



COLOMBIA

CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED DECEMBER 2 2022



Hepatitis B virus (HBV)

Hepatitis C virus (HCV)

2030

YES

2030

HBV elimination goal ¹

Elimination of HBV mother to child transmission goal ¹

HCV elimination goal ¹

THE HEALTH BURDEN OF VIRAL HEPATITIS

0.73%

Prevalence of HBsAg, 2019 ¹²

Modelled



Prevalence

Regional average
in the Americas
HBV: 0.70%
HCV: 0.73%
(0.52-0.87%)

0.66%

Prevalence of chronic
HCV infection, 2017 ¹⁸

Modelled

3.9

New HBV infections per 100,000, 2021 ¹³



Incidence

1.7

New HCV infections per 100,000, 2021 ¹³

Based on reported cases, therefore may not be an accurate representation of incidence.

355 (245 - 500)

HBV-related deaths, 2019 ²

Modelled

0.74 (0.51 - 1.05)

Deaths per 100,000, 2019 ²



Mortality

1,451 (1,023 - 1,960)

HCV-related deaths, 2019 ²

Modelled

3.04 (2.14 - 4.10)

Deaths per 100,000, 2019 ²

PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV

Percentage change in new infections, 2015-2021 ^{2,13}



-7%

WHO 2020 Target -30%



HBV

Percentage change in deaths, 2015-2019 ²



-6%

WHO 2020 Target -10%



HCV

Percentage change in new infections, 2015-2021 ^{4,13}



70%

WHO 2020 Target -30%



HCV

Percentage change in deaths, 2015-2019 ²



-10%

WHO 2020 Target -10%



Prevalence of HBsAg in children < 5 years (%), 2019 ¹⁶

<0.1%

SDG 2020 Target 1% ⁸

2021 data used instead of 2020 due to COVID-19 pandemic related discrepancies in 2020 data



ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

81% Hepatitis B vaccination coverage for newborns, 2020 ¹⁹

WHO 2020 Target 50%



88% HepB 3 dose vaccine coverage for infants, 2020 ⁵

WHO 2020 Target 90%



9% Proportion of persons living with HBV diagnosed, 2018 ¹²

WHO 2020 Target 30%



9.5% **HBV**

Proportion of diagnosed HBV persons receiving appropriate treatment, 2018 ¹²

22

For persons who inject drugs (PWID), number of sterile needles per year, 2020 ¹⁰

WHO 2020 Target 200

30,559 **HBV**

Number of persons diagnosed with HBV by 2018 ¹²

2,912 **HBV**

Number of persons on treatment in 2018 (monoinfected and coinfectd) ¹²



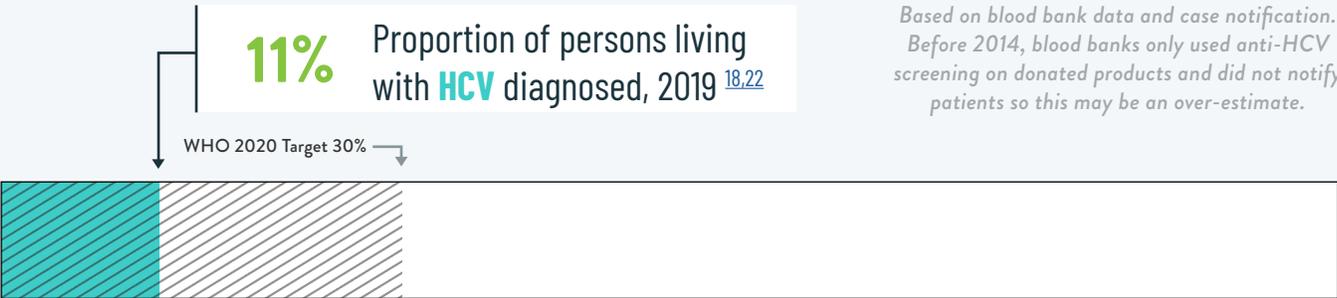


40.20%

Proportion of persons co-infected with HIV who received ART based on tenofovir, 2017 (%) ¹²

82.4% HCV

Proportion of people coinfecting with HIV and HCV starting HCV treatment, 2019 ²³



35,820

HCV

Number of patients diagnosed by 2019 ²¹

Estimated from 33,300 up to 2015, identified mainly in blood banks, more than an average of 630 new viremic patients reported annually 2016-2019

Number of persons treated for HCV, 2017-2019 ^{13,20}



14% Proportion of diagnosed persons who have been cured (%), 2019 ^{20,21}



Note: the denominator includes persons that may not have been confirmed with viral load and people who did not initiate treatment.

