BANGLADESH

CAN ELIMINATE HEPATITIS

NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED MARCH 10 2023

COALITION FOR GLOBAL HEPATITIS ELIMINATION

ABOUT THE N-HEP

These National Hepatitis Elimination Profiles (N-HEP)s bring together data on each country's epidemiological burden, status of program delivery, and policy environment. Working with local partners, the profiles break down the essential components of effective public health initiatives and highlight achievements, challenges, and innovations for the 30 countries included. The N-HEPs serve as advocacy tools for catalyzing policy development and resource mobilization in pursuit of the 2030 hepatitis elimination goals.

IN THIS PROFILE:

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AT A GLANCE:

	HBV	HCV
National Plan	NO	NO
Elimination Goal	YES	YES
HepB Birth Dose Coverage	No data	
Number of needles/syringes per PWID per year	300	

BURDEN OF DISEASE

Prevalence of chronic HBV	Prevalence of chronic HCV
6%	0.6%
Deaths per 100,000	**Deaths per 100,000**
5.46	5.21

OVERVIEW OF POLICY ENVIRONMENT

- No system to monitor HBV and HCV diagnosis and treatment
- National HBV and HCV treatment and clinical guidelines under development
- Patients must pay out-of-pocket for HBV and HCV screening and treatment

NOTABLE ACHIEVEMENT: In 2019, Bangladesh became one of the first countries in the WHO South-East Asia Region to achieve HBsAg prevalence less than one percent among five-year-old children

KEY CHALLENGE: There is no major source of sustained funding for hepatitis

KEY NEXT STEPS:

- Remove co-pays for HBV and HCV testing and treatment, especially for vulnerable populations
- Complete and disseminate national guidelines for viral hepatitis

OVERVIEW

HBV ACTION PLAN

In Development

HCV ACTION PLAN

In Development

The Bangladeshi Government as adopted a separate operational plan in 2018 for the control of viral hepatitis.

HBV Elimination Goal [21]	Yes
Elimination of maternal to child transmission goal [2]	Yes
HCV Elimination Goal [21]	Yes

THE HEALTH BURDEN OF VIRAL HEPATITIS

Prevalence

6%

Prevalence of chronic HBV, 2020 [21]

7%

Burden of HBV among Rohingya refugees (adults, 2017-2019) [29]

0.6%

Prevalence of chronic HCV, 2020 [21]

Modelled

22%

Burden of HCV among Rohingya refugees (adults, 2017-2019) [29]

Incidence

NO DATA

New HBV infections

NO DATA

New HCV infections

Mortality

8,693

HBV deaths, 2019 [3]

5.46

Deaths per 100,000, 2019 [3]

8,296

HCV deaths, 2019 [3]

5.21

Deaths per 100,000, 2019 [3]

PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV	Percentage change in new infections, 2015-2019 [3]	-31% ↓ WHO 2020 Target -30%
HBV	Percentage change in deaths, 2015-2019 [3]	NO DATA WHO 2020 Target -10%
HCV	Percentage change in new infections, 2015-2019 [3]	0% WHO 2020 Target -30%
HCV	Percentage change in deaths, 2015-2019 [3]	NO DATA WHO 2020 Target -10%
	Prevalence of HBsAg in children < 5 years (%), 2018 [6]	0.15% (0.12-0.18%) SDG 2020 Target 1%

ACCESS TO RECOMMENDED VACCINATION

NO DATA — Hepatitis B vaccination coverage for newborns

98% — HepB 3 dose vaccine coverage for infants, 2021 [8]

ACCESS TO RECOMMENDED TESTING

NO DATA

Proportion of persons living with **HBV** diagnosed

NO DATA

Proportion of persons living with **HCV** diagnosed

NO DATA — HBV

Proportion of diagnosed HBV persons receiving appropriate treatment

300

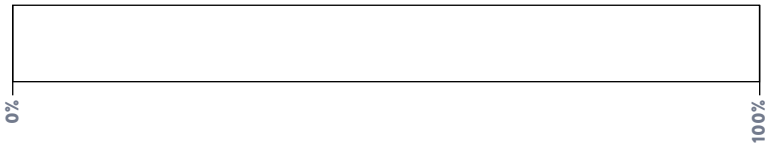
For persons who inject drugs (PWID), number of sterile needles per year, 2018 [9]

