



PORTUGAL

CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED JULY 5 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	2030	2030
HepB Birth Dose Coverage	97% (2019)	
Number of needles/syringes per PWID per year	136 (2017)	
BURDEN OF DISEASE		
Prevalence of HBsAg	0.40%	Prevalence of anti HCV 0.3%
Deaths per 100,000	2.42	Deaths per 100,000 7.22
OVERVIEW OF POLICY ENVIRONMENT		
<ul style="list-style-type: none">The Autonomous National Priority Program has established an independent hepatitis program for the first timeCurrent HBV and HCV screening strategy is risk-based		
NOTABLE ACHIEVEMENT:	HCV screening available at 2,805 community pharmacies	
KEY CHALLENGE:	Non-specialists cannot prescribe HCV treatment	
KEY NEXT STEPS:	Establish expanded testing policies such as universal testing for HBV and HCV (i.e. once in lifetime) and integrated testing of HIV and hepatitis	

OVERVIEW

**ELIMINATION
GOAL: YES**

HBV ACTION PLAN

[View their action plan online ↗](#)



*HBV universal vaccination for all
newborns since 2000*

**ELIMINATION
GOAL: 2030**

HCV ACTION PLAN

[View their action plan online ↗](#)

Oral direct acting antivirals free for all since 2015



THE HEALTH BURDEN OF VIRAL HEPATITIS



Prevalence

0.4%

Prevalence of HBsAg, 2016 ²
Based on national survey

0.3%

(0.1-0.6%)

Prevalence of anti-HCV, 2016 ³
Based on national survey

60-80%

Prevalence of anti-HCV, Persons who inject drugs, 2016 ⁴

10.70%

Prevalence of HCV in prison populations, 2014 ⁴



Incidence

175

Number of new infections reported among blood donors, 2018 ⁵

1.12

Per 100,000, 2018 ¹

Based on data from the Instituto Português do Sangue e da Transplantação

227

Number of new HCV infections reported among blood donors, 2018 ⁵

1.68

Per 100,000, 2018 ¹

Based on data from the Instituto Português do Sangue e da Transplantação



Mortality

258

(199-333)

HBV deaths, 2019 ⁶
Modelled estimate

2.42 (1.87-3.13)

Deaths per 100,000, 2019 ⁶

769

(611-939)

HCV deaths, 2019 ⁶
Modelled estimate

7.22 (5.74-8.81)

Deaths per 100,000, 2019 ⁶



PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV

Percentage change in new infections, 2016-2018 ¹



-58%

WHO 2020 Target -30%

↓

HBV

Percentage change in deaths, 2015-2019 ⁶



-3%

WHO 2020 Target -10%

↓

HCV

Percentage change in new infections, 2016-2018 ¹



-21%

WHO 2020 Target -30%

↓

HCV

Percentage change in deaths, 2015-2019 ⁶



-4%

WHO 2020 Target -10%

↓

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

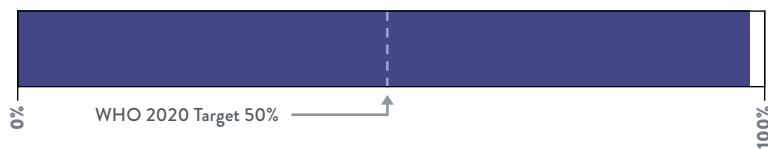
0.04

(0.02-0.05)

SDG 2020 Target 1%



ACCESS TO RECOMMENDED VACCINATION



97% Hepatitis B vaccination coverage for newborns, 2019 ⁹



99% HepB 3 dose vaccine coverage for infants, 2019 ⁹

ACCESS TO RECOMMENDED TESTING



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



8% Proportion of persons living with **HCV** diagnosed

NO DATA

HBV

Proportion of diagnosed HBV persons receiving appropriate treatment

136

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

WHO 2020 Target 200

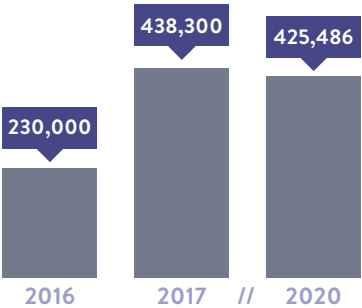




ACCESS TO RECOMMENDED TESTING

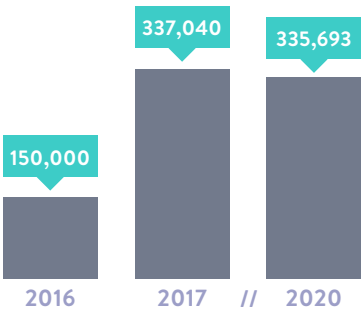
425,486

Number of persons tested
for HBsAg, 2020 [4.11](#)



335,693

Number of persons
tested for HCV, 2020 [4.11](#)





