

# HepHIV2014

## Call for Action

*First draft*

# 1. Surveillance of viral hepatitis

Determine, nationally and regionally, how many people are infected with viral hepatitis, how many present late, and how many remain undiagnosed, over time and by key population, in order to monitor trends and to target interventions better.

## **2. Defining late presentation of viral hepatitis for medical care**

Support further consultation to establish a consensus definition for late presentation of viral hepatitis to improve surveillance and enable monitoring of testing strategies.

### **3. Testing modalities and targeted communication**

- Promote multiple testing platforms in community settings, healthcare facilities and the home.
- Tailor testing and health promotion messages to particular audiences.

## 4. Indicator-condition-guided testing

- Implement indicator-condition-guided HIV testing broadly in healthcare settings, especially general practices.
- Develop the evidence to support the concept of indicator-condition-guided testing for viral hepatitis.

## 5. Differences in health policy strategies in Eastern Europe

- Correlate national health policy strategies in the Eastern European Region with public health outcomes for viral hepatitis, HIV and TB.
- Promote successful harm-reduction models, such as that developed by Ukraine, and maintain focus on harm reduction in the Western European Region too.

## **6. Synergy of infectious disease efforts**

Facilitate collaboration between and integration of HIV, HBV, HCV, TB and STI activities – whether in research, policy, health promotion, civil society and patient groups, testing or education – at the regional, EU and national level.

## **7. Continuum-of-care research**

Develop robust data to inform each component of the continuum of care for viral hepatitis and for HIV, including linkage to affordable state of the art treatment.