



UKRAINE

CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED JULY 25 2023



ABOUT THE N-HEP

These [National Hepatitis Elimination Profiles \(N-HEPs\)](#) 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. The N-HEPs serve as advocacy tools for catalyzing policy development and resource mobilization in pursuit of the 2030 hepatitis elimination goals.

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AT A GLANCE:

	HBV	HCV
National Plan	YES	YES
Elimination Goal	YES	YES
HepB Birth Dose Coverage	77% (2021)	
Number of needles/syringes per PWID per year	41 (2021)	
BURDEN OF DISEASE		
Prevalence of HBsAg	1.5%	Prevalence of chronic HCV
Deaths per 100,000	8.6	3.6%
		Deaths per 100,000
		9.8
OVERVIEW OF POLICY ENVIRONMENT		
<ul style="list-style-type: none">National action plan under developmentOne-time HCV screening is recommended for all adults over 18 yearsPeriodic risk-based testing (once a year) is also recommendedA large-scale decentralization of HCV treatment services were implemented at 190 healthcare facilities at the beginning of 2023		
NOTABLE ACHIEVEMENT:	By approving the Standards of medical care, effective and simplified algorithms for screening, diagnosis, and treatment of viral hepatitis have been developed and approved	
KEY CHALLENGE:	Majority of patients are required to pay for HBV and HCV confirmatory testing	
KEY NEXT STEPS:	Develop and publish national viral hepatitis testing guidelines, including a national testing strategy and diagnostic algorithm	

OVERVIEW

**ELIMINATION
GOAL: YES ¹**

**HBV ACTION
PLAN: UNDER
DEVELOPMENT**

**ELIMINATION
GOAL: YES ¹**

**HCV ACTION
PLAN: UNDER
DEVELOPMENT**

Note: The national strategy in the area of eliminating HIV infection/AIDS, tuberculosis, and viral hepatitis by 2030 was approved by a Decree 1415-p of the Cabinet of Ministers of Ukraine on November 27, 2019





THE HEALTH BURDEN OF VIRAL HEPATITIS



Prevalence

1.5%

Prevalence of HBsAg, 2020 ²

3.6%

Persons living with chronic HCV infection, 2020 ²

68.4%

Prevalence of anti-HCV among persons who inject drugs, 2020 ⁴

Note: It is important to note that the country is currently experiencing an increase in the risk of HBV and HCV infection among certain populations. Particularly at risk are military personnel and civilians residing in zones of active hostilities or temporarily occupied territories, where there are frequently inadequate conditions for the provision of medical care. Thus, medical care can be provided without observing certain measures aimed at preventing infection and infection control is not a priority and is frequently unachievable, etc. In addition, cases of sexual violence and sex work without the use of contraceptives are prevalent in these regions which increases the risk of HBV infection. HBV and HCV outbreaks are anticipated.



Incidence

NO DATA

New HBV infections, 2020

NO DATA

New HCV infections, 2020



Mortality

2,905

(2,968 - 4,764)

HBV-related deaths, 2020 ²⁸

Estimated 415 from HCC and 2,490 from cirrhosis

8.63

(6.74 - 10.80)

Deaths per 100,000, 2019 ³

5,580

(3,416 - 5,344)

HCV-related deaths, 2020 ²⁸

Estimated 1,082 from HCC and 4,498 from cirrhosis

9.76

(7.76 - 12.10)