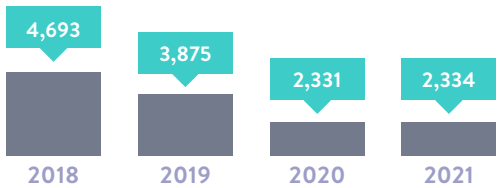
ACCESS TO RECOMMENDED TREATMENT



97% Proportion of persons diagnosed with HCV who have been cured and treated ¹¹

2,331

Number of persons treated for HCV, 2020 ¹¹



~4,500

HBV

Number of persons on treatment for HBV, 2020 ¹¹

23,111

HCV

Number of persons treated for HCV, 2015-2019 ¹



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

STRATEGIC INFORMATION	Status	Notes
Routine official reports to monitor HBV and HCV 11,13		
<i>Mortality</i>	Partially Adopted	National Institute of Statistics collects cause of death data but deaths related to HBV and HCV are not routinely aggregated
<i>Incidence</i>	Partially Adopted	Government or government-related institution has a national disease register for HCV infection but only collects information on accurate information. No system exists for HBV
<i>Prevalence</i>	Partially Adopted	Last national survey conducted in 2016. Updated estimates are needed.
Estimates of HBV and/or HCV economic burden 4	Partially Adopted	Studies have been conducted for HCV but not for HBV. Additional studies proposed to estimate impact and savings of HCV program to date.
Monitoring of HBV and HCV diagnosis and treatment 4,14	Partially Adopted	A national electronic HCV treatment registry, the FDA equivalent, has been setup by Infarmed



LEARN MORE ABOUT STRATEGIC INFORMATION:



ACHIEVEMENTS

The Autonomous National Priority Program has established an independent hepatitis program for the first time and first nomination of hepatologist/gastroenterologist as a director of the national program for viral hepatitis

Hepatitis is one of 12 National Priority Programs for the first time

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Status

Notes

Policy for hepatitis B vaccination of newborns ¹⁵

Adopted

Introduced in 2000

Recommendations for:

HBV testing of pregnant women ¹⁶

Adopted

All pregnant women are tested for HBV at their first obstetric appointment and at 32 weeks pregnant

HCV testing of pregnant women ¹⁶

Partially Adopted

HCV screening of pregnant women is recommended in high risk settings, including among PWID, recipients of transfusions or transplants, hemodialysis patients, patients living with HIV, women with risky sexual behavior, and women with persistently high AST/ALT. Many doctors routinely test for HCV despite no official universal antenatal screening policy.

LEARN MORE ABOUT PORTUGAL'S PREVENTION OF MOTHER TO CHILD TRANSMISSION:



ACHIEVEMENTS

Portugal is only 1 of 5 EU/EEA countries with universal hepatitis B birth dose vaccine



ACCESS AND REGISTRATION OF MEDICINES AND TESTS

	Status	Notes
HCV: Registration of patented medicines	Adopted	
HCV: Eligible for generic medicines ¹⁷	Not Eligible	
Licensed point-of-care PCR testing to detect HBV and HCV	Adopted	GeneXpert recently introduced

TESTING TO DIAGNOSE HBV AND HCV INFECTION

	Status	Notes
Testing recommendations for:		
HBV: Risk-based ¹²	Adopted	Ministry of Health HCV testing strategy includes establishing access points at hospitals, blood donation units, dialysis units, primary care units, and NGOs. Risk-based testing is recommended for persons who inject drugs, sex workers, persons who are incarcerated, persons experiencing homelessness, immigrants, patients on hemodialysis, patients with a history of blood transfusion, and persons with hepatitis markers.
HBV: Universal	Not Adopted	
HCV: Risk-based ¹²	Adopted	
HCV: Universal	Not Adopted	
No patient co-pays for HBsAg and anti-HCV testing ¹¹	Adopted	Cost of testing is less than 1 EURO



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



ACHIEVEMENTS

Regional Health Administration of Lisbon and Tagus Valley and the Treatment Activists Group (TAG) collaborated to provide hepatitis services through community-based testing centers and mobile health units

ACCESS TO HBV AND HCV TREATMENT	Status	Notes
HBV: National treatment guidelines ¹²	Not Developed	
HBV: Simplified care: Simplified treatment and monitoring algorithm for primary care providers	Not Adopted	Patients must go to tertiary center for HBV treatment
HBV: Simplified care: No patient co-pays for treatment ¹⁸	Adopted	
HCV: National treatment guidelines ¹⁹	Developed	Developed in 2017
HCV: Simplified care algorithm: Less than 2 clinic visits during treatment	No Data	
HCV: Simplified care algorithm: Non-specialists can prescribe treatment ¹²	Not Adopted	Only hepatologists, infectious disease physicians, gastroenterologists, internists, and HIV/AIDS physicians can prescribe direct-acting antivirals



HCV: Simplified care: No patient co-pays for treatment ¹²	Adopted	Drugs available for free to patients diagnosed with HCV
No fibrosis restrictions ¹²	Adopted	
No sobriety restrictions ¹²	Adopted	
No genotyping ¹⁹	Not Adopted	Patients tested for genotypes 1,2,3

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

ROADBLOCKS

Non-specialists cannot prescribe HCV treatment

.....

