

**National Hepatitis Elimination Profiles**  
**Indicator Definitions**  
**Last Updated 27 July 2021**



Country goals and targets	Definition	Format
<b>National commitment</b>		
HBV Elimination goal	The country has committed to HBV elimination and set forth a specific year/date it aims to achieve elimination of HBV	Yes/No
HCV Elimination goal	The country has committed to HCV elimination and set forth a specific year/date it aims to achieve elimination of HCV	Yes/No
Year of HBV Elimination goal	Year of HBV national elimination goal defined in National Action Plan or other government document	Year
Year of HCV Elimination goal	Year of HCV national elimination goal defined in National Action Plan or other government document	Year
Elimination of HBV Mother to Child Transmission Elimination Goal	The country has committed to elimination of HBV mother to child transmission and set forth a specific year/date to achieve elimination	Yes/No
HBV Action Plan	Whether the country has a written document that includes goals, objectives, targets, or activities for prevention, testing, and/or treatment of hepatitis B, either in combination with hepatitis C or independently. The Action Plan may be integrated with other infectious diseases.	Yes/No
HCV Action Plan	Whether the country has a written document that includes goals, objectives, targets, or activities for prevention, testing, and/or treatment of hepatitis C, either in combination with hepatitis B or independently. The Action Plan may be integrated with other infectious diseases.	Yes/No
<b>Epidemiologic situation</b>		
<b>HBV</b>		
Prevalence of HBsAg	<p><b>The national prevalence of HBsAg in the general population (all ages, both sexes unless otherwise noted) for the most recent year available.</b></p> <p>If an estimate from a serosurvey is available from the last 5 years, this estimate was used exclusively. If survey estimates from sub-populations were available (i.e. blood donors), then this data was used part of a range with modelled estimates. In the absence of strong national survey data, modelled estimates based on mathematical modelling or pooled data were used. Estimates from before 2010 are excluded.</p> <p>In some cases, local partners suggested a range of estimate best represented the local situation or alternative estimates are widely accepted by the Ministry of Health. In these cases, the source of the data is shown.</p>	Percentage (%) of Absolute Number depending on national data available
Prevalence of HBsAg, Children < 5 yrs, Survey/surveillance	The national prevalence of HBsAg in children less than 5 years of age for the most recent year available based on either a nationally representative survey, surveillance data, or other government report. Estimates from before 2010 are excluded.	Percentage (%)
Prevalence of HBsAg, Children < 5 yrs (%), Modelled	The national prevalence of HBsAg in children less than 5 years of age for the most recent year available based on a mathematical model or pooled estimate. For the majority of countries, estimates from the Institute of Health Metrics and Evaluation's Global Burden of Disease Study are used for the year 2019. Estimates from before 2010 are excluded.	Percentage (%)
Estimated number of new cases, Survey/surveillance	The estimated number of incident HCV cases based on national surveillance or other nationally represented survey approach. The estimated number of new cases for 2015 and the most recent year available are presented (when available).	Number

