The Swiss Hepatitis Strategy – A Dynamic Bottom-Up and Top-Down Approach

SWISS HEPATITIS STRATEGY

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BACKGROUND

In Switzerland, viral hepatitis poses a large public health burden, similar to the one of HIV. Mortality of hepatitis B and C is five times higher than that of HIV, even though there has been a cure for hepatitis C for more than 15 years and hepatitis B can be prevented by vaccination (Fig. 1).

In the fight against HIV, Switzerland is among the best: 90% of patients are diagnosed and 70% are receiving HIV treatment (Fig. 2). But the cascade of care looks different for hepatitis C, which shows serious shortcomings (Fig. 3). On all levels – among the authorities, health care providers and the general public – awareness of viral hepatitis B and C is insufficient in Switzerland. Governmental funding for campaigns and measures to fight hepatitis B and C has been provided but by far not to the same extent as in the fight against HIV.

THE SWISS HEPATITIS STRATEGY

Driven by concerns about the public health burden of hepatitis B and C in Switzerland, 80 experts founded the Swiss Hepatitis Strategy, a network that includes patient organisations, medical doctors, scientists, NGOs, health authorities, politicians, the industry and investors.

The network uses the method of the Governmental Learning Spiral (Blindenbacher 2010), a participative multi-stakeholder process, to develop, implement and evaluate strategic knowledge on an ongoing basis until a given political problem is deemed solved. The network is organised in six working groups. It issued its first strategy paper in 2015.

The goal is to eliminate viral hepatitis in Switzerland by 2030.

INNOVATION MADE BY CIVIL SOCIETY

As a non-governmental initiative the Swiss Hepatitis Strategy can achieve major results provided there is a guided process with a common vision and goals.

Raising awareness through campaigns, expert round table discussions, media relations and scientific studies and lobbying have helped to achieve the common goals.
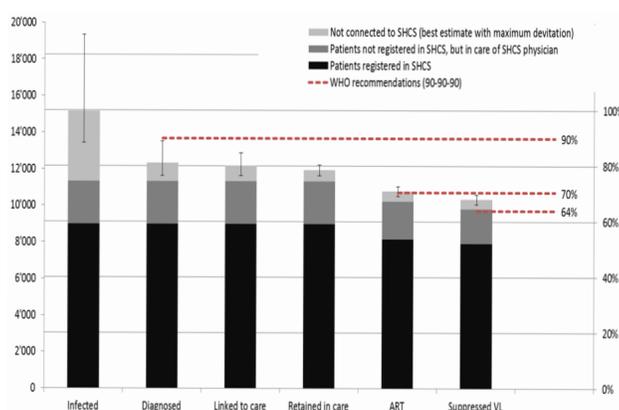
However, the approach of the Swiss Hepatitis Strategy has its limitations: Limited resources demand realistically set goals. The informal structure of the network allows for positive dynamics to develop, but also means that not all aspects can be influenced or controlled.

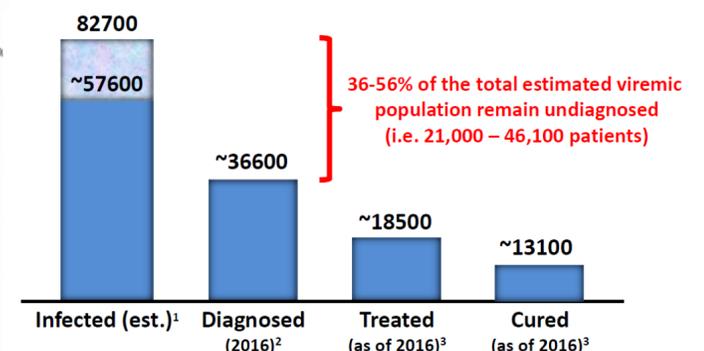### Fig. 1: HCV, HBV and HIV related mortality in Switzerland
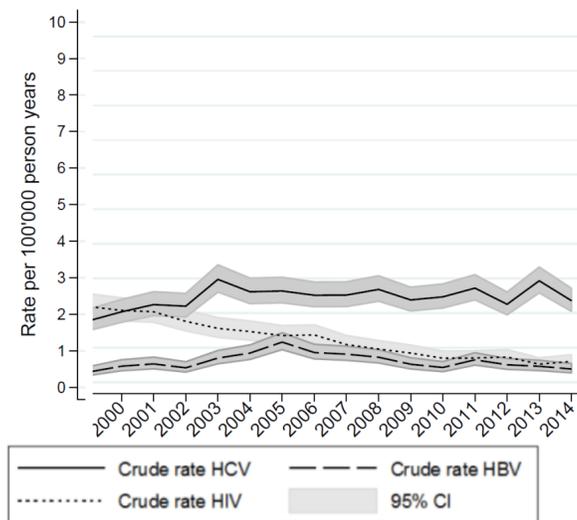
Keiser O et al. 2017

Fig. 2: Cascade of HIV Care in Switzerland

SHCS: Swiss HIV Cohort Study

Kohler et al. 2015

Fig. 3: Cascade of Hepatitis C Care in Switzerland

36-56% of the total estimated viremic population remain undiagnosed (i.e. 21,000 – 46,100 patients)

[1]Müllhaupt et al. 2015; [2] www.bag.admin.ch; [3]IMS Health Pharma Gmbh

CONCLUSIONS

The elimination of viral hepatitis in Switzerland is feasible. To achieve this goal, an all-encompassing and broadly supported approach is necessary. The non-governmental Swiss Hepatitis Strategy is a new way to tackle this neglected epidemic.

What The Swiss Hepatitis Strategy has so far achieved is gaining access to previously restricted HCV DAA, governmental learning, an increased awareness of the disease and a close collaborative engagement between all parties involved.

The next steps will be to raise awareness on all levels, to enhance detection of the disease and to collaborate with regional health authorities.

REFERENCES

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-Keiser O et al.: Analyse de Situation des Hépatites B et C en Suisse, 2017
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CONFLICTS OF INTEREST

The Swiss Hepatitis Strategy receives funds from the Swiss Federal Office of Public Health, Abbvie, Biotest, BMS, Gilead, Laborgemeinschaft 1, medica laboratories, MSD, Roche Diagnostics, Rothen Laboratories.

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