Doctors’ reduced autonomy to prescribe HCV treatment (dependence on administration directory approval)

.....

Lack of health services decentralization (limited point-of-care testing and treatment)

.....

Wait times for HCV treatment continue to vary

INNOVATIONS

Development of peer-led programs and strong outreach and advocacy campaigns by community-based organizations

ACHIEVEMENTS

Portugal was one of first countries in Europe to remove all restrictions for oral HCV treatment

.....

In 2015, Portugal became one of the first countries globally to approve universal access to HCV treatment and saw significant financial impacts and health gains in the program’s first year of implementation. (Velosa and Macedo)



HEALTH EQUITY AND ADDRESSING DISPARITIES	Status	Notes
National strategy addresses populations most affected ¹²	Partially Adopted	National strategy addresses HCV prevention for PWID.
National anti-discrimination laws against persons living with hepatitis B and/or C ¹²	Adopted	
National policy for adult hepatitis B vaccination ^{16,20}	Adopted	HBV vaccination recommended for high-risk groups including healthcare professionals, patients undergoing hemodialysis, sex workers, prisoners, etc
National policy for:		
Harm reduction for persons who inject drugs (PWID) ¹²	Developed	Needle-syringe exchange and opioid substitution therapy available in all parts of the country
Syringe exchange in federal prisons ²¹	Not Adopted	
Number of needles/syringes per PWID per year ¹⁰	136	WHO 2020 Target 200; 1,284,092 syringes distributed by the Ministry of Health by 2017
Number of opioid substitution therapy recipients per 100 PWID ²⁰	45	WHO Target 40 Partial progress defined by >20 Recipients
Decriminalization of possession of syringes & paraphernalia ²²	Adopted	
Decriminalization of drug use ²²	Partially Adopted	



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

ROADBLOCKS

People most disconnected from mainstream services – hard-to-reach populations like people who use drugs, experience homelessness, migrants, and sexual workers – continue to have challenges accessing hepatitis testing

.....

The bureaucratic system of approval of HCV treatment, depending on each hospital administration, needs to be reviewed

.....

Limited financial support to improve the screening of hard-to-reach populations through outreach workers

.....

Access to testing and treatment remains unequal despite policy initiatives

INNOVATIONS

Pilot project of point-of-care screening combined with nursing and peer-based outreach work to enhance testing and treatment for HCV among people who use drugs, people who experience homelessness, and migrants. This project meets people in their own environment, performing on-site testing (HCV antibody and RNA), elastography, and in some cases specialist treatment and delivering treatment to people who refuse to leave their neighborhoods to access care and do not adhere to other health services

ACHIEVEMENTS

The government has strong relationships with NGOs to provide community-based services to reach vulnerable populations. Since January 2015, the government has funded NGOs to conduct, a national campaign promoting safer sex as an HBV/HCV prevention strategy among MSM, transgender persons, and sex workers

.....

The first national supervised consumption site has opened in 2021, run by (Ares-do-Pinhal)

.....

National program exists for HCV, HBV, and HIV treatment in prisons

.....

In July 2017, governmental order 6542/2017 determined that the design and implementation of prevention, diagnosis and treatment of infectious diseases, such as HIV and viral hepatitis among the prisoner population should be equivalent to other users of the national health system. Following this, a referral network for HIV and viral hepatitis care for the inmate population was established per governmental order 283/2018 in January 2018.

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









LEARN MORE ABOUT PORTUGAL'S WORK IN FINANCING:**INNOVATION**

In 2016, 1,421,666 syringes were distributed through specialized programs. (European Drug Report)

**ACHIEVEMENT**

85% of HCV/HIV co-infected population has initiated HCV therapy, with a SVR rate of 95.9% (Miranda et al 2020)

PORTUGAL'S NEXT STEPS TOWARD ELIMINATION

-  Develop and publish a national action plan for the elimination of HBV and HCV
-  Establish expanded testing policies such as universal testing for HBV and HCV (i.e. once in lifetime) and integrated testing of HIV and hepatitis
-  Decentralize HCV treatment and update guidance to allow some general practitioners to prescribe HCV treatment
-  Decentralization of Health services (widespread of point-of-care testing and treatment)
-  Promote Health education and awareness
-  Make HBV vaccination available to community-based organizations which work with hard-to-reach populations for greater vaccine equity
-  New system for HCV drugs approval
-  Improve strategic information, including prevalence and mortality, and tracking of number of persons tested and treated

PORTUGAL'S NEXT STEPS TOWARD ELIMINATION



Develop and disseminate HBV clinical guidance



Continue to invest in and expand community-based and microelimination HCV testing and treatment programs for persons most affected



Scale-up of community-based and peer-led services



Ramp up financial support to improve outreach teams' capacity of testing and treatment



Expand ALT as a routine test



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



COALITION
FOR **GLOBAL
HEPATITIS
ELIMINATION**

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