



CHINA

CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED OCTOBER 25 2023



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:

- 2 OVERVIEW
- 3 THE HEALTH BURDEN OF VIRAL HEPATITIS
- 4 PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS
- 7 POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS
- 16 NEXT STEPS TOWARD ELIMINATION



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AT A GLANCE:

	HBV	HCV
National Plan	YES	YES
Elimination Goal	YES	YES
HepB Birth Dose Coverage	95%	
Number of needles/syringes per PWID per year	246	
BURDEN OF DISEASE		
Prevalence of HBsAg	6.1%	Prevalence of chronic HCV
Deaths per 100,000	11.4	0.4%
		Deaths per 100,000
		5.5
OVERVIEW OF POLICY ENVIRONMENT		
<ul style="list-style-type: none">HBV and HCV screening recommendations are risk-basedRecent HBV clinical guidelines have expanded access to hepatitis B therapySentinel hospitals designated as HCV management centers		
NOTABLE ACHIEVEMENT:	Since 1992, it's estimated that almost 19 million chronic HBV infections among children under -5 have been prevented	
KEY CHALLENGE:	Uptake of HBV and HCV screening is poor	
KEY NEXT STEPS:	Invest in publicity and education, increasing awareness of HBV and HCV prevention and treatment Expand HBV and HCV screening	

OVERVIEW

ELIMINATION GOAL: YES

HBV ACTION PLAN: YES

[View their action plan online ↗](#)

ELIMINATION GOAL: YES

HCV ACTION PLAN: YES

[View their action plan online ↗](#)

Healthy China

Interpretation of the National Action Plan for Eliminating Hepatitis C as a Public Health Threat (2021–2030)

Jian Li^a; Lin Pang^a; Zhongfu Liu^{a*}

BACKGROUND

Summary

Hepatitis C virus (HCV) infection is a major public health problem in China. In 2016, the World Health Organization (WHO) proposed a goal to eliminate viral hepatitis as a public health threat by 2030, and in 2018, the National Health Commission of China launched Hepatitis C Elimination Action by 2030. Hepatitis C control and prevention has made significant progress in China in recent years. To implement the "Healthy China 2030" plan and the Healthy China Initiative (2019–2030), and to contribute to the global target of eliminating viral hepatitis as a public health threat by 2030, the National Health Commission of China and eight other government departments jointly issued the *National Action Plan for Eliminating Hepatitis C as a Public Health Threat (2021–2030)* (hereinafter referred to as the "National Plan") in 2021. The National Plan has an overarching goal and 15 specific targets that cover health education, comprehensive prevention interventions, testing and treatment, and capacity building. The National Plan introduces key tasks and strategies of "five strengthenings, one expanding, and one implementation," i.e., strengthening health education, comprehensive prevention, referral and treatment, drug supply, and information management; expanding testing; and implementing relevant medical insurance policies. The National Plan also proposes key guaranteeing measures of "four intensifications and one mobilization," i.e., intensification of organizational leadership, capacity building, scientific research and international cooperation, and supervision. The fulfillment, mobilization of social participation. The National Plan is an important component of the Healthy China initiative, adhering to the integration of treatment and prevention and deepening the integration of medical treatment, medical insurance, and public review, we describe the

Hepatitis C is a global public health problem. The World Health Organization (WHO) estimated that in 2019, approximately 58 million people were living with chronic hepatitis C virus infection and 290 thousand people died from hepatitis C worldwide (1). Hepatitis C is a major infectious disease that impacts China. The Law of the People's Republic of China on the Prevention and Control of Infectious Diseases designates hepatitis C a Class B infectious disease (2). In recent years, approximately 200 thousand hepatitis C cases have been newly reported each year. Approximately 7.6 million people have been infected by hepatitis C virus (HCV) in China, and 4.56 million people are currently living with chronic HCV infection. Hepatitis C infection causes a large disease burden and can lead to liver cirrhosis and hepatocellular carcinoma (HCC) without timely diagnosis and treatment.

