RWANDA

ON TRACK TOWARDS HEPATITIS ELIMINATION

NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED FEBRUARY 2022

COALITION FOR GLOBAL HEPATITIS ELIMINATION

Hepatitis B virus (HBV)

2030
HBV elimination goal

YES
Elimination of HBV mother to child transmission goal

Action Plan [1]

Hepatitis C virus (HCV)

2024
HCV elimination goal

Action Plan [1]

THE HEALTH BURDEN OF VIRAL HEPATITIS

2.0 (1.4-2.7)%
Prevalence of HBsAg among persons 15-64 year-olds, 2019 [2]
Based on national survey

3.6 (2.3-4.8)%
Prevalence of HBsAg among persons living with HIV (PLHIV), 2019 [2]
Based on national survey

1.6 (1.1-2.2)%
Prevalence of HBsAg among persons 10-64 years-old, 2019 [2]
Based on national survey

Prevalence

AVERAGE IN THE AFRICAN REGION:
HBV: 5-8% [5]
HCV: 3% [6]

1.2 (0.8-1.6)%
Prevalence of anti-HCV among persons 15-64 year-olds, 2019 [2]
Estimate declined from 4% before scale-up of mass screening campaigns [2,17]
Based on national survey

1.1%
Prevalence of anti-HCV among persons 10-64 years-old, 2019 [2]
Based on national survey

0.8%
Prevalence of chronic HCV, 2019 [2]

1.5%
Prevalence of chronic HCV among persons living with HIV (PLHIV), 2019 [2]
Based on national survey

2.6 (1.3-3.9)%
Prevalence of anti-HCV, among persons living with HIV (PLHIV), 2019 [2]
Based on national survey

50 per 100,000

New HBV infections among persons 10-64 years-old, 2019 [2]

Incidence

134

HBV deaths, 2019 [4]

1.03 Deaths per 100,000 [4]

Based on national hospital records [4]

Mortality

144

HCV deaths, 2019 [4]

1.11 Deaths per 100,000 [4]

Based on national hospital records [4]

PROGRESS TOWARDS ELIMINATION IN RWANDA

PREVENTION OF NEW INFECTIONS AND MORTALITY

HCV Percentage change in prevalence, 2018-2020 [2,17]

-69%

Prevalence of HBsAg in children < 5 years (%), 2019 [3]

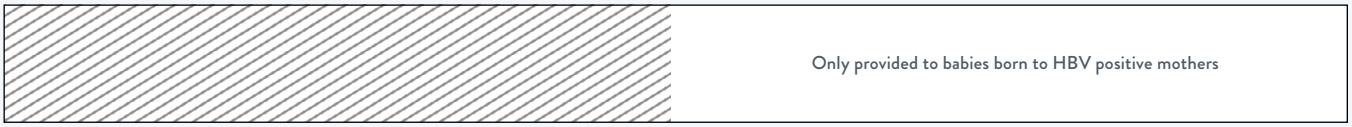
0.35% (0.26-0.47)%

SDG 2020 Target 1%

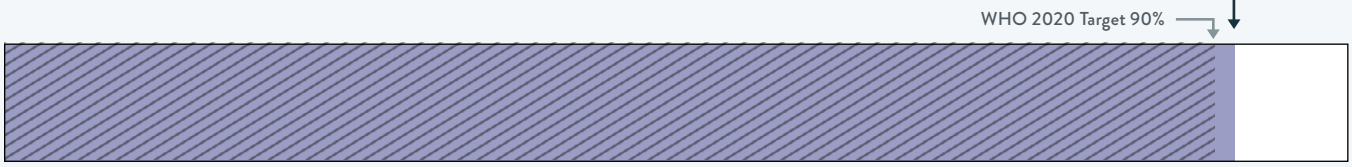
ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

Hepatitis B vaccination coverage for newborns [7]

WHO 2020 Target 50% [5]



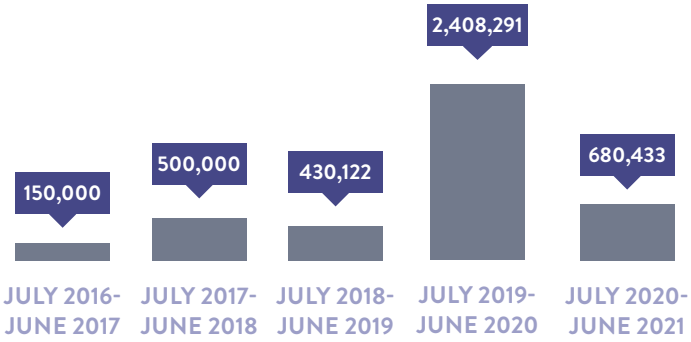
96% HepB 3 dose vaccine coverage for infants, 2020 [7]



85% Proportion of persons living with **HBV** diagnosed, 2021 [18]

