

ASSESSING THE POLICY RESPONSE TO HEPATITIS C IN THE NORDIC COUNTRIES: THE HEP-NORDIC STUDY

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BACKGROUND

In 2016, the World Health Assembly approved the first global health sector strategy on viral hepatitis, an important step towards disease elimination. In the Nordic countries (Denmark, Finland, Iceland, Norway, Sweden), the prevalence of hepatitis C virus (HCV) in the general population is low, but it is 50%-85% among people who inject drugs.

A comparison of policies regarding HCV elimination across the Nordic countries is lacking. This study assessed which policies the five countries have established to support key elements of the World Health Organization's global goal of eliminating viral hepatitis as a public health threat.

METHODS

Fourteen national stakeholders representing government agencies, medical societies and civil society organisations completed a 23-item cross-sectional online survey about how their country's policies address the HCV epidemic. Questions were organised into four domains:

1. National coordination
2. Prevention
3. Testing and linkage to care
4. Treatment

A descriptive analysis summarised findings by domain, country and stakeholder group, as well as presented discrepancies.

RESULTS

Stakeholders reported that three (60%) of the five study countries have national strategies for viral hepatitis, though only one (20%) has an HCV elimination goal. Respondents from four (80%) of the countries reported that national guidelines identified certain groups whose members should be routinely offered HCV testing (Figure 1), and a lack of access to anonymous HCV testing was reported in all countries.

Four (80%) study countries have national HCV treatment guidelines. All countries provide publicly funded direct-acting antiviral treatment. The availability of harm reduction services within and outside prisons varies; needle and syringe programmes are available in three countries (60%) (Figure 2) and opioid substitution therapy is available in all countries.

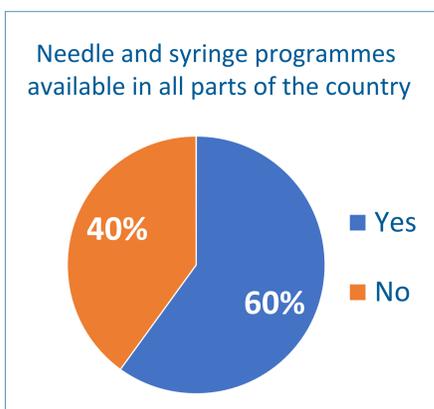


Figure 2

In-country stakeholder disagreement (20.4%-75.8%) regarding current policies was observed across the region (Figure 3). Civil society organisations in the region were the stakeholder group to most often respond incorrectly (39%) to HCV policy questions.

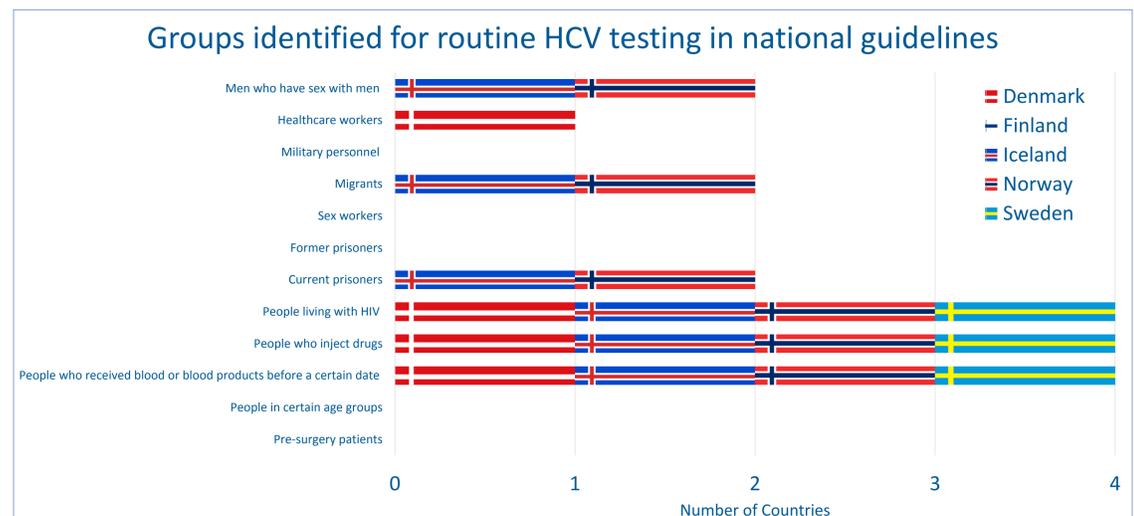


Figure 1

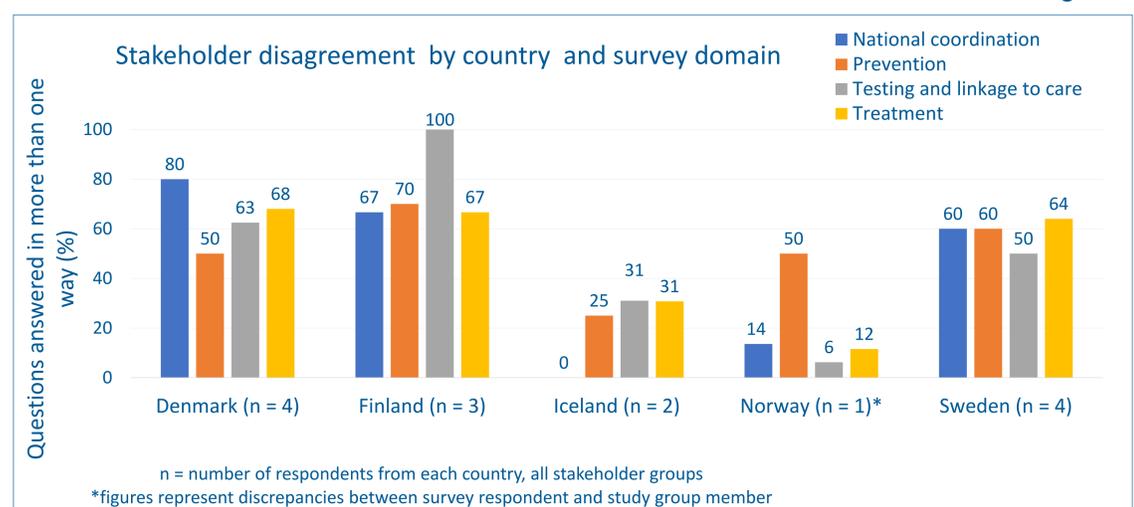


Figure 3

CONCLUSION

The Nordic region as a whole has not thoroughly and consistently expressed its commitment to tackling HCV, despite the existence of large HCV epidemics among people who inject drugs in these countries. Stakeholder alignment and an established elimination goal with an accompanying strategy and implementation plan should be recognised as the basis for coordinated national public health efforts to achieve HCV elimination in the Nordic countries and elsewhere.

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