



SOUTH AFRICA

CAN ELIMINATE HEPATITIS

NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED SEPTEMBER 21 2022



Hepatitis B virus (HBV)

YES

HBV elimination goal ¹

YES

Elimination of HBV mother to child transmission goal ¹

National Action Plan includes an objective, "Prevent vertical transmission of HBV" and ANC HBsAg screening, hepB birth dose, and TDF prophylaxis are included in the National Guidelines. No formal elimination goal for elimination of MTCT exists.

* Currently out of date

Hepatitis C virus (HCV)

YES

HCV elimination goal ¹

* Currently out of date

THE HEALTH BURDEN OF VIRAL HEPATITIS

3.68 (3.22 - 4.12)%

Prevalence of HBsAg, 2019 ³



Prevalence

AVERAGE IN THE AFRICAN REGION:
HBV: 5-8%
HCV: 2.98%

0.7 (0.4-0.9)%

Prevalence of chronic HCV, 2015 ⁵

35-84%
Prevalence of chronic HCV, People who Inject Drugs (PWID), 2015 ¹⁵

NO DATA

New HBV cases



Incidence

NO DATA

New HCV cases

2,224

HBV deaths, 2019 ³

4.0 (3.48-4.54)

Deaths per 100,000 ³

Modelled estimate



Mortality

2,363

HCV deaths, 2019 ³

4.25 (3.72-4.86)

Deaths per 100,000 ³

Modelled estimate

Additional estimates are needed as experts note HBV-related deaths are not likely to less than HCV-related deaths.

PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV Percentage change in new infections

NO DATA

WHO 2020 Target -30%

HBV Percentage change in deaths ³



1% ↑

WHO 2020 Target -10%

HCV Percentage change in new infections

NO DATA

WHO 2020 Target -30%

HCV Percentage change in deaths ³

NO CHANGE

WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%) ³

1.97 (1.63-2.33)%

SDG 2020 Target 1%

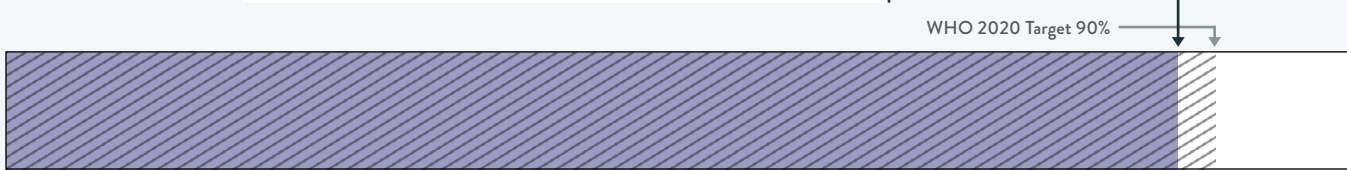


ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

Hepatitis B vaccination coverage for newborns



84% HepB 3 dose vaccine coverage for infants, 2020 ⁶




NO DATA **HBV**

Proportion of diagnosed HBV persons receiving appropriate treatment

9 (3-31)

For persons who inject drugs (PWID), number of sterile needles per year ⁷

WHO 2020 Target 200



Proportion of persons living with HBV diagnosed



Number of treatments for HBV

| | | |
|-------|---------|---------|
| 1,000 | NO DATA | NO DATA |
| 2018 | 2019 | 2020 |

Number of treatments for HCV

| | | |
|------|---------|---------|
| 160 | NO DATA | NO DATA |
| 2016 | 2019 | 2020 |



Proportion of persons living with **HCV** diagnosed

WHO 2020 Target 30% →



Proportion of persons who have cleared **HCV** infection

US 2025 Target 58%



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS



ACHIEVEMENT



INNOVATIONS



ROADBLOCKS

STRATEGIC INFORMATION

Routine official reports to monitor HBV and HCV

Mortality Incidence Prevalence

Incidence: For HBV⁹
Prevalence: No nationally representative studies conducted in last 5 years

Estimates of HBV and/or HCV economic burden¹

Adopted

Monitoring of HBV and HCV diagnosis and treatment

Not Adopted



ROADBLOCKS

National Department of Health needs additional staff to support hepatitis strategic information and program implementation activities

No hepatitis-specific indicators are currently included in national public health monitoring system

Need to integrate HBV/HCV services and data systems with HIV/TB and maternal and infant healthcare

Low political will to scale-up HBV and HCV programs to-date





ACHIEVEMENTS

Recommended addition of hepatitis HBV birth dose and HBsAg screening in antenatal clients as indicators for the National Indicator Data Set 2023

Development of national HBV and HCV investment case

Development of national clinical guidelines in 2018

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns ⁹

Partially Adopted

Policy approved in 2018 and national guidelines approved in 2019 but has not been implemented yet

Recommendations for:

HBV testing of pregnant women ¹⁰

Partially Adopted

Recommendations exist but not widely implemented and no monitoring system in place. Only performed if pregnant women present with deranged Liver enzymes.

HCV testing of pregnant women

Partially Adopted

HCV recommended for HIV-infected pregnant women ¹⁰

Program for triple elimination of HIV, hepatitis B, and syphilis

Not Adopted



ROADBLOCKS

Hepatitis B birth dose must be introduced and scaled

HBsAg screening of pregnant women must be implemented nationally

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of originator DAAs ¹³

Adopted

Eligible for generic DAAs ¹¹

Eligible



Registration of generic DAAs

Not Adopted

Licensed point-of-care PCR testing to detect HBV and HCV¹⁰

Adopted



ROADBLOCKS

Originator DAAs were finally registered after a 3+ year delay but a decision on pricing and consideration for the National Essential Medicines List await

GeneXpert machines for point-of-care PCR testing are available but are not accessible for hepatitis testing (primary used for TB testing exclusively)

Feasibility of scaling up dried blood spot testing for HCV explored by the National Institute for Communicable Diseases. The infrastructure for transport of samples exists but currently not affordable to scale-up because price of testing is too expensive without bulk ordering.