4,659,787

Cumulative persons screened for HBV, July 2015 - December 2021 [11,18]

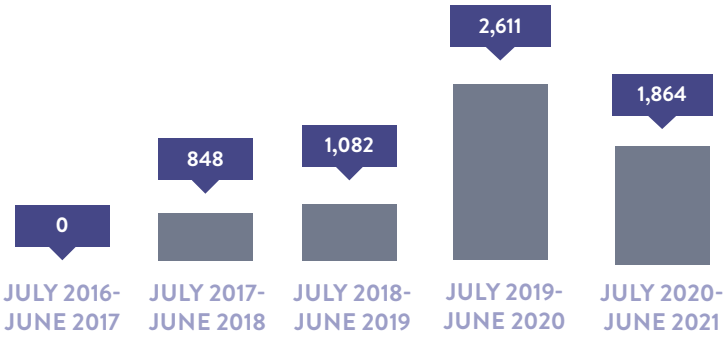


100% Estimated proportion of diagnosed HBV persons receiving appropriate treatment [18]

HBV

6,765

Cumulative persons initiated HBV treatment July 2015 - December 2021 [11,18]

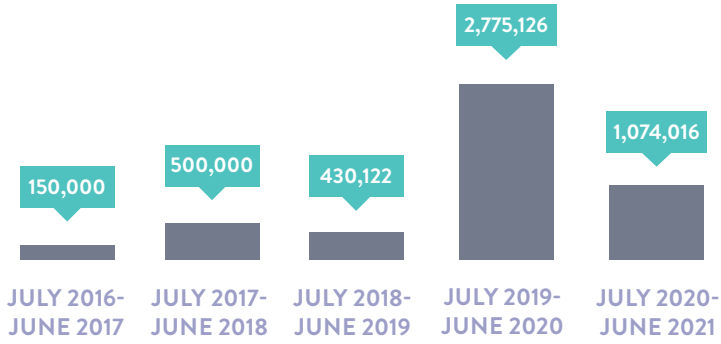


95% Proportion of persons living with **HCV** diagnosed, 2021 [18]

6,028,425

Cumulative persons screened for HCV, July 2015 - December 2021 [10, 11, 18]

Goal: 7,000,000 persons screened by 2024



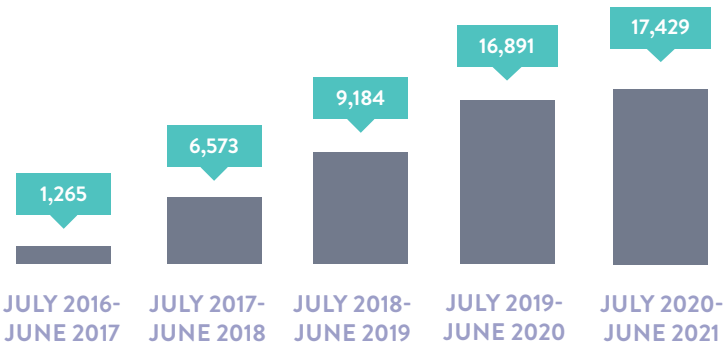
92% Proportion of people diagnosed with HCV who have been cured [10, 12]

HCV

54,518

Cumulative persons treated for HCV, July 2015 - December 2021 [10, 11, 18]

Goal: 59,584 persons treated by 2024



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

ACHIEVEMENTS | INNOVATIONS | ROADBLOCKS

STRATEGIC INFORMATION

Routine official reports to monitor HBV and HCV [2,11]	Mortality	Adopted	
	Incidence	Partially Adopted	Monthly reports from health facilities on new cases and the care cascade, only available for HBV [11]
	Prevalence	Adopted	Prevalence studies conducted within last 5 years [2]
Estimates of HBV and/or HCV economic burden		Adopted	Published estimates for HCV available. [13] HBV economic modeling performed prior to development of the national plan.
Monitoring of HBV and HCV diagnosis and treatment [9,10,11]		Adopted	

ACHIEVEMENTS

In April 2016, a patient chart for hepatitis C care and treatment was developed and implemented in paper format for hospitals receiving HCV patients.

Patient registry implemented to track the overall number of patients enrolled in clinical and laboratory services.

INNOVATION

Digital health information system in place to monitor testing and treatment trends and to communicate with patients

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Universal policy for hepatitis B vaccination for newborns [14]	Partially Adopted	Currently vaccinate babies born to HBV infected mothers. The national guidelines call for universal hepatitis B birth dose vaccination. National scale-up is awaiting Gavi financial support.
Recommendations for:		
HBV testing of pregnant women [14]	Adopted	
HCV testing of pregnant women [14]	Adopted	

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

HBV: Risk-based [14]	Adopted	
HCV: Risk-based [14]	Adopted	
HBV: Universal [14]	Adopted	Annual screening recommended for individuals not vaccinated
HCV: Universal [14]	Adopted	Annual screening recommended for all individuals
No patient co-pays for HBsAg and anti-HCV testing [14]	Adopted	No co-pays currently during elimination program

INNOVATIONS

As part of the well-established health services for HIV, 15 hospitals have the capacity to conduct HCV viral load testing. Using current systems for HIV viral load testing, blood samples for HCV testing are collected at local health centres and district hospitals and delivered to one of the testing sites via a centrally organized transport system, which also delivers results back to the health facilities.