In 2016, WHO proposed a goal to eliminate viral hepatitis as a public health threat by 2030 (3). In 2018, the National Health Commission of China launched the Hepatitis C Elimination Action by 2030. The document, "China Viral Hepatitis Prevention and Control Program (2017–2020)" was issued in 2017, and the program has been conscientiously implemented ever since (4). Significant progress has been made in terms of publicity and education, comprehensive interventions, testing and diagnosis, standardized treatment, direct-acting antiviral agent (DAA) development and registration, national-level negotiation of DAA price, and National Reimbursement Drug List (NRDL) updates — all of which have laid a foundation for eliminating hepatitis C as a public health threat (5).

In 2021, National Health Commission, Ministry of Science and Technology, Ministry of Industry and Information Technology, Ministry of Public Security, Ministry of Civil Affairs, Ministry of Justice, Ministry of Finance, National Healthcare Security Administration, and National Medical Product





THE HEALTH BURDEN OF VIRAL HEPATITIS



Prevalence

6.1%

Prevalence of chronic HBsAg, 2020 ³

About 30% of the global population of persons living with HBV are in China

Note: China CDC conducted a national sero-prevalence survey on HBV among general population aged 1-69 years old in 2020-2021

0.40%

Prevalence of chronic HCV, 2017 ⁵



Incidence

976,233

New HBV infections, 2021 ⁴⁴

202,771

New HCV infections, 2021 ⁴⁴



Mortality

162,085

(132,642 - 195,155)

HBV deaths, 2019 ⁴

11.4 (9.3 - 13.7)

Deaths per 100,000, 2019 ⁴

Modelled estimate

Note: Including the death of other diseases such as liver cancer caused by HBV and HCV

78,041

(64,365-92,118)

HCV deaths, 2019 ⁴

5.5 (4.5-6.5)

Deaths per 100,000, 2019 ⁴

Modelled estimate



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 ⁴



7%

↑

WHO 2020 Target -10%

HCV

Percentage change in new infections

NO DATA

WHO 2020 Target -30%

HCV

Percentage change in deaths ⁴



9%

↑

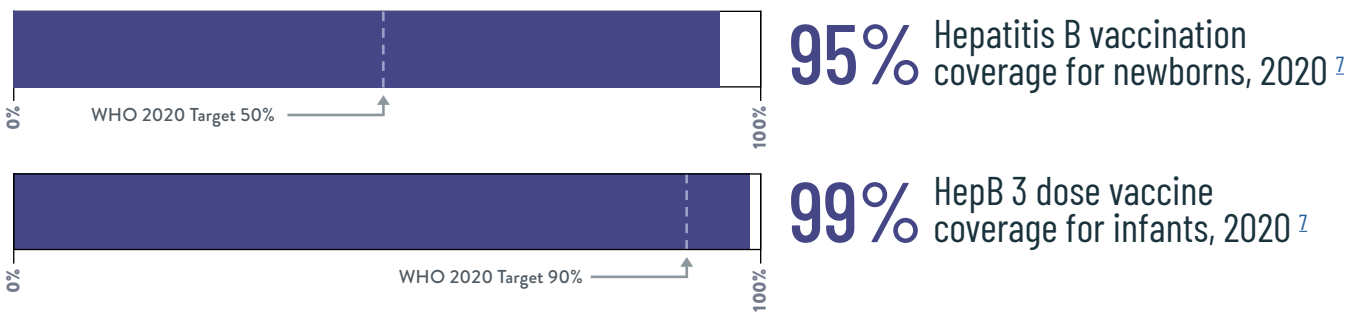
WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%) ⁶

0.3%

SDG 2020 Target 1%

ACCESS TO RECOMMENDED VACCINATION





ACCESS TO RECOMMENDED TESTING



19% Proportion of persons living with **HBV** diagnosed, 2020 ³



25% Proportion of persons living with **HCV** diagnosed, 2020 ¹⁰

8.9%


HBV

Proportion of diagnosed HBV persons receiving appropriate treatment, 2022 ⁴⁵

Note: The appropriate treatment refers to one person-year antiviral standard treatment