WHO 2020 Target 200

Number of persons tested for HBsAg — NO DATA

Number of persons tested for HCV — NO DATA

ACCESS TO RECOMMENDED TREATMENT



NO DATA

Proportion of diagnosed persons who have been cured

Number of treatments for HBV

NO DATA

Number of persons treated for HCV

NO DATA

POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

STRATEGIC INFORMATION	*Status*	*Notes*
Routine official reports to monitor HBV and HCV [21]		
Mortality	Partially Adopted	Official reports of deaths related to HBV and HCV at only the government hospitals are monitored. A death audit of a tertiary hospital in Bangladesh estimated HBV- and HCV-related liver diseases account for 8 to 12% admissions in the Medicine Departments and are responsible for more than 20,000 deaths per annum [13]
Incidence	Not Adopted	For HBV and HCV, hospital data is regularly sent to the national MIS (management system information). Private diagnostic centers do not send reports to the government. Therefore, only reports from the government health facilities are counted by the government [21]
Prevalence	Not Adopted	The Health and Morbidity Survey conducted by the Bangladesh Bureau of Statistics estimates the prevalence of HBV, but the last survey was conducted in 2014
Estimates of HBV and/or HCV economic burden [19]	Partially Adopted	For HBV
Monitoring of HBV and HCV diagnosis and treatment [11]	Not Adopted	

LEARN MORE ABOUT STRATEGIC INFORMATION:

ROADBLOCKS

Lack of reliable data

Lack of surveillance of hepatitis B and C in the health facilities

Lack of coordination between the government and private health facilities

Mother to children transmission is the major contributor to HBV. Not all mothers are informed about HBV screening, particularly in the cases of home births

Lack of awareness about hepatitis & its testing due to misinformation or no information

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

	Status	Notes
Policy for hepatitis B vaccination of newborns [7]	Adopted	
Recommendations for:		
HBV testing of pregnant women [2]	Partially Adopted	Implementation varies across the country
HCV testing of pregnant women	Not Adopted	

LEARN MORE ABOUT BANGLADESH'S WORK IN PREVENTION OF MOTHER TO CHILD TRANSMISSION:

ACHIEVEMENTS

In 2003, the Bangladeshi Government included the hepatitis B vaccine in the Expanded Program on Immunization (EPI), intending to provide a timely birth dose to newborn babies [4]

In 2019, Bangladesh along with 3 other countries, became among the first countries in WHO South-East Asia Region to achieve hepatitis B control, with the prevalence of the deadly disease dropping to less than one percent among five-year-old children [16]

ROADBLOCKS

HepB birth dose implementation is poor and no coverage data is reported

ACCESS AND REGISTRATION OF MEDICINES AND TESTS	*Status*	*Notes*
Registration of originator DAAs [2,22]	Adopted	
Eligible for generic DAAs [1]	Eligible	
Registration of generic DAAs [2]	Adopted	
Licensed point-of-care PCR testing to detect HBV and HCV	Not Adopted	

LEARN MORE ABOUT BANGLADESH'S WORK IN ACCESS AND REGISTRATION OF MEDICINES AND TESTS:

INNOVATIONS

Bangladeshi patients have access to local generic versions of almost all antivirals for HBV and HCV. Tax waivers are also granted to DAAs by the Bangladesh government.

The first generic sofosbuvir in the world was introduced in Bangladesh back in February 2015, making Bangladesh the first country in the world to have a generic DAA.

TESTING TO DIAGNOSE HBV AND HCV INFECTION

	Status	*Notes*
Testing recommendations for:		
HBV: Risk-based [2,14,17]	Adopted	All medical institutions are required to screen for hepatitis B in all pregnant women and in patients who undergo hospitalization, surgery, hemodyalisys or invasive diagnosis or treatment. HBV screening is routinely conducted for employment and among migrants and immigrants. In addition to screening of blood donors, HBV screening is routinely conducted for employment and among migrants and immigrants.
HCV: Risk-based [14]	Adopted	
HBV: Universal	Not Adopted	
HCV: Universal	Not Adopted	
No patient co-pays for HBsAg and anti-HCV testing [13]	Not Adopted	There is no social insurance program in Bangladesh.

LEARN MORE ABOUT BANGLADESH'S WORK IN TESTING TO DIAGNOSE HBV AND HCV INFECTION

ROADBLOCKS

There are a limited number of adequate laboratory facilities to conduct screening.

Routine screening of blood donors for HCV is currently only based on anti-HCV and not HCV PCR.

Despite hospital mandates for screening of HBV, HBV screening is not free for patients.

INNOVATIONS

PCR lab capacity has recently expanded during COVID-19, and the national hepatitis program is beginning to explore how this capacity could be leveraged for hepatitis testing.

