<table>
<thead>
<tr>
<th>Name</th>
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<th>Country</th>
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<tr>
<td>Popovici</td>
<td>Odette</td>
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<td>Johannes</td>
<td>Germany</td>
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<td>Kojouharova</td>
<td>Mira</td>
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<td>Van Hercke</td>
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<td>Grob</td>
<td>Peter</td>
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<td>Castkova</td>
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What still needs to be done in the prevention and control of hepatitis

- Maintain attention for primary prevention while discussing screening/treatment/cure
- Attention for defined risk groups
- Solve the price issue for access to treatment (even for rich countries)
- Comprehensive strategy for HCV screening
- Surveillance data quality
- Sustainability of programmes
What still needs to be done in the prevention and control of hepatitis

- Maintain attention for primary prevention while discussing screening/treatment/cure
  - Treating patients does not offer immunity to population (HBV)
  - Harm reduction
    - Prevent transmission to susceptibles from infected persons! Not only viral hepatitis related
  - Health promotion approach
    - Importance of primary prevention → lifestyle changes
    - Better distribution of risk in the population → will have any beneficial effects for many “vertical” programmes
    - Better control comorbidity issue
What still needs to be done in the prevention and control of hepatitis

• Attention for defined risk groups
  – Prisoners
  – IV drug users (PWID)
  – Migrants (eg Roma population)

Need for a comprehensive strategy to offer health care services (access), including prevention/screening
What still needs to be done in the prevention and control of hepatitis

- Solve the price issue for access to treatment (even for rich countries)
  - Need for prioritization
    - What about HIV coinfection? Treatment effectiveness not affected
  - Awareness for (in)equality → access to treatment
    - Those in clinical trials are the “happy few”
    - Drugs are (theoretically) available, but not reimbursed
    - Patients to “show their dedication/good will” to start treatment?
What still needs to be done in the prevention and control of hepatitis

• Comprehensive strategy for HCV screening
  – What can you offer to the newly discovered patients?
    • Treatment? To whom (not)???
    • Counselling / information → inform them beforehand that this may be all they will get
    • HBV vaccine?
What still needs to be done in the prevention and control of hepatitis

- Surveillance data quality
  - Case definitions
  - Surveillance for chronic hepatitis

- Sustainability of programmes
  - Continuous availability of vaccines/drugs/syringes/...
What do you expect from the international organisations (1)

• Coordination of data collection (serosurveys)
  – ESEN III (VPD + hepC) → coordinate the timing/funding

• Set standards / define minimal requirements / develop tools to assist countries
  – Indicators → monitoring

• Focus on the implementation/functioning rather than on the planning/writing
What do you expect from the international organisations (2)

• Flexibility to deal with the complexity of the “contextual differences” between/within countries

• Organise communication and collaboration
  – “interdisciplinary” and “inter-agency”
    • concerted action/no duplication
  – Bring together stakeholders (assist doing so within countries)
    • E.g. role of ELPA → availability “on call”
  – bring infectious diseases under the attention of other agencies dealing with e.g. drug users, harm reduction, ...
  – Collect and share “good practices”