246

For persons who inject drugs (PWID), number of sterile needles per year ⁸



Estimate based on program data and number of needles-syringes for persons engaged in needle exchange programs

Number of persons tested for HBsAg

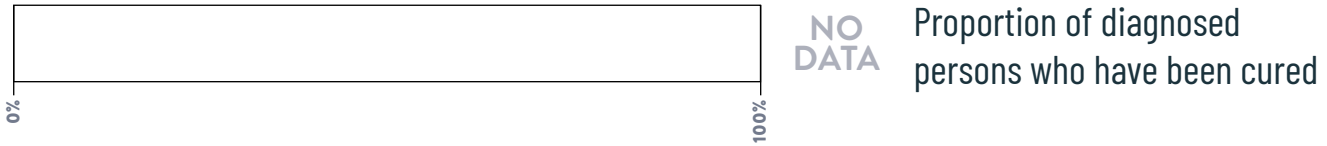
NO DATA

Number of persons tested for HCV

NO DATA



ACCESS TO RECOMMENDED TREATMENT



Number of treatments for HBV

NO DATA

Number of persons treated for HCV

200,000



2018



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

STRATEGIC INFORMATION	Status	Notes
Routine official reports to monitor HBV and HCV ⁷		
Mortality ¹¹	Partially Adopted	HBV and HCV-related deaths are reported using China's CDC National Notifiable Disease Reporting System but not routinely publicly reported
Incidence ¹²	Partially Adopted	New HBV and HCV infections are reported using China's CDC National Notifiable Disease Reporting System but not routinely publicly reported
Prevalence ^{13,14}	Partially Adopted	China CDC conducted a national sero-prevalence survey on HBV in 2020-2021; Results to be published soon No national sero-prevalence survey has recently been conducted for HCV
Estimates of HBV and/or HCV economic burden ^{15,16,17,18,19}	Adopted	
Monitoring of HBV and HCV diagnosis and treatment ^{20,21}	Partially Adopted	China monitors treatment of hepatitis C in sentinel hospitals. At the provincial level, only Tianjin City has reported the number of DAA treatments in designated hospitals



LEARN MORE ABOUT STRATEGIC INFORMATION:



ROADBLOCKS

China’s CDC National Notifiable Disease Reporting System captures newly diagnosed cases of HBV and HCV, including acute cases ⁴⁴

China established a national-level hepatitis monitoring system, but the results have not yet been released. ⁴³

At the end of 2012, a department dedicated to the prevention and treatment of Hepatitis C was established at the National Center for STD/AIDS Prevention and Control of China CDC ²¹



ACHIEVEMENTS

Since 2010, China has designated a number of sentinel hospitals in different provinces as centers for HCV management. Such hospitals manage blood donors, health examiners, patients receiving invasive diagnoses and interventions, hemodialysis patients, and those attending family planning sessions. Currently, there are 87 HCV sentinel hospitals nationwide, including 31 for blood donors in 31 provinces, 20 for health examiners in 16 provinces, 13 for patients receiving invasive diagnoses and interventions in 13 provinces, 12 for hemodialysis patients in 12 provinces, and 11 for family planning outpatients in 11 provinces ²³

In November 2019, DAAs drugs were included in the National Medical Insurance, and after multiple government negotiations, prices were reduced by more than 85%.

Since 2021, academic institutions including China Liver Health and the Hepatology Branch of the Chinese Medical Association have developed and promoted the In hospital process for viral hepatitis C screening and management in China (Draft)”, promoting multi departmental collaboration in medical institution management, clinical practice, testing, and infection control, strengthening consultation and referral among medical institutions for patients with positive anti HCV, and promoting the diagnosis and antiviral treatment of chronic hepatitis C.

