PERU CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

The Health Burden of Viral Hepatitis

Hepatitis B virus (HBV)

- NO
- HBV elimination goal
- Yes
- Elimination of HBV mother to child transmission goal

Hepatitis C virus (HCV)

- NO
- HCV elimination goal

The Regional Average in the Americas:

- HBV: 0.3%
- HCV: 0.7%

Number of persons living with HBV infection, 2015:

- 0.40%
- Based on national survey

Number of persons living with HCV infection:

- 0.10%
- Based on national survey

Incidence:

- No data

Prevalence:

- No data
## Progress Towards 2020 WHO Elimination Goals

### Prevention of New Infections and Mortality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Progress 2015-2019</th>
<th>WHO 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage change in new infections, 2015-2019</td>
<td>NO DATA</td>
<td></td>
<td>-30%</td>
</tr>
<tr>
<td>Percentage change in deaths, 2015-2019</td>
<td>+0.36%</td>
<td></td>
<td>-10%</td>
</tr>
<tr>
<td><strong>HCV</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Percentage change in new infections, 2015-2019</td>
<td>NO DATA</td>
<td></td>
<td>-30%</td>
</tr>
<tr>
<td>Percentage change in deaths, 2015-2019</td>
<td>+14%</td>
<td></td>
<td>-10%</td>
</tr>
</tbody>
</table>

**Prevalence of HBsAg in children < 5 years (%), 2019**: 0.04%

**SDG 2020 Target**: 1%

### Access to Recommended Vaccination, Testing and Treatment

<table>
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<th>Indicator</th>
<th>Target</th>
<th>Progress 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B vaccination coverage for newborns, 2019</strong></td>
<td>88%</td>
<td></td>
</tr>
</tbody>
</table>

**WHO 2020 Target**: 50%
82% HepB 3 dose vaccine coverage for infants, 2019

Proportion of persons living with HBV diagnosed

WHO 2020 Target: 30%

NO DATA

Proportion of people diagnosed with HCV who have been cured

WHO 2020 Target: 30%

NO DATA

Proportion of persons living with HCV diagnosed, 2019

WHO 2020 Target -10%

14% For persons who inject drugs (PWID), number of sterile needles per year

WHO 2020 Target: 200
POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

ACHIEVEMENTS

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns

Recommendations for:

HBV testing of pregnant women

HCV testing of pregnant women

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.

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 recommendations for:

**HBV:** Risk-based\(^8\)  
Adopted

**HCV:** Risk-based\(^8\)  
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\(^8\)  
Adopted

Simplified care algorithm: Less than 2 clinic visits during treatment\(^8\)  
Adopted

Simplified care algorithm: Non-specialists can prescribe treatment\(^8\)  
Adopted

Simplified care algorithm: No patient treatment co-pays  
No Data

No fibrosis restrictions\(^8\)  
Adopted

No sobriety restrictions\(^8\)  
Adopted

No genotyping\(^8\)  
Adopted
**PERU • HEPATITIS ELIMINATION PROFILE**

**COALITION FOR GLOBAL HEPATITIS ELIMINATION**

**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*

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**ACCESS AND REGISTRATION OF MEDICINES AND TESTS**

**HCV:** Registration of originator medicines

- Adopted

**HCV:** Eligible for generic medicines

- Adopted

Licensed point-of-care PCR testing to detect HBV and HCV

- Adopted

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**FINANCING**

Public budget line for HBV and HCV testing and treatment

- Adopted

GFTAM funds used to support the HBV or HCV program

- Adopted

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**ROADBLOCK**

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

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**HEALTH EQUITY AND ADDRESSING DISPARITIES**

National strategy addresses populations most affected (that is, people who inject drugs, indigenous people, MSM, coinfected, etc.)

- Adopted

National anti-discrimination laws against persons living with hepatitis B and/or C

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

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.

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

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

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

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

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

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


WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

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