Summit Conference
Hepatitis B and C in
Mediterranean and Balkan Countries

5-7 December 2012, Nicosia, Cyprus

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Background
HEPATITIS B/C/D

• HBV / HCV infections = serious global problem
• 400mil people chronic hepatitis B/C
• 1 mil deaths / annually
• WHO : Europe 23mil people VH, Eastern Mediterranean region=190-200mil people VH
But
• USA : funds HIV 20x> Vhep (7-8mil vs 1mil)
Epidemiology is changing

- Modes of transmission
- Traveling – Globalization
- Refugees - Immigrants

- 200 mil immigrants worldwide *(IOM 2005)*

- Europe not well prepared for this influx-little uniformity in the management of migration

- 9%-33% of the population in Europe are immigrants *(ICMHD 2009)*

- Balkan – Mediterranean regions main entrance
Balkan & Mediterranean

- Legacy of war
- Displacement
- Civil unrest

- Hepatitis B/C public health problem is unrecognized

- Stigmatization
  - Fears
- Communication
  - Drug abuse
- Financial problems
HEPATITIS B/C/D

• HBV: Prevention / Treatment control of the disease

• HCV: Treatment SVR >80% = CURE

• New therapies expensive / not available in many regions / problems with reimbursement
Union of stakeholders

- MEP
- CY Presidency
- Hepatitis B/C Public Policy Association
- World Hepatitis Alliance
- ECDC
- EMCDDA
- WHO
- ELPA
- EASL
- Viral hepatitis prevention board
AIM OF THE SUMMIT CONFERENCE

National governments

Health care providers

Civil society

The State of Hepatitis B and C in the Mediterranean and Balkan Countries: Report from a Summit Conference
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Fight against VIRAL HEPATITIS
SUMMIT CONFERENCE

• 3 days in Nicosia, Cyprous
• Number of delegates : 160 / Speakers : 58
• 28 countries

• Topics : epidemiology, migration, prevention, care, treatment, policies/plans/actions
Surveillance – burden disease – migration

Heterogeneity data/performance, variation in regions, insufficient data, underdiagnosed, underestimated diseases

Screen, surveillance are asymmetric

Eurohepatitis index (5 items: prevent, screening, access treatment, national strategy/pts rights, outcome)
<table>
<thead>
<tr>
<th>Country</th>
<th>HBsAg</th>
<th>anti-HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>2.15%</td>
<td>NA</td>
</tr>
<tr>
<td>Egypt</td>
<td>1.6%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Israel</td>
<td></td>
<td>1.96%</td>
</tr>
<tr>
<td>Serbia</td>
<td>2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Lebanon</td>
<td>1.69%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Bosnia-Herzegovina</td>
<td></td>
<td>0.29%-0.89%</td>
</tr>
<tr>
<td>Croatia</td>
<td>1.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Kosovo</td>
<td></td>
<td>NA 0.29% blood donors</td>
</tr>
<tr>
<td>Libya</td>
<td>2.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Marocco</td>
<td>1.5%</td>
<td>3%</td>
</tr>
<tr>
<td>Tunisia</td>
<td>4-5.7%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>
IDU’s

• Increase HCV prevalence in Bulgaria, Cyprous, Greece, Romania and Austria among users<25yrs (*EMCDDA 2010*)

• Seroprevalence (HCV) possible increase in Bosnia-Herzegovina, Kosovo, FYROM, Serbia (24%-80%)

• NSPs & OST available in Albania, Bosnia, FYROM, Montenegro, Serbia-coverage low

• Many countries without OST and NSPs
ACCESS TO TREATMENT IN BALKAN/MEDITERRANEAN REGIONS

• Access is variable due to Rx cost / variations in resources
• Constrains in health services because of reductions in public spending
• Discrepancies in treatment access among countries as cost and availability determined by a number of different factors
• Urgent action is required to address the inequalities to access to Rx and arrive at equitable pricing in EU-Mediterranean/Balkan region
Venue 5-7 Dec 2012
Nicosia, Cyprous

• VH – Preventable
100% of blood supply is now screened for VH viruses
Paid donors – hepB first time donor
Universal vaccinations newborns-not standardized policies for high-risk populations

• VH treatable-curable
progressive diseases, control/cure with drugs treatment for prevention
EU research

- EU actors on infections diseases (ECDC-EFSA)
- Public health (threats, vaccines, risks)
- Parliament-researches-commissions
- FP7 Programme 6.1bil / medite+balkan=27.5%
- 1. emerging infections, 2. anti-microbial resistance, 3. poverty-related disease, neglected diseases (HIV, VH, Tb)
Call for action
7 DEC 2013
Mediterranean – Balkan countries

• 1. Involve all sectors of society in the fight against hepatitis B and C
• 2. Place the fight against hepatitis B and C within a Right to Health framework
• 3. Actively participate in World Hepatitis Day
• 4. Improve awareness of the health and economic impact of hepatitis B and C
• 5. Strengthen surveillance of hepatitis B and C
• 6. Build inter-country research capacities dedicated to hepatitis B and C
• 7. Make prevention and control of hepatitis B and C a key part of public health action
• 8. Invest in better case detection and treatment programmes in primary health care
• 9. Develop outreach programmes to ensure more voluntary counseling and testing
• 10. Explore innovative ways of reaching all vulnerable groups, including migrants
• 11. Ensure universal access to treatment
• 12. Create community-based programmes to support people living with viral hepatitis
Closing remarks

• A lot has already been done—much more remains to be carried out
• Communication and unity
  politicians/academia/patients/clinicians/public health/civil society

KEY AREAS
  AWARENESS - SURVEILLANCE – PREVENTION
  CONTROL – MANAGEMENT – ACCESS TO COUNSELLING AND TREATMENT