

# PERU

## CAN ELIMINATE HEPATITIS

### NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED AUGUST 9 2021



#### Hepatitis B virus (HBV)

#### Hepatitis C virus (HCV)

**NO**

**YES**

**NO**

HBV elimination goal **Elimination of HBV mother to child transmission goal <sup>7</sup>**

HCV elimination goal

### THE HEALTH BURDEN OF VIRAL HEPATITIS

**0.40%**

Number of persons living with HBV infection, 2015 <sup>2</sup>

*Based on national survey <sup>3</sup>*



**Prevalence**

REGIONAL AVERAGE  
IN THE AMERICAS:  
HBV: 0.3%  
HCV: 0.7%

**0.10%**

Number of persons living with HCV infection, <sup>2</sup>

*Based on national survey <sup>3</sup>*

**NO DATA**



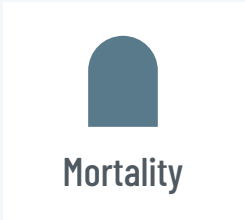
**Incidence**

**NO DATA**

887

HBV deaths, 2019 <sup>4</sup>

2.61 Deaths per 100,000 <sup>4</sup>



846

HCV deaths, 2019 <sup>4</sup>

2.49 Deaths per 100,000 <sup>4</sup>

PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

**HBV** Percentage change in new infections, 2015-2019

NO DATA

WHO 2020 Target -30% <sup>3</sup>

**HBV** Percentage change in deaths, 2015-2019 <sup>4</sup>



+0.36% ↑

WHO 2020 Target -10% <sup>4</sup>

**HCV** Percentage change in new infections, 2015-2019

NO DATA

WHO 2020 Target -30% <sup>3</sup>

**HCV** Percentage change in deaths, 2015-2019 <sup>4</sup>



+14% ↑

WHO 2020 Target -10% <sup>4</sup>

Prevalence of HBsAg in children < 5 years (%), 2019 <sup>4</sup>

0.04%

SDG 2020 Target 1% <sup>4</sup>

ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT



88%

Hepatitis B vaccination coverage for newborns, 2019 <sup>5</sup>

WHO 2020 Target 50% <sup>3</sup>



**82%** HepB 3 dose vaccine coverage for infants, 2019 <sup>5</sup>

WHO 2020 Target 90% <sup>3</sup>



Proportion of persons living with **HBV** diagnosed

WHO 2020 Target 30%




**NO DATA** HCV

Proportion of people diagnosed with HCV who have been cured

WHO 2020 Target: 30%

**NO DATA**



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

WHO 2020 Target: 200 <sup>3</sup>

**14%** Proportion of persons living with **HCV** diagnosed, 2019

WHO 2020 Target -10% <sup>3</sup>



# POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

## ACHIEVEMENTS

## INNOVATIONS

## ROADBLOCKS

### STRATEGIC INFORMATION

Routine official reports to monitor HBV and HCV	Mortality                  Incidence                  Prevalence	Partially Adopted: Only HBV for pregnant women <sup>1</sup>
Estimates of HBV and/or HCV economic burden	<b>Not Adopted</b>	
Monitoring of HBV and HCV diagnosis and treatment	<b>Not Adopted</b>	

**ROADBLOCK**  
*There are no clear monitoring standards related to ministerial statements and technical guidance for hepatitis B and C.*  
*Improvement of the epidemiological information system.*

### PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns <sup>6</sup>	<b>Adopted</b>
Recommendations for:	
HBV testing of pregnant women <sup>6</sup>	<b>Adopted</b>
HCV testing of pregnant women	<b>Not Adopted</b>

**ACHIEVEMENTS**  
*The EMTCT Ministerial Declaration of HBV was signed in 2019 and updated HBV technical guidance on the prevention of mother-to-child transmission was published.*  
*Universal screening for HBV screening in pregnant women.*  
*Increased attention to the importance of hepatitis B vaccination, particularly for newborns with more than 80% coverage of hepatitis B vaccine administered at birth.*



## TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

**HBV:** Risk-based <sup>10</sup>

Adopted

**HCV:** Risk-based <sup>8</sup>

Adopted

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

No Data



### ROADBLOCK

*Testing policies are not routinely implemented. The number of people who are tested for HBV and HCV is small, and there is limited follow-up of patients who are tested.*



### INNOVATIONS

*Use of multi-diagnostic molecular processing platforms.*

## SIMPLIFICATION OF HCV TREATMENT GUIDELINES

Local treatment guidelines <sup>8</sup>

Adopted

Cuidado simplificado: Se requieren menos de 2 visitas por curso de tratamiento <sup>8</sup>

Adopted

Simplified care algorithm: Less than 2 clinic visits during treatment <sup>8</sup>

Adopted

Simplified care algorithm:  
No patient treatment co-pays

No Data

No fibrosis restrictions <sup>8</sup>

Adopted

No sobriety restrictions <sup>8</sup>


Adopted


No genotyping <sup>8</sup>

Adopted





 **ROADBLOCK**  
*Clinical guidelines for treatment are not implemented.*

 **INNOVATION**  
*Implementation of elastography for cirrhosis screening in endemic areas.*

 **ACHIEVEMENTS**  
*In 2018, the "Technical Standard for the Prevention, Diagnosis and Treatment of Viral Hepatitis C in Peru" was adopted with a Ministerial Declaration*

**ACCESS AND REGISTRATION OF MEDICINES AND TESTS**

**HCV:** Registration of originator medicines <sup>11</sup> Adopted


**HCV:** Eligible for generic medicines <sup>9</sup> Adopted

Licensed point-of-care PCR testing to detect HBV and HCV <sup>11</sup> Adopted

**FINANCING**

Public budget line for HBV and HCV testing and treatment <sup>6</sup> Adopted

GFTAM funds used to support the HBV or HCV program <sup>12</sup> Adopted

 **ROADBLOCK**  
*Hepatitis has not always been considered a priority by the Government, compared to other diseases such as HIV.*

**HEALTH EQUITY AND ADDRESSING DISPARITIES**

National strategy addresses populations most affected (that is, people who inject drugs, indigenous people, MSM, coinfectd, etc.) <sup>1</sup> Adopted

National anti-discrimination laws against persons living with hepatitis B and/or C <sup>1</sup> Adopted

## NEXT STEPS TOWARD ELIMINATION



The Ministry of Health should prioritize hepatitis and develop a national action plan with specific tests and treatment goals.



Additional resources must be expanded to ensure indigenous people have access to hepatitis testing and treatment, including expanding training in indigenous languages.



A local coalition of stakeholders should be convened to advise the development of the action plan and policies to guide implementation, including representation from government, civil society, indigenous communities, and clinicians.



Decentralization of antiviral treatment towards the first level of care to increase the number of people treated.



Strategic information needs to be improved to allow a better understanding of barriers and progress towards goals at the national and regional levels.



Technological transfer of serological marker testing to regional laboratories to improve the implementation of the testing guidelines.



Improve links to care for people with positive HCV and HBV tests (for example, blood donors).



Continue implementing regional focused plans in endemic areas to promote the diagnosis, monitoring and treatment of chronic HBV carriers.



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



COALITION  
FOR **GLOBAL  
HEPATITIS  
ELIMINATION**

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