5,171

HCV

Cumulative number treated 2004-2019

This number includes an estimated 2,743 patients cured with interferon based therapies from 2004 to 2015 ¹⁸ and 2,428 patients treated with DAAs between 2016 and 2019 ²²



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

ACHIEVEMENT

INNOVATIONS

ROADBLOCKS

STRATEGIC INFORMATION

Routine official reports to monitor HBV and HCV ^{1,12}

 Mortality

 Incidence

 Prevalence

New diagnosis of hepatitis A, B, C, and D are reported to SIVIGILA (National surveillance system on Public Health) and reports are available from the following link: <https://www.ins.gov.co/buscador-eventos/Paginas/Info-Evento.aspx>

Estimates of HBV and/or HCV economic burden ^{17,18}

 Adopted

Monitoring of HBV and HCV diagnosis and treatment ¹

 Adopted

National registry for tracking HCV and HBV diagnoses. National registry for tracking HCV treatments but not for hepatitis B treatment yet.



INNOVATIONS

The national HBV and HCV action plan is integrated with STIs, HIV, and TB/HIV co-infection

The national registry for tracking HCV patients diagnosed and receiving treatment allows for close program monitoring and evaluation

A hemosurveillance system has been established to identify blood donors that have had previous positive results for HIV, HBV, HCV, syphilis, and chagas disease



ACHIEVEMENT

National Action Plan first developed for 2014-2017 and then renewed for 2018-2021 and 2022-2025



PREVENTION OF MOTHER TO CHILD TRANSMISSION

Universal policy for hepatitis B vaccination of newborns within 24 hours of birth ¹

Adopted

Recommendations for:

HBV testing of pregnant women ¹

Adopted

HCV testing of pregnant women ¹

Not Adopted



ACHIEVEMENT

Colombia has achieved the WHO goal of <0.1% for children less than five years old

Colombia has adopted and implemented the regional Elimination of Mother to Child Transmission Strategy for HIV, Syphilis, Hepatitis B, and Chagas disease

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of originator DAAs ⁸

Adopted

Eligible for generic DAAs ⁸

Not Eligible

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

Not Adopted

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

HBV: Risk-based ¹

Adopted

HCV: Risk-based ¹

Adopted

HBV: Universal or other policy ¹

Not Adopted



HCV: Age-cohort ²⁶

Adopted

Recommended for adults 50 years and older

No patient co-pays for HBsAg and anti-HCV testing ^{31,32}

Partially Adopted

Persons under the national subsidized insurance scheme do not pay co-pays. People under the contributive insurance system pay co-pays, except those that receive screening with a co-morbidity (i.e. HIV, renal disease, cancer, hemophilia, etc).



ACHIEVEMENTS

Resolution 1314 in 2020 permitted rapid diagnostic testing for HIV, syphilis, Hepatitis B and Hepatitis C

Resolution 3280 in 2018 promoted expanded HCV screening among older age cohorts, adults 50 years+



ROADBLOCKS

Community awareness on hepatitis B and C remains limited

Training of providers medical care about tests hepatitis B and C remains limited

ACCESS TO HBV AND HCV TREATMENT

HBV: National treatment guidelines ³⁵

Developed

Simplified care: Simplified treatment and monitoring algorithm for primary care providers ¹²

Partially Adopted

Simplified course developed for healthcare practitioners

Simplified care: No patient treatment co-pays ¹²

Partially Adopted

Persons under the national subsidized insurance scheme do not pay co-pays. People under the contributive insurance system pay co-pays