In recent years, China has continuously improved the reporting system of hepatitis C cases. The national hepatitis C information system has been established and is being improved to monitor persons living with hepatitis C ⁴³

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns ²²

Status

Notes

Adopted

Recommendations for:

HBV testing of pregnant women ²²

Adopted

HCV testing of pregnant women ²²

Adopted



LEARN MORE ABOUT CHINA’S WORK IN PREVENTION OF MOTHER TO CHILD TRANSMISSION:



ACHIEVEMENTS

In 1992, China was among the first developing countries to enact a universal hepatitis B vaccination program for newborns and infants

More than 95% of infants receive the hepatitis B vaccine within 24 hours of birth. Vaccination was made free-of-charge to all newborns by 2005 ²²

In 2011, China launched a major public health project to prevent mother-to-child transmission of HIV, syphilis, and hepatitis B. The prevention of hepatitis B was integrated into the implementation program of the original project to prevent AIDS and syphilis, requiring medical and health institutions at all levels to conduct HBsAg tests for pregnant women during maternity examinations and vaccinate newborns of HBsAg-positive mothers with hepatitis

B immunoglobulin within 24 h of birth; In addition via the national immunization plan requirements, all infants are recommended to complete three doses of hepatitis B vaccination for children within 24 h of birth, at one month of age, and six months of age

Clinical guidelines developed for the prevention of MTCT of HBV in China ³⁴

Since 1992, its estimated that almost 80 million children under the age of 15 had averted an HBV infection through childhood HBV vaccination programs, and 19 million had averted a chronic infection ³⁵ By 2020, the infection rate of hepatitis B virus among children under 5 has dropped to below 1%. ⁴³

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Status

Notes

Registration of originator DAAs ²⁴

Adopted

Eligible for generic DAAs ²⁵

Not Eligible

Registration of generic DAAs ²⁶

Adopted

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

No Data



LEARN MORE ABOUT CHINA’S WORK IN ACCESS AND REGISTRATION OF MEDICINES AND TESTS:



ACHIEVEMENTS

Since 2019, implementation of the National Centrised Drug Procurement (NCDP) has reduced the prices of generic entecavir and generic TDF by 90%, and the price of HCV DAAs by more than 70% ³⁶

Three DAAs have been included in the list of medications reimbursed by medical insurance, with an average price reduction of greater than 85% ²⁷

TESTING TO DIAGNOSE
HBV AND HCV INFECTION

Status

Notes

Testing recommendations for:

HBV: Risk-based [9,31,34](#)

Adopted

HBV screening is recommended for healthcare workers, staff with frequent blood exposures, workers in nurseries and kindergartens, patients receiving organ transplantation, patients receiving frequent blood transfusions or blood products, immunocompromised patients, household contacts with an HBsAg-positive person, men who have sex with men, persons with multiple sexual partners and injection-drug users, etc

HCV: Risk-based [42](#)

Adopted

In 2014, China published the “National Standard Screening and Management of Viral Hepatitis C”, which clearly defines the population to be screened, screening time, and confirmation process for HCV screening and management of high-risk groups. In 2015, the “Guideline for the Prevention and Treatment of Hepatitis C” was published. The guideline was updated in 2019 to be consistent with the WHO principles of treatment. Currently, health facilities and health examination institutions have included HCV testing in health check-ups and preoperative examinations



HBV: Age-cohort
or Universal

Not Adopted

HCV: Age-cohort
or Universal

Not Adopted

No patient co-pays for HBsAg
and anti-HCV testing ^{3,27}

Partially Adopted

HBsAg screening is free for pregnant
women and for marital counseling.
Anti-HCV testing is not free

LEARN MORE ABOUT CHINA’S WORK IN TESTING TO DIAGNOSE HBV AND HCV INFECTION



ROADBLOCKS

Uptake of HBV and HCV
screening is poor due to low
general population awareness

.....

