ABOUT THE N-HEP

These National Hepatitis Elimination Profiles (N-HEPs) 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:

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plan</td>
<td>Needs to be updated</td>
<td>Needs to be updated</td>
</tr>
<tr>
<td>Elimination Goal</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>HepB Birth Dose Coverage</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

BURDEN OF DISEASE

- Prevalence of HbsAg: 8.2%
- Prevalence of chronic HCV: 0.6%
- Deaths per 100,000: 5.4
- Deaths per 100,000: 4.56

OVERVIEW OF POLICY ENVIRONMENT

- The National Action Plan is out of date
- There are no national systems for tracking HBV and HCV epidemiological data and testing and treatment data
- HBV care guidelines recommend universal screening.
- HCV screening guidelines are risk-based
- There is no national budget for hepatitis

NOTABLE ACHIEVEMENT:

- A pilot HBV testing and treatment program was launched in Central Luzon, screening more than 52,000 individuals since 2019

KEY CHALLENGE:

- There is no national screening program for hepatitis

KEY NEXT STEPS:

- Develop additional hubs for testing and treatment to ensure care access to all 7,100 islands

THIS PDF IS INTERACTIVE!
Many elements in this report, like links and buttons, are clickable. Give it a try!
OVERVIEW

HBV ACTION PLAN

NEEDS TO BE UPDATED, PREVIOUS PLAN RELEASED IN 2013

View their action plan online

HCV ACTION PLAN

NEEDS TO BE UPDATED, PREVIOUS PLAN RELEASED IN 2013

View their action plan online

HBV Elimination Goal  
Not Established

Elimination of Maternal to Child Transmission Goal
Yes

HCV Elimination Goal
Not Established
### THE HEALTH BURDEN OF VIRAL HEPATITIS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence HBsAg</td>
<td>8.2%</td>
<td>Chronic HBsAg prevalence, 2019</td>
<td>Modelled</td>
</tr>
<tr>
<td>Prevalence HCV</td>
<td>0.6%</td>
<td>Chronic HCV prevalence, 2017</td>
<td>Modelled</td>
</tr>
<tr>
<td>Incidence HBV</td>
<td>No data</td>
<td>New HBV infections</td>
<td></td>
</tr>
<tr>
<td>Incidence HCV</td>
<td>No data</td>
<td>New HCV infections</td>
<td></td>
</tr>
<tr>
<td>Mortality HBV</td>
<td>6,057</td>
<td>Deaths, 2019</td>
<td>Modelled estimate</td>
</tr>
<tr>
<td></td>
<td>(4,764 - 7,660)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality HCV</td>
<td>5,110</td>
<td>Deaths, 2019</td>
<td>Modelled estimate</td>
</tr>
<tr>
<td></td>
<td>(387 - 764)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Deaths per 100,000:
- HBV: 5.4 (4.25 - 6.83)
- HCV: 4.56 (3.62 - 5.75)
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

**HBV** Percentage change in new infections

**HBV** Percentage change in deaths, 2015-2019

**HCV** Percentage change in new infections

**HCV** Percentage change in deaths, 2015-2019

Prevalence of HBsAg in children < 5 years (%), 2003

ACCESS TO RECOMMENDED VACCINATION

Hepatitis B vaccination coverage for newborns, 2021

HepB 3 dose vaccine coverage for infants, 2021
OVERVIEW

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ACCESS TO RECOMMENDED TESTING

NO DATA

Proportion of persons living with HBV diagnosed

Proportion of persons living with HCV diagnosed

NO DATA

HBV

0

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

WHO 2020 Target 200

Number of persons tested for HBV 16

38,763

2016

Number of persons tested for HCV 16

1,200

2016

Proportion of diagnosed HBV persons receiving appropriate treatment

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

WHO 2020 Target 200

Number of persons tested for HBV 16

38,763

2016

Number of persons tested for HCV 16

1,200

2016
**OVERVIEW**

**HEALTH BURDEN**

**PROGRESS**

**POLICY ENVIRONMENT**

**NEXT STEPS**

---

**ACCESS TO RECOMMENDED TREATMENT**

<table>
<thead>
<tr>
<th>Number of treatments for HBV</th>
<th>Number of persons treated for HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

