**Hepatitis elimination barometer — focus of new report**

The EMCDDA is working with its expert network on drug-related infectious diseases (DRID) on an ‘[elimination barometer](http://www.emcdda.europa.eu/activities/promoting-hcv-hepatitis-c-virus-testing-and-linkage-care-drugs-services#section2)’ for viral hepatitis to help countries assess progress towards eliminating hepatitis C and B among people who inject drugs (PWID). This barometer is the focus of a new EMCDDA Technical report published today: [Monitoring the elimination of viral hepatitis as a public health threat among people who inject drugs in Europe](http://www.emcdda.europa.eu/technical-reports/monitoring-the-elimination-of-viral-hepatitis-as-a-public-health-threat-among-people-who-inject-drugs-in-Europe).

Following the [2016 Global health sector strategy on viral hepatitis](https://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/), WHO-Europe produced an [action plan](http://www.emcdda.europa.eu/drugs-library/action-plan-health-sector-response-viral-hepatitis-who-european-region-2017) in 2017 for the health sector response to viral hepatitis in the WHO European region. The goal is to achieve a reduction in the incidence of chronic HBV and HCV infections of 90% by 2030, and a reduction in mortality from chronic HBV and HCV infections of 65% by 2030 (compared to 2015).

The EMCDDA barometer complements these elimination initiatives with a specific focus on people who inject drugs. This new tool, designed to assess the epidemiological situation of hepatitis B and C in different countries, is divided into five areas (‘building blocks’): context and needs; inputs; prevention; testing and linkage to care; and impact. Each of these blocks includes a set of quantitative and/or qualitative indicators along with the corresponding WHO 2020 targets. For each of the five building blocks, the report provides a European overview (up to the last quarter of 2018) as well as corresponding country-specific data and case studies, illustrating national contexts and experiences. The data cover the EU, Norway and Turkey.

Findings ‘at a glance’

* *Context and needs*: While the available data show that the burden of HCV and HBV is high among PWID, the report reveals that there are still information gaps in many countries, including a lack of core data on the size of the PWID population and routine prevalence estimates for chronic HCV infections in this group.
* *Inputs*: As far as national policies are concerned, the 2030 Sustainable Development Goals have had an impact on the adoption of national hepatitis policies in Europe. This can be seen in the content of policies adopted since 2015, which reflect countries’ commitments to the Sustainable Development Goal on health, often embracing the viral hepatitis elimination goal. While all new policies consider PWID to be an important risk group, in the last quarter of 2018, 11 EU Member States had yet to adopt an explicit viral hepatitis policy that was inclusive of this group.
* *Prevention*: Prevention and harm reduction measures (e.g. opioid substitutions treatment, needle exchange programmes and HBV vaccination) reduce the risk of infection among injectors and are cost-effective. Harm reduction programmes are also key entry points for testing drug users for hepatitis, linking them to care and reducing the risk of reinfection after a successful HCV treatment. The building block on prevention shows that the coverage of measures known to prevent HCV and HBV infections is sub-optimal in many Member States. Scaling up equitable and tailored prevention measures, for PWID is needed to have an impact and to reach the elimination targets.
* *Testing and linkage to care*: Testing for viral hepatitis is the first component of the cascade of care (i.e. sequential stages of medical care from diagnosis and cure). Despite the fact that testing is offered in harm reduction services and in the prison system in a majority of the countries studied, the low coverage of testing in the last year among PWID in the community reflects missed opportunities for diagnosis. Clinical and financial barriers still prevent access to a safe and effective treatment in some Member States.
* *Impact*: It may be too early to see the impact of a strategy that was put in place after 2016 in some countries. The data may nevertheless suggest that the current level of prevention, harm reduction and treatment among PWID is too low to achieve a significant reduction in the incidence of chronic HCV infections by 2020, as is also suggested by modelling work.

In its final recommendations, the report states that although having a national, well-funded hepatitis policy that is inclusive of PWID is not a sufficient condition for achieving the elimination targets, it is a necessary one. It also proposes the use of public health guidance documents to support the implementation of evidence-based infectious disease prevention methods.

In 2018, the EMCDDA launched a ‘[hepatitis testing initiative](http://www.emcdda.europa.eu/activities/promoting-hcv-hepatitis-c-virus-testing-and-linkage-care-drugs-services)’ to support countries in increasing access to hepatitis care through drug services, providing tools to assess the need for services; identify barriers to care; and develop a plan of action to improve the response to the virus. This is in line with its [Strategy 2025](http://www.emcdda.europa.eu/publications/work-programmes-and-strategies/strategy-2025), through which it contributes to a healthier and more secure Europe by promoting the delivery of such responses.