline will be on HEV genotype 3 (and 4). This is due to the paradigm shift in our understanding of zoonotic HEV. And also because locally acquired HEV is now the commonest cause of acute viral hepatitis in many European countries.
Viral Hepatitis Elimination 2022

Towards a hepatitis-free world

An EASL special conference organised by:

Maria Buti, Spain
Antonio Craxi, Italy
Graham Foster, United Kingdom
Mojca Matičič, Slovenia
Francesco Negro, Switzerland
Stefan Zeuzem, Germany
Fabien Zoulim, France
Priorities in viral hepatitis elimination

- Assessing and monitoring the burden of viral hepatitis (new infections and mortality)
- Strategies to face stigma
- Access to care for vulnerable populations (migrants, PWIDs, MSM)
- Address viral hepatitis in children
- Strong political commitment, awareness and advocacy
- Free hepatitis B universal vaccination
- Prevention of mother-to-child transmission of hepatitis B
- Avoiding inequity in diagnosis and treatment
- Affordable and accessible testing and medications
- Public health strategy focussed on the community

Towards a hepatitis-free world

24–25 Feb 2022 ONLINE

An EASL special conference organised by:

Mara Buti, Spain
Antonio Cristi, Italy
Graham Foster, United Kingdom
M rushes Molina, Switzerland
Francesco Negro, Switzerland
Stefan Zeuzem, Germany
Fabien Zoulim, France

The EASL–Lancet Liver Commission: protecting the next generation of Europeans against liver disease complications and premature mortality

Tom H Karlsen*, Nick Sheran†, Shira Zelber-Sagi*, Patricia Carrieri, Geoffrey Desheika, Elisabetta Bugianesi*, Rachel Pyke†, Sharon J Hutchinson, Ruano Sangro*, Natasha K Martin, Michele Cecchini, Max Ashworth Dine*, Annalisa Bellard*, Miquel Serra–Barrios, Cyril Y Ponsikam, Bristney Sheena, Aimer Lerouge, Manon Devaux, Nick Scott, Margaret Hellard, Henrik J Vento†, Linwood Eklund, Giulia Marchesini†, Hannele Yki-Järvinen, Chris D Byrne, Giovanni Targher, Avidad Tur-Sinai, Damien Barrett, Michael Winnenburg, Tatjana Reic, Alistair Taylor, Tim Rhodes, Carla Tullar, Claus Petersen, Christoph Schwannm, Robert Flibik, Maria Elena Vinciguerra, Albert Poter, Philipp Johnson, Alessandra Coccia†, Isabel Grosperie, Chaitizis Lamos, Eliza Pese, Maria Fiebicher, Ann T Ma, Juan M Mendive, Vincenzo Mazzaferr*, Henry Ketter, Helene Cottez-Pinto, Doreen Kelly†, Robyn Burton, Jeffrey V Lazarus†, Peter Greten†, Mario Buti†, Philip N Newsom†, Patrizia Bruna†, Michael P Manns†
“Each year, almost 300,000 people in Europe die prematurely due to problems of the liver,” said Ursula von der Leyen, at the launch of the Commission report.

“Many of them could have lived longer and healthier lives. Because today, in most European countries, there is good access to secondary care.”

“And in most cases, liver disease can be prevented. Prevention is the best cure that we have. So together, we need to raise more awareness of the preventable and treatable nature of many chronic illnesses.”

(December 2nd video launch available on YouTube)
Key Messages

Key messages

- Liver disease is now the second leading cause of years of working life lost in Europe, after only ischaemic heart disease
- The clinical focus in patients with liver disease is oriented towards cirrhosis and its complications, whereas early and reversible disease stages are frequently disregarded and overlooked
- The dissociation between primary and secondary care and the considerable heterogeneity across clinical pathways and inconsistent models of care cause delays in diagnosis of both rare and common liver diseases
- Stigma has a major impact on liver diseases in Europe, leading to discrimination, reduction in health-care seeking behaviour, and reduced allocation of resources, which all result in poor clinical outcomes

