Swiss Hepatitis Strategy
2014 – 2030

Time to Act Now!

Process Paper – A Living Document

October 2016 / Version 3

Contact: Swiss Hepatitis Strategy c/o Arud Zentren für Suchtmedizin |
Konradstrasse 32 | CH-8005 Zürich | T +41 58 360 50 50 | info@hepatitis-schweiz.ch
FOREWORD

Viral hepatitis B and C are chronic infections prevalent in Switzerland with potentially deadly consequences hitting today’s national health care system. These silent diseases often progress with few symptoms, causing enormous individual, social and economic harm. However, despite the availability of highly efficient prevention and treatment measures, public awareness, detection and treatment remain unsatisfactory in our country. “The viral time bomb”, as the World Health Organization has described the epidemic, keeps ticking.

Driven by the concerns over the growing public health burden 80 personalities from the medical field, the economy, peer group and patient associations, funding agencies and politics launched a private initiative to combat viral hepatitis in Switzerland in 2014. Meanwhile, 26 national and international institutions as well as a patronage committee joined the project as well.

A first result of this Swiss Hepatitis Strategy was a broadly shared vision, which targets the elimination of viral hepatitis in Switzerland till 2030. The herewith-presented process paper is a “living document” and is the third version of its kind. It reflects the ongoing voluntary work and efforts invested by the Network Members to make this vision come true.

In the name of the Project Board I therefore would like to express my sincere gratitude to everybody involved in this exciting and unprecedented public health initiative and I look forward to continue our promising work achieving a hepatitis-free Switzerland.

Philip Bruggmann
Chair of the Swiss Hepatitis Strategy Board
# TABLE OF CONTENT

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td></td>
</tr>
<tr>
<td>1. Introduction</td>
<td>6</td>
</tr>
<tr>
<td>2. State of Affairs</td>
<td>6</td>
</tr>
<tr>
<td>2.1. Status Quo</td>
<td>6</td>
</tr>
<tr>
<td>2.2. Why Acting Now and How</td>
<td>8</td>
</tr>
<tr>
<td>3. Vision and Aims</td>
<td>10</td>
</tr>
<tr>
<td>4. Project Organization</td>
<td>11</td>
</tr>
<tr>
<td>4.1. Method</td>
<td>11</td>
</tr>
<tr>
<td>4.2. Structure</td>
<td>12</td>
</tr>
<tr>
<td>4.3. Meetings and Time Table</td>
<td>13</td>
</tr>
<tr>
<td>4.4. Monitoring and Evaluation</td>
<td>14</td>
</tr>
<tr>
<td>4.5. Finances and Funding</td>
<td>14</td>
</tr>
<tr>
<td>4.6. Communication and Media</td>
<td>15</td>
</tr>
<tr>
<td>5. Working Groups and Fields of Action</td>
<td>16</td>
</tr>
<tr>
<td>5.1. Working Group 1: Prevention &amp; Awareness</td>
<td>16</td>
</tr>
<tr>
<td>5.1.1. Goal and Organization</td>
<td>17</td>
</tr>
<tr>
<td>5.1.2. Activities and Projects</td>
<td>17</td>
</tr>
<tr>
<td>5.1.3. Achievements and Results</td>
<td>18</td>
</tr>
<tr>
<td>5.2. Working Group 2: Testing Strategies for HBV and HCV</td>
<td>19</td>
</tr>
<tr>
<td>5.2.1. Goal and Organization</td>
<td>19</td>
</tr>
<tr>
<td>5.2.2. Activities and Projects</td>
<td>19</td>
</tr>
<tr>
<td>5.2.3. Achievements and Results</td>
<td>20</td>
</tr>
<tr>
<td>5.3. Working Group 3: Access to Treatment</td>
<td>20</td>
</tr>
<tr>
<td>5.3.1. Goal and Organization</td>
<td>20</td>
</tr>
<tr>
<td>5.3.2. Activities and Projects</td>
<td>21</td>
</tr>
<tr>
<td>5.3.3. Achievements and Results</td>
<td>21</td>
</tr>
</tbody>
</table>
5.4. Working Group 4: High-Risk Groups
5.4.1. Goal and Organization
5.4.2. Activities and Projects
5.4.3. Achievements and Results
5.5. Working Group 5: Financing and Pricing
5.5.a Pricing
5.5.1.a Goal and Organization
5.5.2.a Activities and Projects
5.5.3.a Achievements and Results
5.5.b Financing
5.6.a Politics
5.6.1.a Goal and Organization
5.6.2.a Activities and Projects
5.6.3.a Achievements and Results
5.6.b Policies
5.6.1.b Goals and Organization
5.6.2.b Activities and Projects
5.6.3.b Achievements and Results

6. Provisional Conclusions

A Annex
B Figures and Pictures
C Abbreviations
D References and Notes
EXECUTIVE SUMMARY

Viral hepatitis B and C are chronic infections prevalent in Switzerland with increasing, potentially deadly consequences hitting the national health care system. These silent diseases often progress with few symptoms, even during advanced stages of disease, causing individual, social and economic harm. Despite the availability of highly efficient prevention and treatment measures, public awareness, detection and treatment of viral hepatitis remain unsatisfactory. High prices prohibit universal access to new, very efficient antiviral drugs.

Since January 2014 over 80 personalities from the medical field, the economy, peer group and patient associations, funding agencies and politics became part of a private initiative with the vision to eliminate viral hepatitis in Switzerland till 2030. Meanwhile 26 national and international organisations as well as a patronage committee endorse the Swiss Hepatitis Strategy as well. Altogether these experts contributed over 2000 hours of voluntary work!

The project is lead by a lean and cost efficient structure. The strategy’s course of action is based on a bottom-up approach called the “Governmental Learning Spiral”, which assures the commitment and ownership of the process activities through the Network Members. The network meets twice a year to share experiences and decides about all major issues. A Project Board oversees the strategic aspects of the process and a small Project Management runs the project office.

The most important result of the network meetings so far was the development of a strategy vision, which targets the elimination of viral hepatitis in Switzerland till 2030 as well as three related aims that are first, the reduction of the socio economic impact of viral hepatitis on the individual, the community and the general population, second, the reduction of the transmission of viral hepatitis B and C, and third, the reduction of the morbidity and mortality caused by viral hepatitis.

To fulfill the vision and aims the Network Members grouped around eight Fields of Action including Prevention and Awareness, Testing Strategies for HBV and HCV, Access to Treatment, High Risk Groups, Pricing, Financing, Politics, and Policies. For each field they developed concrete action plans, whose implementation started in a first phase in July till December 2015 and in a second phase from January till December 2016.

Among the key implementation outcomes so far are the launch of awareness campaigns around the yearly World Hepatitis Day as well as the improved access to and the lowering of the prices of the new hepatitis C medication. These efforts were paralleled by the launch of a national situation analysis on viral hepatitis by the Federal Office of Public Health with expected results at the end of 2016.

In the past three years Switzerland has made up lost ground in combating viral hepatitis in the international context and the World Health Organization adopted its own global strategy that mirrors the Swiss’ vision. Despite the encouraging results of the project the Network Members are driven to continue the combat and declared new activities such a leveraging awareness among special population groups, health care professionals and public authorities as well as introducing a test- and screen-strategy, as high priority areas. These will be at the center of the upcoming implementation phases of the strategy.
1. INTRODUCTION

This document reflects the updated outcome of the network of the Swiss Hepatitis Strategy and the result of almost three years of voluntary work by its members, to date over 2000 hours. It is composed by six chapters starting with an introduction (Chapter one) and the state of affairs (Chapter two), describing the status quo of viral hepatitis worldwide and in Switzerland as well as explaining why it is time to act now and how. A third chapter describes the vision and aims of the strategy and chapter four the projects organization including its method, structure, timeline, monitoring and evaluation, finances and funding, as well its communication and media concept.

Based on the underpinning project method, called “The Governmental Learning Spiral”
, the core project body are the Network Members, who are engaged in six Working Groups (WG’s 1-6), each covering one or two Fields of Action. In Chapter five, the Working Groups goals and organization, their respective activities and projects along with their first results are briefly summarized.

The Process Paper, the third version of its kind, is a „living document“, which will be continuously developed, paralleling the projects progress. It serves as a guideline for the activities for all participants involved and it keeps the Network Member, potential sponsors and other interested parties, informed about its results. The conclusions in chapter six do have therefore only provisional character and will be continuously adapted as needed.

2. STATE OF AFFAIRS

2.1. Status Quo

Today, Hepatitis B (HBV) and Hepatitis C (HCV) are despite the new medication a serious global threat. They are responsible for 1.44 million deaths every year, compared with 1.46 caused by HIV/AIDS and 1.17 by malaria. Worldwide, approximately 500 million people currently live with viral hepatitis, an estimate of 23 million in Europe alone. Switzerland with its highly elaborated public health system is no exception: an estimated 60’000 to 80’000 people are infected with HCV and 20’000 to 30’000 with HBV. But only about half of those infected with viral hepatitis are aware of the disease. (See Figure 1).

![Figure 1: The so-called care-cascade for hepatitis C in Switzerland](image)

Swiss Hepatitis Strategy Process Paper October 2016 / Version 3
HCV is the predominant cause for liver transplantations and if comprehensive measures against the epidemic are not introduced immediately, potentially fatal consequences will increase. They include cirrhosis, liver failure and hepatocellular cancer as well as severe extrahepatic manifestations like diabetes, renal disease, lymphoma and artherosclerosis.\(^5\)

![Figure 2: HCV prevalence and costs of HCV-sequelae over time](image)

Figure 2: HCV prevalence and costs of HCV-sequelae over time

The highest number of patients with cirrhosis and liver cancer will be reached between 2020 and 2025 (see Figure 2). It is widely assumed that the majority of HBV or HCV infected people are not aware of their illness because these infections produce almost no specific symptoms before the secondary diseases break out.\(^6\)

Despite these numbers, until recently, viral hepatitis received very little attention from the general public, policy makers, patients and health care professionals. The lack of political focus was often explained by the “class stigma” attached to hepatitis diseases. High-risk groups for acquiring and spreading the disease are injecting drug users, children of infected mothers, professional sex workers, prison inmates, migrant populations and men having sex with men. These people have little political clout. For a long time the low level of awareness remained a significant barrier to efficiently respond to this growing epidemic.\(^7\)

According to the Euro Hepatitis Index Report 2012\(^8\), which measures effectiveness of prevention, screening and treatment instruments, Switzerland is only ranked 12th. In the specific area of case finding and screening it is ranked 17th. Prevalence of infections is estimated to be approximately 0.3 % for HBV and approx. 0.7 to 1 % for HCV. The costs incurred by HCV alone amount to an estimate of over CHF 100 million for medical expenditures per year. In view of the ageing infected population and the increasing numbers of advanced illnesses among risk groups, these numbers are likely to further deteriorate.\(^9\)

In 2014 a revolution in HCV treatment became reality with the extent of Direct Acting Antiviral (DAA) therapy development and interferon-free treatments (see Figure 3).\(^10\)
In 25 years, the field of viral hepatitis advanced from discovery of the virus to the beginning of the curative era for viral infection.\textsuperscript{12} While HBV has been an avoidable and treatable disease (yet not curable) disease for some time by way of vaccination and medication to stop the progression, HCV can now be cured thanks to new and highly efficient therapies. With the cure, new infections can be prevented. The downside of these developments was that the cost for HCV treatments is considered to be unreasonably high with initial prices between CHF 60’000 and CHF 130’000 for a typical person’s total cure.\textsuperscript{12} To date the costs lowered considerably but are with an average of CHF 45’000 still very high.\textsuperscript{13}

Concerned by such pricing rates, the Federal Office of Public Health (FOPH) introduced a so-called “Limitatio” that defines the medical conditions, under which the new hepatitis drugs are covered by the mandatory health care insurance.\textsuperscript{14} A measure that doctors and patient organizations alike criticise and refuse to accept.\textsuperscript{15} As a result of these pricing and treatment regulations, viral hepatitis received an increasing amount of attention from the media and led to fierce debates among health officials, the pharmaceutical industry, insurances and the general public.