Deaths per 100,000, 2019 ³



PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV	Percentage change in new infections, 2015-2020	NO DATA <small>WHO 2020 Target -30%</small>
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HBV	Percentage change in deaths, 2015-2020	NO DATA <small>WHO 2020 Target -10%</small>
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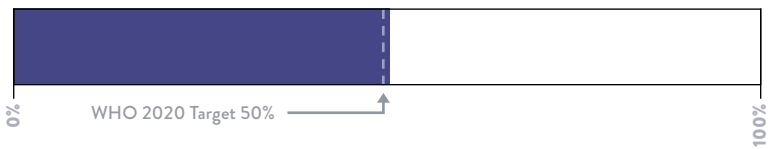
HCV	Percentage change in new infections, 2015-2020	NO DATA <small>WHO 2020 Target -30%</small>
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HCV	Percentage change in deaths, 2015-2020	NO DATA <small>WHO 2020 Target -10%</small>
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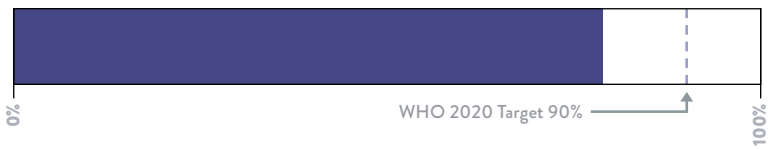
Prevalence of HBsAg in children < 5 years (%), 2020 ³	0.29 <small>(0.23-0.35) SDG 2020 Target 1%</small>
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ACCESS TO RECOMMENDED VACCINATION



56% Hepatitis B vaccination coverage for newborns, 2021 ⁵



77% HepB 3 dose vaccine coverage for infants, 2021 ⁵

ACCESS TO RECOMMENDED TESTING

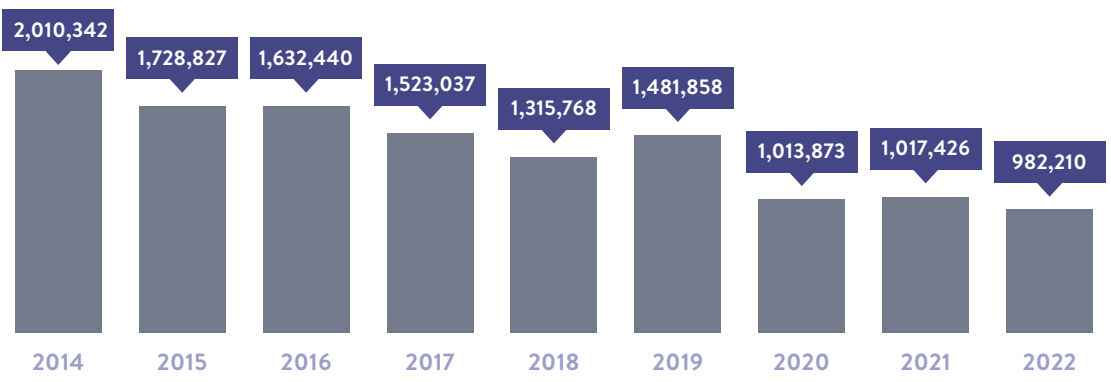


3.5% Proportion of persons living with HBV diagnosed ²³



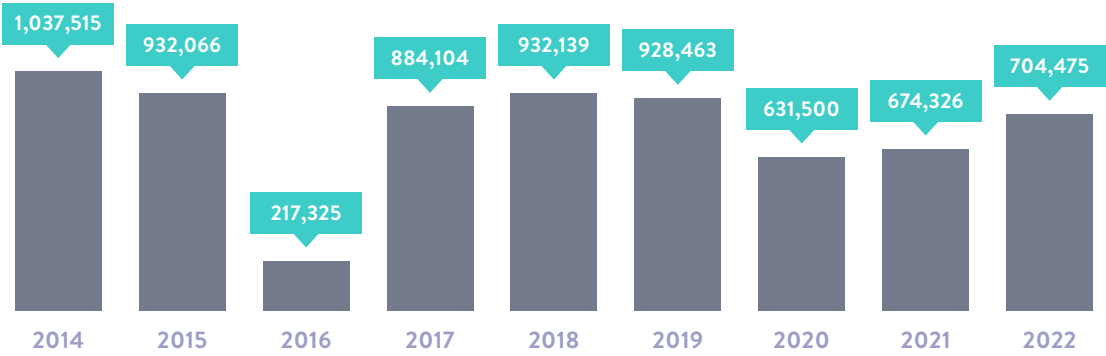
7.1% Proportion of persons living with HCV diagnosed ²³

