

Group discussions 15:20 – 16:45 Working group 3 Prevention

What is needed to achieve the proposed targets and milestones of the WHO Action plan for the health sector response to viral hepatitis in the WHO European Region?



Working group 3

2018 MILESTONES	2020 TARGETS
INFECTION PREVENTION AND CONTROL IN HEALTH CARE SETTINGS AND BEYOND	
<ul style="list-style-type: none">• Safe injection policies and IPC rules for preventing transmission of blood-borne infections in health sector (including in prisons) in place and implemented• National disinfection and sterilization protocols for non-health care settings (aesthetic cosmetology and tattoo facilities) developed and implemented	<ul style="list-style-type: none">• 50% of injections administered with safety-engineered devices in and out of health care facilities



Prevention in health care

1. At present : disposable syringues:100%

No procedures for endoscopic devices disinfection

Dental clinics: sterilization machines which are controlled

No certification of hospital by extra experts of the IPH

2. Need : written procedures, infection control with committees devoted to infection control in public and private hospitals

Infection control training for all HCW, systematic but easier at a department level

Regulation for infection control in non health care settings

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2018 MILESTONES	2020 TARGETS
PREVENTION AMONG PEOPLE WHO INJECT DRUGS	
<ul style="list-style-type: none">• Policies developed and implemented to support a comprehensive package for infection prevention and harm reduction among people who inject drugs including: needle and syringe programmes (NSPs); opioid substitution therapy (OST) and other evidence-based drug dependence treatment targeted information, education and communication (IEC) for people who inject drugs and HAV and HBV vaccination	<ul style="list-style-type: none">• A comprehensive package of harm reduction services to all persons who inject drugs, including:<ul style="list-style-type: none">▪ At least 200 syringes distributed per PWID per year*▪ At least 40% of opioid dependent PWID receive opioid substitution therapy▪ HBV and HAV vaccination• 90% of PWID receiving targeted IEC provided by NSPs, drug treatment service sites (including OST) and other services targeting PWID



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- All measures will be implemented in the next 3 years according to the global plan with funding
- Need for expending NEPTarget should be reached even before 2020

At least 200 syringes distributed per PWID per year*

- A comprehensive package of evidence-based interventions to reduce harms associated with injecting drug use is outlined in the WHO, UNAIDS, UNODC technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.
- Since blood-borne transmission is common to HIV and hepatitis viruses, interventions effective in preventing HIV among people who inject drugs help to prevent HCV/HBV transmission. Because HCV is more virulent than HIV, however, higher levels of intervention coverage may be necessary to achieve comparable reductions in incidence.
- The WHO, UNAIDS, UNODC guidance suggests a target of 200 syringes distributed per PWID per year based upon studies in developed-country settings and mathematical modelling investigating the levels of syringe distribution and its impact on HIV transmission. Levels required for the prevention of HCV are likely to be much higher. The 40% OST target is based on levels of coverage achieved in countries with well-established OST programs.



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2018 MILESTONES	2020 TARGETS
PREVENTION OF SEXUAL TRANSMISSION	
<ul style="list-style-type: none">• 90% of countries provide STI services or links to such services in all primary, HIV, drugs, reproductive and perinatal care services	<ul style="list-style-type: none">• Access for all individuals to a full range of services relevant to STIs, including HIV and HBV and HCV, and access to condoms, testing and counselling



Sexual transmission

- Catch-up vaccination for sex workers, MSM and all persons with multi-partners
- The system exists but there is a need for evaluation, data on how many people are informed and use the system