2.2. Why Acting Now and How

In May 2016 the 69th World Health Assembly (WHA) adopted the first global strategy on viral hepatitis. It recognizes viral hepatitis as a global public health challenge, comparable to the ones of HIV, tuberculosis or malaria. Its goal is to eliminate viral hepatitis as a major public health threat worldwide by 2030.\textsuperscript{16} This global strategy has been adopted by Switzerland along with 194 other countries. In addition Switzerland signed the 67th WHA declaration promising to develop comprehensive measures for national coordination to combat viral hepatitis and limit its consequences in 2014.\textsuperscript{17}

Despite these latest developments the individual, economical and social burden of viral hepatitis is expected to continuously worsen in Switzerland, if efforts to increase awareness, detection and treatment of those in need are not coordinated on the national level.\textsuperscript{18} The current detection strategy of viral hepatitis with risk-based testing has not been effective.\textsuperscript{19} The costs for HCV medications followed by restrictions of their prescription build a relevant barrier in access to adequate care.
During this standoff situation the Swiss Experts in Viral Hepatitis (SEVHep) recognized the urgency to act and initiated a process to develop and implement a Swiss Hepatitis Strategy. This conviction of having to act now was shared by the Swiss Association for the Study of the Liver (SASL), the Swiss Society for Gastroenterology (SGGSSG), the Swiss Society for Infectiology (SGINF), the Positive Council (PC), the most recently founded patient organisation “Schweizerische Hepatitis C Vereinigung” (SHCV), and the Global Health Centre (GHC) of the Graduate Institute of International and Development Studies, which joined SEVHep in leading this initiative.

In January 2014 these organizations invited thirty-five personalities with national and international backgrounds and reflecting all major perspectives related to HBV and HCV, including representatives of patient advocacy groups, to a first kick-off meeting in Bern.

Despite their different and sometimes contradicting points of views, a common understanding emerged among the participants that there is an urgent need and a political momentum to take action to launch a strategy combating and eradicating viral hepatitis in Switzerland.

![Picture 1: Kick-off event, first Swiss Hepatitis Strategy Network Meeting January 2014](image)

This private initiative received backup from the federal authorities in form of two letters, one from the Federal Councillor Alain Berset and the other from the FOPH Director–General Pascal Strupler, who stated that they “appreciated [this] initiative and the steps taken so far towards improving the health of the Swiss population in the field of chronic viral hepatitis” and that they “welcomed the well functioning information exchange between the FOPH and the representatives of the initiative that allows a mutual alignment of activities and coordination of possible upcoming steps” (see Annex VII a/b). Furthermore a patronage committee was formed that supports the initiative (see Annex V) and 26 national and international organizations became Partner Organizations to the network as well (see Annex IV).

As a result of all these measures a project organization, composed by the Network Members, a Project Board and a small Project Management was constituted that is dedicated to develop and implement a Swiss Hepatitis Strategy. So far the milestones of the strategy process were the development of a strategy vision and aims, the launch of awareness campaigns around the yearly World Hepatitis Day, an online risk assessment tool, the improved access to and the lowering of the prices of the new hepatitis C medication. The projects effort are paralleled by the FOPH’s launch of a national situation analysis on viral hepatitis in Switzerland with expected results at the end of 2016.
3. VISION AND AIMS

The determination of the vision and aims of the Swiss Hepatitis Strategy are the heart and the driving force of any activities related to this initiative. They are the result of ongoing discussions by the Network Members and the Project Board. To date the following wording was agreed upon:

The Vision of the Swiss Hepatitis Strategy is the elimination of viral hepatitis in Switzerland till 2030.²⁰

This shall be achieved by preventing new hepatitis infections, improving detection rates and access to treatment and eliminating the morbidity and mortality associated with viral hepatitis. By doing so, the individual, medical and socio-economic consequences of the hepatitis epidemic shall be eliminated with patient-friendly, cost-efficient and implementable measures.

Based on this vision, the three following aims were derived:

→ 1. Reducing the socio economic impact of viral hepatitis on the individual, the community and the general population

The growing morbidity and mortality of viral hepatitis is accompanied by major public health, social and economic burdens. HCV is associated with stigma and discrimination. Raising awareness, detection rates and targeted treatment uptake as well as price reductions of hepatitis medications could lower these burdens, e.g. by volume related pricing or improved access to imported licensed products.

→ 2. Reducing transmission of HBV and HCV

It is estimated that less than 50% of those infected with the virus are tested and therefore aware of the disease and able to prevent transmission to others. Relevantly improving detection as well as treatment rates and prevention in the population groups most affected by on-going transmission and efficiently finding and treating undetected infections in the general population must therefore be a primary goal of the strategy. HBV transmissions can be reduced by a maximal coverage of vaccination in the general population. The targeted value for new infection rates should be the reduction by 30% in 2020 and by 90% in 2030.

→ 3. Reducing morbidity and mortality caused by viral hepatitis

Among infected individuals, hepatitis related morbidity and mortality continues to grow. Successful treatment can prevent disease progression, extrahepatic sequelae and death. Treatment should therefore be available for all infected individuals in need. The systemic character of HCV infection, not only causing liver related morbidity and mortality, should be taken into account. With the availability of highly efficient and safe HCV medication, a feasible test-and-treat approach should be envisaged. To achieve this, the cost of medication must be lowered concomitant with cancellation of prescribing restrictions. A broad planned detection strategy accompanied by an awareness campaign for health professionals, high-risk groups and the general population must be implemented.

The targeted values are:

→ HCV chronic infections will be reduced by 30 percent in 2020 and eliminated in 2030.

→ HBV chronic infections will be reduced by 20 % in 2020, and by 80% till 2030.
Liver transplantations due to viral hepatitis induced end stage liver disease will be reduced by 30% in 2020 and reduced to zero by 2030.

Liver cancer due to viral hepatitis will be reduced by 30% in 2020 and eliminated in 2030.

Picture 2: Sixth Swiss Hepatitis Strategy Network Meeting April 2016

This vision and the related aims reflect the debates among the members of the project network so far. Depending the process development they might be questioned and adjusted. However, upon this point it is important that these statements are considered as the relevant guidelines, according to which the project activities have to be aligned.

4. PROJECT ORGANIZATION

4.1. Method

The development and implementation of a private initiative in the public health sector such as the Swiss Hepatitis Strategy is a complex matter and in many ways unknown territory. The points of view related to the issue are numerous, multi-dimensional and contradicting Nobody knows it all and the task cannot be delegated to one authority or a single expert. In relation to HBV and HCV more than thirty distinctive perspectives were identified that have to be considered in such a multifaceted endeavour.

An approach that foresees such a broad and collaborative process is the Governmental Learning Spiral (GLSp). This method is a theory-based and practice-approved concept designed to initiate collective learning to develop and implement sustainable knowledge in political settings. An important effect of the approach is that it enhances a sense of social belonging among the involved actors, which leads to the alignment of different viewpoints as well as the creation of social networks.

A further key aspect of this bottom-up method is that the involved actors contribute their expertise for free. Their return of investment is the acquirement of new first-hand state-of-the-art insights as well as the opportunity to influence the learning process as a whole.
4.2. Structure

The structure of the project reflects the requirements determined by the vision and aims and the Governmental Learning Spiral’s bottom-up approach. The main decision making body are the approximately 80 Network Members (see Annex II) who are organized around the six thematic Working Groups (see Annex III). Each Group is lead by a Liaison Person, who is also a member of the Project Board, together with the representatives of the project initiating organizations SEVHep, SASL, SGGSSG, SGINF, SHCV, GHC, and the Positive Council. ²²

The Working Groups are in charge for the operational implementation of the project activities, where else the Project Board oversees the strategic aspects of the process. The board has no legal status. Its constitution and resolution depends on the will of the majority of its members. ²³ An appointed chair leads it. ²⁴ The Working Groups and the Project Board are supported in their activities by the Project Management²⁵, which runs the project office²⁶. For an overview of the project structure see Figure 4.

![Figure 4: Swiss National Hepatitis Strategy: Project Structure](image)

Till now this current structure served the project process well. However, depending the upcoming project developments it is likely that it will become more differentiated and legally formalized, i.e. towards a private-public-partnership. In any case, it is important to keep the organizational format lean and the budget low, so it can be covered solely by unrestricted funds. The current contributors who support the initiative financially are listed at the strategies website. ²⁷

4.3. Meetings and Time Table

The venue where the Network Members assemble are the biannually organized Swiss Hepatitis Strategy Network Meetings. In these events past activities are shared, analyzed, and future measures are derived accordingly. To date seven meetings were held, each of them having its unique purpose and design, depending the project’s requirements. This content-based course of action allows a very
flexible and effective process development that is fully directed and monitored by the Network Members themselves. In short the subject matters of the events were as follows:

The initial kick-off event, the First Swiss Hepatitis Strategy Network Meeting, was held in January 2014. At this occasion the project was formally constituted and an inventory of corner stones that need to be considered when developing a comprehensive hepatitis strategy were developed.

In the Second Swiss Hepatitis Strategy Network Meeting in September 2014 the Network Members became operationally active and committed to engage in one of the six composed Working Groups, each of them responsible for one or two Fields of Action.

At the Third Swiss Hepatitis Strategy Network Meeting in December 2014 the Network Members entered into the planning phase of the project, pursuing a comprehensive overview of all Field of Action related activities across the six Working Groups. The event was connected with a public symposium on the public health aspects of viral hepatitis.

At the Fourth Swiss Hepatitis Strategy Network Meeting in March 2015 concrete implementation steps were worked out and coordinated, with a special emphasize of the first six-month implementation phase. Decisions were made regarding what Field of Action related activities would be taken first, in collaboration with whom and what resources will be used (see Picture 3). Furthermore, it was decided to develop a communication and fundraising concept.

In December 2015, at the Fifth Swiss Hepatitis Strategy Network Meeting, awareness on all levels including the general population, health care system, authorities, etc., a test- and screen-strategy and a call to the FOPH to intensify the collaboration with the Swiss Hepatitis Strategy have been chosen as high priority topics (see Picture 2). Also a Monitoring and Evaluation (M&E) concept was introduced that would offer results about the projects upcoming implementation phases on a biannual basis.

At the Sixth Swiss Hepatitis Strategy Network Meeting in April 2016 several milestones could be achieved: new test and screening recommendations got approved, impressive media attention was achieved in television, radio, newspapers, the yellow press and in the social medias such as Facebook and Twitter.
With the Seventh Swiss Hepatitis Strategy Network Meeting the latest event in this series was held in October 2016. By taking track of the results achieved in the second twelve-month implementation phase (January till December 2016) new plans were made for the third implementation phase (January till December 2017). The event was for the second time connected with a public symposium on the topic of “Hepatitis – the Elimination of a Viral Disease”.

Besides these formal network meetings numerous events are taking place organized by the Working Groups, the Project Board, and the Project Management to steer and oversee the ongoing strategic and operational activities. An overview of these past and future events is provided in a timeline that is continuously updated (see Annex VIII).

### 4.4. Monitoring and Evaluation

Accordingly a custom-made M&E concept was set up paralleling the first implementation phase. To secure ownership and to mark the way forward indicators were developed along the eight fields of action by the members of the Working Groups. 32 statements directed towards the project vision and aims were derived from them. The survey was designed in a way that allows its extension with new statements if necessary. (See Annex VI)

The survey’s sample includes the Network Members. However, it can be extended to other individuals or groups later on. It is foreseen that the survey will be repeated every six month over a timeframe of 15 years. The compilation of each poll is recorded on a scorecard that gives an overview about the progress of the project.

After a successful test in December 2015 a first survey was conducted in April 2016 and the results were presented at the Sixth Swiss Hepatitis Strategy Network Meeting (see Annex IX). A second survey was launched in October 2016.

### 4.5. Finances and Funding

A balanced funding of the Swiss Hepatitis Strategy and its projects is crucial. That is why fundraising has had a high priority from the beginning. A communication and fundraising concept was established. It describes the necessary activities and resources that should be allocated for this field.

An important cornerstone is the voluntary work of the 80 Network Members. Over 2000 hours of unpaid work were conducted to date. Without this unpaid work the development and implementation of the Swiss Hepatitis Strategy would not have been possible.