ACCESS TO HBV AND HCV TREATMENT	*Status*	*Notes*
HBV: National treatment guidelines [2,11,17]	Partially Adopted	Clinical practice guidance for management of Anti-HBc positive patients was developed in 2019. Full national Guidelines are being developed as of October 2022. A practice guideline was created in 2021 for metabolic-associated fatty liver disease. While it is primarily for liver disease it does also apply to patients living with hepatitis B and/or C.
HBV: *Simplified care:* Simplified treatment and monitoring algorithm for primary care providers [15,17]	Not Adopted	
HBV: *Simplified care:* No patient co-pays for treatment [2]	Not Adopted	
HCV: National treatment guidelines	Partially Adopted	National Guidelines are being developed as of October 2022
HCV: Simplified care algorithm: Less than 2 clinic visits during treatment [11]	Adopted	
HCV: Simplified care algorithm: Non-specialists can prescribe treatment [2]	Not Adopted	
HCV: *Simplified care:* No patient co-pays for treatment [2]	Partially Adopted	50,000 DAA tablets are distributed for free to persons living with HCV every year from Hepatology Departments at Bangabandhu Sheikh Mujib Medical University and other public medical colleges

No fibrosis restrictions	Not Adopted
No sobriety restrictions	Not Adopted
No genotyping [17]	Not Adopted

LEARN MORE ABOUT BANGLADESH'S WORK IN ACCESS TO HBV AND HCV TREATMENT:

ROADBLOCKS

Comprehensive national guideline for viral hepatitis management has not been developed and disseminated

Non-government physicians and traditional healthcare providers are still excluded from the government treatment initiative.

There are too few posts for hepatologists in medical colleges. Many hepatologists work in non-hepatology posts, and no national hepatology institute exists.

ACHIEVEMENTS

As of October 2022, 5,000 Government physicians have been trained on viral hepatitis. A training module on viral hepatitis for healthcare providers is almost finalized.

HEALTH EQUITY AND ADDRESSING DISPARITIES

	Status	Notes
National strategy addresses populations most affected [15]	No Data	National Guidelines are being developed as of October 2022
National anti-discrimination laws against persons living with hepatitis B and/or C [2]	Not Adopted	
National policy for adult hepatitis B vaccination [20]	Partially Adopted	Piloting of catch-up, adult vaccination has started in Bangladesh. Healthcare providers of government medical colleges of Bangladesh have mostly been vaccinated
National policy for:		
Harm reduction for persons who inject drugs (PWID) [9]	Adopted	
Syringe exchange in federal prisons [9]	Not Adopted	
Number of needles/syringes per PWID per year [9]	300	WHO 2020 Target 200
Percentage of PWID population covered by OPIOD Substitution Therapy [10]	2.9%	
Decriminalization of possession of syringes & paraphernalia [23]	Adopted	
Decriminalization of drug use [9]	Not Adopted	
Decriminalization of hepatitis infection [23]	Adopted	

LEARN MORE ABOUT BANGLADESH'S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:

ROADBLOCKS

Stigma and discrimination remain high

No tailor-made interventions for key at-risk groups

INNOVATIONS

Hepatitis B and C screening and hepatitis B vaccines have been given to healthcare providers free of charge across 33 districts.

FINANCING	*Status*	*Notes*
Public budget line for HBV and HCV testing and treatment [18]	Not Adopted	
Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant	Adopted	The Global Fund provided US$169 million for 2021-2023 through seven grants addressing HIV, tuberculosis (TB) and malaria in Bangladesh, and these funds also support testing and treatment for hepatitis co-infected patients and harm reduction programs.

LEARN MORE ABOUT BANGLADESH'S WORK IN FINANCING:

ROADBLOCKS

There is no major source of sustained funding for hepatitis programs

ACHIEVEMENT

The government has provided a few million BDT (Bangladeshi Taka) to Sheikh Russel Gastroliver Institute & Hospital, BIRDEM General Hospital, and BSMMU for hepatitis treatment

BANGLADESH'S
NEXT STEPS TOWARD ELIMINATION

- Build a national system for monitoring of HBV and HCV mortality, incidence, and prevalence
- Increase public awareness on the burden of hepatitis to increase demand for screening and decrease stigma
- Strengthen collaborations for awareness building with civil society organizations
- Offer free adult HBV vaccination through EPI program
- Expand training for healthcare professionals on HBV and HCV testing and treatment, including at district and sub-district level
- Include non-government physicians and traditional healthcare providers in government hepatitis testing and treatment initiatives
- Develop a strategy for HBV testing among all pregnant women during antenatal care
- Ensure hepatitis B birth dose is incorporated into the national immunization schedule and that there is a secure supply of immunoglobulin in government healthcare facilities
- Address high prevalence of HBV and HCV among Rohingya refugees in Bangladesh by extending services to this vulnerable population
- Build capacity of laboratory facilities to test for HBV and HCV and/or identify opportunities to leverage new capacity from COVID-19 testing program

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BANGLADESH'S
NEXT STEPS TOWARD ELIMINATION

- Remove co-pays for HBV and HCV testing and treatment, especially for vulnerable populations
- Identify additional sources of domestic and external funding
- Complete and disseminate national guidelines for viral hepatitis
- Establish a dedicated center for control of viral hepatitis & treatment
- Monitor quality and cost of HCV medicines
- Establish anti-discrimination laws to protect persons living with HBV and HCV
- Establish harm reduction policy for persons who inject drugs

COALITION FOR GLOBAL HEPATITIS ELIMINATION

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WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

COALITION FOR GLOBAL HEPATITIS ELIMINATION

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