ON TRACK TOWARDS HEPATITIS ELIMINATION
NATIONAL HEPATITIS ELIMINATION PROFILE

**Hepatitis B virus (HBV)**

2030
HBV elimination goal
Elimination of HBV mother to child transmission goal

**Hepatitis C virus (HCV)**

2024
HCV elimination goal

THE HEALTH BURDEN OF VIRAL HEPATITIS

2.0 (1.4–2.7)%
Prevalence of HBsAg among persons 15-64 year-olds, 2019

1.6 (1.1–2.2)%
Prevalence of HBsAg among persons 10-64 years-old, 2019

3.6 (2.3–4.8)%
Prevalence of HBsAg among persons living with HIV (PLHIV), 2019

1.2 (0.8–1.6)%
Prevalence of anti-HCV among persons 15-64 year-olds, 2019

1.1%
Prevalence of anti-HCV among persons 10-64 years-old, 2019

0.8%
Prevalence of chronic HCV, 2019

1.5%
Prevalence of chronic HCV among persons living with HIV (PLHIV), 2019

2.6 (1.3–3.9)%
Prevalence of anti-HCV, among persons living with HIV (PLHIV), 2019
**PROGRESS TOWARDS ELIMINATION IN RWANDA**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

**HCV** Percentage change in prevalence, 2018-2020

-69%

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

0.35% (0.26-0.47)%

SDG 2020 Target 1%

**ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT**

Hepatitis B vaccination coverage for newborns

Only provided to babies born to HBV positive mothers
96% HepB 3 dose vaccine coverage for infants, 2020

WHO 2020 Target 90%

85% Proportion of persons living with HBV diagnosed, 2021

WHO 2020 Target 30%

4,659,787 Cumulative persons screened for HBV, July 2015 - December 2021

150,000 JULY 2016-JUNE 2017
500,000 JULY 2017-JUNE 2018
430,122 JULY 2018-JUNE 2019
2,408,291 JULY 2019-JUNE 2020
680,433 JULY 2020-JUNE 2021

100% Estimated proportion of diagnosed HBV persons receiving appropriate treatment

1,082 JULY 2016-JUNE 2017
848 JULY 2017-JUNE 2018
2,611 JULY 2018-JUNE 2019
6,765 JULY 2019-JUNE 2020
1,864 JULY 2020-JUNE 2021

6,765 Cumulative persons initiated HBV treatment July 2015 - December 2021
95% Proportion of persons living with HCV diagnosed, 2021

WHO 2020 Target - 30%

6,028,425
Cumulative persons screened for HCV, July 2015 - December 2021

Goal: 7,000,000 persons screened by 2024

92% Proportion of people diagnosed with HCV who have been cured

HCV

54,518
Cumulative persons treated for HCV, July 2015 - December 2021

Goal: 59,584 persons treated by 2024
**POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS**

### ACHIEVEMENTS

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### INNOVATIONS

- In April 2016, a patient chart for hepatitis C care and treatment was developed and implemented in paper format for hospitals receiving HCV patients.
- Patient registry implemented to track the overall number of patients enrolled in clinical and laboratory services.

### ROADBLOCKS

- Monthly reports from health facilities on new cases and the care cascade, only available for HBV.
- Prevalence studies conducted within last 5 years.
- Published estimates for HCV available.
- HBV economic modeling performed prior to development of the national plan.

### ACHIEVEMENTS

In April 2016, a patient chart for hepatitis C care and treatment was developed and implemented in paper format for hospitals receiving HCV patients. Patient registry implemented to track the overall number of patients enrolled in clinical and laboratory services.

### INNOVATION

Digital health information system in place to monitor testing and treatment trends and to communicate with patients.

### PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

- Universal policy for hepatitis B vaccination for newborns.
  - Currently vaccinate babies born to HBV infected mothers. The national guidelines call for universal hepatitis B birth dose vaccination. National scale-up is awaiting Gavi financial support.

- Recommendations for:
  - HBV testing of pregnant women
  - HCV testing of pregnant women
TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

- **HBV**: Risk-based
  - **Adopted**

- **HCV**: Risk-based
  - **Adopted**

- **HBV**: Universal
  - **Adopted**

- **HCV**: Universal
  - **Adopted**

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

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**INNOVATIONS**

As part of the well-established health services for HIV, 15 hospitals have the capacity to conduct HCV viral load testing. Using current systems for HIV viral load testing, blood samples for HCV testing are collected at local health centres and district hospitals and delivered to one of the testing sites via a centrally organized transport system, which also delivers results back to the health facilities.

