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A PRISON-TAILORED MONITORING AND EVALUATION FRAMEWORK FOR VIRAL HEPATITIS B AND C IN THE EU

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Background

In 2016 the WHO launched the global health sector strategy for the elimination of viral hepatitis alongside a dedicated monitoring&evaluation (M&E) framework[1] to assess progress at national, regional and global levels. Despite being a priority setting for viral hepatitis elimination in Europe, prisons are rarely integrated into national monitoring efforts. Gaps in the implementation of the recommended interventions to achieve the elimination goals in prison still exist.

The European Monitoring Centre for Drug Addiction (EMCDDA) developed and implemented standardised data collection tools to monitor drug use and health-related consequences in prison settings, such as the European Questionnaire on Drug Use among People living in prison (EQDP) [2]. However, comprehensive M&E framework for prison viral hepatitis elimination activities is still lacking, hindering the capacity to identify existing barriers, to inform planning and resource allocation.

Objectives

This study aimed to adapt the WHO M&E framework for assessing viral hepatitis burden and coverage of prevention and control measures to the prison settings in the EU/EEA.

Methods

An advisory committee of 10 European prison and infectious diseases experts was set up by the EMCDDA. Based on the WHO “Monitoring and evaluation for viral hepatitis B and C: recommended indicators and framework” a set of indicators adapted to the prison setting was devised through iterative discussion.

The indicators included in the adapted M&E framework were calculated using available data collected via the EMCDDA standardised data collection tools, namely: EQDP, FONTE and prison workbook. The resulting indicators were assessed for:

1) Timeliness measures how up-to-date the data are
2) Coverage measures the proportion of the facilities for which information is available
3) Validity describes to what extent the reported value or qualitative information is comprehensive and in line with the definition of the indicator
4) Completeness the percentage of countries reporting the information (out of 27 EU MS + Norway=28)

The timeliness, coverage, validity and completeness were scored from 1 to 4 for each indicator.

References:
1.https://iris.who.int/bitstream/handle/10665/204790/9789241510288_eng.pdf?sequence=1
2. https://www.emcdda.europa.eu/publications/technical-reports/european-questionnaire-drug-use-among-prisoners-eqdp_en

Results

A list of core indicators was developed (Table 1) and complemented with additional indicators were appropriate. For each indicator a definition, numerator and denominator were devised as exemplified in table 2, including the identification of alternative denominators to improve completeness.

Table 1. Adapted M&E framework for assessing viral hepatitis burden and coverage of prevention and control measures in prison settings

Health domain	Indicator
1. Viral hepatitis prevalence	a. Prevalence of chronic HBV infection in PLIP
	b. Prevalence of chronic HCV infection in PLIP
2. Immunization	a. Coverage of hepatitis B vaccine in PLIP
	b. Coverage of hepatitis B vaccine in prison staff
3. Injection safety	Coverage of needles–syringes distributed in prison
4. Harm reduction	Opioid agonist therapy coverage in prison
5. Screening	a. Hepatitis B screening coverage in PLIP
	b. Hepatitis C screening coverage in PLIP
6. Diagnosis	a. Hepatitis B pre-treatment assessment test coverage in PLIP with positive screening test
	b. Hepatitis C diagnostic test coverage in PLIP with positive screening test
7. Treatment	a. Hepatitis B treatment coverage in prison
	b. Hepatitis C treatment initiation in prison
8. Treatment outcome	a. Viral suppression for chronic hepatitis B patients treated in prison
	b. Cure for chronic hepatitis C patients treated
9. Time-trend prevalence	a. Time-trend of hepatitis B prevalence in PLIP
	b. Time-trend of hepatitis C prevalence in PLIP
10. Chronic diseases prevalence	a. Prevalence of HCC in PLIP
	b. Prevalence of chronic liver diseases attributable to HBV/HCV infections in PLIP

Data points to calculate at least one indicator were available from 28 EU/EEA countries. When available, the information collected for each indicator had excellent timeliness and coverage for most countries (score 3.8; 3.7 respectively). The average validity was good (score 3.2), primarily due to challenges in the avaiability of the preferred denominators. This resulted in the use of alternative denominators which affected the quality of the information obtained. The completeness of the information needed to fill in the core indicators was poor for most countries (score 1.7).

Table 2. Example of indicator definition: 1.a HBV infection prevalence

Indicator number	Indicator	Numerator	Denominator	Disaggregation	Sources of data
1.a HBV	Number and proportion of PLIP during the reporting period living with chronic HBV infection (hepatitis B surface antigen [HBsAg] positive)	Number of persons with chronic HBV infection defined by HBsAg-positive serological status during the reporting period (e.g. 1 year)	**Preferred:** Number of inmates in prison at the beginning of the time period + Number of new arrivals. **Alternative 1:** Number of PLIP at the beginning of the reporting period. **Alternative 2:** Prison capacity	Sex/gender/age groups/PWUD/PWID/nationality or not national/ hepatitis D virus (HDV) co-infection/HCV co-infection/HIV co-infection	Information for this indicator is derived ideally from prison health information registries, but can be derived from cross-sectional studies

Conclusions

Quantitative data on the burden of viral hepatitis and the coverage of prevention and control measures implemented in prison in the EU/EEA are currently limited. To monitor progress towards elimination of hepatitis in prison, additional efforts and resources are needed to strengthen national and European data collection tools.