But despite the big amount of voluntary work: finances and funding are needed. With core funding coming mainly from private companies in the health sector the Project Management intends to develop a more balanced funding, including foundations, private companies other than the pharmaceutical industry as well as from public authorities. As a first step the World Hepatitis Day campaign 2016 could be financed for the major part through sponsoring from laboratories. As more and more concrete activities and projects from the Working Groups emerge, project funding will be developed accordingly.
4.6. Communication and Media

Due to a lack of awareness it was from the beginning of outmost importance to communicate about viral hepatitis through the public medias to reach the general population. It was therefore a priority to develop not only an internal but also an external communication concept. An example is the World Hepatitis Day, which turned out to be a valuable platform for media relations and for campaigns. A first campaign was conducted in 2015. Though the resources were very limited the response especially in the media was very good. In 2016 a second campaign was developed. Furthermore, a web-based risk tool was introduced where people assess their individual risk being contracted viral hepatitis.28

Since the project launch numerous articles were written for expert journals and magazines and an ongoing dialogue with journalists was established. A project website was launched, which is available in four languages: German, French, Italian and English. The news section is regularly updated. Social media channels were also developed: the strategy is active on Facebook, Twitter and has its own YouTube-Channel.

![Symposium on the public health aspects of viral hepatitis December 2014]

The internal communication within the network is of a great importance as well. The biannually held Hepatitis Strategy meetings allow the exchange among Network Members, the Working Groups, the Project Board and the Project Management. In addition an e-newsletter, called the “Network News”, is sent out to the Network Members every two to three months and informs them about the latest activities within and outside the project.
5. WORKING GROUPS AND FIELDS OF ACTION

On the operational side the Swiss Hepatitis Strategy is mainly driven by six Working Groups. Each is responsible for one or two Field of Action. WG 1 deals with Prevention and Awareness, WG 2 with Testing Strategies for HBV and HCV, WG 3 with Access to Treatment, WG 4 with High Risk Groups, WG 5 with Pricing and Finances, and WG 6 with Politics and Policies. The Fields of Action Prevention and Awareness, Testing Strategies for HBV and HCV, Access to Treatment, Pricing, and Politics are considered as self-contained activities, where else High-Risk Groups, Finances, and Policies as cross-sectional functions. The strategy can therefore be presented in a two-dimensional matrix with five self-contained activities on the horizontal and three cross-sectional activities on the vertical axes (see Figure 5).

![Matrix of the eight Fields of Action](image)

Figure 5: Matrix of the eight Fields of Action

The following description of the goals, organization, activities, projects, achievements and results for each Working Group reflect the nature of the respective Fields of Action and are therefore altogether rather inconsistent and heterogeneous. In addition the content of each description may change over time, mirroring the projects future development.30

5.1. Working Group 1: Prevention & Awareness

This Working Group deals with raising the awareness of the general population, health care providers and risk groups about viral hepatitis. Prevention and Awareness is considered a self-contained Field of Action.
5.1.1. Goals and Organization

The Working Group defines two overall goals:

→ First, raising awareness by informing the general population and risk groups without creating unnecessary anxieties or fear; and

→ Second, reducing stigma by informing the general population, health care providers and risk groups.

The first goal shall be achieved by providing the general population with the necessary knowledge about viral hepatitis infections, in order to promote prevention, targeted testing, follow-up, treatment and reduction of aggravating risk factors.

The second goal shall be reached by providing people at increased risk, such as injecting drug users, Men having Sex with Men (MSM), prisoners, sex workers, migrants, as well as people affected by hepatitis, health care providers and professionals, who are in contact with infected individuals, with the necessary knowledge about viral hepatitis infections. This shall be done by promoting prevention, targeted testing, follow-up, treatment and reduction of aggravating risk factors.

WG 1 is composed by the Liaison Person Bettina Maeschli, Positivrat Schweiz (Positive Council), and the group members Marcel Bruggisser, Departement für Verteidigung, Bevölkerungsschutz und Sport, Tesfahlem Ghebrehiorgihis, Forum für die Integration der Migranten und Migrantinnen, Ueli Hostettler, Institut für Strafrecht und Kriminologie Universität Bern, Peter Menzi, Infodrog, Gert Printzen, former Zentralvorstand FMH, analytica medizinische Laboratorien, Branka Vukmirovic, Staatssekretariat für Migration, and Angelika Widhalm, European Liver Patients’ Association. Activities for health care providers are coordinated with WG 3 Access to Treatment and activities for high-risk groups with WG 4 High-Risk Groups.

5.1.2. Activities and Projects

The Working Group defined the following eight, key activities:

→ Survey among the general population on knowledge about hepatitis: It is unknown, what the general population knows about hepatitis infections, transmission, prevention, immunization, diagnostics and treatment. To formulate the right messages it has to be known what knowledge is already available, how affected individuals are perceived (stigma) and what their needs are. Therefore, a survey in the general population should be conducted.

→ Finding best practice examples: Not everything has to be reinvented. It makes sense to build on already existing experiences, which proved to be successful. Therefore, best practice examples and their findings should be identified and studied. The experiences made with HIV may be useful too.

→ Identification of existing programmes: In order to use possible synergies, existing programmes should be considered and approached for collaboration, such as “MiGes – migration and health”, HIV-STI programme, addiction strategy, vaccination programmes.

→ Understanding the dimension of stigma: Is stigma a problem? To what extent is this the case? Is it a barrier to treatment? How do risk groups, eg. the community of migrants, perceive hepatitis? Is it one of the taboo issues? Are migrants ready to do a test without having a fear of their community feedbacks? In order to create the right messages the related stigma should be better understood and a survey among patients should be conducted.
Creating key messages and communication strategy: Based on the results of the surveys above, key messages have to be developed to address target groups. It will be important to stress the benefits of knowing one’s own hepatitis status. Positive messages have to be formulated and transmitted. Messages should be easy to understand and – if possible – they should be available in different languages. The messages will be included in a detailed communication strategy.

Improving the knowledge of health care professionals: Health care professionals, like general practitioners, nurses, medical staff in prisons and so on, as well as social workers in specific settings should have enough knowledge on hepatitis to react accordingly. Eg. know-how and awareness of general practitioners is crucial, so that the right individuals get tested, investigated and follow-uped appropriately, informed correctly and eventually treated for hepatitis at the right moment with the right drugs. Professionals should also be aware of the cultural and social norms and their differences in order to pass culturally appropriated messages and to make sure of their acceptance by migrant communities. Learning’s from the HIV-field may be adoptable too. To reach this goal, training programs should be developed for doctors and nurses, as well as other professionals. This shall be done in collaboration with WG 3.

Production of information material on- and offline: Development of information material in print, of a website and social media targeting the general population and high-risk groups. This shall be done in coordination with WG 4 as well as experts, including the development of a risk assessment tool similar to the one in the HIV-Campaign.

Evaluation and further development of activities.

5.1.3. Achievements and Results

Website: A website with information on viral hepatitis was established in German, French, Italian and English.31 It provides vast information on all viral types of viral hepatitis for the general population, affected individuals and specialists. A news section reports the latest studies and developments in the field of viral hepatitis.

Articles: Several articles in journals and magazines for medical staff and other experts as well as in the general media were published in order to inform about viral hepatitis in general as well as the strategy and its vision and aims.32

World Hepatitis Day: A first campaign in 2015 aimed at promoting the newly launched website and at informing the general population about the existence of viral hepatitis. Flyers with the claim “Hepatitis: Do you know your ABC’s?” were distributed in treatment centres and clinics throughout Switzerland. A patronage committee with Swiss celebrities supported the campaign. The campaign was launched on the World Hepatitis Day in July 28th.

In 2016 a second campaign for the World Hepatitis Day was launched. A risk assessment tool was established online where people can check whether they had a risk situation in the past. The campaign is promoted with flyers, posters as well as social media.

Survey among physicians: An online survey among general practitioners and addiction specialists about treatment and care of patients with viral hepatitis is in preparation.
5.2. Working Group 2: Testing Strategies for HBV and HCV

The main purpose of this Working Group is to define the most appropriate diagnostic tools to test for HBV and HCV and to groups among the general population, to whom testing should be offered with priority. This Field of Action includes areas that are also in part covered by other Working Groups, such as awareness and high-risk groups.

5.2.1. Goal and Organization

The goals of the Working Group are:

- to assess the most appropriate and most efficient way of testing for hepatitis B and C in regard to availability, feasibility, acceptance by the population, reliability and costs in the setting of Switzerland;
- to identify those groups in the general population that are most likely to test positive for HBV or HCV infection;
- to elaborate a model in which the implementation of a testing strategy will allow to identify infected patients in time and to set priorities for treatment;
- to demonstrate in a small scale project that this testing strategy is feasible and effective.

The members of this group have very different backgrounds in terms of competence and know-how in order to build an interdisciplinary group and efficiently elaborate solutions. It is composed by the liaison person Andrea De Gottardi, hepatologist, by specialists from the area of infectious diseases, including Andri Rauch, Pietro Vernazza, Christoph Hatz, Karoline Aebi-Popp, Barbara Bertisch and Gilles Wandeler, an epidemiologist Cindy Zahnd, a general practitioner, Daniel Geiser, a representative of the pharmaceutical industry, Jean-Blaise Defago, a representative of the FOPH, Christian Schaetti, an hepatologist, Pierre Deltenre, a blood transfusion specialist, Christoph Niederhauser, and a representative of Positivrat Schweiz (Positive Council), Harry Witzthum.

5.2.2. Activities and Projects

In regard of the first purpose the group is analysing various diagnostic tests, such as serology, PCR or liver elastography to screen and to follow up patients with chronic viral hepatitis. The main evaluation criteria of these tests include performance accuracy, feasibility, acceptance in the target population, costs and concrete consequences of testing and surveillance.

In a second step, the analysis of available epidemiological data for the situation in Switzerland will allow identifying the characteristics of the population in which a strategy of screening and surveillance will likely be successful. Not only advantages, but also possible adverse effects of screening will be evaluated.

Concerning the third goal, a model and a roadmap for a strategy will be elaborated. Two possible scenarios including a forward strategy were identified, i.e. the initial identification of patients with the infection HCV positive serology and PCR, followed by surveillance for the disease with advanced liver fibrosis, and a backward strategy, starting with screening for the disease first and identification of the infection later.

The fourth step will consist in assessing feasibility and results on a small scale. To this goal the application of one selected strategy of HBV and HCV testing over a short time period and in a small test population was considered. At the end of the preliminary experimental approach, results will be
analyzed according to previously determined criteria of success. This approach will allow to correct inefficient processes and to improve the general performance of the strategy.

Lastly, the strategy will be ready for implementation on a national scale and will be coordinated together with other related Fields of Action.

5.2.3. Achievements and Results

To get an overview on the epidemiology of HBV and HCV in Switzerland, some members of WG 2 carried out studies about the incidence and prevalence of viral hepatitis in hospital personnel in Eastern Switzerland and among the patients attending an outpatient clinic for surgery in Lausanne.

Moreover, an analysis of the situation for pregnant women with HCV infection and mother to child transmission based on national epidemiological data has been performed and published. This paper suggested to offer a general screening for women at childbearing age or during pregnancy in order to eliminate vertical HCV transmission.

The analysis of the positive test results among blood donors in Switzerland confirmed the significantly increased prevalence of HCV among the so called baby boomers, i.e. persons born between 1950 and 1985.

Data collected in the Swiss HIV Cohort confirmed the high prevalence of coinfections intravenous drug users.

A study at Checkpoint Zürich among 41 male sex workers found a prevalence of chronic HBV in 10% and HCV-prevalence of 0%.

A study in female sex workers (STAR trial) is ongoing and investigates the prevalence and incidence of HCV and HBV in female sex workers.33

Finally, a study aimed at investigating the prevalence of HCV and HBV in prisoners in Switzerland is in preparation.

All these results are contributing to define who should be tested for HBV and HCV, and which strategy should be adopted in the cascade of care in persons with a positive result.

5.3. Working Group 3: Access to Treatment

This Working Group deals with all aspect related to hepatitis treatment with the ultimate goal to prevent, whenever possible, the progression of the disease to cirrhosis, to enhance treatment readiness and adherence as well as to avoid additional liver damage through alcohol overuse, overweight and other risk factors.