**National Hepatitis Elimination Profiles**  
**Indicator Definitions**  
**Last Updated 27 July 2021**



Percent change in new cases	The percent change in new cases is calculated based on change in new cases in 2015 compared to the latest year available. This indicator is presented to track progress towards the WHO interim 2020 target of a percent change in incidence of 30% between 2015 and 2020.	Percentage (%)
Mortality rate (per 100,000)	Estimated HCV-related death rate per 100,000 population for all ages. When available, estimates from the Ministry of Health or national vital statistics or sentinel surveillance system are presented. When not available, 2020 modelled estimates are presented from the Global Burden of Disease Study from the Institute of Health Metrics and Evaluation. HCV-related deaths include deaths due to acute HCV, cirrhosis and other chronic liver diseases attributable to HCV, and liver cancer attributable to HCV.	Number per 100,000
Number of deaths	The number of HBV-related deaths for all-ages, all sexes the most recent year available. When available, estimates from the Ministry of Health or national vital statistics or sentinel surveillance system are presented. When not available, 2020 modelled estimates are presented from the Global Burden of Disease Study from the Institute of Health Metrics and Evaluation. HBV-related deaths include deaths due to acute HBV, cirrhosis and other chronic liver diseases attributable to HBV, and liver cancer attributable to HBV.	Number
Percent change in deaths	The percent change in number of deaths is calculated based on change in deaths in 2015 compared to the latest year available. This indicator is presented to track progress towards the WHO interim 2020 target of a percent change in mortality of 10% between 2015 and 2020.	Percentage (%)
<b>HCV</b>		
Prevalence of anti-HCV	<p>The national prevalence of anti-HCV in the general population (all ages, both sexes unless otherwise noted) for the most recent year available based on either a nationally representative survey, surveillance data, or other government report.</p> <p>If an estimate from a serosurvey is available from the last 5 years, this estimate was used exclusively. If survey estimates from sub-populations were available (i.e. blood donors), then this data was used as part of a range with modelled estimates. In the absence of strong national survey data, modelled estimates based on mathematical modelling or pooled data were used. Estimates from before 2010 are excluded.</p> <p>In some cases, local partners suggested a range of estimates best represented the local situation or alternative estimates are widely accepted by the Ministry of Health. In these cases, the source of the data is shown.</p>	Percentage (%) of Absolute Number depending on national data available
Prevalence of chronic HCV, Survey/surveillance	<p>The national prevalence of chronic HCV, or HCV viremia, in the general population (all ages, both sexes unless otherwise noted) for the most recent year available. If an estimate from a serosurvey is available from the last 5 years, this estimate was used exclusively. If survey estimates from sub-populations were available (i.e. blood donors), then this data was used as part of a range with modelled estimates. In the absence of strong national survey data, modelled estimates based on mathematical modelling or pooled data were used. Estimates from before 2010 are excluded.</p> <p>In some cases, local partners suggested a range of estimates best represented the local situation or alternative estimates are widely accepted by the Ministry of Health. In these cases, the source of the data is shown.</p>	Percentage (%)
Estimated number of new cases	The estimated number of incident HCV cases based on national surveillance or other nationally represented survey approach. The estimated number of new cases for 2015 and the most recent year available are presented (when available). For many countries, this data is not available.	Number

**National Hepatitis Elimination Profiles**  
**Indicator Definitions**  
**Last Updated 27 July 2021**



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Mortality rate (per 100,000)	Estimated HCV-related death rate per 100,000 population for all ages. When available, estimates from the Ministry of Health or national vital statistics or sentinel surveillance system are presented. When not available, 2020 modelled estimates are presented from the Global Burden of Disease Study from the Institute of Health Metrics and Evaluation. HCV-related deaths include deaths due to acute HCV, cirrhosis and other chronic liver diseases attributable to HCV, and liver cancer attributable to HCV.	Number per 100,000
Number of deaths	The number of HCV-related deaths for all-ages, all sexes the most recent year available. When available, estimates from the Ministry of Health or national vital statistics or sentinel surveillance system are presented. When not available, 2020 modelled estimates are presented from the Global Burden of Disease Study from the Institute of Health Metrics and Evaluation. HCV-related deaths include deaths due to acute HCV, cirrhosis and other chronic liver diseases attributable to HCV, and liver cancer attributable to HCV.	Number
Percent change in deaths	The percent change in number of deaths is calculated based on change in deaths in 2015 compared to the latest year available. This indicator is presented to track progress towards the WHO interim 2020 target of a percent change in mortality of 10% between 2015 and 2020.	Percentage (%)
<b><i>Status of program planning and service delivery</i></b>		
Coverage of Infant HepB 3 dose vaccination (%)	Coverage of 3 dose hepatitis B vaccine for infants (<1-year-old) for the most recent year available. For the majority of countries, data was extracted from the WHO Vaccine-Preventable Diseases Monitoring System Database. This data was derived from official reports and in the majority of cases was reported as part of the <a href="#">WHO/UNICEF joint reporting process</a> . The 2020 WHO interim target is 90% coverage.	Percentage (%)
Coverage of HepB vaccine for newborns (%)	Coverage of hepatitis B vaccine given within 24 hours of birth for the most recent year available. For the majority of countries, data was extracted from the WHO Vaccine-Preventable Diseases Monitoring System Database. This data was derived from official reports and in the majority of cases was reported as part of the <a href="#">WHO/UNICEF joint reporting process</a> . The 2020 WHO interim target is 50%.	Percentage (%)
Proportion of people living with HBV aware of their status (%)	The proportion of all people living with hepatitis B who are aware of their status (received notification of their diagnosis). The WHO interim target is 30%.	Percentage (%)
Number tested for HBsAg	The number of persons tested for HBsAg annually for 2018-2020, for years data is available.	Number
Number on HBV treatment	The number of eligible persons on HBV treatment annually for 2018-2020, for years data is available.	Number
Proportion of eligible persons diagnosed with HBV on treatment (%)	An estimate of the proportion of persons living with HBV who are on treatment out of all persons living with HBV who are diagnosed and eligible for treatment. WHO only has a global goal for absolute number of persons on treatment, but no country-specific goals.	Percentage (%)
Number of needles-syringes per year per person who injects drug	Estimated number of needles/syringes per person who injects drugs (PWID) per year. This indicator is a performance measure for WHO HBV/HCV elimination targets. The WHO target is 200 syringes/needles per PWID per year by 2020.  The main reference for this indicator was Larney et al, 2017: Larney S, Peacock A, Leung J, et al. Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. Lancet Glob Health. 2017;5(12):e1208-e1220. doi:10.1016/S2214-109X(17)30373-X. Accessible at: <a href="https://pubmed.ncbi.nlm.nih.gov/29074410/">https://pubmed.ncbi.nlm.nih.gov/29074410/</a>	Number