No large-scale, national HBV
screening program is in place



INNOVATIONS

Ningbo city in Zhejiang province
set up a supervisory management
group in primary care to identify
referrals based on case information
collected by the CDC, who were
unable to obtain the correct
healthcare. The staff in this group
is responsible for mobilizing
patients who are not successfully
referred, assisting them to access
the designated health facilities
for diagnosis and treatment, and
providing follow-up to patients
during the full cascade of care ²³



ACHIEVEMENTS

The Chinese Medical Association formulated its “process of in-hospital
screening for hepatitis C in China” in 2021 to recommend creation of
a multidisciplinary team (MDT) and encourage clinical departments,
laboratory, and infection control at medical facilities to enhance the
referral and treatment of anti-HCV antibody-positive patients ³⁷

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Futian City of Fujian Province set the goal of “liver clean”. The
township central health centers carry out at least one follow-up visit
to all untreated patients with HCV, issue treatment referral cards,
and help patients receive standardized antiviral therapy. The local
government allocates subsidies to those patients in financial hardship
and to towns providing with a high rate of free screening ²³

.....

In Jun’an Town, Shunde District, Guangdong Province, the
“Spark Project” provides residents with free testing of HBsAg,
HBeAg, HCV Ab, free first dose of hepatitis B vaccine, and
comprehensive liver disease prevention and control services
including initial consultation and management for hepatitis. ⁴⁶

ACCESS TO HBV AND HCV TREATMENT

Status

Notes

HBV: National treatment guidelines ³¹

Developed

Clinical guidelines on the prevention and treatment of chronic hepatitis B have been published and updated by the Chinese Society of Hepatology and the Chinese Society of Infectious Diseases

HBV: *Simplified care:*
Simplified treatment and monitoring algorithm for primary care providers

Adopted

General practitioner guidelines on hepatitis B treatment developed in 2021 by GP Society of Chinese Medical Association

HBV: *Simplified care:*
No patient co-pays for treatment ³

Partially Adopted

Tenofovir was added to the national basic medical insurance reimbursement list in 2017, and the average cost sharply reduced from ¥ 49.0 to ¥ 16.6 per month. Since 2017, all of the antiviral drugs recommended by the Chinese guidelines are listed as partial out-of-pocket expenses ⁴³

HCV: National treatment guidelines ³²

Partially Adopted

Clinical guidelines on the prevention and treatment of chronic Hepatitis C have been published and updated by the Chinese Society of Hepatology and the Chinese Society of Infectious Diseases

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

No Data

HCV: Simplified care algorithm:
Non-specialists can prescribe treatment ²³

Adopted





HCV: *Simplified care:*
No patient co-pays
for treatment ²⁴

Partially Adopted

As of early 2022, eight DAAs, including locally developed products, have been included in the basic health insurance through national price negotiations, which reduced the cost of DAA treatment to US\$200-\$1500 per 3-month period. Setting the reimbursement rate at 70% for category B medicines, the individual out-of-pocket payment for DAA treatment is US\$150-\$450 per 3 months. This has greatly reduced the financial burden on patients ²³

No fibrosis restrictions ³²

Adopted

No sobriety restrictions ³²

Adopted

No genotyping ²⁷

Adopted

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



INNOVATIONS

Recent HBV clinical guidelines have expended access to hepatitis B therapy by lowering the threshold of ALT to initiate antiviral therapy (from 40 IU/mL to 19 IU/mL for women and 30 IU/mL for men) and also offering antiviral therapy for those older than 30 years or with a family history of cirrhosis or HCC

.....

The Hepatology Section of the Chinese Medical Association organizes the participation of experienced hepatologists in providing regular online and offline training to primary care providers on the new HCV diagnosis and treatment guidelines through the “Grassroots Western Tour” program ³⁹



ACHIEVEMENTS

An economic study demonstrated that shared-care models for HBV testing and follow-up in community-based primary care and referring of predetermined conditions to specialty care at an appropriate time, especially antiviral treatment initiation in primary care, are highly effective and cost-effective in China ³⁸

.....