5.3.1. Goal and Organization

The Working Group has three overall goals:

- First, to facilitate access to care by trying to overcome the current limitation and to synchronize the patient path between different institutions such as family physicians, prisons, institutions dealing with migrants, opioid substitution treatment and others.

- Second, to integrate these institutions into a comprehensive treatments plan and provide them practical up-to-date treatment recommendations in concordance with international bodies.
Third, to achieve a sustained treatment success by preventing re-infections and by reducing comorbidities related to alcohol overuse and overweight and other risk factors.

WG 3 is composed by the Liaison Person Beat Müllhaupt, Gastroenterology and Hepatology, University Hospital Zurich (USZ), Vice-President Swiss Society of Gastroenterology, member of the Swiss Hepatitis C Cohort Study (SCCS), Council Member of the Swiss Association for the Study of the Liver, Jan Fehr, Division of Infectious Diseases and Hospital Epidemiology USZ, member of the Swiss HIV Cohort Study (SHCS), Sponsor-Investigator of the “Swiss HCVree Trial” and co-chair of the Federal Commission for Sexual Health (EKSG), Daniel Horowitz, Präsident Schweizerische Hepatitis C Vereinigung, Patrizia Künzler-Heule, Pflegeexpertin, Gastroenterology and Hepatology Kantonsspital St. Gallen, Francesco Negro, Divisions of Gastroenterology, Hepatology and Clinical Pathology, Principal investigator of the SCCS, Council Member of the Swiss Association for the Study of the Liver and Educational Councillor of the European Association for the Study of the Liver, Dunja Nicca, Institut für Pflegewissenschaft, University of Basel, David Semela, Gastroenterology and Hepatology, Kantonsspital St. Gallen, chairman of the scientific committee of the SCCS, Council Member of the Swiss Society of Gastroenterology and the Swiss Association for the Study of the Liver.

Activities of the WG 3 are tightly connected to WG 1 Prevention and Awareness, WG 2 Testing Strategies for HBV and HCV, WG 4 High Risk Groups and WG 5 Financing and Pricing.

5.3.2. Activities and Projects

The WG 3 defined the following key activities derived from the three levels, namely system, provider and patient:

- to seek the dialogue with health authorities, health care insurances and the industry;
- to conduct an assessment of the current care continuum with its strengths and weaknesses, in order to define clinical pathways and the coordination of care and to develop supportive tools;
- to identify and discuss barriers and needs with all before-mentioned players and subsequently develop tools for comprehensive patient assessment;
- to regularly update treatment recommendations;
- to identify needs and barriers and develop patient support accordingly.

5.3.3. Achievements and Results

- Members of the Working Group participated and continue to participate in the round table discussions with the FOPH.
- Fruitful discussions within the WG 1 of the EKSG started in 2015 and will continue, hopefully leading the elimination of the current limitation which prevents access to treatment for a large part of the affected patient population. During one of the meeting an exchange with Swissmedic was possible, discussing the lengthy approval process in Switzerland as well as the difficulty to rapidly change approvals based on new data.
- Treatment recommendations are regularly updated in Expert Opinion Statement (EOS) published by the Swiss Society of Infectious Disease (SSI) and SASL. The last update was published in September 2016 and is available online. This EOS provides practical recommendations integrating international guidelines as well as the current Swiss label and reimbursement.
Dunja Nicca is exploring how patients exposed to second generation DAA’s do perceive their treatment. This qualitative study is interview based and performed by a master student. First results will be available at the end of the third quarter of this year.

“The Swiss HCVree Trial” successfully started the period 2, i.e. the intervention period, June 17 this year. The overall goal is to evaluate and to treat all HIV/HCV-positive MSM in Switzerland hoping to prevent the development of liver related complications and to interrupt the transmission chain of HCV infection in the MSM community. The intervention is based on two pillars: first, treatment with newest DAA’s, and second, to offer behavioural intervention for persons at high-risk for reinfection. The behavioural intervention was developed specifically for this trial as no such video-interventionist based concept for our target population existed before. Furthermore, this trial helps also to better characterize the ongoing epidemic in the HIV-HCV co-infected population of MSM. It will therefore provide helpful information to develop national treatment and intervention strategies to accomplish the goal of the Swiss Hepatitis Strategy to eliminate viral hepatitis by 2030.

5.4. Working Group 4: High-Risk Groups

The main purpose of this group is to monitor and – and where appropriate – facilitate activities specifically addressing needs of high-risk groups including Persons Who Use Drugs (PWUD), MSM, sex-workers, prison inmates as well as people with a migration background. Members of this Working Group are highly engaged in various national viral hepatitis projects. Operational activities within the Swiss Hepatitis Strategy are mainly covered by other Working Groups, e.g. WG 2 for testing strategies. Thus, WG 4 activities are of a cross-sectional type.

5.4.1. Goal and Organization

The goals of the Working Group are:
- High-risk groups get tested and are treated for viral hepatitis;
- Barriers to treatment are known and addressed. Those subgroups most at risk are identified;
- Health care providers know about the vulnerability of high-risk groups and act accordingly;
- Activities for high-risk groups are included on all levels of the strategy.

The Working Group is composed by the Liaison Person Claude Scheidegger, representative SSI and SAMMSU, Chatterjee Bidisha, president Santé Prison Suisse, Sandra Hollinger, International Organization for Migration, Serge Houmard, FOPH, Peter Menzi, Infodrog, Marcel Ruf, Justizvollzugsanstalt Lenzburg, Andreas Lehner, Aids-Hilfe Schweiz, and Hansruedi Völkle, Positivrat Schweiz (Positive Council).

5.4.2. Activities and Projects

The main projects with participation of WG 4 members include:
- Implementation of a FOPH strategy on prevention and treatment of viral Hepatitis among PWUD;
- FOPH survey on viral hepatitis in the non-PWUD population, including sex-workers, prison inmates as well as, people with a migration background;
- Study on the prevalence of HCV and HBV in prisoners in Switzerland;
- Activities of the Aids-Hilfe Schweiz;
Activities of the Positive Council;

Since viral hepatitis, mainly HCV, among MSM is considered to be an issue among HIV co-infected only\textsuperscript{36}, further national activities are limited to this specific MSM subgroup.

5.4.3. Achievements and Results

On September 29 2016, there was a national symposium in Biel/Bienne on “Hepatitis C among PWUD, New Chances – New Challenges”.\textsuperscript{37}

The kick off meeting of the Implementation of a FOPH strategy on prevention and treatment of viral Hepatitis among PWUD will take place on November 2 2016.

First results from the FOPH survey on viral hepatitis in the non-PWUD population are expected by end of October 2016. This survey will hopefully present new data on the prevalence of viral hepatitis among some high-risk groups for which data have been scarce so far, especially for sex-workers, prison inmates as well as people with a migration background.

The study on the prevalence of HCV and HBV in prisoners in Switzerland is in preparation.

A study in female sex workers (STAR trial) is ongoing and investigates the prevalence and incidence of HCV and HBV in female sex-workers (star-trial.infekt.ch).

New results on the prevalence on hepatitis C among HIV-HCV co-infected MSM will be available from the HCVree trial.\textsuperscript{38}

5.5. Working Group 5: Financing and Pricing

The purpose of this Working Group is to reflect on sustainable pricing models ensuring timely access to treatment and to ensure the long-term feasibility of the strategy process by establishing a Public-Private-Partnership involving all interested stakeholders.

Pricing is a self-contained (a) and financing (b) a cross-sectional Field of Action.

5.5.a Pricing

5.5.1.a Goal and Organization

The goals of the Working Group are:

- Evaluate pricing models and explore mechanisms implementable within the Swiss legal framework;
- Ensure the long-term sustainability of the strategy process by involving all interested parties from both the public and private sector.

In order to address the goals effectively, WG 5 is composed of individuals with diverse backgrounds. The Liaison Person is David Haery from Positivrat Schweiz and the group members Urs Brügger, health economist from Fachhochschule Winterthur; Andreas Cerny, hepatologist from the Epatocentro Lugano; Stefan Grunder, Programme Leader “Lean Hospital” from the University Hospital Basel; Beat Helbling, hepatologist and gastro-enterologist, Secretary SASL; Heiner Sandmeier, Interpharm; Andreas Schiesser from Santé Suisse; Kim Starzacher, Department of finances at the Zurich University Hospital; Markus Zimmermann, ethicist from the University of Freiburg i. Ü.
5.5.2.a Activities and Projects

Volume pricing models: Information from different countries were collected where volume pricing models have been established such as Italy, Slovenia, Spain, Australia and Portugal. The Australian model was rated as being the most thorough and attractive, as it includes all marketing authorisation holders. However, it was realized that a successful model from abroad may not be adaptable for another country, because health systems are complex and the Swiss system is quite unique. While not entirely impossible, such a model would not be implementable in timely manner in 2017, when pan-genotypic drugs will be rolled out.

5.5.3.a Achievements and Results

It was observed that prices for DAA don’t seem to be as elastic as expected. Widening the limitation to F2 had a disappointing effect on volumes in 2015. Furthermore, Switzerland is currently exploring volume pricing models for certain situations. The so-called “Prävalenzmodell” is applicable in HCV. The model has been provisionally introduced to set a basis for volume based price reductions.

As a next step, the Working Group will explore other mechanisms that are implementable under existing Swiss legislation. The group concluded that the explicit intention of all actors to do the utmost using all available tools is not given yet. The Working Group recommends to replace the current fibrosis status guided approach by recognising an infectious diseases guided approach to HCV treatment. It will be explored to use the SVK instrument as long as it has to be dealt with any kind of a “limitatio”.

WG 5 will further approach the pricing question on three pillars in this order:

- First, the group is explicitly seeking a constructive collaboration with relevant partners on the public side such as the FOPH;
- Second, it focuses on the strategy development and its effective implementation, since there is no other promising tool to achieve solutions satisfying all players or to reduce current insecurity for all actors.
- Third, it focuses on making best possible use and flexibilities of existing instruments (SVK, Prävalenzmodell). Solutions for treating relapers should also be found using the SVK instrument. SVK has the potential to generate useful volume of cases for guiding reimbursement decisions.

5.5.b Financing

The goal of this Field of action is how to finance the strategic process. The strategy development is of immediate public health interest. By effectively involving cantonal and national authorities in the strategy development process, the Working Group hopes to mobilise public funds. To keep cost under control, all Working Groups operate currently on a volunteer basis. At this point, the group looks forward to the results of the FOPH situation analysis to undertake further steps.


The WG 6 in collaboration with the Project Board drafts summary papers to serve as the basis for regular meetings with the relevant political players. These meetings are set to inform about the work in progress and to seek early acceptance of key components of the Swiss Strategic Document. Of particular importance is to insure that messages delivered to health care professionals and to the public are consistent, acceptable and based on evidence.
WG 6 addresses 2 fields: a self-contained field, i.e. politics and a cross-sectional field, i.e. policies.

The Working Group is composed by the Liaison Person Daniel Lavanchy, SEVHep, and the group members Morten Keller, Stadträtlicher Dienst, Stadt Zürich, and Branka Vukmirovic, Staatsssekretariat für Migration and Jean-Blaise Defago, representative of the pharmaceutical industry.

5.6.1.a Goals and Organization

The Working Group ensures that the politically responsible persons, institutions and public health are informed and agree with the Swiss Strategic Document. It works in close collaboration with the Project Board and the Project Management and keeps track and ensures consistency about the work in progress of WG’s 1-5.

5.6.2.a Activities and Projects

The WG 6 will produce periodically briefing notes and strategic summary documents about the outputs produced by WG’s 1-5. These will be submitted to the Project Board. It amends the proposals as deemed necessary. The Project Board shares the proposals as deemed adequate with the FOPH and with politically relevant persons and/or institutions. If amendments are recommended, the Project Board will submit these for further discussion to all members of the concerned Working Groups through the liaison person, which will make modifications as deemed acceptable. The Project Board and WG 6 will distribute the updated draft to all members of the Swiss Hepatitis Strategy in order to finalize it, while seeking agreement with the politically consulted instances. Finally, the Project Board shares the Swiss Strategic Document with interested parties and/or with the public as deemed necessary.

