



# THAILAND

## CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED JANUARY 19 2024



### 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.

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### AT A GLANCE:

	HBV	HCV
National Plan	YES	YES
Elimination Goal	YES	YES
HepB Birth Dose Coverage	99%	
Number of needles/syringes per PWID per year		14
BURDEN OF DISEASE		
Prevalence of HBsAg	4.75-5.28%	Prevalence of chronic HCV 1.23%
Deaths per 100,000	18.9	Deaths per 100,000 13.6
OVERVIEW OF POLICY ENVIRONMENT		
<ul style="list-style-type: none"><li>A national viral hepatitis action plan was developed for 2022-2030</li><li>National HBV and HCV treatment and clinical guidelines are developed and distributed across the country</li><li>HBV and HCV diagnosis and treatment monitoring system is currently being developed</li></ul>		
<b>NOTABLE ACHIEVEMENT:</b> HBV and HCV screening and treatment is free to patients (no-copays) HBV vaccination for newborns was introduced in two provinces in 1988 and extended to all provinces in 1992		
<b>KEY CHALLENGE:</b> No routine data and monitoring systems on prevalence, incidence and mortality		
<b>KEY NEXT STEPS:</b> Set microelimination goals Develop recommendations for HCV screening in pregnant women and other high risk populations such as persons incarcerated Develop adult HepB vaccination recommendations		

# OVERVIEW

**ELIMINATION  
GOAL: YES (2030)**

**HBV ACTION PLAN**

[View their action plan online ↗](#)

**ELIMINATION  
GOAL: YES**

**HCV ACTION PLAN**

[View their action plan online ↗](#)





# THE HEALTH BURDEN OF VIRAL HEPATITIS



## Prevalence

**4.75%-5.28%**

Prevalence of chronic HBV (HBsAg+), 2017-2019 <sup>14</sup>

*Based on modelling*

**3.50%**

Prevalence of HBV (HBsAg+) among PWID, 2020 <sup>35</sup>

**1.2%**

Prevalence of anti-HCV, national, 2017 <sup>16</sup>

**5.90%**

Prevalence of HCV infections among persons who are incarcerated, 2021 <sup>36</sup>