Results are also electronically delivered through a Lab Information System

ACHIEVEMENTS

Rapid HBsAg and Anti-HCV testing available at primary healthcare level.

More than 4 million people screened for HBV and more than 6 million people screened for HCV by December 2021.

Linkage to care >80% for HCV

EXPANDING ACCESS TO HBV AND HCV TREATMENT

HBV:	National treatment guidelines [14]	Developed
	Simplified care: Simplified treatment and monitoring algorithm for primary care physicians [14]	Adopted
	Simplified care: No co-payments for treatment [11]	Adopted
HCV:	National treatment guidelines [14]	Developed
	Simplified care algorithm: Less than 2 clinic visits during treatment [14]	Adopted
	Simplifed care algorithm: Non-specialists can prescribe treatment [17]	Adopted
	Simplified care algorithm: No patient treatment co-pays [17]	Adopted
	No fibrosis restrictions [17]	Adopted
	No genotyping [17]	Adopted

ROADBLOCK

Slow-down of HCV screening, testing and treatment activities due to COVID-19 safety measures and overload of HCV viral load testing platforms used also for COVID-19 testing.

INNOVATION

Hepatitis B and C screening, diagnosis and treatment have been integrated into existing programmes and systems for HIV infection.

ACHIEVEMENTS

New clinical guidelines released in 2019.

> 1200 healthcare providers trained on HCV and HBV management with doctors and nursing treating HCV and HBV at health center level.

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of originator medicines [16]	Adopted
Eligible for generic medicines [15]	Eligible
Registration of generic medicines [16]	Adopted
Licensed point-of-care PCR testing to detect HBV and HCV	Not Yet Adopted

ROADBLOCKS

The aquisition cost for testing and treatment still remains relatively high compared to other diseases but patients don't pay for HBV and/or HCV diagnostic and treatment services.

Point of care viral load testing is not currently available.

INNOVATION

The involvement of community and hepatitis C patient networks, particularly in advocacy for approval and access to direct-acting antivirals, was essential in Rwanda's push to rapidly introduce new diagnostics and therapies.

Through the strong leadership and support of the Rwanda Government, the hepatitis elimination plans were initiated and implemented.

ACHIEVEMENT

Total acquisition cost of commodities for HCV rapid diagnostic test, viral load test, treatment, and SVR12 test is under US$80 (US$60 for treatment only) per patient. Patients don't pay for HBV and/or HCV diagnostic and treatment services.

HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected (that is, indigenous people, MSM, coinfected, etc.) [1]	Adopted	
National anti-discrimination laws against persons living with hepatitis B and/or C	Adopted	New national strategic plan prohibits discrimination against persons living with hepatitis B and C
National policy for adult hepatitis B vaccination [14]	Adopted	Vaccination policy for high-risk groups, including FSW, MSM, genocide survivors, prisoners, healthcare workers, and military members. HBV vaccination is free for all Rwandans during the period set for HBV elimination

INNOVATION

All Rwandans can receive the HBV vaccine for free.

HBV vaccination is free for all Rwandans during the period of HBV elimination

FINANCING

Public budget line for HBV and HCV testing and treatment [17]	Adopted	Funding earmarked for viral hepatitis doubled from 2013 to 2016
Funds from the Global Fund for HIV/AIDS used for PLHIV co-infected with HBV and/or HCV when relevant [17]	Adopted	

ROADBLOCK

Financing of program remains a challenge as there is not enough global funding for hepatitis. Domestic funding mechanisms are also used

NEXT STEPS TOWARD ELIMINATION

- Monitor progress towards 2024 elimination goals with national verification process and piloting of WHO elimination validation tools.
- Plan to expand viral load testing from 15 sites to all hospitals and/or health centres, likely using point-of-care machines.
- Introduce HCV self tests to optimize the accessibility to HCV testing.
- Continue negotiations for further testing and treatment price reductions.
- Continue to strengthen monitoring and evaluation program using an electronic system for hepatitis data management.

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WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

COALITION FOR GLOBAL HEPATITIS ELIMINATION

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FOR MORE INFORMATION:
GLOBALHEP.ORG
GLOBALHEP@TASKFORCE.ORG

TASKFORCE.ORG
330 W. PONCE DE LEON AVENUE
DECATUR GA 30030