Together with the Project Board, WG 6 is building up the continuous enlargement and strengths the boundaries of a national network, including international representation as well as their affiliated organizations; works to maintain good working relationship with FOPH at the operational level and supports the situation analysis organized by the FOPH; maintains the information flow to selected key members of the Federal Parliament; briefs Cantonal officials; contributes to producing information materials on paper and electronically; contributes to the updating of the Website, Process Paper updates and the ongoing M&E procedures.

5.6.3.a Achievements and Results

Organization of seven Swiss Hepatitis Strategy Meetings and two Symposia as of to date. 25 with the network affiliated Organizations became partners of the network. Participation at two briefing roundtables organized by the FOPH, leading in Spring 2016 to the commission of a situation analysis about viral hepatitis epidemiology and care in Switzerland by the FOPH, carried through the Institute on Social and Preventative Medicine of the University of Bern. The responsible persons for the analysis as well as part of the scientific board are members of the Swiss Hepatitis Strategy Network.

Regular briefings with members of the Federal Parliament are ongoing. A briefing of the Council of States is in planning for the fall 2016. The Strategy was presented to the Swiss Association of Cantonal Officers of Health (VKS). A meeting with Federal Councillor Alain Berset was held in fall 2015; a next meeting is planned in Fall 2016.

A Website about the project was launched in fall 2014 and is continuously being updated and enlarged. A Dropbox depository has been established, which allows continuous sharing of documents among Network Members. As of to date, three issues of the Network News have been distributed.
M&E: One test survey and a first survey in Spring 2016 were carried out, and every 6 months a further M&E survey will follow. Three versions of the Process Paper have been written, each reflecting updated strategy activities.

5.6.b Policies

5.6.1.b Goals and Organization

The Working Group insures that the recommendations and policies developed in the Swiss Strategic Document are acceptable, realistic and applicable. It works in close collaboration with the Project Board keeps track and insures consistency about the work in progress of WG’s 1-5.

5.6.2.b Activities and Projects

The Swiss Hepatitis Strategy will formulate recommendations that will eventually be translated into public health policies. The Working Group together with the Project Board and WG’s 1-5 will ensure that these are suitable and acceptable for Switzerland before being issued.

5.6.3.b Achievements and Results

At the next meeting of the Swiss Hepatitis Strategy on October 31st 2016, the recommendations made, will be discussed and adapted according to the consensus.
6. PROVISIONAL CONCLUSIONS

In January 2014 experts from all spheres of society concerned about the growing individual, economical and social burden of viral hepatitis launched a private initiative to combat Hepatitis B and C in Switzerland. Meanwhile, a strategy was developed and its implementation is taking place already. The initiative itself has grown to a well-organized network of over 80 members, 26 national and international institutions and a patronage committee. Altogether over 2000 hours of voluntary work were contributed in the first three years of the project!

The results of this private strategy effort are remarkable and proof that a well-organized bottom-up project structure has the capacity to make a difference in a very complex and disputed area in public health. Even though the strategies vision appears very ambitious, today the Network Members feel more confident than ever that the elimination of viral hepatitis in Switzerland till 2030 is in reach.

Since the low ranking in the Euro Hepatitis Index Report in 2012 Switzerland has made up lost ground in the international context. Thanks to the Swiss Hepatitis Strategy, Switzerland owns a full-fletched strategy, which is in its second implementation phase already. With a delay of close to three years the WHO adopted its own global strategy that mirrors the Swiss’ vision. Now WHO urges its member states to develop their own national strategies.

The most critical measure of the project is the broad and highly visible public awareness campaigns around the annual World Hepatitis Day. Together with the website and numerous strategy related publications viral hepatitis became a glaring public concern, which was increasingly acknowledged in the national medias. Also hard to proof, there is a broadly shared consensus that these activities contributed to the improved access to and the lowering of the prices of the new hepatitis C medication.

Another key success factor is the project’s methodology, which assures the commitment and ownership of the project activities through the Network Members. It keeps the project structure lean and the budget low, so it can be covered solely by unrestricted funds. Another important feature is the implementation of a M&E tool that captures all projects activities. These regular feedbacks allow the Network Members to assess the strategy progress and to conduct changes and adjustments if required.

Somehow cautious at the beginning, the federal and cantonal authorities became gradually aware about the strategy’s activities too. Staff members of several federal and cantonal departments became members of the network and the FOPH launched a national situation analysis on viral hepatitis and organized several expert roundtables to discuss the relevance of the topic. It is expected, that these different forms of collaborations will continue to intensify and further formalized.

Despite the encouraging results achieved so far there is still a long way to go. In the last Swiss Hepatitis Strategy meetings the Network Members identified loopholes such as special population groups, health care professionals and public authorities that were neglected by the past awareness campaigns as well as the introduction of a test- and screen-strategy. They were detected as high priority areas that need to be dealt with in the upcoming third implementation phase.

Nonetheless, the ability to recognize and to react to such challenges swiftly underlines the capability of the Swiss Hepatitis Strategy to learn from its experiences and improve its activities on a fast pace. The project has demonstrated to be an effective and dynamic instrument to steer the strategy process, to expand and strengthen the network, as well as to have a strong impact on a serious public health threat.
A  ANNEX

Annex I:  Concept Paper
Annex II:  List of Network Members
Annex III: Working Group List
Annex IV: Network Partner Organizations
Annex V:  Patronage Committee
Annex VI: Questionnaire First Survey
Annex VII: Letters
  a) Letter from Federal Councillor Alain Berset, June 3, 2014
  b) Letter FOPH-Director Pascal Strupler, December 19, 2014
Annex VIII: Time Table
Annex IX: First Survey: Results Question 1
Annex I: Concept Paper

Concept Paper for a Swiss Hepatitis Strategy

Viral hepatitis, a chronic inflammation of the liver due to infection with a hepatitis virus, is common in Switzerland, potentially deadly and largely underestimated. The World Health Organization (WHO) compares the hepatitis epidemic with a “viral time bomb” on the global scale.

The silent epidemic - Time to act now!

Chronic hepatitis infections are a pressing public health issue. More than 70’000 people are infected in Switzerland. Furthermore, the ageing of the infected population will in the near future be responsible for a considerable increase in patients who suffer from an advanced stage of liver cirrhosis or liver cancer. Worldwide Hepatitis B (HBV) and Hepatitis C (HCV) together account for the death of approximately one million people every year. In the western world HCV infection is the major indication for liver transplantation and accounts for higher mortality rates than HIV.

The highest number of patients with cirrhosis and liver cancer will be reached between 2020 and 2025. It is widely assumed that the majority of HBV or HBC infected people are not aware of their illness because chronic HBV and HBC infections produce almost no symptoms before the secondary diseases break out.

Viral hepatitis today gets only little attention among the general population, policy makers, patients and health care professionals. This low level of awareness remains a significant barrier to efficiently respond to this growing epidemic. Knowledge about viral hepatitis and the harms of undetected and untreated infections is poor, even for individuals living with the virus. Reasons for this poor awareness include the lack of immediate symptoms, the slow progression of the disease and low political will to tackle the epidemic.

Infection, progression of the disease and mortality could be prevented in many cases. HCV can be cured. HBV can be efficiently prevented by vaccination and those infected can be treated in order to prevent disease progression. In order to reduce morbidity and mortality among infected people, it is paramount to identify them early and treat them as soon as needed. However, according to the “Euro Hepatitis Index 2012 Report”, even many of the European countries, which in general have effective prevention, screening and treatment instruments in place, are still lacking concrete measures and strategies to combat the disease. This is despite the fact that an estimated 23 million people are affected by chronic hepatitis infections in Europe and 125’000 Europeans die of a hepatitis-related secondary illness every year.

According to the Euro Hepatitis Index Report, Switzerland is ranked 12th immediately behind Ireland but before Belgium. In the area of case finding/screening Switzerland is ranked 17th. Prevalence of infections is estimated to be approx. 0,3 % for HBV and approx. 0,7–1 % for HCV. The costs incurred by HCV alone amount to over 100 million Swiss francs for medical expenditures per year. In view of the aging infected population and the increasing numbers of advanced illnesses among risk groups such as migrants, sex workers, prisoners, etc. the numbers are likely to further deteriorate. The increased numbers of cases of advanced liver disease, the impending market launch of highly effective and well-tolerated treatments as well as the comparatively bad score of Switzerland in the European ranking indicate a need for a national hepatitis strategy.
A Swiss Hepatitis Strategy

The rising burden of this preventable and curable disease and the arrival of highly potent and well-tolerated treatments options give momentum to a national coordinated action to combat viral hepatitis in Switzerland. The Board of the Swiss Experts for Viral Hepatitis (SEVHep) has decided to take the initiative to develop and implement a Swiss Hepatitis Strategy with the active involvement of all concerned stakeholders in the field as well as the support of the Blindenbacher Borer Consulting Ltd. for operational tasks. The initiative will be financed from third parties. SEVHep will assure that the sponsor’s and supporter’s contributions will be unrestricted and will have no influence on the activities.\textsuperscript{vii}

To launch the process SEVHep organized a Kick-off Meeting to develop a first comprehensive inventory of cornerstones of a Swiss Hepatitis Strategy. The event was held in Berne on January 16, 2014. The participants included thirty-five stakeholders covering all perspectives related to the topic. It was organized with the support of the Global Health Program (GHP) of the Graduate Institute of International and Developments Studies,

One of the key results of the meeting was that all participants, despite their different point of views, agreed upon the need of a national strategy. The event design was based on the methodology of the “Governmental Learning Spiral”\textsuperscript{viii}. The same approach will provide the course of action of the forthcoming strategy development and implementation process.

Based on the Kick-off Meetings results as well as international experiences the aims of a Swiss Hepatitis Strategy are as follows:\textsuperscript{xv}

First, reducing transmission of HBV and HCV: It is estimated that less than 50% of those infected with the virus are tested and therefore aware of the disease and the potential to transmit it to others. Relevantly improving detection and prevention in the population groups most affected by ongoing transmission (users of illicit injectable drugs, migrants… etc.) must therefore be a primary goal of the strategy.

Second, reducing morbidity and mortality caused by viral hepatitis: Among infected individuals, hepatitis related morbidity and mortality continues to grow. Successful treatment can prevent liver disease and death, and should be made available in priority for those most at risk and most likely to need treatment.

Third, reducing the socio economic impact of viral hepatitis at individual, community and population level: The growing morbidity and mortality of viral hepatitis is accompanied by major public health, social and economic burdens. These costs can be prevented by rising awareness, detection rates and targeted treatment uptake.

Project Organization

To develop and implement a Swiss Hepatitis Strategy a lean and independent Project Organization is required. Its purpose is the realization of the project with the inclusion of all affiliated stakeholders and organizations. It is composed by the Project Board, the Project Management and a Project Task Force.

Project Board: The project is coordinated by a board that is composed by SEVHep, the Swiss Association for the Study of the Liver (SASL), the Swiss Society for Infectious Diseases (SSI), the Swiss Society for Gastroenterology and Hepatology (SGGSSG) and the Global Health Program (GHP) of the Graduate Institute of International and Developments Studies in Geneva. Additional stakeholders or organizations, whose expertise is considered as complementary in a given time, can supplement it. This body has no legal status and its constitution and resolution depends on the will of the stakeholders represented. Decisions are made by majority rule. SEVHep will currently head this
body as primus inter pares and can cast the deciding vote. It is entitled to sign all legal contracts related to the project and is responsible for representing the body towards third parties.

Project Management: On behalf of the Project Board a Project Management will be in charge for the operational tasks such as building and maintaining a project office, develop and implement the project structure and time line as well as to support the Project Task Force and its Working Groups in their respective activities (see next paragraph). The Project Management will also search and give access to strategy related national and international experiences. It will furthermore be responsible for the fundraising, budgeting and accountability. For special tasks such as public relations it will seek for external support. The Project Management is currently composed by Philip Bruggmann (Chair SEVHep), Raoul Blindenbacher (Blindenbacher Borer Consulting Ltd.) and Nimoll Pek, (secretary of SEVHep).

Project Task Force and Working Groups: The practical development and implementation of the Swiss National Hepatitis Strategy will be the responsibility of the Project Task Force. The thirty-five participants at the Kick-off Meeting and approximately fifty additional individuals who expressed their interest to be actively involved in the project form this body (see list of network members). They were selected based on their expertise and represent all content and institutional perspectives related to the topic. This body remains open for additional individuals who can bring further viewpoints and expertise to the task force. The Project Task Force will decide upon its organizational structure and it is expected that it meets twice a year with the Project Board.