Results are also electronically delivered through a Lab Information System.

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**ACHIEVEMENTS**

Rapid HBsAg and Anti-HCV testing available at primary healthcare level.

More than 4 million people screened for HBV and more than 6 million people screened for HCV by December 2021.

Linkage to care >80% for HCV
EXPANDING ACCESS TO HBV AND HCV TREATMENT

HBV: National treatment guidelines 14
Simplified care: Simplified treatment and monitoring algorithm for primary care physicians 14
Simplified care: No co-payments for treatment 11

HCV: National treatment guidelines 14
Simplified care algorithm: Less than 2 clinic visits during treatment 14
Simplified care algorithm: Non-specialists can prescribe treatment 17
Simplified care algorithm: No patient treatment co-pays 17
No fibrosis restrictions 17
No genotyping 17

ROADBLOCK
Slow-down of HCV screening, testing and treatment activities due to COVID-19 safety measures and overload of HCV viral load testing platforms used also for COVID-19 testing.

INNOVATION
Hepatitis B and C screening, diagnosis and treatment have been integrated into existing programmes and systems for HIV infection.

ACHIEVEMENTS
> 1200 healthcare providers trained on HCV and HBV management with doctors and nursing treating HCV and HBV at health center level.
ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of originator medicines 16

Eligible for generic medicines 15

Registration of generic medicines 16

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

ROADBLOCKS
The acquisition cost for testing and treatment still remains relatively high compared to other diseases but patients don’t pay for HBV and/or HCV diagnostic and treatment services.

Point of care viral load testing is not currently available.

INNOVATION
The involvement of community and hepatitis C patient networks, particularly in advocacy for approval and access to direct-acting antivirals, was essential in Rwanda’s push to rapidly introduce new diagnostics and therapies.

Through the strong leadership and support of the Rwanda Government, the hepatitis elimination plans were initiated and implemented.

ACHIEVEMENT
Total acquisition cost of commodities for HCV rapid diagnostic test, viral load test, treatment, and SVR12 test is under US$80 (US$60 for treatment only) per patient. Patients don’t pay for HBV and/or HCV diagnostic and treatment services.

HEALTH EQUITY AND ADDRESSING DISPARITIES
National strategy addresses populations most affected (that is, indigenous people, MSM, coinfected, etc.) 1

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

National policy for adult hepatitis B vaccination 14

New national strategic plan prohibits discrimination against persons living with hepatitis B and C

Vaccination policy for high-risk groups, including FSW, MSM, genocide survivors, prisoners, healthcare workers, and military members. HBV vaccination is free for all Rwandans during the period set for HBV elimination.
**FINANCING**

- Public budget line for HBV and HCV testing and treatment
  - Adopted
- Funds from the Global Fund for HIV/AIDS used for PLHIV co-infected with HBV and/or HCV when relevant
  - Adopted
- Funding earmarked for viral hepatitis doubled from 2013 to 2016

**ROADBLOCK**

- Financing of program remains a challenge as there is not enough global funding for hepatitis. Domestic funding mechanisms are also used

**NEXT STEPS TOWARD ELIMINATION**

- Monitor progress towards 2024 elimination goals with national verification process and piloting of WHO elimination validation tools.
- Introduce HCV self tests to optimize the accessibility to HCV testing.
- Continue to strengthen monitoring and evaluation program using an electronic system for hepatitis data management.
- Plan to expand viral load testing from 15 sites to all hospitals and/or health centres, likely using point-of-care machines.
- Continue negotiations for further testing and treatment price reductions.

**INNOVATION**

- All Rwandans can receive the HBV vaccine for free.
- HBV vaccination is free for all Rwandans during the period of HBV elimination


4. Rwanda Biomedical Center (RBC) MDCOD Database. Shared via Communication with Rwanda Biomedical Center.


11. Communication with Rwanda Biomedical Center on September 6, 2021.


18. Communication with Rwanda Biomedical Center. Data provided by the Rwanda Biomedical Center on February 10, 2022.

WORKING TOGETHER,
WE WILL ACHIEVE ELIMINATION.

This National Hepatitis Elimination Profile (N-HEP) was developed by the Coalition for Global Hepatitis Elimination. Funding for this N-HEP was provided by Gilead Sciences. The Coalition for Global Hepatitis Elimination retained final control over the content.

The Coalition thanks the Rwanda Biomedical Center for their review and feedback.