**42.20%**

Prevalence of anti-HCV among PWID, 2020 <sup>35</sup>

**8.80%**

Prevalence of HCV among persons living with HIV (%), 2020 <sup>11</sup>



## Incidence

**NO DATA**

New HBV infections

**NO DATA**

New HCV infections



## Mortality

**13,240**

HBV-related deaths, 2019 <sup>14</sup>

*Modelled estimate*

**18.9**

Deaths per 100,000 <sup>14</sup>

**9,521**

HCV-related deaths, 2019 <sup>14</sup>

*Modelled estimate*

**13.6**

Deaths per 100,000 <sup>14</sup>



# PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

## PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV

Percentage change in new infections, 2015-2020

NO DATA

WHO 2020 Target -30%

HBV

Percentage change in deaths, 2015-2019 <sup>14</sup>

11%

Based on modelling data

WHO 2020 Target -10%

↑

HCV

Percentage change in new infections, 2015-2020

NO DATA

WHO 2020 Target -30%

HCV

Percentage change in deaths, 2015-2019 <sup>14</sup>

10%

WHO 2020 Target -10%

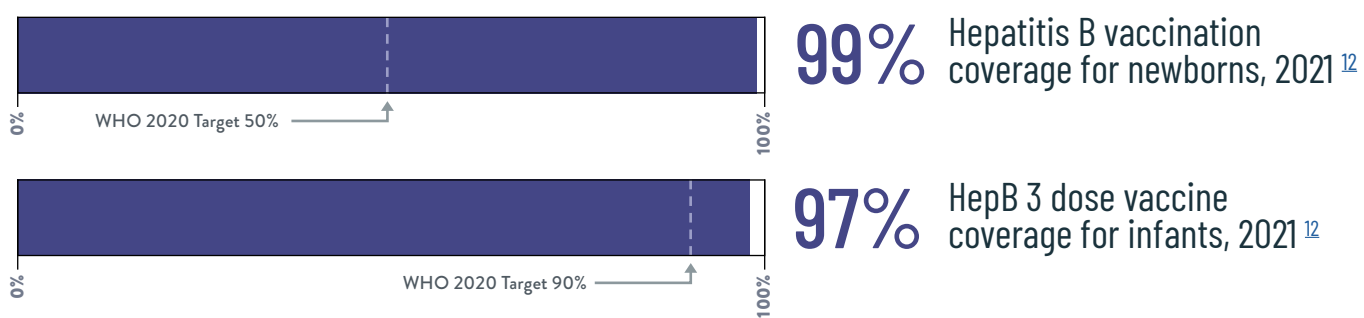
↑

Prevalence of HBsAg in children < 5 years (%), 2020 <sup>7</sup>

0.27%

SDG 2020 Target 1%

## ACCESS TO RECOMMENDED VACCINATION





ACCESS TO RECOMMENDED TESTING



NO DATA Proportion of persons living with **HBV** diagnosed



NO DATA Proportion of persons living with **HCV** diagnosed

1%


HBV

Proportion of diagnosed HBV persons receiving appropriate treatment, 2020 <sup>6</sup>

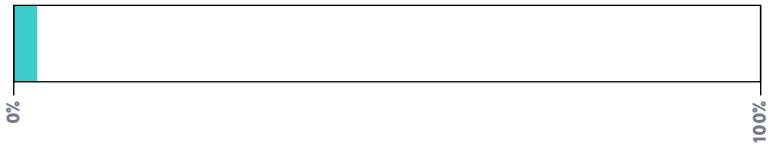
14

For persons who inject drugs (PWID), number of sterile needles per year, 2014 <sup>24</sup>

WHO 2020 Target 200



ACCESS TO RECOMMENDED TREATMENT



5% Proportion of persons diagnosed with **HCV** treated, 2020 <sup>6</sup>



# POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

STRATEGIC INFORMATION	Status	Notes
Routine official reports to monitor HBV and HCV <sup>7</sup>		
Mortality	In Development	The database (Health Data Center, HDC) is currently in the process of development in order to monitor the hepatitis situation. There is a draft of a hepatitis data template that is in the trial process.
Incidence	Not Adopted	WHO is currently developing modeling template
Prevalence	Partially Adopted	Adopted for HCV <sup>11,16,35,36</sup>
Estimates of HBV and/or HCV economic burden <sup>15,17</sup>	Partially Adopted	Adopted for HCV
Monitoring of HBV and HCV diagnosis and treatment	In Development	

## LEARN MORE ABOUT STRATEGIC INFORMATION:



### ROADBLOCKS

Limited attention to the burden of infection resulting in decreased efforts to screen and treat the population



# PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Status

Notes

Universal policy for hepatitis B vaccination of newborns [5,25](#)

Adopted

Hepatitis B vaccination for newborns has been included in Thailand’s Expanded Program on Immunization, EPI since 1992 with demo projects as early as 1988

Recommendations for:

**HBV** testing of pregnant women [5](#)

Adopted

**HCV** testing of pregnant women

Not Adopted

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



### ACHIEVEMENTS

*As a part of Thailand’s Expanded Program on Immunization (EPI), hepatitis B vaccination for newborns was introduced in two provinces in 1988 and extended to all provinces in 1992*



ACCESS AND REGISTRATION OF MEDICINES AND TESTS	Status	Notes
Registration of originator DAAs <sup>2</sup>	Adopted	Regulatory approvals and filings of daclatasvir by originator company in 2016 and 2017 Pan-genotypic HCV regimen (SOF/VEL) added to Thailand's National List of Essential Medicines and recently, the complex criteria for treatment and reimbursement have been eased
Eligible for generic DAAs <sup>5</sup>	Eligible	
Registration of generic DAAs <sup>8,9</sup>	Adopted	Thailand has a voluntary license for generic DAAs from Gilead Sciences. GPO is now making Sof/Val so there is a generic version in the country.
Licensed point-of-care PCR testing to detect HBV and HCV	Not Adopted	POC PCR testing is not licensed/ available in Thailand. The majority of HBV/HCV PCR testing is conducted in hospital PCR laboratories using commercial PCR machines. Tests can be accessed by patients through a doctor's request at the hospital.

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

### ACHIEVEMENTS

Both generic and non-generic HCV medicines are widely available and at no cost to patients. In 2021, sofosbuvir + velpatasvir were included in Thailand's national list of essential medicines (NLEM)

### INNOVATIONS

Although no licensed POC tests are available currently, there have been operational and cost effective evaluations of POC tests to date <sup>21</sup>.