It is foreseen that the Project Task Force will create Working Groups, composed by its members, that will be responsible for the different selected fields of action (see following paragraph). The participation in these groups should be based on the individual’s expertise and/or organizational affiliation. At least one participant per group should be appointed to take the lead of the group and to assure the link to the other groups as well as to the Project Management.

Fields of Action

Based on the results of the Kick-off Meeting the following six major fields of action were identified. It will be the task of the Project Leadership, in collaboration with the Project Task Force, to set the priorities and define the sequence of their implementation.

1. Prevention & Awareness
   - Education and awareness campaigns on viral hepatitis for people at increased risk, health care providers and general population.
   - Reduction of stigmatisation and discrimination of people living with viral hepatitis infection.
   - Improving incorporation of viral hepatitis in the curriculum of the education of healthcare professionals.
   - Pluridisciplinary care networks to promote awareness and prevention among vulnerable and high-risk groups.

2. Surveillance & Screening
   - Gathering further epidemiological data.
   - Establish an efficient and cost-effective detection strategy, adapted to the needs of different patient populations.
   - Closely monitoring newly diagnosed HCV cases and the prevention of liver cirrhosis and liver cancer.
   - Study and build models to describe transmission patterns.

3. Access to Treatment
   - Directly referring patients to the appropriate specialized pluridisciplinary team and explaining the available treatment options upon diagnosis.
- Incorporating programs in medical structures supporting adherence to treatment for patients infected with HBV and HCV.
- Ensuring that patients have access to appropriate treatment options for HBV and HCV as per the latest clinical guidelines, whatever their origin, place of living and socio-economic context.

4. **High Risk Groups**
- Reduce discrimination and exclusion from the society for migrants, especially those using injectable illicit drugs.
- Provide adequate prevention measures and access to treatment for people who use injectable illicit drugs wherever and whoever they are, including in prisons.
- Providing prevention measures for men who have sex with men especially HIV positive, who are at elevated risk for HCV infection through sexual transmission and sharing needles and syringes when using drugs and/or anabolic steroids.
- Providing prevention for sex workers

5. **Financing and Pricing**
- Sponsoring of the strategy development and implementation
- Health technology assessment
- Pricing and Cost Effectiveness of treatment
- Free and anonymous screening and vaccination

6. **Politics and Policies**
- Coordination among national, cantonal and municipal governments
- Coordination and integration among existing horizontal and vertical programs and strategies
- Coordination among the different departments in the federal administration
- Information and ongoing briefing of the federal Councillor
- Reach for a political mandate on the national level
- Implementation of the DOHA declaration

**Timetable**

The project **Swiss Hepatitis Strategy** was formally launched with the Kick-off Meeting held in January 2014. Till mid 2014 the concept paper shall be adopted by the Project Leadership and the Project Task Force and till the end of the year the Working Groups shall be established and in operation. In early December the groups will present and coordinate their working plans in a symposium. It is expected that these plans will be implemented during the following four years period (2015–2018). This process shall be monitored and reviewed by the Project Management. The results of these reviews will be fed back to the members of the task force on an ongoing basis.

---


ii Razavi H et al., The present and future disease burden of hepatitis C virus (HCV) infection with today’s treatment paradigm. In: Journal of Viral Hepatitis, 2014, 21, (Suppl. 1), 34–59


v This publication is available at: http://www.hep-index.eu


vii For SEVHeP’s sponsors and supporters see: http://www.viralhepatitis.ch/en/node/925


x See: Implementation Guideline on Viral Hepatitis Policies for the EU Member States.
## Annex II: List of Network Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Vorname</th>
<th>Funktion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aebi-Popp</td>
<td>Karoline</td>
<td>FMH Gynäkologie Geburtshilfe</td>
</tr>
<tr>
<td>Aysim</td>
<td>Yilmaz</td>
<td>Head of Biology and Medizin Devision, Schweizerischer Nationalfonds (SNF)</td>
</tr>
<tr>
<td>Balmer-Schiitknecht</td>
<td>Bettina</td>
<td>Fachärztin für Kinderchirurgie FMH und Kantsorsärin Zürich</td>
</tr>
<tr>
<td>Baumgartner</td>
<td>Lars</td>
<td>Positivrat</td>
</tr>
<tr>
<td>Bertisch</td>
<td>Barbara</td>
<td>Oberärztin Checkpoint</td>
</tr>
<tr>
<td>Blindenbacher</td>
<td>Raoul</td>
<td>Co-Managing Director, Blindenbacher Borer Consulting Ltd</td>
</tr>
<tr>
<td>Brügger</td>
<td>Urs</td>
<td>Institutleitung Winterthurer Institut für Gesundheitsökonomie (WIG)</td>
</tr>
<tr>
<td>Bruggisser</td>
<td>Marcel</td>
<td>Logistikbasis der Armee - Sanität, Sanitätsentwicklung, Lehre und Forschung, Departement für Verteidigung, Bevölkerungsschutz und Sport (VBS)</td>
</tr>
<tr>
<td>Bruggmann</td>
<td>Philip</td>
<td>Präsident SEVHep and Head of Internal Medicine Arud Centres for Addiction Medicine, Zurich</td>
</tr>
<tr>
<td>Cerny</td>
<td>Thomas</td>
<td>Präsident Krebsforschung Schweiz (KFS) und Präsident Oncosuisse (OS)</td>
</tr>
<tr>
<td>Cerny</td>
<td>Andreas</td>
<td>Ärztlicher Leiter Epatocentro Ticino, Lugano</td>
</tr>
<tr>
<td>Chatterjee</td>
<td>Bidisha</td>
<td>Präsidentin Santé Prison Suisse</td>
</tr>
<tr>
<td>Classen</td>
<td>Oliver</td>
<td>Medienverantwortlicher (Zürich) Erklärung von Bern</td>
</tr>
<tr>
<td>Conen</td>
<td>Dieter</td>
<td>Präsident der Stiftung Patientensicherheit (SPO)</td>
</tr>
<tr>
<td>Défago</td>
<td>Jean-Blaise</td>
<td>Government Affairs Manager, AbbVie</td>
</tr>
<tr>
<td>De Gottardi</td>
<td>Andrea</td>
<td>Leitender Arzt Hepatologie, Universitätsklinik für Viszerale Chirurgie und Medizin, Inselspital</td>
</tr>
<tr>
<td>Deltenre</td>
<td>Pierre</td>
<td>Service de gastro-entérologie et d’hépatologie, CHUV</td>
</tr>
<tr>
<td>Dittli</td>
<td>Josef</td>
<td>Regierungsrat des Kantsons Uri</td>
</tr>
<tr>
<td>Dreifuss</td>
<td>Ruth</td>
<td>a. Bundesrätin</td>
</tr>
<tr>
<td>Eckmann</td>
<td>Franziska</td>
<td>Leiterin Infodrog</td>
</tr>
<tr>
<td>Eder</td>
<td>Joachim</td>
<td>Ständerad des Kantsons Zug</td>
</tr>
<tr>
<td>Egger</td>
<td>Matthias</td>
<td>Professor at Institute of Social- and Preventive Medicine (ISPM)</td>
</tr>
<tr>
<td>Fehr</td>
<td>Jan</td>
<td>Oberarzt Infektiologie, UniversitätsSpital Zürich (USZ)</td>
</tr>
<tr>
<td>Geiser</td>
<td>Daniel</td>
<td>Facharzt für Innere Medizin FMH</td>
</tr>
<tr>
<td>Ghebreghiorgis</td>
<td>Tesfahlem</td>
<td>Forum für die Integration der Migrantinnen und Migranten (FIMM)</td>
</tr>
<tr>
<td>Gilli</td>
<td>Yvonne</td>
<td>Fachärztin Allgemeine Innere Medizin FMH</td>
</tr>
<tr>
<td>Gore</td>
<td>Charles</td>
<td>World Hepatitis Alliance</td>
</tr>
<tr>
<td>Gravier</td>
<td>Bruno</td>
<td>Präsident der Konferenz Schweizerische Gefängnisärzte (KSG)</td>
</tr>
<tr>
<td>Groux</td>
<td>Philippe</td>
<td>Leiter der Nationalen Strategie gegen Krebs</td>
</tr>
<tr>
<td>Grunder</td>
<td>Stefan</td>
<td>Universitätsspital Basel</td>
</tr>
<tr>
<td>Gutzwiller</td>
<td>Felix</td>
<td>Ständerad des Kantsons Zürich</td>
</tr>
<tr>
<td>Gysi</td>
<td>Barbara</td>
<td>Nationalrätin des Kanton St. Gallen</td>
</tr>
<tr>
<td>Haerry</td>
<td>David</td>
<td>Positivrat und European Aids Treatment Group (EATG)</td>
</tr>
<tr>
<td>Hanselmann</td>
<td>Heidi</td>
<td>Regierungsrätin des Kantsons St. Gallen</td>
</tr>
<tr>
<td>Hatz</td>
<td>Christoph</td>
<td>Chief Medical Officer, Swiss Tropical and Public Health Institute (THP)</td>
</tr>
<tr>
<td>Helbling</td>
<td>Beat</td>
<td>Sekretär der SASL</td>
</tr>
<tr>
<td>Hollinger</td>
<td>Sandra</td>
<td>Operations Assistant at the International Organization for Migration (IOM)</td>
</tr>
<tr>
<td>Horowitz</td>
<td>Daniel</td>
<td>Positivratvertreter</td>
</tr>
<tr>
<td>Hostettler</td>
<td>Ueli</td>
<td>Leitung Institut für Strafrecht und Kriminologie, Universität Bern</td>
</tr>
<tr>
<td>Kazatchikne</td>
<td>Michel</td>
<td>UN Secretary General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia</td>
</tr>
<tr>
<td>Name</td>
<td>Vorname</td>
<td>Funktion</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Keiser</td>
<td>Olivia</td>
<td>Senior scientist, Head of Research Group</td>
</tr>
<tr>
<td>Keller</td>
<td>Morten</td>
<td>Chefarzt Stadtbürgerlichen Dienst, Stadt Zürich</td>
</tr>
<tr>
<td>Kesseli</td>
<td>Bruno</td>
<td>Chefredakteur Schweizerische Ärztezeitung (SÄZ)</td>
</tr>
<tr>
<td>Kickbusch</td>
<td>Ilona</td>
<td>Director Global Health Center, the Graduate Institute Geneva</td>
</tr>
<tr>
<td>Künzler-Heule</td>
<td>Patrizia</td>
<td>Pflegefachfrau, MNS</td>
</tr>
<tr>
<td>Lavanchy</td>
<td>Daniel</td>
<td>Department of Communicable Diseases Surveillance and Response World Health Organization (WHO)</td>
</tr>
<tr>
<td>Lehner</td>
<td>Andreas</td>
<td>Aids-Hilfe Schweiz</td>
</tr>
<tr>
<td>Leong</td>
<td>Waiyee</td>
<td>Monitoring and Evaluation Swiss Hepatitis Strategy</td>
</tr>
<tr>
<td>Maeschi</td>
<td>Bettina</td>
<td>Positivrat Schweiz</td>
</tr>
<tr>
<td>Menzi</td>
<td>Peter</td>
<td>stv. Leiter Infodrog</td>
</tr>
<tr>
<td>Mosimann</td>
<td>Edgar</td>
<td>Kreisarzt Militärräumten Dienst, Departement für Verteidigung, Bevölkerungsschutz und Sport (VBS)</td>
</tr>
<tr>
<td>Müllhaupt</td>
<td>Beat</td>
<td>Leitender Arzt, Klinik für Gastroenterologie und Hepatologie, Universitätsspital Zürich</td>
</tr>
<tr>
<td>Negro</td>
<td>Francesco</td>
<td>Chief, Viropathology Unit, Divisions of Gastroenterology and Hepatology and of Clinical Pathology, University Hospitals Geneva</td>
</tr>
<tr>
<td>Nicca</td>
<td>Dunja</td>
<td>Pflegewissenschaftler Universität Basel</td>
</tr>
<tr>
<td>Niederhauser</td>
<td>Christoph</td>
<td>Leiter Forschung &amp; Entwicklung Diagnostik, Blutspende SRK Schweiz</td>
</tr>
<tr>
<td>Printzen</td>
<td>Gert</td>
<td>Mitglied des Zentralvorstandes FMH und Departementsverantwortlicher Heimittel, Analytica Medizinische Laboratorien AG</td>
</tr>
<tr>
<td>Rauch</td>
<td>Andri</td>
<td>Leitender Arzt Universitätssklinik für Infektologie, Universitätsspital Bern</td>
</tr>
<tr>
<td>Reic</td>
<td>Tatjana</td>
<td>President at the European Liver Patients’ Association (ELPA)</td>
</tr>
<tr>
<td>Ruf</td>
<td>Marcel</td>
<td>Direktor Justizvollzugsanstalt Lenzburg</td>
</tr>
<tr>
<td>Sandmeier</td>
<td>Heiner</td>
<td>Deputy Secretary General, Interpharma; Member of Federal Medicines Commission</td>
</tr>
<tr>
<td>Schätti</td>
<td>Christian</td>
<td>Wissenschaftlicher Mitarbeiter, Abteilung Übertragbare Krankheiten, Sektion Impfprogramme und Bekämpfungsmassnahmen BAG</td>
</tr>
<tr>
<td>Scheidegger</td>
<td>Claude</td>
<td>Representant Swiss Society of Infectious Diseases SSI and Chair Swiss Association for the Medical Management in Substance Users (SAMMSU)</td>
</tr>
<tr>
<td>Schiesser</td>
<td>Andreas</td>
<td>santésuisse, Projektleiter Medikamente</td>
</tr>
<tr>
<td>Schröper</td>
<td>Daniel</td>
<td>Ärztlicher Leiter Städtische Gesundheitsdienste Ambulatorium Kanonengasse</td>
</tr>
<tr>
<td>Semela</td>
<td>David</td>
<td>Council member Swiss Association for the Study of the Liver (SASL)</td>
</tr>
<tr>
<td>Starzacher</td>
<td>Kim</td>
<td>Leiter Tarife &amp; Fakturierung, Universitätsspital Zürich (USZ)</td>
</tr>
<tr>
<td>Suter</td>
<td>Walter</td>
<td>Präsident des Spitex Verband Schweiz</td>
</tr>
<tr>
<td>Szucs</td>
<td>Thomas D.</td>
<td>Präsident der Helsana</td>
</tr>
<tr>
<td>Vernazza</td>
<td>Pietro</td>
<td>Chefarzt Klinik Infektiologie, Spitalhygiene Kantonsspital St. Gallen (KSSG)</td>
</tr>
<tr>
<td>Vökle</td>
<td>Hansuedi</td>
<td>Positivrat</td>
</tr>
<tr>
<td>Vukmirovic</td>
<td>Branka</td>
<td>Fachreferentin Entwicklung Integration Staatsssekretariat für Migration</td>
</tr>
<tr>
<td>Wandeler</td>
<td>Gilles</td>
<td>Oberarzt für Infektiologie am Inselspital Bern</td>
</tr>
<tr>
<td>Widhalm</td>
<td>Angelika</td>
<td>European Liver Patients’ Association (ELPA)</td>
</tr>
<tr>
<td>Wiktor</td>
<td>Stefan</td>
<td>Team Lead Global Hepatitis Program, World Health Organization (WHO)</td>
</tr>
<tr>
<td>Witzthum</td>
<td>Harry</td>
<td>Positivrat</td>
</tr>
<tr>
<td>Zähnd</td>
<td>Cindy</td>
<td>Institut für Sozial- und Präventivmedizin der Universität Bern (ISPM)</td>
</tr>
<tr>
<td>Zeltner</td>
<td>Thomas</td>
<td>former Head of the FOPH</td>
</tr>
<tr>
<td>Zimmermann</td>
<td>Markus</td>
<td>Lehr- und Forschungsrat für Theologische Ethik</td>
</tr>
<tr>
<td>Zybach</td>
<td>Ursula</td>
<td>Präsidentin der Public Health Schweiz</td>
</tr>
</tbody>
</table>
### Annex III: Working Group List