Number of persons screened for HBV ^{2,23}



Note: Data may be incomplete as not all private health facilities have shared data with the Public Health Center

Number of persons screened for HCV [2,23,26](#)



ACCESS TO RECOMMENDED HARM REDUCTION

41



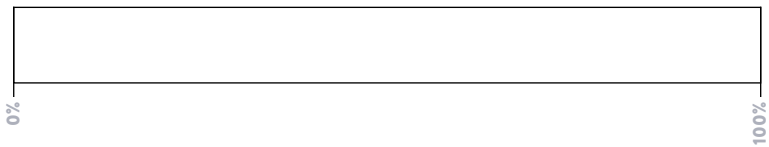
For persons who inject drugs (PWID), number of sterile needles per year, 2022 ⁶

WHO 2020 Target 200





ACCESS TO RECOMMENDED TREATMENT



<1% Proportion of diagnosed persons who have been treated for **HCV** ⁷

49,565

HCV

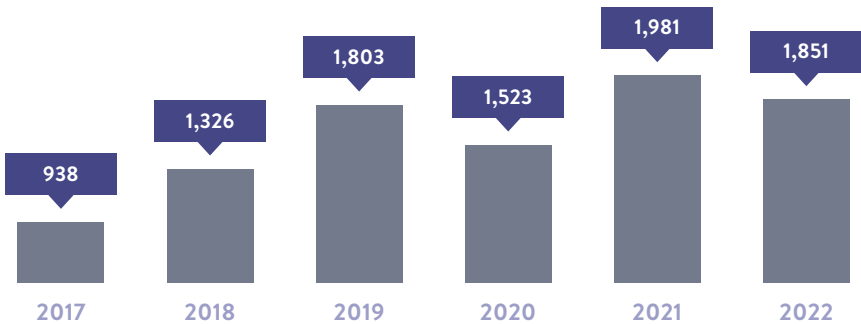
Cumulative number of persons treated for HCV, 2014-2022 ²⁶

