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.

YES
HBV elimination goal

YES
Elimination of HBV mother to child transmission goal

YES
HCV elimination goal

* Currently out of date

THE HEALTH BURDEN OF VIRAL HEPATITIS

3.68 (3.22 - 4.12)%
Prevalence of HBsAg, 2019

0.7 (0.4-0.9)%
Prevalence of chronic HCV, People who Inject Drugs (PWID), 2015

35-84%
Prevalence of chronic HCV, 2015
### NO DATA

**New HBV cases**

**2,224**  
HBV deaths, 2019

**4.0 (3.48-4.54)**  
Deaths per 100,000

**NO DATA**  
New HCV cases

**2,363**  
HCV deaths, 2019

**4.25 (3.72-4.86)**  
Deaths per 100,000

---

**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

<table>
<thead>
<tr>
<th>Virus</th>
<th>Percentage Change in New Infections</th>
<th>WHO 2020 Target</th>
<th>Percentage Change in Deaths</th>
<th>WHO 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong></td>
<td>NO DATA</td>
<td>-30%</td>
<td>1%</td>
<td>-10%</td>
</tr>
<tr>
<td><strong>HCV</strong></td>
<td>NO DATA</td>
<td>-30%</td>
<td>NO CHANGE</td>
<td>-10%</td>
</tr>
</tbody>
</table>

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

**1.97 (1.63-2.33)%**  
SDG 2020 Target 1%
**ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT**

**Hepatitis B vaccination coverage for newborns**

- WHO 2020 Target 50%
- **NO DATA**

**HepB 3 dose vaccine coverage for infants, 2020**

- 84%
- WHO 2020 Target 90%

**Proportion of diagnosed HBV persons receiving appropriate treatment**

- **NO DATA**

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

- 9 (3-31)
- WHO 2020 Target 200

**Proportion of persons living with HBV diagnosed**

- **NO DATA**

**Number of treatments for HBV**

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

**Number of treatments for HCV**

- 160
- 2016
- NO DATA
- NO DATA
- 2020
POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

ACHIEVEMENT

Routine official reports to monitor HBV and HCV

Estimates of HBV and/or HCV economic burden

Monitoring of HBV and HCV diagnosis and treatment

INNOVATIONS

ROADBLOCKS

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

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

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

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

Mortality

Incidence

Prevalence

Incidence: For HBV

Prevalence: No nationally representative studies conducted in last 5 years

STRATEGIC INFORMATION

Proportion of persons who have cleared HCV infection

US 2025 Target 58%

NO DATA

Proportion of persons living with HCV diagnosed

WHO 2020 Target 30%

NO DATA
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

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

Partially Adopted

Partially Adopted

Partially Adopted

Not Adopted

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

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

HCV recommended for HIV-infected pregnant women

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

Eligible for generic DAAs
Testing recommendations for:

**HBV:** Risk-based

- Partially Adopted

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

**HCV:** Risk-based

- 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 testing

- 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

<table>
<thead>
<tr>
<th></th>
<th>HBV:</th>
<th></th>
<th>HCV:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National treatment guidelines</td>
<td>Developed</td>
<td>National treatment guidelines</td>
</tr>
<tr>
<td>Simplified care: Simplified treatment and monitoring algorithm for primary</td>
<td>Partially Adopted</td>
<td>Simplified care algorithm: Less than 2 clinic visits during treatment</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Simplified care: No patient treatment co-pays</td>
<td>Partially Adopted</td>
<td>Simplified care algorithm: Non-specialists can prescribe treatment</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Simplified care algorithm: No patient treatment co-pays</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No fibrosis restrictions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No sobriety restrictions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No genotyping</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Treatment not available at primary healthcare centers but available at secondary care centers, i.e. local day hospitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Training for non-specialists has not been scaled nationally. Non-specialists can treat in drop-in centers for key populations and other NGOs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DAAs must first be added to National Essential Medicines List</td>
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</tbody>
</table>

### 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

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 policy for adult hepatitis B vaccination

National law provides protection for all diseases.

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

National policy for:

- Harm reduction for persons who inject drugs (PWID)
- Syringe exchange in federal prisons
- Number of needles/syringes per PWID per year
- Decriminalization of possession of syringes & paraphernalia
- Decriminalization of drug use

<table>
<thead>
<tr>
<th>National policy for:</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm reduction for persons who inject drugs (PWID)</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td>Syringe exchange in federal prisons</td>
<td>Not Adopted</td>
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</table>

## 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  

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  

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
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 Andrew Scheibe (TB/HIV Care), Kgomotso Vilakazi-Nhlapo (National Department of Health), Mark Sonderup (University of Cape Town), Nishi Prabdial-Sing (National Institute for Communicable Diseases), and Wendy Spearman (University of Cape Town) for their review and feedback.

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