**Group 1: Prevention & Awareness**  
**Liaison person**  
Bettina Mäschli  

**Members**  
Marcel Bruggisser  
Tesfahlem Ghebreghiorgis  
Ueli Hostettler  
Peter Menzi  
Gert Printzen  
Branka Vukmirovic  
Angelika Widhalm

**Group 2: Testing strategies for HBV and HCV**  
**Liaison person**  
Andrea De Gottardi  

**Members**  
Karoline Aebi-Popp  
Barbara Bertisch  
Jean-Blaise Defago  
Pierre Deltenre  
Geiser Daniel  
Christoph Hatz  
Christoph Niederhauser  
Andri Rauch  
Christian Schätti  
Pietro Vernazza  
Gilles Wandeler  
Harry Witzthum  
Cindy Zahnd

**Group 3: Access to Treatment**  
**Liaison person**  
Beat Müllhaupt  

**Members**  
Jan Fehr  
Daniel Horowitz  
Patrizia Künzler-Heule  
Francesco Negro  
Dunja Nicca  
David Semela

**Group 4: High Risk Groups**  
**Liaison person**  
Claude Scheidegger  

**Members**  
Bidisha Chatterjee  
Sandra Hollinger  
Serge Houmard  
Andreas Lehner  
Peter Menzi  
Marcel Ruf  
Hansruedi Vökle

**Group 5: Financing and Pricing**  
**Liaison person**  
David Haerry  

**Members**  
Urs Brügger  
Andreas Cerny  
Stefan Grunder  
Beat Helbling  
Heiner Sandmeier  
Andreas Schiesser  
Kim Starzacher  
Markus Zimmermann

**Group 6: Politics and Policies**  
**Liaison person**  
Daniel Lavanchy  

**Members**  
Jean-Blaise Defago  
Morten Keller  
Branka Vukmirovic

**Project Management**  
Philip Bruggmann, Co-Project Leader  
Raoul Blindenbacher, Co-Project Leader  
Bettina Mäschli, Communication and Fundraising  
Waiyee Leong, Monitoring and Evaluation  
Nimoll Pek, Secretariat
Annex IV: Network Partner Organizations
„Hepatitis trifft oft Menschen am Rande unserer Gesellschaft – aber nicht nur! Erhält diese Krankheit deshalb so wenig Aufmerksamkeit? Das muss sich ändern."
Pedro Lenz, Schriftsteller

„Die Leute müssen Bescheid wissen über Hepatitis. Viele Ahnen nicht mal, dass sie sich vor Jahren angesteckt haben. Darum unterstütze ich den Kampf gegen Hepatitis
Chris von Rohr, Musiker
Musiker, Lifecoach

Fabian Unteregger, Arzt und Komiker
Hepatitis und die Folgeerkrankungen sind eine Belastung für die öffentliche Gesundheit. Wenn alle am gleichen Strick ziehen und die Aktivitäten koordinieren, können wir das Problem in den Griff bekommen. Darum unterstütze ich die Entwicklung einer Nationalen Hepatitis-Strategie.”

Felix Gutzwiler, alt Ständerat

„Hepatitis ist in der Schweiz noch kaum ein Thema. Das müssen wir ändern. Mit einer guten Strategie zur Bekämpfung der viralen Hepatitis können wir diese in der Schweiz eliminieren. Packen wir es an!”

Barbara Gysi Nationalrätin

„In den nächsten Jahren müssen wir mit einer Zunahme von Folgeerkrankungen aufgrund von Hepatitis rechnen. Das muss nicht sein: Mit einer wirksamen Hepatitis-Strategie sowie gezieltem frühen Behandel können wir das verhindern.”

Jean-Fracois Steinert, Nationalrat
„Wenn wir jetzt handeln, können wir viel Leid verhindern. Darum setze ich mich vorbehaltlos für eine nationale Hepatitis-Strategie ein.“

Yvonne Gilli, Nationalrätin und Ärztin

„Hepatitis zu bekämpfen ist komplex. Aber mit einem starken Commitment werden wir es schaffen. Das habe ich von meiner Erfahrung mit der französischen Hepatitis-Strategie gelernt.“

Michel Kazatchkine, ehem Direktor der Nationalen Agentur für Aids-Forschung in Frankreich

„Die Menschen in unserem Land müssen über Hepatitis Bescheid wissen. Nur dann können sie sich schützen oder im Falle einer Infektion behandeln lassen. Eine Hepatitis-Startegie ist deshalb wichtig.“

Roland Eberle, Ständerat

Weitere Mitglieder:
Marina Carobio, Nationalrätin und Ärztin
Heidi Hanselmann, Regierungsrätin
Annex VI: Questionnaire First Survey

Introduction

This survey is meant for members of the network for the Swiss National Hepatitis Strategy, as well as other key stakeholders. It forms the basis of a M&E concept, which is aimed at assessing project-related activities in order to make adjustments when necessary. In other words, it will measure the “temperature” and provide a sense of how the activities are progressing. In the long run, the M&E process will give indications of the project’s long-term efficacy.

The survey consists of statements formulated by the Working Groups of the network. It will be conducted twice a year in the Spring and Fall, and results of each round of survey will be collected in a score card, analyzed and presented to the Network Members. Ideally, these regular iterations of the survey will be carried out till the end of the strategy process in 2030.

General Instructions

In this survey, you will be given a number of statements, which you are required to read and select a response for. The responses are based on a Likert scale of five indexes, ranging from values of 1 (“strongly disagree”) to 5 (“strongly agree”). You can also choose the value of 0 to represent “cannot answer” if you are unable to respond to the statement meaningfully. However, you are encouraged to choose a response from 1 to 5 as far as possible. Generally, any mention of “hepatitis” refers to both Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV), unless a particular type of hepatitis is specified.

Do answer the questions based on your own experience and impression at this given moment, even if some informed speculation is required. Completing the survey should take no longer than ten minutes, and rest assured that your responses are fully confidential.

Thank you for your contribution and please look forward to the report on the survey results!

Survey

Prevention and Awareness

1. The general population is sufficiently informed about hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

2. Health care providers are sufficiently informed about hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

3. Health care providers are sufficiently aware of stigma and discrimination around hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

4. Risk groups are sufficiently informed about transmission routes of hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)
5. Risk groups are sufficiently informed about possible consequences of hepatitis.  
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

6. Risk groups are sufficiently informed about prevention of hepatitis.  
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

7. Risk groups are sufficiently informed about treatment options for hepatitis.  
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

Testing Strategies for HBV and HCV

8. Health care providers have an adequate knowledge of HCV screening tools.  
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

9. Home-based HCV rapid tests using oral fluids or blood are being used adequately.  
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

10. Salivary tests for HCV are being used adequately by specialized centres for drugs users.  
    Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

11. Population groups for screening are being identified from current data accurately.  
    Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

12. Screening projects are adequately implemented at the municipal level.  
    Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

Access to Treatment

13. Overall, the general public has adequate access to care.  
    Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

14. Institutions dealing with hepatitis are working sufficiently closely with one another.  
    Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

15. Health care providers are working sufficiently closely with one another.  
    Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)
16. Overall, treatment success is satisfactory.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

17. Overall, incidence of re-infection is sufficiently low.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

High Risk Groups

18. Hepatitis vaccination campaigns are reaching the majority of people in high risk groups.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

19. The majority of men who have sex with men in Switzerland is receiving treatment for hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

20. The majority of sex workers is receiving treatment for hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

21. The majority of migrants is receiving treatment for hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

22. The majority of people who use or have used drugs is receiving treatment for hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

23. The majority of prison inmates is receiving treatment for hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

Pricing and Financing

24. Overall, the financial resources for the strategy process are sufficient.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

25. The financial resources are well balanced between public and industry funding.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

26. Registries and cohorts providing data on cost effectiveness of hepatitis treatment are well established with sufficient engagement in research.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)
26. Price negotiations for hepatitis treatment are sufficiently transparent and in line with established criteria.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

Politics and Policies

28. Key politicians are sufficiently aware of the problem of hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

29. Politicians are sufficiently engaged with the strategy process.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

30. Government institutions are providing sufficient support for activities related to prevention of hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

31. Laws and regulations are providing sufficient support for activities related to prevention of hepatitis.
   Response: (strongly disagree) 1 – 2 – 3 – 4 – 5 (strongly agree) or 0 (cannot answer)

General context

32. Are there emerging major contextual changes related to hepatitis in Switzerland that may have significant relevance regarding the project’s process, aims and vision?
   Response: No / Yes (please see below)

   If yes, what are these changes? Please elaborate below:

   --------------------------------------------------------------------------------------------------

   --------------------------------------------------------------------------------------------------

   --------------------------------------------------------------------------------------------------

   --------------------------------------------------------------------------------------------------

   --------------------------------------------------------------------------------------------------
a) Letter from Federal Councillor Berset, June 3, 2014

CH-3003 Bern
GS-EDI

Swiss Experts in Viral Hepatitis (SEVHep)
Herr Dr. med. Philip Bruggmann
Herr Dr. phil. Raoul Blindenbacher
clo Arud Zentren für Suchtmedizin
Konradstrasse 32
8005 Zürich

Bern, 3. Juni 2014


Sehr geehrte Herren

Für Ihr Schreiben vom 28. April 2014 betreffend Informationen zu einer nationalen Strategie zur Bekämpfung chronischer viraler Hepatitis danke ich Ihnen bestens.