<1%

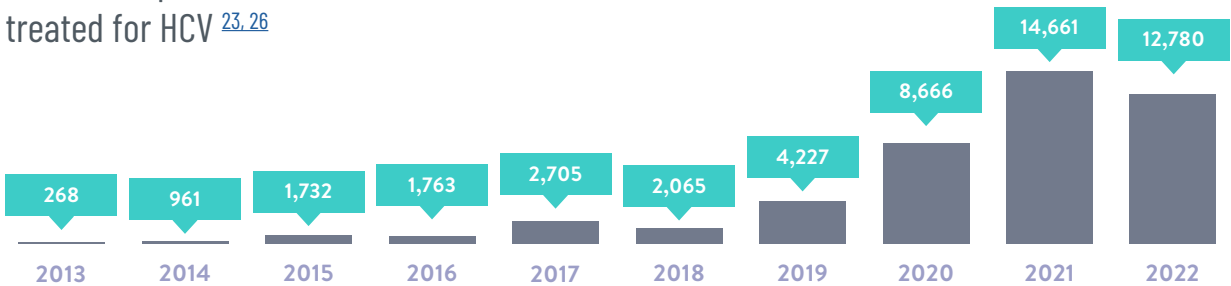
HBV

Proportion of diagnosed HBV persons receiving appropriate treatment ⁷

Number of persons treated for HBV ²³



Number of persons treated for HCV ^{23, 26}





POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

STRATEGIC INFORMATION	Status	Notes
Routine official reports to monitor HBV and HCV		
Mortality	Not Adopted	Currently, there is no effective monitoring system for HBV or HCV. Information on cirrhosis-related mortality is collected, but the causes of viral or non-viral etiology of cirrhosis are not verified.
Incidence	Not Adopted	
Prevalence	Partially Adopted	In 2021, serum samples from a SARS-CoV-2 seroprevalence study were tested for presence of HCV and HBV antibodies.
Estimates of HBV and/or HCV economic burden ²	Partially Adopted	No general population economic modeling has been conducted for HBV and HCV. Cost-effectiveness of HCV services among persons who inject drugs has been evaluated.
Monitoring of HBV and HCV diagnosis and treatment	Partially Adopted	There is no systematic collection and analysis of chronic hepatitis treatment and care cascade data. However, as shown in the profile, the government routinely compiles data from healthcare facilities. The Public Health Center is in the process of developing a MIS (medical information system) of Socially Significant Diseases with implementation planned for 2024.



PREVENTION OF MOTHER TO CHILDREN TRANSMISSION	Status	Notes
Universal policy for hepatitis B vaccination of newborns (within 24 hours) ¹¹	Adopted	In 2001, countrywide immunization with hepatitis B birth dose vaccine started with the support of Gavi.
Recommendations for:		
HBV testing of pregnant women ²⁷	Adopted	
HCV testing of pregnant women ²⁷	Adopted	
ACCESS AND REGISTRATION OF MEDICINES AND TESTS	Status	Notes
Registration of originator DAAs ²	Adopted	
Eligible for generic medicines ¹²	Eligible	
Registration of generic DAAs ¹²	Adopted	
Licensed point-of-care PCR testing to detect HBV and HCV ^{2,13}	Adopted	



TESTING TO DIAGNOSE HBV AND HCV INFECTION

Status

Notes

Testing recommendations for:

HBV: Risk-based ¹⁴

Adopted

HBV: Universal ¹⁴

Adopted

HCV: Risk-based ¹⁴

Adopted

HCV: Universal ¹⁴

Adopted

HCV screening recommendations include:
1. One-time testing of all persons ≥ 18 years of age.
2. Periodic re-testing (once a year) for all persons with behaviors, conditions and factors that may lead to an increased risk of infection

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

Partially Adopted

HCV screening is included in the list of necessary services provided by a family physician and is included in the healthcare packages of the “medical guarantee program” funded by the National Health Service of Ukraine.

LEARN MORE ABOUT UKRAINE’S WORK IN TESTING TO DIAGNOSE:



ROADBLOCKS

Screening is widespread but access to virologic testing remains limited.
.....

Majority of patients are required to pay for HBV and HCV confirmatory testing.



INNOVATIONS

The Ukraine Public Health Center’s website features a dashboard of laboratories offering HBV and HCV testing. ¹⁴



ACHIEVEMENTS

Rapid testing was purchased centrally for the first time using state budget funds in 2022.

EXPANDING ACCESS TO
HBV AND HCV TREATMENT

Status

Notes

HBV: National treatment
guidelines ²⁴

Developed

In 2020, evidence-based clinical guidelines for HBV were adopted and are currently being amended. In 2021, the Standards of Medical Care for “Viral Hepatitis B” were approved.

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

No Data

HBV: *Simplified care:*
No patient co-pays
for treatment ²³

Partially Adopted

HCV: National treatment
guidelines ¹⁷

Adopted

In 2021, evidence-based clinical guidelines for HCV were adopted and are currently being amended. In 2021, the Standards of Medical Care for “Viral Hepatitis C” were approved.

HCV: Simplified care algorithm:
Less than 2 clinic visits
during treatment ¹⁷

Not Adopted

Guidelines include the following clinic visits and associated tests:

1. Initial screening (before initiating treatment)
2. Every 4th week of treatment
3. 12 or 24 weeks after completion of treatment

HCV: Simplified care algorithm:
Non-specialists can
prescribe treatment ¹⁷

Adopted

HCV: *Simplified care:*
No patient co-pays
for treatment ²³

Partially Adopted

The Ministry of Health purchases a fixed amount of HCV medicines per year.