# TESTING TO DIAGNOSE HBV AND HCV INFECTION

Status

Notes

Testing recommendations for:

- HBV: Risk-based <sup>37</sup>

Adopted
- HBV: Birth cohort <sup>37</sup>

Adopted

People born before 1992
- HCV: Risk-based <sup>37</sup>

Adopted
- HCV: Birth cohort or universal <sup>37</sup>

Not Adopted

No patient co-pays for HBsAg and anti-HCV testing <sup>20</sup>

Adopted

# ACCESS TO HBV AND HCV TREATMENT

Status

Notes

HBV: National treatment guidelines <sup>33</sup>

Developed

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

Adopted

HBV: Simplified care: No patient co-pays for treatment <sup>8</sup>

Adopted

HCV: National treatment guidelines <sup>33</sup>

Developed



<b>HCV:</b> Simplified care algorithm: Less than 2 clinic visits during treatment	Partially Adopted	
<b>HCV:</b> Simplified care algorithm: Non-specialists can prescribe treatment <sup>37</sup>	Adopted	Only non-specialists (GP) who have held certificate of Hepatitis training course from accredited entity e.g. DDC, THASL are allowed to prescribed HCV treatment. <sup>37</sup>
<b>HCV:</b> <i>Simplified care:</i> No patient co-pays for treatment	Adopted	
No fibrosis restrictions <sup>8,20</sup>	Adopted	
No sobriety restrictions <sup>8</sup>	Adopted	
No genotyping <sup>5</sup>	Adopted	

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

### ACHIEVEMENTS

Newly adopted simplified  
algorithm for decentralized  
processes in Thailand is described  
in the new practice guidelines



HEALTH EQUITY AND ADDRESSING DISPARITIES	Status	Notes
National strategy addresses populations most affected <a href="#">8,33</a>	Adopted	
National anti-discrimination laws against persons living with hepatitis B and/or C <a href="#">13</a>	Not Adopted	An HCV awareness in Chiang Mai Province showed results that 5% of survey participants (n=171 PWID) reported they had experienced denial of care, and 13% had faced discrimination in healthcare settings due to their drug use
National policy for adult hepatitis B vaccination	Not Adopted	
National policy for:		
Harm reduction for persons who inject drugs (PWID) <a href="#">39</a>	Adopted	
Syringe exchange in federal prisons <a href="#">10,23</a>	Not Adopted	
Number of needles/syringes per PWID, 2014 <a href="#">24</a>	14	WHO 2020 Target 200
Percent of PWID accessing OST <a href="#">14</a>	21%	
Decriminalization of possession of syringes & paraphernalia <a href="#">10</a>	Not Adopted	
Decriminalization of drug use <a href="#">38</a>	Adopted	



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



ROADBLOCKS

NSP provision is still heavily reliant on international donors, and civil society concerns remain as to whether plans and allocations will be realised as government priorities continue to shift <sup>23</sup>

There is limited access to hepatitis screening and treatment in OST programs

Due to fear of discrimination, PWID and minority populations sometimes fail to report their addiction, which in turn prevents them from accessing counselling and testing for blood-borne diseases, including HCV











ACHIEVEMENTS

In 2017, Thailand reformed its laws to reduce penalties for drug possession, trafficking and production, and abolished the mandatory death penalty for selling drugs <sup>30</sup>

Thailand has a policy to provide every person who uses drugs with the opportunity to receive standard quality rehabilitation treatment based on the concept of “the addict as the patient” under Act Promulgating a Narcotic Code, 2564 BE (2021 CE)

FINANCING	Status	Notes
Public budget line for HBV and HCV testing and treatment <sup>33</sup>	Adopted	Hepatitis B and C testing and treatment has been adopted in all health benefit schemes. <sup>33</sup>
Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant	Partially Adopted	In select harm reduction projects

# THAILAND'S NEXT STEPS TOWARD ELIMINATION

-  Strengthen systematic and targeted surveillance for hepatitis B and C to demonstrate progress to elimination
-  Assess hepatitis B and C mortality to demonstrate progress towards elimination
-  Set microelimination goals and expand testing and treatment in line with those goals
-  Develop adult hepatitis B vaccination recommendations
-  Decriminalize drug use and possession of drug paraphernalia; expand needle exchange program
-  Expand public budget for hepatitis elimination efforts
-  Develop recommendations for hepatitis C screening in pregnant women and other high risk populations such as persons who are incarcerated
-  Enhance education and training to primary providers on new hepatitis B and hepatitis C screen and treat recommendations

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# WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.



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FOR GLOBAL  
HEPATITIS  
ELIMINATION

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

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