**National Hepatitis Elimination Profiles**  
**Indicator Definitions**  
**Last Updated 27 July 2021**



Proportion of people living with HCV diagnosed (%)	The proportion of all people living with chronic hepatitis C who are aware of their status (received notification of their diagnosis). The WHO interim target is 30%.	Percentage (%)
Number tested for anti-HCV	The number of persons tested for anti-HCV annually for 2018-2020, for years data is available	Number
Proportion of people diagnosed who have been cured (%)	An estimate of the proportion of persons living with HBV who are on treatment out of all persons living with HBV who are diagnosed and eligible for treatment. WHO only has a global goal for absolute number of persons on treatment, but no country-specific goals.	Percentage (%)
<b>Policy environment</b>		
<i>Strategic information</i>		
Routine official reports to monitor HBV and HCV mortality	The Ministry of Health, national public health agency, or other government department releases routine reports on estimates of HBV- and HCV-related mortality, up to every 3 years. Partially Adopted is noted if reports are for only HBV or HCV.	Adopted/Partially Adopted/Not Adopted
Routine official reports to monitor HBV and HCV incidence	The Ministry of Health, national public health agency, or other government department releases routine reports on estimates of new cases of HBV and HCV, up to every 3 years. Partially Adopted is noted if reports are for only HBV or HCV.	Adopted/Partially Adopted/Not Adopted
Routine official reports to monitor HBV and HCV prevalence	The Ministry of Health, national public health agency, or other government department releases routine reports on estimates for the national prevalence of HBsAg and anti-HCV or chronic HCV, up to every 5 years. Partially Adopted is noted if reports are for only HBV or HCV or if last estimate is older than 5 years.	Adopted/Partially Adopted/Not Adopted
Estimates of HBV and HCV economic burden	Estimates on either the costs of elimination, cost-effectiveness of elimination or testing or treatment, or return on investment (disease management costs) have been produced for HBV and HCV. Partially Adopted is noted if estimates are available for only HBV or HCV.	Adopted/Partially Adopted/Not Adopted
Monitoring HBV and HCV testing and treatment	National patient registry is in place for HBV and HCV testing and treatment monitoring. The Ministry of Health, national public health agency, or other government department releases annual updates on number of persons tested and treated for both HBV and HCV. Partial score is awarded if available only for either HBV or HCV.	Adopted/Partially Adopted/Not Adopted
<i>Registration of medicines and tests</i>		
Registration of originator HCV medicines	At least one HCV direct acting antiviral is registered in the country. In some countries, this indicator is further specified for pan-genotypic originator medicines.	Adopted/ Not Adopted
Eligible for HCV medicines	The country is eligible for HCV generic medications as a result of being included in one of the following licensing agreements. Note that it is possible that the country may not be eligible for the full set of existing license agreements described. The country lists for each agreement are provided below. 1) Sofosbuvir (SOF) and SOF-based regimens: Bilateral, non-exclusive licenses were granted by Gilead to generic manufacturers on SOF, SOF/ledipasvir (LDV), SOF/velpatasvir (VEL), SOF/VEL/voxilaprevir (VOX) compounds. These select generic manufacturers can then sell these products in 105 countries and territories. Full country eligibility list is available at: <a href="https://www.medspal.org/?product_standardized_name%5B%5D=Sofosbuvir+400+mg&amp;page=1">https://www.medspal.org/?product_standardized_name%5B%5D=Sofosbuvir+400+mg&amp;page=1</a> 2) Daclatasvir (DAC) and SOF/DAC: A MPP license agreement with Bristol-Myers Squibb was signed in 2015 for Daclatasvir (DAC). This agreement grants generic manufacturers permission to sell generic DAC and DAC/SOF combinations in 112 countries and in other countries where there is no patent infringement. Full country eligibility list is available at: <a href="https://medicinespatentpool.org/licence-post/daclatasvir-dcv/">https://medicinespatentpool.org/licence-post/daclatasvir-dcv/</a> . For more information on the MPP-BMS agreement, please visit: <a href="https://medicinespatentpool.org/licence-post/daclatasvir-dcv/">https://medicinespatentpool.org/licence-post/daclatasvir-dcv/</a> .	Eligible/ Not Eligible