No fibrosis restrictions ¹⁷	Adopted
No sobriety restrictions ¹⁷	Adopted
No genotyping ¹⁷	Adopted

LEARN MORE ABOUT UKRAINE’S WORK IN EXPANDING ACCESS TO HBV AND HCV TREATMENT:

ROADBLOCKS

In some locations, the government HCV treatment program has been corrupted, particularly at point of care, resulting in extortion of payments and effectively limiting access to the most vulnerable populations. ¹⁰

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In July 2017, with support from USAID, EQUIP Innovation for Health launched a demonstration project to evaluate an integrated, simplified protocol for treating HCV and HIV among key populations in Ukraine. o demonstrate the feasibility, acceptability, outcomes, and affordability of a clinic-based service to diagnose, treat, and monitor HCV treatment among key populations, and to integrate HCV care 4 with HIV testing and treatment services. A total of 868 patients were enrolled from two clinics in the Kyiv region of Ukraine, with follow up completed in April 2019. ¹⁶

INNOVATIONS

MSF project started a project in 2017 in the Mykolaiv region on the Black Sea coast in southern Ukraine with the Ministry of Health to treat hepatitis C for free with generic drugs. MSF also provided tests, laboratory equipment, and supplies. Previously, patients had to pay for treatment themselves. MSF transferred the project to local authorities in 2021. ¹⁵

.....

The Ukraine Public Health Center’s website features a dashboard of locations offering HBV and HCV treatment. ¹⁴

ACHIEVEMENTS

By approving the Standards of medical care “Viral hepatitis C in adults”, “Viral hepatitis C in children”, “Viral hepatitis B in adults”, and “Viral hepatitis B in children” (Orders of the Ministry of Health of Ukraine dated January 15, 2021 that go under number 48, 49, 50,51), effective and simplified algorithms for screening, diagnosis, and treatment of viral hepatitis have been developed and approved.



ROADBLOCKS

In some regions, there is a lack of political will for decentralization of hepatitis treatment.



INNOVATIONS

Alliance for Public Health implemented a pilot community-based HCV treatment model for vulnerable groups (PWID, CSWs, MSM); providing support and access to laboratory diagnostics to ensure treatment monitoring and further follow-up. In 2014, Alliance negotiated a significant price reduction with the manufacturer, which allowed it to bring sofosbuvir to the country in 2015 and ledipasvir/sofosbuvir in 2017 at the price of US\$900 per standard 12-week treatment course. As of 1 May 2017, almost 1700 patients were involved in the Alliance HCV treatment program, with 94% cure rates reported. ¹⁰

Together with the Ukrainian Institute on Public Health Policy, a narcology-based HCV treatment prototype initiative was implemented.



ACHIEVEMENTS

To expand provider training, the online course “Viral hepatitis B and C” was created and made available for free.

The course is open to physicians of all specialties. The course is available at <https://courses.phc.org.ua/courses/course-v1:PHC+76+2021/>

A large-scale decentralization of HCV treatment services was implemented. The full-scale Russian invasion had a negative effect on the activities of health centers, but did not stop the decentralization strategy; rather, it strengthened the routes for bringing treatment services closer to patients in some regions.

Since 2017, the state has been purchasing generic drugs, which has made it possible to purchase the drugs at a reduced cost and therefore increase the purchase volume. The cost of HCV regimens (3-month course) is \$61 for sofosbuvir/daclatasvir and \$131 for sofosbuvir/velpatasvir.



