european cancer ORGANISATION

No Elimination Without Trust:

Hepatitis B, Stigma and Liver Cancer in Europe

With four years to the WHO elimination goal, is Europe on track?

An ECO Policy Action Report, developed with the HPV and Hepatitis B Action Network

November 2026

Hepatitis B and liver cancer: a preventable cause of cancer

3.2 million
people living with chronic hepatitis B in the EU/EEA

39,000 deaths
a year in the WHO European Region, where 9.7 million live with hepatitis B

6th
leading cause of cancer death in the EU: liver cancer

Progress is real, but Europe is set to miss 2030

Prevention works

- Prevalence among children under five close to zero across the EU/EEA
- Antenatal screening established in all 30 EU/EEA countries
- Vertical transmission (from mother to child) below 2%
- Acute cases declining steadily for two decades

Reach does not

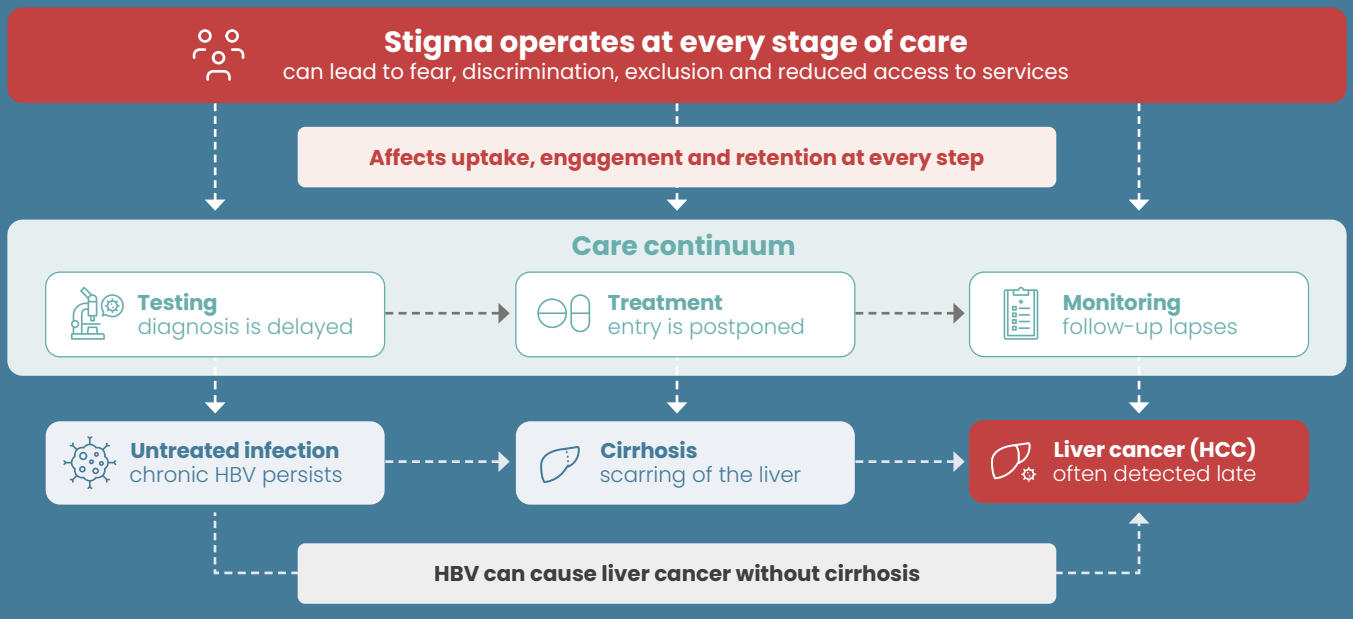
- Undiagnosed infection ranges from close to zero (Denmark) to an estimated 95% (Hungary)
- Depending on the country, 1.6%–17% of new chronic hepatitis B diagnoses (in the five EU/EEA countries reporting) are already at decompensated cirrhosis or liver cancer
- None of the 4 countries with sufficient data meet the 2025 target of 60% diagnosed

Stigma across the cancer care continuum and its consequences for liver cancer prevention

Enacted
actual experiences of prejudice, stereotyping or discrimination because of one's hepatitis B status

Anticipated
the expectation of prejudice, stereotyping or discrimination from others, for example if a diagnosis were disclosed

Internalised
accepting the negative views of hepatitis B held in society and turning them against oneself, often as shame or self-blame



Stigma can negatively impact outcomes at all stages, including increased risk of liver cancer.

What works

Community

peer-led and community-based models; social contact with people with lived experience

Health system

training on attitudes and bias; hepatitis B in primary care; a "liver health" framing

Law and policy

anti-discrimination protection covering chronic infections; confidentiality safeguards

The blind spot: *what Europe cannot see*

0 of 30

EU/EEA countries can report on all stages of the hepatitis B care continuum

8 of 30

countries have no national viral hepatitis plan or strategy

11

countries reported restrictions on access to hepatitis treatment in 2023

No Elimination Without Trust calls on:

Members of the European Parliament

1. Press for full implementation of **Europe's Beating Cancer Plan, the 2025 UN Political Declaration on NCDs and the WHO Regional Action Plans**, with stigma recognised as an implementation barrier.
2. Ensure national public health agencies report timely and comprehensive hepatitis and liver cancer data to the **European Centre for Disease Prevention and Control (ECDC) and European Cancer Information System (ECIS) and WHO Europe**.
3. Use **written questions, hearings and national debates** to keep stigma on the political agenda.
4. Secure health funding in the **2028–2034 Multiannual Financial Framework** that reaches and strengthens community-based services.

The European Union and ECDC

5. Measure stigma through existing monitoring systems by extending **ECDC's and World Hepatitis Alliance's pilot stigma survey** to all Member States on a fixed cycle.
6. Report stigma-related barriers and care avoidance alongside liver cancer inequities in the **European Cancer Inequalities Registry**.
7. Ensure that **European health funding** supports community organisations and peer workers in implementing anti-stigma interventions.

Member States

8. Embed viral hepatitis in **national cancer control plans**, aligned with Europe's Beating Cancer Plan, and name stigma among the barriers.
9. Strengthen **national reporting to ECDC, ECIS and WHO Europe**, and adopt a **funded national hepatitis plan** where none exists.
10. Review **national policies** for provisions that exclude or deter, including treatment restrictions based on documentation status.
11. Strengthen hepatitis B testing in **routine settings such as primary care**, offering it as a normal part of care, with clear, non-stigmatising information on why the test is offered.
12. Enable hepatitis B testing in **community-based settings and through community-based organisations**, to reach people less well served by routine services.
13. Make **non-discrimination and communication training** standard for healthcare professionals, developed in partnership with people with lived experience.

Ending HBV-related stigma must be part of ending HBV.

READ THE FULL REPORT

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