**National Hepatitis Elimination Profiles**  
**Indicator Definitions**  
**Last Updated 27 July 2021**



	<p>3) Glecaprevir/pibrentasvir (G/P): In 2018, the MPP signed a royalty-free license agreement with AbbVie for G/P, a pangenotypic combination drug to cure HCV. The license enables quality-assured manufacturers to develop and sell generic medicines containing G/P in 96 low- and middle-income countries (LMICs) at affordable prices, enabling access to and treatment scale-up with the most effective pan-genotypic regimens.</p> <p>For more information on the MPP-AbbVie agreement, please visit: <a href="https://medicinespatentpool.org/licence-post/glecaprevirpibrentasvir-gp/">https://medicinespatentpool.org/licence-post/glecaprevirpibrentasvir-gp/</a>.</p> <p>For more information on registration and approval of medications by WHO, please visit: <a href="https://medicinespatentpool.org/what-we-do/global-licence-overview/update-on-progress-of-mpp-sublicensees/">https://medicinespatentpool.org/what-we-do/global-licence-overview/update-on-progress-of-mpp-sublicensees/</a>.</p>	
Registration of generic HCV medicines	At least 1 generic HCV direct acting antiviral is registered in the country	Adopted/ Not Adopted
Licensed point-of-care PCR testing to detect HBV and HCV	Point-of-care PCR test is registered in country, i.e. GeneXpert	Adopted/ Not Adopted
<i>HepB Birth Dose and PMTCT</i>		
HepB vaccine birth dose policy	National policy /recommendation in place for hepatitis B vaccine for newborns. If this type of policy comes from the state/province level, a partial score is given if the policy does not exist in every state/province.	Adopted/ Partially Adopted/ Not Adopted
Routine maternal HBsAg screening policy	National policy /recommendation in place for routine HBsAg screening of pregnant women. If this type of policy comes from the state/province level, a partial score is given if the policy does not exist in every state/province.	Adopted/ Partially Adopted/ Not Adopted
Routine maternal HCV screening policy	National policy /recommendation in place for routine anti-HCV or HCV PCR testing of pregnant women. If this type of policy comes from the state/province level, a partial score is given if the policy does not exist in every state/province.	Adopted/ Partially Adopted/ Not Adopted
<i>Screening to diagnose HBV and HCV infection</i>		
HBV testing recommendations: Risk-based	The country has national recommendations for HBsAg screening of populations known to be at higher risk, i.e. people who inject drugs, men who have sex with men, migrants, etc.	Adopted/Not Adopted
HCV testing recommendations: Risk-based	The country has national recommendations for anti-HCV screening of populations known to be at higher risk, i.e. people who inject drugs, men who have sex with men, migrants, etc.	Adopted/Not Adopted
HBV testing recommendations: Age cohort/Universal/Other special group	All countries are assessed if they have HBV risk-based screening recommendations in place. If additional policies are in place, either age-cohort, special population, or universal, then these recommendations are also acknowledged.	Adopted/Not Adopted
HCV testing recommendations: Age cohort/Universal/Other special group	All countries are assessed if they have HCV risk-based screening recommendations in place. If additional policies are in place, either age-cohort, special population, or universal, then these recommendations are also acknowledged	Adopted/Not Adopted
No patient co-pays for HBsAg and anti-HCV testing	The costs of HBsAg and anti-HCV testing is fully covered by public sector insurance scheme so there is no cost to patients.  This policy is partially adopted when there is variation in co-pay policies across states/provinces.	Adopted/ Partially Adopted/ Not Adopted
<i>Access to HBV and HCV Treatment</i>		
HBV		
Local treatment guidelines exist	National guidelines for HBV treatment are available and were updated in last 5 years from Ministry of Health or national professional society of hepatology/study of liver disease	Developed/ Not Developed
Simplified care: No patient co-pays	The costs of HBV treatment are fully covered by public sector insurance scheme so there is no cost to patients.	Adopted/Partially Adopted/Not Adopted

