

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

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**MEP  
CY Presidency**

**ELPA**

**EASL**

**Hepatitis B/C Public Policy Association**

**World Hepatitis Alliance**

**Viral hepatitis prevention board**

**WHO**

**ECDC**

**EMCDDA**

# 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**

*JVH, Vol 20 Suppl 2, Aug 2013*

**Fight against  
VIRAL HEPATITIS**

# SUMMIT CONFERENCE

- 3 days in Nicosia, Cyprus
- Number of delegates : 160 / Speakers : 58
- 28 countries
  
- Topics : epidemiology, migration, prevention, care, treatment, policies/plans/actions



# Venue 5-7 Dec 2012

## Nicosia, Cyprus

### 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)

# Prevalence estimates in no-EU countries

**HBsAg**

**anti-HCV**

<b>Algeria</b>	<b>2.15%</b>	<b>NA</b>
Egypt	1.6%	14.7%
Israel		1.96%
Serbia	2%	1.5%
Lebanon	1.69%	0.2%
Bosnia-Herzegovina		0.29%-0.89%
<u>Croatia</u>	<u>1.5%</u>	<u>1.3%</u>
Kosovo		NA 0.29% blood donors
<b>Libya</b>	<b>2.2%</b>	<b>1.3%</b>
Marocco	1.5%	3%
Tunisia	4-5.7%	1.7%

# IDU's

- Increase HCV prevalence in Bulgaria, Cyprus, Greece, Romania and Austria among users < 25 yrs (*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, Cyprus

- 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

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## 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