PORTUGAL CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

Hepatitis B virus (HBV)

YES
HBV elimination goal
Elimination of HBV mother to
child transmission goal
HBV universal vaccination for all newborns since 2000

Hepatitis C virus (HCV)

2030
HCV elimination goal
Oral direct acting antivirals free for all since 2015

THE HEALTH BURDEN OF VIRAL HEPATITIS

0.4%
Prevalence of HBsAg, 2016
Based on national survey

0.3 (0.1-0.6)%
Prevalence of anti-HCV, 2016
Based on national survey

0.4% 0.3 (0.1-0.6)%
Prevalence of HBsAg, 2016
Prevalence of anti-HCV, 2016

60-80%
Prevalence of anti-HCV, Persons
who inject drugs, 2016
**PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

<table>
<thead>
<tr>
<th></th>
<th>Percentage change in new infections, 2016-2018</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>-58% WHO 2020 Target -30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV</td>
<td>-21% WHO 2020 Target -30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBV</td>
<td>-3% WHO 2020 Target -10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV</td>
<td>-4% WHO 2020 Target -10%</td>
<td></td>
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</tr>
</tbody>
</table>

Prevalence of HBsAg in children < 5 years (%)  
0.04% (0.02-0.05%)  
Sustainable Development Goal (SDG) 2020 Target 1%
ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

- **97%** Hepatitis B vaccination coverage for newborns, 2019
  - WHO 2020 Target 50%

- **98%** HepB 3 dose vaccine coverage for infants, 2019
  - WHO 2020 Target 90%

- **NO DATA** Proportion of persons living with HBV diagnosed
  - WHO 2020 Target 30%

- **NO DATA** Proportion of diagnosed HBV persons receiving appropriate treatment

- **~4,500** Number of persons on treatment for HBV, 2020

- **425,486** Number of persons tested for HBsAg, 2020
  - 2016: 230,000
  - 2017: 438,300
  - 2020: 425,486
PORTUGAL • HEPATITIS ELIMINATION PROFILE

COALITION FOR GLOBAL HEPATITIS ELIMINATION

WHO 2020 Target 30%

NO DATA

335,693
Number of persons tested for HCV, 2020

136
For persons who inject drugs (PWID), number of sterile needles per year

23,111
Number of persons treated for HCV, 2015-2019

2,331
Number of persons treated for HCV, 2020

97% Proportion of diagnosed persons who have been cured and treated

Proportion of persons living with HCV diagnosed
STRATEGIC INFORMATION

Routine official reports to monitor HBV and HCV\(^\text{11,13}\)

Estimates of HBV and/or HCV economic burden\(^4\)

Monitoring of HBV and HCV diagnosis and treatment\(^\text{4,14}\)

Achievements

The Autonomous National Priority Program has established an independent hepatitis program for the first time and first nomination of hepatologist/gastroenterologist as a director of the national program for viral hepatitis

Prevention of Mother to Children Transmission

Policy for hepatitis B vaccination of newborns\(^\text{15}\)
Recommendations for:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV testing of pregnant women</td>
<td>Adopted</td>
</tr>
<tr>
<td>HCV testing of pregnant women</td>
<td>Partially Adopted</td>
</tr>
</tbody>
</table>

Portugal is only 1 of 5 EU/EEA countries with universal hepatitis B birth dose vaccine

ACHIEVEMENTS

Portugal is only 1 of 5 EU/EEA countries with universal hepatitis B birth dose vaccine

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV: Registration of patented medicines</td>
<td>Adopted</td>
</tr>
<tr>
<td>HCV: Eligible for generic medicines</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>Licensed point-of-care PCR testing to detect HBV and HCV</td>
<td>Adopted</td>
</tr>
</tbody>
</table>

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV: Risk-based</td>
<td>Adopted</td>
</tr>
<tr>
<td>HBV: Universal</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>HCV: Risk-based</td>
<td>Adopted</td>
</tr>
<tr>
<td>HCV: Universal</td>
<td>Not Adopted</td>
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</table>

Ministry of Health HCV testing strategy includes establishing access points at hospitals, blood donation units, dialysis units, primary care units, and NGOs. Risk-based testing is recommended for persons who inject drugs, sex workers, persons who are incarcerated, persons experiencing homelessness, immigrants, patients on hemodialysis, patients with a history of blood transfusion, and persons with hepatitis markers.
ACHIEVEMENTS

Regional Health Administration of Lisbon and Tagus Valley and the Treatment Activists Group (TAG) collaborated to provide hepatitis services through community-based testing centers and mobile health units.