---

**Pilot Program of Hepatitis B cascade of services in selected sites in Central Luzon**

**OBJECTIVES:**
- Document acceptability of a viral Hepatitis B delivery and referral model
- Evaluate the Hepatitis B service and referral model for planning on sustainability and implementation expansion

<table>
<thead>
<tr>
<th>Number of Sites</th>
<th>Number of HBsAg Tests</th>
<th>Prevalence of HBsAg found</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>52,339</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

| 93% Assessment for treatment eligibility | 100% Enrolled for treatment | 100% Ongoing treatment |

---

Data shared by Dr. Diana Alcantaara-Poyawalm

Implementation Date:
- First phase in August 2019
- Second phase in December 2019
### POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

#### STRATEGIC INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine official reports to monitor HBV and HCV</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>Incidence</strong></td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>Prevalence</strong></td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Estimates of HBV and/or HCV economic burden</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Monitoring of HBV and HCV diagnosis and treatment</td>
<td>Not Adopted</td>
<td></td>
</tr>
</tbody>
</table>
### PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

<table>
<thead>
<tr>
<th>Policy for hepatitis B vaccination of newborns</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td></td>
<td>Adopted in 1996</td>
</tr>
</tbody>
</table>

**Recommendations for:**

- **HBV** testing of pregnant women
- **HCV** testing of pregnant women

- **HBV** testing of pregnant women
- **HCV** testing of pregnant women

### LEARN MORE ABOUT THE PHILIPPINES’S WORK IN PREVENTION OF MOTHER TO CHILD TRANSMISSION:

**ROADBLOCKS**

*Hepatitis B birth dose vaccination coverage is inadequate, partially due to being collateral damage from the dengvaxia controversy*
## Access and Registration of Medicines and Tests

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligible for generic DAAs</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>Registration of originator DAAs</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>Registration of generic DAAs</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>Licensed point-of-care PCR testing to detect HBV and HCV</strong></td>
<td>Adopted</td>
</tr>
</tbody>
</table>

### Learn More About the Philippines's Work in Access and Registration of Medicines and Tests

**Roadblocks**

- Viral load testing access remains extremely limited
- There is a consistent shortage in the supply of hepatitis C medicines, including challenges with drugs expiring before use
## TESTING TO DIAGNOSE HBV AND HCV INFECTION

<table>
<thead>
<tr>
<th>Testing recommendations for:</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV:</strong> Risk-based ⁹</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV:</strong> Risk-based ¹⁰</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HBV:</strong> Universal ²</td>
<td>Partially Adopted</td>
<td>Universal HBV screening recommendations not implemented</td>
</tr>
</tbody>
</table>

- No patient co-pays for HBsAg and anti-HCV testing ¹¹

---

### LEARN MORE ABOUT THE PHILIPPINES’S WORK IN TESTING TO DIAGNOSE HBV AND HCV INFECTION

#### ROADBLOCKS

- Testing and treatment access declined during the pandemic
- There is no national screening program for hepatitis
- The national health insurance programme in the Philippines, PhilHealth, does not cover outpatient care
- Hepatitis B and C are classified as STIs, so even private insurance companies will not cover the cost of care

#### ACHIEVEMENTS

- In 1994, the National Blood Services Act was enacted. This Act mandates testing of all donated blood products for transmissible diseases, including HCV
## Access to HBV and HCV Treatment