Mit Interesse haben wir die Ergebnisse Ihres Kick-Off-Meetings mit nationalen und internationalen Expertinnen und Experten zum oben erwähnten Thema zur Kenntnis genommen.


Ich wünsche Ihnen viel Erfolg bei Ihren Bemühungen.

Freundliche Grüsse

[Signature]

Alan Berset
Bundesrat
b) Letter FOPH-Director Pascal Strupler, December 19, 2014

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH
Director-General

CH-3003 Bern
FOPH

Swiss Experts in Viral Hepatitis (SEVHep)
Dr. med. Philip Bruggmann
Dr. phil. Raoul Blindenbacher
c/o Arud Zentren für Suchtmedizin
Konradstrasse 32
8005 Zürich

Your reference:
Reference no./File no.: 001.0001-28/14.004531/1012698/
Our reference: STP
Bern,

National Strategy to Combat Chronic Viral Hepatitis

Dear Dr. Bruggmann
Dear Dr. Blindenbacher

Thank you for your letter of 22 May 2014 regarding information on your project of a National Strategy to Combat Chronic Viral Hepatitis and for inviting the Federal Office of Public Health (FOPH) to become formally engaged in the project leadership.

We appreciate your initiative and the steps taken so far towards improving the health of the Swiss population in the field of chronic viral hepatitis. We are, however, not yet in a position to decide in what way and when the FOPH should formally be involved in your project. Internal discussions have begun, and we expect a final decision towards the end of this year.

For these reasons, I am sorry to decline your invitation to your next project meeting in July. Please be assured, however, that Virginie Masserey from our Division of Communicable Diseases, who has been closely following your activities, will keep us informed on a regular basis. I encourage you also to seek collaboration with the Federal Commission for Sexual Health (FCSH).

I thank you for your efforts on this important public health topic and also for your understanding and patience.

Yours sincerely,

Director-General

Pascal Strupler

Federal Office of Public Health FOPH
Schwarzstrasse 90, 3003 Bern
Phone +41 58 463 87 06
www.beg.admin.ch
# Annexe VIII: Time Table

## 2015 - 6 Month

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain epidemiological data for MSM</td>
<td>Obtain epidemiological data for Migrants and Sex workers</td>
</tr>
<tr>
<td>Seek dialogue with authorities, insurances and industry</td>
<td>Assessment of treatment needs and barriers</td>
</tr>
<tr>
<td>Data research what people know about viral hepatitis</td>
<td>Identify and discuss barriers and needs</td>
</tr>
<tr>
<td>Draft activity plan</td>
<td>Consult different options for patient subgroups</td>
</tr>
<tr>
<td>Evaluate possible funding sources</td>
<td>Review pricing schemes</td>
</tr>
<tr>
<td>Summarize utility of various diagnostic tests</td>
<td>Select pricing options for Switzerland</td>
</tr>
</tbody>
</table>

## 2015 - 12 Month

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care providers act accordingly</td>
<td>Health care providers know about high-risk groups</td>
</tr>
<tr>
<td>Development of tools for comprehensive patient assessment</td>
<td>Develop patient support</td>
</tr>
<tr>
<td>Drafting a prevention and awareness strategy</td>
<td>Develop key messages for all target groups</td>
</tr>
<tr>
<td>Execute activity plan</td>
<td>Develop a value-based pricing scheme for patient subgroups</td>
</tr>
<tr>
<td>Application selected screening and surveillance strategy over short time</td>
<td>Analysis short time application results</td>
</tr>
</tbody>
</table>

## 2016 - 2018

<table>
<thead>
<tr>
<th>Field of Actions:</th>
<th>Migrants and Sex workers get tested</th>
<th>Migrants and Sex workers get treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Politics &amp; Policies</td>
<td>High Risk Groups</td>
<td>Access to Treatment</td>
</tr>
<tr>
<td>Prevention &amp; Awareness</td>
<td>Pricing</td>
<td>Financing</td>
</tr>
<tr>
<td>Surveillance &amp; Screening</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Ongoing

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for four self-contained activities</td>
<td>Update communication material targeting politicians and decision makers</td>
</tr>
<tr>
<td>PWID and Prison Inmates get treated</td>
<td>Develop ideas to promote the strategy on a political level</td>
</tr>
<tr>
<td>Update of treatment recommendations</td>
<td>Develop communication material targeting politicians and decision makers</td>
</tr>
<tr>
<td>PWID and Prison Inmates get treated</td>
<td>Identifying key persons to assist in convincing stakeholders</td>
</tr>
<tr>
<td>MSM get treated</td>
<td>MSM get tested</td>
</tr>
</tbody>
</table>
(1) Prevention and Awareness
(responses collected for each statement: 36)

Q1: The general population is sufficiently informed about hepatitis.
- 41.1% Strongly Agree
- 22.2% Agree
- 11.1% Neutral
- 5.5% Disagree
- 2.8% Strongly Disagree

Q2: Health care providers are sufficiently informed about hepatitis.
- 26.1% Strongly Agree
- 30.6% Agree
- 19.6% Neutral
- 5.6% Disagree
- 5.6% Strongly Disagree

Q3: Health care providers are sufficiently aware of stigma and discrimination around hepatitis.
- 6.7% Strongly Agree
- 41.7% Agree
- 19.6% Neutral
- 27.8% Disagree
- 8.3% Strongly Disagree

Q4: Risk groups are sufficiently informed about transmission routes of hepatitis.
- 5.6% Strongly Agree
- 30.4% Agree
- 19.6% Neutral
- 30.6% Disagree
- 13.9% Strongly Disagree

Q5: Risk groups are sufficiently informed about possible consequences of hepatitis.
- 5.6% Strongly Agree
- 55.4% Agree
- 19.7% Neutral
- 13.9% Disagree
- 13.9% Strongly Disagree

Q6: Risk groups are sufficiently informed about prevention of hepatitis.
- 6.7% Strongly Agree
- 58.1% Agree
- 13.9% Neutral
- 8.3% Disagree
- 8.3% Strongly Disagree

Q7: Risk groups are sufficiently informed about treatment options for hepatitis.
- 8.3% Strongly Agree
- 38.1% Agree
- 33.9% Neutral
- 13.9% Disagree
- 13.9% Strongly Disagree
B FIGURES AND PICTURES

Figures

Figure 1: The so-called care-cascade for hepatitis C in Switzerland (Bruggmann et al, JvH 2014)
Figure 2: HCV prevalence and costs of HCV-sequelae over time
Figure 3: Development, cure rate and complexity of HCV treatment: IFN, Ribavirin (RBV), Pegylated Interferon (PEG-INF), and DAA
Figure 4: Swiss National Hepatitis Strategy: Project Structure
Figure 5: Matrix of the eight Fields of Action

Pictures

Picture 1: Kick-off event, first Swiss Hepatitis Strategy Network Meeting January 2014
Picture 2: Sixth Swiss Hepatitis Strategy Network Meeting April 2016
Picture 3: Implementation phase at a glance
Picture 4: Selection chart about high priority topics
Picture 5: Symposium on the public health aspects of viral hepatitis December 2014
ABBREVIATIONS

AIDS Acquired Immune Deficiency Syndrome
CHF Swiss francs
DAA Direct Acting Antiviral
EKSG Federal Commission for Sexual Health
EOS Expert Opinion Statement
FOPH Federal Office of Public Health
GHP Global Health Program
GLSp Governmental Learning Spiral
HBV Hepatitis B Virus
HCV Hepatitis C Virus
HIV Humane Immundefizienz-Virus
IFN interferon
M&E Monitoring and Evaluation
MSM Men having Sex with Men
NANBH non-A, non-B hepatitis
PEG-INF Pegylated Interferon
PC Positive Council
PWUD Persons Who Use Drugs
RBV Ribavirin
SAMMSU Swiss Association for the Medical Management in Substance Users
SASL Swiss Association for the Study of the Liver
SCCS Swiss Hepatitis C Cohort Study
SEVHep Swiss Experts in Viral Hepatitis
SGGSSG Swiss Society for Gastroenterology
SGINF Swiss Society for Infectiology
SHCS Swiss HIV Cohort Study
SHCV Schweizerische Hepatitis C Vereinigung
SSI Swiss Society of Infectious Diseases
USZ University Hospital Zurich
WG 1-6 Six Working Groups
WHA World Health Assembly
WHO World Health Organization
D REFERENCES AND NOTES

1 See: https://en.wikipedia.org/wiki/Governmental_Learning_Spiral
8 See: http://www.hep-index.eu
11 Ward J. Hepatitis C virus: The 25-year journey from discovery to cure. Hepatology 2014; 5, 1479-82
12 See: for example the discussions in the New York Times at http://www.nytimes.com/2014/08/03/upshot/is-a-1000-pill-really-too-much.html?_r=0&abt=0002&abg=1
13 A Genotype 3 case with liver cirrhosis that requires a 24 week treatment with Sovaldi plus Daklinza and Ribavirin may still cost up to CHF 150'000.
16 See: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_32-en.pdf?ua=1
17 See: http://www.wpro.who.int/hepatitis/wha67_r6-en.pdf
18 Razavi H et al. The present and future disease burden of hepatitis C virus (HCV) infection with today’s treatment paradigm. JHV 2014, 21; 34-59
20 Under elimination is understood the reduction of the incidence of infection to zero in Switzerland as a result of deliberate efforts, but requires the presence of continued measures to prevent re-establishment of transmission (e.g. measles, poliomyelitis).
Members of the Project Board are currently: Bettina Mäschli (Liaison Person WG 1), Gilles Wandeler (Liaison Person WG 2), Beat Müllhaupt (Liaison Person WG 3 / SGGSSG and SASL), Claude Scheidegger (Liaison Person WG 4 / SGINF), David Haerry (Liaison Person WG 5 / PC), Daniel Lavanchy (Liaison Person WG 6), Daniel Horowitz (SHCV) Philip Bruggmann (Chair Swiss Hepatitis Strategy / SEVHep), and Raoul Blindenbacher (GHC).

At this stage all contracts related to the Swiss Hepatitis Strategy project are legally bound to SEVHep, a tax exempt association based on Swiss law.

The current chair of the board is Philip Bruggmann.

Currently the Project Management is composed by the two Co-Project Leaders, Philip Bruggmann and Raoul Blindenbacher, the communication and fundraising employee Bettina Maeschli, the project assistant Nimoll Pek, and Waiyee Leonga, a second assistant responsible for the monitoring and evaluation concept.

Among the tasks of the Project Management is the organization of the project events, to monitor and evaluate the project activities as well as responsibilities for funding and communication.

For the list of sponsors and supporters see: http://www.hepatitis-schweiz.ch/de/sponsoren-und-partner

See: www.hepatitis-schweiz.ch

See: www.hepatitis-schweiz.ch

To obtain more detailed information’s about the activities of the WG at any given time see the documents posted in the Dropbox. Access to the Dropbox can be requested at the Project Management: info@hepatitis-schweiz.ch.

See: www.hepatitis-schweiz.ch


See: www.star-trial.infekt.ch

See: www.hep.ch


See: www.infodrog.ch