**National Hepatitis Elimination Profiles**  
**Indicator Definitions**  
**Last Updated 27 July 2021**



	This policy is partially adopted when there is variation in co-pay policies across states/provinces	
HCV		
Local treatment guidelines exist	National guidelines for HCV treatment are available and were updated in last 5 years from Ministry of Health or national professional society of hepatology/study of liver disease	Developed/ Not Developed
Simplified care algorithm: Less than 2 clinic visits during treatment	National guidelines recommend less than 2 visits over the course of treatment monitoring, including SVR testing at 12 weeks post treatment. This indicator does not include diagnostic visits or pre-treatment evaluation visits, which can be a barrier in other countries.	Adopted /Not Adopted
Simplified care algorithm: Non-specialists can prescribe treatment	National guidelines and reimbursement criteria for the public sector insurance scheme allow non-specialists, i.e. general practitioners, primary care doctors, to prescribe HCV DAAs and monitor treatment. Partially adopted is acknowledge when there is variation in policy across states/provinces.	Adopted/Partially Adopted/Not Adopted
Simplified care algorithm: No patient treatment co-pays	The costs of HCV treatment are fully covered by public sector insurance scheme so there is no cost to patients This policy is partially adopted when there is variation in co-pay policies across states/provinces	Adopted/Partially Adopted/Not Adopted
No fibrosis restrictions	No restrictions on reimbursement for HCV treatment based on fibrosis stage for public insurance schemes. Partially adopted is acknowledge when there is variation in policy across states/provinces.	Adopted/Partially Adopted/Not Adopted
No sobriety restrictions	No restrictions on reimbursement for HCV treatment based on sobriety for public insurance schemes. Partially adopted is acknowledge when there is variation in policy across states/provinces.	Adopted/Partially Adopted/Not Adopted
No genotyping	Local treatment guidelines remove genotyping as standard pre-evaluation criteria when pangenotypic drugs are available	Adopted/ Not Adopted
<i>Financing</i>		
Public budget line for HBV and HCV testing and treatment	National government budget has explicit funding dedicated to hepatitis B and C prevention, testing, and treatment. This funding supports direct program delivery.	Adopted/ Not Adopted
GFTAM funds used for co-infected patients, as relevant	Global Fund for TB, AIDS, and Malaria grant funding is used to fund HBV and/or HCV testing and/or treatment for co-infected patients.	Adopted/ Not Adopted
<i>Achieving health equity in hepatitis elimination</i>		
National strategy addresses populations most affected (i.e. PWID, Indigenous, MSM, Co-infected, etc)	National Strategy acknowledges populations affected by disparities in burden of hepatitis B and C and access to care and provides specific interventions to address these disparities	Adopted/Not Adopted
Laws preventing discrimination against people living with hepatitis B and/or C	National laws protect people from discrimination, including employment discrimination, on the basis of hepatitis B or C status.  Partially Adopted is acknowledged if discrimination protections are included in general healthcare or other law, but no discrimination law exists specifically for hepatitis	Adopted/Partially Adopted/Not Adopted

**National Hepatitis Elimination Profiles**  
**Indicator Definitions**  
**Last Updated 27 July 2021**



Hepatitis B vaccination policy for adults	National recommendations for hepatitis B vaccination of adults, either for healthcare workers, populations at higher risk for infection, specific age-cohort, or all adults  Partially Adopted is acknowledged if no federal recommendation exists and policy varies by state/province	Adopted/Partially Adopted/Not Adopted
Harm reduction included in national policy	Harm reduction services are included in national policy and service packages for people who inject drugs	Adopted/Not Adopted
Policy for syringe-needle exchange programs in federal prisons	Needle/syringe programs are available in prisons as a matter of national policy	Adopted/Not Adopted
Decriminalization of possession of syringes and paraphernalia	National law avoids criminalizing possession of syringes and associated paraphernalia	Adopted/Not Adopted
Decriminalization of drug use	National law refrains from criminalizing drug use or possession of drugs, including opioids, for personal consumption  Partially Adopted is indicated if national law refrains from criminalizing drug use or possession for personal consumption, but may still impose punitive civil sanctions	Adopted/ Partially Adopted/ Not Adopted
Decriminalization of hepatitis infection	National law refrains from criminalizing and prosecuting people for HBV and HCV exposure/ transmission	Adopted/ Not Adopted