HEALTH EQUITY AND ADDRESSING DISPARITIES	Status	Notes
National strategy addresses populations most affected ¹	Partially Adopted	
National anti-discrimination laws against persons living with hepatitis B and/or C	No Data	
National policy for adult hepatitis B vaccination	Not Adopted	Adult vaccination is recommended but is not purchased by the government.
National policy for:		
Harm reduction for persons who inject drugs (PWID) ¹⁸	Developed	
Syringe exchange in federal prisons ¹⁸	Not Adopted	
Number of needles/syringes per PWID per year ⁶	41	WHO 2020 Target 200
Coverage of opioid substitution therapy, 2023 ²³	9.5%	As of June 1 2023, there were 26,597 opioid substitution therapy (OST) patients, which means that the coverage of OST was 9.5% (the estimated number of opioid users and people who practice mixed use of drugs is 278,318).
Decriminalization of possession of syringes & paraphernalia ¹⁸	Not Adopted	
Decriminalization of drug use ¹⁸	Not Adopted	
Decriminalization of hepatitis infection	No Data	



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



INNOVATIONS

After the 2022 Russian invasion, community-led and civil society organisations in Ukraine, such as the All-Ukrainian Association of People who Use Drugs (VOLNA), Light of Hope and Convictus, have provided shelter and delivered food, medication and harm reduction supplies to the Ukrainian regions that were cut off from supply chains or where people could not leave their homes. ^{4,21}

The Eurasian Harm Reduction Network (EHRA) provided funds for VOLNA to evacuate people who use drugs from Donetsk and Luhansk; areas at the centre of the conflict. Support

from Médecins du Monde ensured that civil society organisation Club Svitanok could continue providing harm reduction services in Donetsk, while MADRE funded the evacuation of some of Club Svitanok’s staff from the region. ⁴

.....

The governments of Hungary, Moldova, Poland, Romania, and Slovakia (all five border countries) issued special decrees ensuring continuation of treatment and access to medicines for refugees from Ukraine. ⁴



ACHIEVEMENTS

MSF released an “Out of Darkness” campaign to increase awareness of HCV in Ukraine and address stigma. ¹⁹

.....

In 2023, the government of Ukraine committed to fund and expand access of OST to about 31 579 people. Currently there are 26 597 patients receiving OST medication.

.....

- Additional achievements related to the OST program include:
- Order of the Ministry of Health was issued which provides simplified and more efficient mechanism for ordering and supplying drugs
 - Implementation of the Order of the Ministry of Health that allowed prescriptions of OST drugs for up to 30 days ahead (the Order was promptly issued within a week of the beginning of the full-scale invasion)
 - Implementation of the Order of the Ministry of Health that allowed to store 3-months worth of supplies of drugs in healthcare facilities
 - A pilot project on video monitoring of the self-administration of OST drugs was launched
 - A mechanism has been created for an instant exchange of information between doctors to confirm the patient’s identity when moving within the country
 - Prompt procurement of drugs from the national manufacturers








FINANCING	Status	Notes
Public budget line for HBV and HCV testing and treatment ²	Developed	
Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant ²²	Developed	The Global Fund for TB, AIDS, and Malaria supports the treatment of people with HIV and HCV co-infection among key groups, including HIV-positive people.

UKRAINE'S NEXT STEPS TOWARD ELIMINATION

-  Develop and endorse a National Action Plan, aligned with the European Action Plan on viral hepatitis and adapted to the country context
-  Conduct a population-based serological survey to better understand the prevalence of HBV and HCV and update the elimination scenarios to establish achievable national objectives
-  Revise the existing viral hepatitis surveillance system, including case definitions and normative base, to align with the WHO-recommended approach to hepatitis surveillance and monitoring and evaluation framework
-  Implement an electronic data system for laboratory test results and create an electronic database of patients living with hepatitis
-  Conduct a thorough assessment of the implementation of injection safety and IPC programmes at national and local levels; revise the IPC program normative base in line with WHO guidelines
-  Reduce the number of blood donation sites to those that meet minimum international quality standards, to ensure that universal screening for transfusion-transmissible infections (TTIs) is applied effectively and consistently
-  Address hepatitis B vaccination program gaps, including expanding the the HBV vaccination schedule and vaccinating the adult population who have increased risk of infection, such as vulnerable populations, healthcare providers, military personnel, and employees of the Ministry of Emergency Situations, etc

