National Action Plan includes an objective, “Prevent vertical transmission of HBV” and ANC HBsAg screening, hepB birth dose, and TDF prophylaxis are included in the National Guidelines. No formal elimination goal for elimination of MTCT exists.

**Hepatitis B virus (HBV)**

- YES HBV elimination goal¹

**Hepatitis C virus (HCV)**

- YES HCV elimination goal¹

- YES Elimination of HBV mother to child transmission goal¹

*Currently out of date*
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

**HBV** Percentage change in new infections

**NO DATA**

WHO 2020 Target -30%

**HBV** Percentage change in deaths

1%

WHO 2020 Target -10%

**HCV** Percentage change in new infections

**NO DATA**

WHO 2020 Target -30%

**HCV** Percentage change in deaths

**NO CHANGE**

WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%):

1.97 (1.63-2.33)%

SDG 2020 Target 1%
ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

Hepatitis B vaccination coverage for newborns

WHO 2020 Target 50%

NO DATA

HepB 3 dose vaccine coverage for infants, 2020

WHO 2020 Target 90%

84%

NO DATA

Proportion of diagnosed HBV persons receiving appropriate treatment

NO DATA

HBV

9 (3-31)

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

WHO 2020 Target 200

Proportion of persons living with HBV diagnosed

NO DATA

Number of treatments for HBV

1,000

2018

NO DATA

2019

NO DATA

2020

Number of treatments for HCV

160

2016

NO DATA

2019

NO DATA

2020
Proportion of persons who have cleared HCV infection

NO DATA

Proportion of persons living with HCV diagnosed

US 2025 Target 58%

POLLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

ACHIEVEMENT

Routine official reports to monitor HBV and HCV

Estimates of HBV and/or HCV economic burden

Monitoring of HBV and HCV diagnosis and treatment

INNOVATIONS

ROADBLOCKS

National Department of Health needs additional staff to support hepatitis strategic information and program implementation activities

Need to integrate HBV/HCV services and data systems with HIV/TB and maternal and infant healthcare

No hepatitis-specific indicators are currently included in national public health monitoring system

Low political will to scale-up HBV and HCV programs to-date

STRATEGIC INFORMATION

Mortality

Incidence

Prevalence

Incidence: For HBV

Prevalence: No nationally representative studies conducted in last 5 years

Adopted

Not Adopted

NO DATA
PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns

- Partially Adopted

Recommendations for:

- HBV testing of pregnant women
  - Partially Adopted

- HCV testing of pregnant women
  - Partially Adopted

Program for triple elimination of HIV, hepatitis B, and syphilis

- Not Adopted

ROADBLOCKS

- Hepatitis B birth dose must be introduced and scaled
- HBsAg screening of pregnant women must be implemented nationally

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

- Registration of originator DAAs
  - Adopted

- Eligible for generic DAAs
  - Eligible
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**TESTING TO DIAGNOSE HBV AND HCV INFECTION**

Testing recommendations for:

**HBV:** Risk-based

- Partially Adopted

Clinical guidelines include recommendations for routine testing of persons at risk but no routine testing is currently conducted.

**HCV:** Risk-based

- Partially Adopted

Clinical guidelines include recommendations for routine testing of persons at risk but no routine testing is currently conducted.

No patient co-pays for HBsAg and anti-HCV testing

- Partially Adopted

Only free for testing as part of a diagnostic work-up and only for laboratory-based testing, not point-of-care testing. Payment in state sector is scaled according to income bracket.

**ROADBLOCKS**

- Currently, HBV and HCV screening limited to opportunistic testing at hospitals and pregnant women.

- Limited funding available for rapid diagnostics.

**INNOVATIONS**

- Rapid diagnostic tests for anti-HCV testing are only available in non-government run harm reduction programs.

**Registration of generic DAAs**

- Not Adopted

**Licensed point-of-care PCR testing to detect HBV and HCV**

- Adopted

Originator DAAs were finally registered after a 3+ year delay but a decision on pricing and consideration for the National Essential Medicines List await.

GeneXpert machines for point-of-care PCR testing are available but are not accessible for hepatitis testing (primary used for TB testing exclusively).