ACCESS TO HBV AND HCV TREATMENT

**HBV:**
- National treatment guidelines
- Simplified care: Simplified treatment and monitoring algorithm for primary care providers
- Simplified care: No patient treatment co-pays

**HCV:**
- National treatment guidelines
- Simplified care algorithm: Less than 2 clinic visits during treatment
- Simplified care algorithm: Non-specialists can prescribe treatment
- Simplified care algorithm: No patient treatment co-pays
- No fibrosis restrictions
- No sobriety restrictions
- No genotyping

ROADBLOCKS
- Non-specialists cannot prescribe HCV treatment
- Doctors’ reduced autonomy to prescribe HCV treatment (dependence on administration directory approval)
- Lack of health services decentralization (limited point-of-care testing and treatment)
### Achievements

*Portugal was one of first countries in Europe to remove all restrictions for oral HCV treatment*

### Innovations

Development of peer-led programs and strong outreach and advocacy campaigns by community-based organizations

### Roadblocks

*Wait times for HCV treatment continue to vary*

### Health Equity and Addressing Disparities

<table>
<thead>
<tr>
<th>National strategy addresses populations most affected</th>
<th>Partially Adopted</th>
<th>National strategy addresses HCV prevention for PWID.</th>
</tr>
</thead>
<tbody>
<tr>
<td>National anti-discrimination laws against persons living with hepatitis B and/or C</td>
<td>Adopted</td>
<td>HBV vaccination recommended for high-risk groups including healthcare professionals, patients undergoing hemodialysis, sex workers, prisoners, etc</td>
</tr>
<tr>
<td>National policy for adult hepatitis B vaccination</td>
<td>Adopted</td>
<td>Needle-syringe exchange and opioid substitution therapy available in all parts of the country</td>
</tr>
</tbody>
</table>

**National policy for:**

- Harm reduction for persons who inject drugs (PWID) | Developed |
- Syringe exchange in federal prisons | Not Adopted |

<table>
<thead>
<tr>
<th>Number of needles/syringes per PWID per year</th>
<th>136</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of opioid substitution therapy recipients per 100 PWID</td>
<td>45</td>
</tr>
<tr>
<td>Decriminalization of possession of syringes &amp; paraphernalia</td>
<td>Adopted</td>
</tr>
<tr>
<td>Decriminalization of drug use</td>
<td>Partially Adopted</td>
</tr>
</tbody>
</table>

### Wait times for HCV treatment continue to vary

- WHO 2020 Target 200: 1,284,092 syringes distributed by the Ministry of Health by 2017
- WHO Target 40 Partial progress defined by >20 Recipients
**ACHIEVEMENTS**

The government has strong relationships with NGOs to provide community-based services to reach vulnerable populations. Since January 2015, the government has funded NGOs to conduct a national campaign promoting safer sex as an HBV/HCV prevention strategy among MSM, transgender persons, and sex workers.

The first national supervised consumption site has opened in 2021, run by (Ares-do-Pinhal).

National program exists for HCV, HBV, and HIV treatment in prisons.

In July 2017, governmental order 6542/2017 determined that the design and implementation of prevention, diagnosis and treatment of infectious diseases, such as HIV and viral hepatitis among the prisoner population should be equivalent to other users of the national health system. Following this, a referral network for HIV and viral hepatitis care for the inmate population was established per governmental order 283/2018 in January 2018.

**ROADBLOCKS**

People most disconnected from mainstream services – hard-to-reach populations like people who use drugs, experience homelessness, migrants, and sexual workers – continue to have challenges accessing hepatitis testing.

The bureaucratic system of approval of HCV treatment, depending on each hospital administration, needs to be reviewed.

Limited financial support to improve the screening of hard-to-reach populations through outreach workers.

Access to testing and treatment remains unequal despite policy initiatives.

**INNOVATIONS**

Pilot project of point-of-care screening combined with nursing and peer-based outreach work to enhance testing and treatment for HCV among people who use drugs, people who experience homelessness, and migrants. This project meets people in their own environment, performing on-site testing (HCV antibody and RNA), elastography, and in some cases specialist treatment and delivering treatment to people who refuse to leave their neighborhoods to access care and do not adhere to other health services.

**FINANCING**

Public budget line for HBV and HCV testing and treatment

Adopted
**NEXT STEPS TOWARD ELIMINATION**

- Develop and publish a national action plan for the elimination of HBV and HCV
- Improve strategic information, including prevalence and mortality, and tracking of number of persons tested and treated
- Establish expanded testing policies such as universal testing for HBV and HCV (i.e. once in lifetime) and integrated testing of HIV and hepatitis
- Develop and disperse HBV clinical guidance
- Decentralize HCV treatment and update guidance to allow some general practitioners to prescribe HCV treatment
- Continue to invest in and expand community-based and microelimination HCV testing and treatment programs for persons most affected
- Decentralization of Health services (widespread of point-of-care testing and treatment)
- Scale-up of community-based and peer-led services
- Promote Health education and awareness
- Ramp up financial support to improve outreach teams’ capacity of testing and treatment
- Make HBV vaccination available to community-based organizations which work with hard-to-reach populations for greater vaccine equity
- Expand ALT as a routine test
- New system for HCV drugs approval

**SOURCES**

5. Direção-Geral de Saúde/National Institute of Statistics
WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

This National Hepatitis Elimination Profile (N-HEP) was developed by the Coalition for Global Hepatitis Elimination. Funding for this N-HEP was provided by Gilead Sciences. The Coalition for Global Hepatitis Elimination retained final control over the content.

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