UKRAINE'S NEXT STEPS TOWARD ELIMINATION

-  Strengthen harm reduction programmes, to increase access to a comprehensive package of harm reduction services to PWID, including OST coverage, needle and syringe programmes (NSPs), testing for viral hepatitis and other infections, and linkage to care
-  Implement a national hepatitis screening strategy that includes free community-based screening, self-testing, and referral for confirmatory testing
-  Update national hepatitis guidelines and treatment protocols regularly to align with the WHO guidelines, including criteria for treatment initiation, choice of treatment regimens and monitoring
-  Continue to decentralize hepatitis treatment
-  Respond to the new increased risks of infection associated with the war

SOURCES

1. Cabinet Ministers of Ukraine. Order from November 27, 2019 № 1415-r Kyiv: On approval of the National Strategy in the field of combating HIV / AIDS, tuberculosis and viral hepatitis until 2030. <https://www.globalhep.org/sites/default/files/content/resource/files/2023-06/UKR-112850.pdf>
2. Ukraine Ministry of Health, Public Health Center. (2021). Report: Viral Hepatitis 2020. [Ukrainian]. https://www.globalhep.org/sites/default/files/content/resource/files/2023-06/A4_zvit_gepatit1021_online_zamina.pdf
3. Institute of Health Metrics and Evaluation (IHME). Global Burden of Disease Study 2019. <https://vizhub.healthdata.org/gbd-results/>
4. Harm Reduction International. (2022). The Global State of Harm Reduction 2022. London: Harm Reduction International. https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final-1.pdf
5. WHO/UNICEF. Joint Reporting Form on Immunization (JRF) Hepatitis B Immunization Data. Last accessed 20 October 2022. <http://immunizationdata.who.int/listing.html?topic=&location=>
6. UNAIDS. AIDSinfo: Country Factsheets, Ukraine 2021. Last accessed. 9 June 2023. <https://aidsinfo.unaids.org/>
7. CDA Foundation. Polaris Observatory: Ukraine. Last accessed 9 June 2023. <https://cdafound.org/polaris-countries-dashboard/>
8. World Health Organization. (2021). Accelerating access to hepatitis C diagnostics and treatment: overcoming barriers in low- and middle-income countries. Global progress report 2020. Geneva: World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/260445/WHO-CDS-HIV-18.4-eng.pdf>
9. Stone, J., Trickey, A., Walker, J. G., Bivegete, S., Semchuk, N., Sazonova, Y., Varetska, O., Altice, F. L., Saliuk, T., & Vickerman, P. (2023). Modelling the impact and cost-effectiveness of non-governmental organizations on HIV and HCV transmission among people who inject drugs in Ukraine. Journal of the International AIDS Society, 26(4), e26073. <https://doi.org/10.1002/jia2.26073> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10070931/>
10. WHO Regional Office for Europe. (2018). Assessment of the viral hepatitis response in Ukraine Mission report 6–9 June 2017. <https://www.globalhep.org/sites/default/files/content/resource/files/2019-07/ukr-hepatitis-report-eng%20%281%29.pdf>
11. WHO. HBV country dashboards. Last accessed 9 June 2023. <http://situatedlaboratories.net/who-hepB-dashboard/src/#>
12. CHAI. (2021). HCV Market Intelligence Report 2021 and Preliminary HBV Market Insights. https://www.globalhep.org/sites/default/files/content/resource/files/2021-09/Hepatitis-C-Market-Report_2021-FINAL-1.pdf
13. Stop TB Partnership. Ukraine: Point of care GeneXpert Technology Improves the Speed of TB Diagnosis. Last accessed 9 June 2023. <https://stoptb-strategicinitiative.org/index.php/2019/03/11/ukraine-point-of-care-genexpert-technology-improves-the-speed-of-tb-diagnosis/>
14. Ukraine Ministry of Health, Public Health Center. Diagnosis of Viral Hepatitis [Ukrainian]. Last accessed 8 June 2023. <https://phc.org.ua/kontrol-zakhvoryuvan/virusni-gepatiti/diagnostika-virusnikh-gepatitiv>
15. Devi S. (2020). Ukrainian health authorities adopt hepatitis C project. Lancet (London, England), 396(10246), 228. [https://doi.org/10.1016/S0140-6736\(20\)31639-1](https://doi.org/10.1016/S0140-6736(20)31639-1) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31639-1/fulltext#:~:text=Ukraine%20could%20reach%20the%20WHO,WHO%20Regional%20Office%20for%20Europe.](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31639-1/fulltext#:~:text=Ukraine%20could%20reach%20the%20WHO,WHO%20Regional%20Office%20for%20Europe.)
16. Antoniak S, Freiman JM, Stopolianska Y, Barnard T, Chasela C, Chew KW, Gandhi MM, Sanne I, Ivanchuk I, Tsenilova Z, Tretiakov V, Dible J, Vitek E, Drame N, Minior T, Cavanaugh C, Rosen S for EQUIP Health. Cost of Treatment for Hepatitis C Virus Infection in Ukraine. Boston: USAID EQUIP Policy Brief, Johannesburg, South Africa, July 2019. www.equiphealth.org/articles/hivhcv-co-infection
17. Ukraine Ministry of Health. Order of the MoH of Ukraine 48 and 49. Standards of medical care “Viral hepatitis C in children” and “Viral hepatitis C in adults”, Dated January 15, 2021.
18. Georgetown HIV Policy Lab. Ukraine. Last accessed 8 June 2023. <https://hivpolicylab.org/ua/>
19. MSF. (2018). Out of Darkness: Fighting Hepatitis C in Ukraine. Last accessed 7 June 2023. <https://www.msf.org/fighting-hepatitis-c-ukraine>
20. Eurasian Harm Reduction Association. Ukraine. Last accessed 8 June 2023. <https://harmreductioneurasia.org/countries-and-territories/ukraine>