HCV: National treatment guidelines ^{14,28}

Developed

Simplified care algorithm: Less than 2 clinic visits during treatment ¹⁴

Not Adopted

Simplified care algorithm: Non-specialists can prescribe treatment ¹⁴

Not Adopted



Simplified care algorithm: No patient treatment co-pays ⁸

Adopted

Patients from both insurance systems do not pay co-pays for HCV treatment because treatment is provided by the Ministry of Health

No fibrosis restrictions ¹⁴

Adopted

There are no official restrictions based on sobriety, but in clinical practice restrictions are sometimes applied

No sobriety restrictions ¹⁴

Partially Adopted

No genotyping ¹⁴

Adopted

No genotyping is needed to start treatment when pangenotypic medicines are available. However, it's recommended for patients that did not have virological response (to rule out genotype 3), or renal disease with low creatinine depuration and HIV patients for epidemiological purposes.



INNOVATIONS

On World Hepatitis Day 2022, a new course was launched for primary care health care workers on HIV, TB, TB/HIV co-infection, and hepatitis B and C, with the support of PAHO: <https://cursospaies.campusvirtualsp.org/course/index.php?categoryid=51>

The Colombian Association for Hepatology developed a course on hepatitis C available free of charge in the platform HepCampus



ROADBLOCKS

General practitioners are not permitted to treat hepatitis C.

The monitoring and follow-up of HBV patients remain limited

Simplified care algorithms are needed to ensure all patients have access to care

There is a need to ensure care effective for people with hepatitis B or C identified in blood banks





HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected, 2021 ¹

Adopted

National anti-discrimination laws against people living with hepatitis B and/or C ^{29,30}

Partially Adopted

There are national laws against discrimination of key populations.

National policy for adult hepatitis B vaccination, 2020 ^{11,36}

Adopted

Provided for adults at risk of infection with Hep B. Through the Expanded Program on Immunization (EPI), Only five populations. Transgender women, sex workers, men who have sex with men, people who inject drugs and persons experiencing homelessness.

National policy for:

Harm reduction for persons who inject drugs (PWID) ²⁴

Developed

Syringe exchange in federal prisons ²⁵

Not Adopted

Number of needles/syringes per PWID per year ¹⁰

22

WHO 2020 Target 200

Number of opioid substitution therapy recipients per 100 PWID

No Data

Decriminalization of possession of syringes & paraphernalia ²⁵

Adopted

Decriminalization of drug use ²⁵

Partially Adopted

Decriminalization of hepatitis infection ²⁵

Partially Adopted



ACHIEVEMENTS

Successful joint HBV and HCV promotion and prevention activities implemented by scientific societies and civil society

Availability of hepatitis B vaccination for adult populations at risk of infection

FINANCING

Public budget line for HBV and HCV testing and treatment ^{1,15}

Adopted

Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant ¹

Partially Adopted

The Global Fund resources are currently not used in Colombia for care and treatment. Only for promotion, prevention and HIV testing activities



ACHIEVEMENTS

Hepatitis B and C testing, care and treatment are included on the national health benefits plan. Information available at: <https://www.minsalud.gov.co/salud/POS/Paginas/plan-obligatorio-de-salud-pos.aspx>

A centralized procurement mechanism has been established for hepatitis C medicines since 2017

NEXT STEPS TOWARD ELIMINATION



Update clinical and programmatic guidelines to include decentralization of hepatitis B and C care to the primary care level, especially for vulnerable populations



Train general practitioners to prescribe HCV treatment and decentralize care



Increase screening efforts across the country to find those that are not aware of their diagnosis



Improve follow-up, especially with populations at risk of non-adherence to treatment



Promote the microelimination of hepatitis C among key populations



Make the necessary regulatory adjustments for the implementation of these measures.



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WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.



COALITION
FOR GLOBAL
HEPATITIS
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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The Coalition thanks the Colombia Ministry of Health and Social Protection, especially Dr. Cielo Yaneth Rios-Hincapie, for their review and feedback on the development of this profile.

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