- Europe has the highest level of alcohol consumption in the world, which, together with ultra-processed food consumption and high prevalence of obesity, are the major drivers of liver-related morbidity and mortality
- A scarcity of consistent and efficient screening and vaccination programmes for viral hepatitis combined with the high costs of drugs due to variable European reimbursement systems result in reduced access to treatment and delays in elimination programmes
- COVID-19, alongside imposing delays in diagnostic pathways of liver diseases, has brought overlapping metabolic risk factors and social inequities into the spotlight as crucial barriers to liver health for the next generation of Europeans
- Liver diseases are generally avoidable or treatable if measures for prevention and early detection are properly implemented; achieving this would reduce premature morbidity and mortality, saving the lives of almost 300 000 people across Europe each year
“Liver health is a window to the general health challenges of Europe in the 21st century. The ultimate long-term goal must be to prevent liver diseases and protect liver health”

EASL-Lancet Commission
Stigma and discriminatory attitudes towards people at risk of or with liver disease occur at different levels. To reduce the liver disease burden attributable to stigma, anti-stigma interventions should target each level and be combined.
People Living with Hepatitis: Getting Involved

Patient Forum 2022
Barriers to liver disease care: Exploring the impact of stigma and discrimination
Friday, 24 June 2022
14:00–15:00 BST / 15:00–16:00 CET
Attend at ILC 2022 or register to join online!
### Viral Hepatitis Elimination Progress: The Most Heavily Burden countries in Europe

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According to the EASL-Lancet Commission, HCV elimination will lead to significant economic benefits beginning as early as 2033 in the form of healthcare savings and years of working life saved.
Key Barriers for Viral Hepatitis Testing

- National plans only recommend testing in high-risk populations
- Insufficient financial support for nucleic acid testing (viraemia)
- Failure to procure reflex testing for HCV RNA, HBV DNA, and anti-HDV in patients with a positive anti-HCV or HBsAg test
- Screening mainly done in secondary and tertiary health-care centres

Karlsen T et al; Lancet 2022;399:61-116
Key Barriers to Implementation

- Absence of uniform systems of state health coverage, and variability in reimbursement systems and health insurance for treatment of viral hepatitis across Europe
- Restriction of antiviral therapy to hospital specialists, due in part to the high prices of antiviral therapy in some countries
- Scarcity of access to generics in most European countries
- Absence of primary care prescription of HCV treatment

Karlsen T et al; Lancet 2022;399:61-116
EASL-\textit{Lancet} Commission: Suggested Implementation Actions

- Support at national and local level for widespread testing for HBV and HCV based on past or present risk, and country of origin

- Updating laboratory protocols to automatically do HCV RNA and HBV DNA testing upon a positive anti-HCV or HBsAg test coupled with appropriate reimbursement

- Involve primary care and community-based practitioners, including GPs, pharmacists, addiction specialists, and prison services in the diagnosis and monitoring of liver disease and diagnosis of viral hepatitis

- Increase access to harm reduction for PWID, combining packages of OAT and NSPs, ensuring one or more sterile syringes for each injection to prevent acquisition
EASL-Lancet Commission: Suggested Actions for Implementing Recommendations

- Set up an observatory to ensure **transparent pricing** of antiviral drugs in the WHO European region
- Implement a **monitoring system** for access to antiviral drugs in the European regions to **reduce gaps in specific areas** or groups and simplify treatment pathways
- Provide guidelines stating **unrestricted access to antiviral therapy** (including generics) in Europe for HCV irrespective of fibrosis stage
- Establish mechanisms for **prescription of HCV therapy** in **primary care** and **community services** coupled with appropriate reimbursement
Call to Action: Paradigm Shift for Liver Disease

Treatments aimed at end-stage liver disease and liver cancer are expensive...
...and reversible stages of liver diseases are often overlooked

Liver transplantation
Hospitalisation
Secondary care

Viral hepatitis
Rare liver diseases
Alcohol
Obesity

Pricing regulations
Hepatitis C elimination and hepatitis B vaccination
Personalised therapies
Standardised referral pathways
Childhood marketing regulations
Food reformulation
Taxation

Shifting focus towards early disease stages and prevention...
...would have a greater effect on liver-related mortality
The EASL-Lancet Liver Commission Recommendations

- Investment to scale up case-finding and screening for viral hepatitis in:
  - Selected settings (eg, primary care serving immigrants, harm reduction or drug services, and prisons)
  - Broader community settings (eg, coupled with SARS-CoV-2-antibody testing) with reflex testing for viraemia for those with antibodies.

Karlsen T H et al; Lancet 2022;399:61-116
Thank You for Your Attention