21. UNAIDS. (2022). Keeping harm reduction available in Ukraine. Last accessed 7 June 2023. https://www.unaids.org/en/resources/presscentre/featurestories/2022/march/20220309_oleksii-kytkovskyi
22. Alliance for Public Health. Ukraine. Last accessed 9 June 2023. <https://aph.org.ua/en/about-alliance/key-themes/viral-hepatitis/>
23. Communication with National Public Health Center, Ministry of Health of Ukraine on 14 June 2023 and 13 July 2023
24. Ukraine Ministry of Health. Order of the MoH of Ukraine №50 and №51. Standards of medical care “Viral hepatitis B in adults”, and “Viral hepatitis B in children”, Dated January 15, 2021.
25. Public Health Center of the Ministry of Health of Ukraine. (2021). Report on 2020 Integrated Biobehavioural Survey Among People Who Inject Drugs. https://www.globalhep.org/sites/default/files/content/resource/files/2023-07/Results%20of%20IBBS_PWID%202020_eng_online.pdf
26. Public Health Center of the Ministry of Health of Ukraine. Data from Form 40health “форма 40здоров”.
27. Ukraine Ministry of Health. Standards of medical care №1437 called “normal pregnancy”, approved by Order of the Ministry of Health of Ukraine, Dated August 9, 2022.
28. Data provided by Public Health Center of the Ministry of Health of Ukraine, from study estimating attributable fraction of end-stage liver disease due to HBV and HCV conducted by WHO in 2020. <https://www.globalhep.org/sites/default/files/content/resource/files/2023-07/Study%20on%20the%20fraction%20of%20cirrhosis%20and%20hepatocellular%20carcinoma%20attributable%20to%20viral%20hepatitis.pdf>

WORKING TOGETHER, WE WILL **ACHIEVE ELIMINATION.**



COALITION
FOR **GLOBAL
HEPATITIS
ELIMINATION**

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