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV:</strong> National treatment guidelines</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td><strong>HBV:</strong> Simplified care: Simplified treatment and monitoring algorithm for primary care providers</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HBV:</strong> Simplified care: No patient co-pays for treatment</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV:</strong> National treatment guidelines</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td><strong>HCV:</strong> Simplified care algorithm: Less than 2 clinic visits during treatment</td>
<td>Partially Adopted</td>
<td>If co-infected with HIV, treatment can only be recommended after specialist consult (Source: HCV Treatment Guidelines)</td>
</tr>
<tr>
<td><strong>HCV:</strong> Simplified care algorithm: Non-specialists can prescribe treatment</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV:</strong> Simplified care: No patient co-pays for treatment</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>No fibrosis restrictions</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>No sobriety restrictions</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>No genotyping</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>
LEARN MORE ABOUT THE PHILIPPINES’S WORK IN ACCESS TO HBV AND HCV TREATMENT:

**ROADBLOCKS**

Many patients, especially those from rural areas, fall out of care due to challenges making it to appointments.

In 2020, a 12-week course of sofosbuvir/daclatasvir for HCV was priced at $800, which is second only to Vietnam in the Western Pacific region.

Outside of pilot programs, HBV outpatient monitoring and HCV DAA drug costs must be covered by patients.

**ACHIEVEMENTS**

Chronic hepatitis B management has been integrated in selected health facilities in the (NCR) and Region III within a demonstration project. A hepatitis B cascade of services are being modelled in selected sites in Central Luzon for the first time.

Hepatitis B and C treatment guidelines have been developed.

The Ministry of Health has committed to standardizing DAA procurement through generic manufacturers, and in 2020, 30,000 HCV treatment courses were distributed using state budget funds, meeting regional demand for the first time.

**INNOVATIONS**

A decentralized, nurse-led hepatitis treatment was expanded in 2020.

HEALTH EQUITY AND ADDRESSING DISPARITIES

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Partially Adopted</td>
<td>Only adopted for HBV</td>
</tr>
<tr>
<td>Adopted</td>
<td>Reccomended for high-risk individuals</td>
</tr>
</tbody>
</table>

**National strategy addresses populations most affected**

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

**National policy for adult hepatitis B vaccination**
National policy for:

- Harm reduction for persons who inject drugs (PWID) [15] - Not Developed
- Syringe exchange in federal prisons [15] - Not Adopted

Decriminalization of possession of syringes & paraphernalia [15] - Not Adopted

Decriminalization of drug use [15] - Not Adopted

To date, harm reduction programs for persons who inject drugs have not been endorsed within the Philippines due to R.A. No. 8504 (the Philippines AIDS Prevention and Control Act of 1998)[41] and R.A. No. 9165 (the Comprehensive Dangerous Drugs Act of 2002)

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

INNOVATIONS

Stigma and discrimination for testing and treatment is widespread. In some instances, this is exasperated by services being established alongside HIV clinics

FINANCING

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public budget line for HBV and HCV testing and treatment [6]</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant</td>
<td>Adopted</td>
</tr>
</tbody>
</table>
Incorporate periodic seroprevalence surveys for HBV and HCV in national surveys such as the National Nutrition and Health Examination Survey.

Ensure continued investment in primary prevention. Scale-up access to HBV birth-dose vaccines and testing for pregnant women.

Introduce FDA-approved and WHO-prequalified point of care tests to explore ways to reduce costs of screening diagnosis and monitoring of patients.

Promote simplified service delivery models that include decentralization of testing.

Develop additional hubs for testing and treatment to ensure care access to all 7,100 islands.

Substantially increase access to hepatitis B and hepatitis C testing and treatment.

Establish patient navigation sites online that patients can use.

Create a virtual hepatitis referral pathway for complex cases Establish referral networks.
OVERVIEW

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POLICY ENVIRONMENT

NEXT STEPS

PHILIPPINES • HEPATITIS ELIMINATION PROFILE

SOURCES


8. Medicines Patents and Licenses Database. MedPsal Database. https://www.medsal.org/countries/5B%5D=Philippines&disease_area%5B%5D=Hepatitis+C+(HCV)&page=1


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 Dr. Diana Alcantoara-Payawalm of Fatima University Medical Center and Chris Munoz, Adviser of the Yellow Warriors Society Philippines.