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

HBV: Risk-based¹⁰

Partially Adopted

Clinical guidelines include recommendations for routine testing of persons at risk but no routine testing is currently conducted

HCV: Risk-based¹⁰

Partially Adopted

Clinical guidelines include recommendations for routine testing of persons at risk but no routine testing is currently conducted

No patient co-pays for HBsAg and anti-HCV testing¹³

Partially Adopted

Only free for testing as part of a diagnostic work-up and only for laboratory-based testing, not point-of-care testing. Payment in state sector is scaled according to income bracket



ROADBLOCKS

Currently, HBV and HCV screening limited to opportunistic testing at hospitals and pregnant women.

Limited funding available for rapid diagnostics.



INNOVATIONS

Rapid diagnostic tests for anti-HCV testing are only available in non-government run harm reduction programs.





ACCESS TO HBV AND HCV TREATMENT

HBV: National treatment guidelines ¹⁰

Developed

Simplified care: Simplified treatment and monitoring algorithm for primary

Partially Adopted

Treatment not available at primary healthcare centers but available at secondary care centers, i.e. local day hospitals

Simplified care: No patient treatment co-pays ¹⁰

Partially Adopted

Patients initiated on TDF can be down referred for ongoing medicine access at primary level - blood tests and ultrasound screening happen at secondary or tertiary level.

HCV: National treatment guidelines ¹⁰

Developed

Simplified care algorithm: Less than 2 clinic visits during treatment ¹⁰

Not Adopted

Simplified care algorithm: Non-specialists can prescribe treatment ¹⁰

Partially Adopted

Training for non-specialists has not been scaled nationally. Non-specialists can treat in drop-in centers for key populations and other NGOs.

Simplified care algorithm: No patient treatment co-pays

Not Adopted

DAA's must first be added to National Essential Medicines List

No fibrosis restrictions ¹⁰

Adopted

No sobriety restrictions ¹⁰

Adopted

No genotyping ¹⁰

Not Adopted



ROADBLOCKS

HBV treatment not on National Essential Medicines List (only for HIV)



INNOVATIONS

Project ECHO established at University of Cape Town has enabled training of additional providers to manage and treat HBV and HCV



HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected ¹

Adopted

National policy for adult hepatitis B vaccination ¹

Partially Adopted

National anti-discrimination laws against people living with hepatitis B and/or C ¹³

Partially Adopted

Policy in place for adult healthcare workers. National guidelines. National guidelines recommends vaccination for other adults at higher risk but not widely implemented given monovalent vaccine only available at tertiary hospitals

National law provides protection for all diseases.

National policy for:

Harm reduction for persons who inject drugs (PWID) ¹²

Partially Adopted

Syringe exchange in federal prisons ¹²

Not Adopted

Number of needles/syringes per PWID per year ^{7,14}

9 (3-31)

WHO 2020 Target 200; Needle-syringe exchange programs operated in 9 of 56 health districts (not funded by national government)

Decriminalization of possession of syringes & paraphernalia ¹²

Not Adopted

Decriminalization of drug use ¹²

Not Adopted



ROADBLOCKS

Important disparities exist in hepatitis burden among vulnerable populations, including people who inject drugs.

Monovalent HBV vaccine supply for adult vaccination only available at tertiary level

Opioid substitution therapy not included on National Essential Medicines List

Harm reduction programs lack funding and face political opposition in many parts of the country

There is no federal public funding for needle exchange programs (NSP). All existing NSPs are currently funded by NGOs or local governments. The needle-syringe exchange program in Durban was suspended for 2 years.

HBV and HCV testing and treatment not widely available for persons who inject drugs.



ACHIEVEMENTS

National Drug Master Plan now includes support for the WHO combined package of harm reduction services



INNOVATIONS

Pilot project on viral hepatitis testing and treatment in one correctional center/prison.

NGOs/civil society and one metropolitan city are implementing a harm reduction and HBV/HCV test and treat program, leveraging both city funding and development partner funding.

FINANCING

Public budget line for HBV and HCV testing and treatment ¹³

Partially Adopted

HBV and HCV lab-based testing is covered along with HBV treatment under national health insurance scheme. However, HCV treatment is only covered if advocated for on a case by case basis by the physician.

Funds from the Global Fund for TB, AIDS, and Malaria used for treatment of co-infected patients and/or harm reduction, when relevant ¹³

Adopted

No funding for treatment of co-infected patients is available but GFTAM does fund harm reduction programs and screening for people who inject drugs



ROADBLOCKS

Domestic financing environment remains constrained

Limited political will to implement HBV and HCV program despite strong policies in place

No dedicated budget for hepatitis testing and treatment.

NEXT STEPS TOWARD ELIMINATION



Add HBV and HCV indicators to national monitoring system



Introduce anti-HCV and HBsAg rapid diagnostic



Introduce and scale-up hepatitis B birth dose



Optimize mix of HBV and HCV point-of-care and laboratory testing based on available infrastructure



Ensure universal coverage of antenatal HBsAg testing



Expand harm reduction programs, including needle-syringe exchange and opioid substitution therapy



Identify opportunities for integration of hepatitis testing with HIV/other programs



Introduce HBV and HCV testing and treatment for people who inject drugs integrated with harm reduction programs



Scale up HBV screening and HBV vaccination of healthcare workers



Ensure access to HBV vaccination of adults at primary care level



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



COALITION
FOR **GLOBAL
HEPATITIS
ELIMINATION**

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