Feasibility of scaling up dried blood spot testing for HCV explored by the National Institute for Communicable Diseases. The infrastructure for transport of samples exists but currently not affordable to scale-up because price of testing is too expensive without bulk ordering.
## ACCESS TO HBV AND HCV TREATMENT

### HBV:
- National treatment guidelines[^10]
- Developed[^10]
- Simplified care: Simplified treatment and monitoring algorithm for primary
- Partially Adopted[^10]
- Not Adopted[^11]

### HCV:
- National treatment guidelines[^10]
- Developed[^10]
- Simplified care algorithm: Less than 2 clinic visits during treatment[^10]
- Not Adopted[^10]
- Simplified care algorithm: Non-specialists can prescribe treatment[^10]
- Partially Adopted[^10]
- Simplified care algorithm: No patient treatment co-pays
- Not Adopted[^10]
- No fibrosis restrictions[^10]
- Adopted[^10]
- No sobriety restrictions[^10]
- Adopted[^10]
- No genotyping[^10]
- Not Adopted[^10]

### ROADBLOCKS

- **HBV treatment not on National Essential Medicines List (only for HIV)**

### INNOVATIONS

- **Project ECHO established at University of Cape Town has enabled training of additional providers to manage and treat HBV and HCV**

[^10]: Text in parentheses indicates the source or status of the information.
HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected


National policy for adult hepatitis B vaccination

National guidelines recommends vaccination for other adults at higher risk but not widely implemented given monovalent vaccine only available at tertiary hospitals

National anti-discrimination laws against people living with hepatitis B and/or C

National law provides protection for all diseases.

National policy for:

- Harm reduction for persons who inject drugs (PWID)
- Syringe exchange in federal prisons
- Number of needles/syringes per PWID per year
- Decriminalization of possession of syringes & paraphernalia
- Decriminalization of drug use

WHO 2020 Target 200; Needle-syringe exchange programs operated in 9 of 56 health districts (not funded by national government)

ROADBLOCKS

- Important disparities exist in hepatitis burden among vulnerable populations, including people who inject drugs.
- Monovalent HBV vaccine supply for adult vaccination only available at tertiary level
- Opioid substitution therapy not included on National Essential Medicines List
- Harm reduction programs lack funding and face political opposition in many parts of the country
- There is no federal public funding for needle exchange programs (NSP). All existing NSPs are currently funded by NGOs or local governments. The needle-syringe exchange program in Durban was suspended for 2 years.
- HBV and HCV testing and treatment not widely available for persons who inject drugs.

ACHIEVEMENTS

- National Drug Master Plan now includes support for the WHO combined package of harm reduction services
**INNOVATIONS**

Pilot project on viral hepatitis testing and treatment in one correctional center/prison.

NGOs/civil society and one metropolitan city are implementing a harm reduction and HBV/HCV test and treat program, leveraging both city funding and development partner funding.

**FINANCING**

Public budget line for HBV and HCV testing and treatment

- Partially Adopted

HBV and HCV lab-based testing is covered along with HBV treatment under national health insurance scheme. However, HCV treatment is only covered if advocated for on a case by case basis by the physician.

Funds from the Global Fund for TB, AIDS, and Malaria used for treatment of co-infected patients and/or harm reduction, when relevant

- Adopted

No funding for treatment of co-infected patients is available but GFTAM does fund harm reduction programs and screening for people who inject drugs.

**ROADBLOCKS**

Domestic financing environment remains constrained

Limited political will to implement HBV and HCV program despite strong policies in place

No dedicated budget for hepatitis testing and treatment.

**NEXT STEPS TOWARD ELIMINATION**

- Add HBV and HCV indicators to national monitoring system
- Introduce anti-HCV and HBsAg rapid diagnostic
- Introduce and scale-up hepatitis B birth dose
- Optimize mix of HBV and HCV point-of-care and laboratory testing based on available infrastructure
- Ensure universal coverage of antenatal HBsAg testing
- Expand harm reduction programs, including needle-syringe exchange and opioid substitution therapy
- Identify opportunities for integration of hepatitis testing with HIV/other programs
- Introduce HBV and HCV testing and treatment for people who inject drugs integrated with harm reduction programs
- Scale up HBV screening and HBV vaccination of healthcare workers
- Ensure access to HBV vaccination of adults at primary care level
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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Sources

14. Communication with Dr. Andrew Scheibe, TB/HIV Care

Working Together, We will achieve Elimination.

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