

DO NATIONAL HCV POLICIES IN THE EU ADDRESS TREATMENT AND CARE FOR PEOPLE WHO INJECT DRUGS?

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Background:

Equitable access to hepatitis treatment is one of the WHO progress indicators towards the goal of eliminating hepatitis as a public health threat by 2030. Having a national hepatitis plan is a 2018-milestone for countries in the European Region. To document progress towards this milestone and to promote the exchange of good practices, national hepatitis policies (HCV policies) in 30 EMCDDA member countries were assessed regarding whether they promote or limit access to HCV treatment and care for people who inject drugs (PWID).

Methods:

HCV policies were defined as: national strategies, programmes and action plans addressing HCV and/or HCV among PWID – including those integrated in broader health strategies/plans. Between February-October 2017, a targeted search was undertaken in reports submitted by National Focal Points to the EMCDDA, published and grey literature, and relevant national websites. Additional information was gathered through the EMCDDA expert network on drug-related infectious diseases. Where no national HCV policy was identified, clinical guidelines were assessed. Analytical summaries were submitted in early 2018 to EMCDDA Focal Points for validation; all countries except Turkey provided feedback.

Results:

By March 2018, sixteen EU countries and Norway (17/29) had an official national HCV policy and such policies were under preparation in Malta, Poland and Romania. In twelve countries, HCV policies had been adopted or renewed since 2015. Good practice examples were identified. In 9/12 EU countries without a policy – including the three countries where policies are currently being prepared — active PWID were excluded from accessing HCV treatment.

Conclusions:

This project provides a comprehensive overview of national HCV policies in 29 European countries in March 2018. It documents an accelerated development of policies since 2015, which reflect global objectives and progress towards equitable access to HCV treatment for PWID. Systemic barriers and challenges remain, especially in countries without HCV policies.

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