At present, potential target populations for the HCV micro elimination strategy in China are PWIDs, patients undergoing hemodialysis, patients co-infected with HIV, women of childbearing age, pregnant women, and children ²⁷



HEALTH EQUITY AND ADDRESSING DISPARITIES		Status	Notes
National strategy addresses populations most affected		Adopted	
National anti-discrimination laws against persons living with hepatitis B and/or C ⁴³		Adopted	<p>In 2010, the Ministry of Human Resources and Social Security, the Ministry of Education and the Ministry of Health jointly issued a notice entitled “The Ministry of Health Amends Several Normative Documents to Safeguard the Rights of Hepatitis B Carriers”.</p> <p>In 2010, the Ministry of Human Resources and Social Security, the Ministry of Education, and the Ministry of Health jointly issued a circular, “The Ministry of Health Amends Several Normative Documents to Safeguard the Rights of Hepatitis B Carriers,” which abolished hepatitis B medical examinations for admission and employment. It explicitly prohibited hepatitis B infection as a restriction on admission and employment</p>
National policy for adult hepatitis B vaccination ²⁸		Partially Adopted	A national HBV immunization strategy for adults has been developed, but is voluntary for adults aged 18 or older
National policy for:			
Harm reduction for persons who inject drugs (PWID) ²⁹		Developed	
Syringe exchange in federal prisons		Not Adopted	Not implemented in federal prisons.
Number of needles/syringes per PWID per year ⁸		246 (2020)	WHO 2020 Target 200

Decriminalization of possession of syringes & paraphernalia ²⁹	Adopted
Decriminalization of drug use ²⁹	Not Adopted

LEARN MORE ABOUT CHINA’S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:



ROADBLOCKS

Persons living with hepatitis continue to face high-levels of societal stigma ^{40,41}



INNOVATIONS

Multiple community organizations are involved in promoting the implementation of policy guidelines and raise funds to implement community-based testing and treatment




ACHIEVEMENTS

In 2014, 11 million needles were distributed at 814 needle and syringe program sites ³


FINANCING	Status	Notes
Public budget line for HBV and HCV testing and treatment	Partially Adopted	

LEARN MORE ABOUT CHINA’S WORK IN FINANCING:



ROADBLOCKS

Funding for dedicated national HBV and HCV elimination program remains limited



INNOVATIONS

Universal health coverage and medical drug insurance negotiations for HBV and HCV medicines have reduced the financial burden on patients substantially to date; although some out-of-pocket costs persist

.....

There has been an all-of-government approach to address the burden of HBV and HCV to date, with multiple departments coordinating efforts



CHINA'S NEXT STEPS TOWARD ELIMINATION

- Strengthen national-level data management and improve scientific monitoring and evaluation, including improving HCV case report quality, establishing and improving information management systems, strengthening data analyses and applications, and improving early warning mechanisms for cluster outbreaks
- Invest in publicity and education, increasing awareness of HBV and HCV prevention and treatment to eliminate the stigma of hepatitis B
- Prevention interventions including targeted care for key populations and improved infection control, blood safety, and epidemiological investigations to quickly detect outbreaks
- Invest in capacity-building of local public health departments and hospitals
- Expand HBV and HCV screening, by implementing strategies of “testing all in need” in medical institutions and among key populations, “testing all of those with the willingness to be tested” for the general public, and “nucleic acid testing for anyone tested positive for anti-HCV.”
- Strengthen HCV referrals and standardized treatment by establishing a designated hospital healthcare service model for “treating all” people living with chronic infection
- Ensure access to HBV and HCV treatment and promote a HCV “DTP (Direct to Patient) pharmacy” and other mechanism with a sustainable drug supply that improves access to affordable treatment
- Implement healthcare insurance policies and NRDL that reduce patients’ financial burden and improve the affordability of care
- Expand the indications for treatment of hepatitis B to enable expansion of the number of persons diagnosed and initiated on HBV treatment

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

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

