

hepc

European Initiative  
Hepatitis C and Drug Use

initiative



# European Conference on Hepatitis C and Drug Use Berlin 23-24 October 2014

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CSF Luxer

# Policy priorities

- Advocacy for the implementation of comprehensive national policies
- Advocacy for affordable medicines
- Advocacy for ( funding of ) Harm Reduction and HCV services
- Advocacy for meaningful involvement of civil society members



# HEPATITIS-C

Community Summit

CSF Luxembourg

Amsterdam 18/19 April 2017

# WHY A CIVIL SOCIETY DECLARATION?

- ▶ The use of unsterile injecting drug equipment is a primary contributor to the HCV epidemic in Europe. Over 90% of new infections are among people who inject drugs (PWID). Other populations at high risk for HCV include migrants from high prevalence countries/regions, prisoners, people who are homeless, sex workers, people living with HIV and men who have sex with men.
- ▶ In 2016, the World Health Organization (WHO) established the ambitious target of achieving a 90% reduction in new infections and a 65% reduction in deaths from the hepatitis C virus by 2030. If European countries are to reach this target, they must address the HCV prevention, testing, and treatment needs of people who inject drugs and other risk groups.
- ▶ A global mechanism for national governments to report on progress toward the WHO viral hepatitis targets needs to be operationalised, and it will be essential to secure a role for civil society representatives in the reporting process. It is particularly important to include the perspectives of community representatives who are well informed about what is happening and needed at the community level.

# WHY A CIVIL SOCIETY DECLARATION?

- ▶ The new treatment options are easy to provide in community settings. Hospital attendance requirements are evidenced barriers for marginalized populations.
- ▶ The involvement of peers in HCV testing and treatment provision can: help reduce PWID fears of testing and treatment; improve PWID HCV knowledge and engagement through the care cascade; improve healthcare provider appreciation of PWID needs; and challenge structural barriers.

# HARM REDUCTION AROUND THE GLOBE

Currently:

- ▶ 158 countries report injecting drug use
- ▶ 27 million problem users
- ▶ 12 million people who inject drugs
- ▶ 1,6 million living with HIV
- ▶ 1 million living with hepatitis B
- ▶ 6 million living with chronic hepatitis C
- ▶ 200,000 drug-related deaths in 2013

(HRI, Global State of Harm Reduction 2016)

# HARM REDUCTION AROUND THE GLOBE

- ▶ Majority of countries embrace Harm Reduction as essential pillar in their drug response (91 of 158 countries)

## Stagnation in Harm Reduction development (2016):

- ▶ No new countries support harm reduction (now 91 countries)
- ▶ No new country provides NSP (now 90 countries)
- ▶ Same number of countries provide OST (now 80 countries)
- ▶ Drug Consumption Rooms only in 12 countries (was 9)
  
- ▶ Declining funding for Harm Reduction.
- ▶ No/slow take over by national governments (7% decrease in 2015)

# The Declaration

This is a historic moment for hepatitis C treatment. With the advent of direct-acting antivirals (DAAs) we can now massively reduce the harm from an infectious disease that affects millions of people and causes hundreds of thousands of unnecessary deaths every year. Interferon-free DAA regimes are short, highly tolerable and simple to deliver, with cure rates of over 90%.

Today, one year after the first-ever World Health Organization Global Health Sector Strategy on Viral Hepatitis was approved, we call on stakeholders to work together to meet the strategy's ambitious goal of hepatitis C elimination as a public health threat.

# The Declaration

Hepatitis C elimination will require sizeable scaling up in testing and treatment, along with comprehensive harm reduction services, including in prisons. There is an urgent need for policymakers, health care providers, health insurance providers and the pharmaceutical industry to work in collaboration with the affected communities and their organization, as well as low threshold services, to achieve this scale-up. Communities and community representatives must participate in formulating and implementing hepatitis C prevention, testing and strategies for affordable treatment because these stakeholders have unique knowledge about what will be accessible, acceptable and effective. ***Without their close ongoing involvement, the effort to eliminate hepatitis C is likely to fail.***

The other essential requirement for achieving the elimination of hepatitis C is a sustained collaborative effort to combat the stigma, discrimination and criminalisation faced by people who inject drugs, and other priority communities, like migrants and men having sex with men. Again, community and civil society actors hold a vital key to succeeding in this effort. **Hepatitis C testing and treatment needs to be available in multiple accessible community settings, where it is known to be effective. Together, we can improve access to care for marginalized populations and hold governments accountable to their commitment be they national or set out in the Global Health Sector Strategy on Viral Hepatitis.**

# Initial Signatories

- ▶ CORRELATION NETWORK HEPATITIS C INITIATIVE
- ▶ EUROPEAN AIDS TREATMENT GROUP (EATG)
- ▶ EUROPEAN AFRICAN TREATMENT ADVOCATES NETWORK (EATAN)
- ▶ EUROPEAN NETWORK OF PEOPLE WHO USE DRUGS (EURONPUD)
- ▶ EUROPEAN LIVER PATIENT ASSOCIATION (ELPA)
- ▶ INTERNATIONAL DOCTORS FOR HEALTHIER DRUG POLICIES (IDHDP)
- ▶ AFEW INTERNATIONAL
- ▶ ALLIANCE FOR PUBLIC HEALTH, UKRAINE
- ▶ FIXPUNKT, BERLIN
- ▶ HELLENIC LIVER PATIENT ORGANISATION PROMETHEUS, GREECE

## Endorsement

- ▶ APDES, GAT, Portugal

# Civil Society Involvement in Drug Policy

## Project Information:

[General](#)[Definitions](#)[Assessment](#)[Roadmap](#)[National Action Plans](#)[Resource Centre](#)

## Civil Society Involvement in Drug Policy (CSIDP)

is an initiative of a group of organisations, active in this area on national and/or European level and closely connected to the European Civil Society Forum on Drugs. This website provides a platform for information, exchange and cooperation and aims to stimulate inclusion of community members, NGO's and other Civil Society Organisations (CSO's) in drug policy decision making. Please contact us to get involved and share your experiences with us.

## Civil Society Involvement in Europe



EU Civil Society Forum on Drugs



EU Civil Society Forum on HIV / AIDS

### Partner/countries:

Portugal: Apdes

Italy: Droghe Forum, Lila

Bulgaria: Initiative for Health

Slovenia: UTRIP

Assessment: Centre for Interdisciplinary Addiction Research of the Hamburg University

European Civil Society Forum on Drugs

European Civil Society Forum on HIV/AIDS, Hepatitis

International Drug Policy Consortium

Harm Reduction International (European Harm Reduction Network),

European Network of People Who Use Drugs

European AIDS Treatment Group

making and policy

Location: Brussels  
CSI conference 2018

Date: to be agreed

Support: EC, CSF, partner and networks