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. 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
8 POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS
17 NEXT STEPS TOWARD ELIMINATION

AT A GLANCE:

National Plan
Elimination Goal
HepB Birth Dose Coverage
77% (2021)
Number of needles/syringes per PWID per year
41 (2021)

BURDEN OF DISEASE
Prevalence of HBsAg 1.5%
Deaths per 100,000 8.6
Prevalence of chronic HCV 3.6%
Deaths per 100,000 9.8

OVERVIEW OF POLICY ENVIRONMENT
• National action plan under development
• One-time HCV screening is recommended for all adults over 18 years
• Periodic risk-based testing (once a year) is also recommended
• A large-scale decentralization of HCV treatment services were implemented at 190 healthcare facilities at the beginning of 2023

NOTABLE ACHIEVEMENT:
• By approving the Standards of medical care, effective and simplified algorithms for screening, diagnosis, and treatment of viral hepatitis have been developed and approved

KEY CHALLENGE:
• Majority of patients are required to pay for HBV and HCV confirmatory testing

KEY NEXT STEPS:
• Develop and publish national viral hepatitis testing guidelines, including a national testing strategy and diagnostic algorithm

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OVERVIEW

ELIMINATION GOAL: YES

HBV ACTION PLAN: UNDER DEVELOPMENT

HCV ACTION PLAN: UNDER DEVELOPMENT

Note: The national strategy in the area of eliminating HIV infection/AIDS, tuberculosis, and viral hepatitis by 2030 was approved by a Decree 1415-p of the Cabinet of Ministers of Ukraine on November 27, 2019.
OVERVIEW

THE HEALTH BURDEN OF VIRAL HEPATITIS

Incidence

1.5% Prevalence of HBsAg, 2020

3.6% Persons living with chronic HCV infection, 2020

68.4% Prevalence of anti-HCV among persons who inject drugs, 2020

Mortality

2,905 (2,968 - 4,764) HBV-related deaths, 2020

8.63 (6.74-10.80) Deaths per 100,000, 2019

5,580 (3,416 - 5,344) HCV-related deaths, 2020

9.76 (7.76 - 12.10) Deaths per 100,000, 2019

Note: It is important to note that the country is currently experiencing an increase in the risk of HBV and HCV infection among certain populations. Particularly at risk are military personnel and civilians residing in zones of active hostilities or temporarily occupied territories, where there are frequently inadequate conditions for the provision of medical care. Thus, medical care can be provided without observing certain measures aimed at preventing infection and infection control is not a priority and is frequently unachievable, etc. In addition, cases of sexual violence and sex work without the use of contraceptives are prevalent in these regions which increases the risk of HBV infection. HBV and HCV outbreaks are anticipated.
## Progress Towards 2020 WHO Elimination Goals

### Prevention of New Infections and Mortality

<table>
<thead>
<tr>
<th></th>
<th>Percentage change in new infections, 2015-2020</th>
<th>Percentage change in deaths, 2015-2020</th>
<th>Prevalence of HBsAg in children &lt; 5 years (%)</th>
<th>2020 SDG Target 1%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO DATA WHO 2020 Target -30%</td>
<td>NO DATA WHO 2020 Target -10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO DATA WHO 2020 Target -30%</td>
<td>NO DATA WHO 2020 Target -10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prevalence of HBsAg in children < 5 years (%), 2020: 0.29 (0.23-0.35)
OVERVIEW

HEALTH BURDEN

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ACCESS TO RECOMMENDED VACCINATION

56% Hepatitis B vaccination coverage for newborns, 2021

77% HepB 3 dose vaccine coverage for infants, 2021

ACCESS TO RECOMMENDED TESTING

3.5% Proportion of persons living with HBV diagnosed

7.1% Proportion of persons living with HCV diagnosed

Number of persons screened for HBV

Note: Data may be incomplete as not all private health facilities have shared data with the Public Health Center
**Number of persons screened for HCV**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1,037,515</td>
</tr>
<tr>
<td>2015</td>
<td>932,066</td>
</tr>
<tr>
<td>2016</td>
<td>217,325</td>
</tr>
<tr>
<td>2017</td>
<td>884,104</td>
</tr>
<tr>
<td>2018</td>
<td>932,139</td>
</tr>
<tr>
<td>2019</td>
<td>928,463</td>
</tr>
<tr>
<td>2020</td>
<td>631,500</td>
</tr>
<tr>
<td>2021</td>
<td>674,326</td>
</tr>
<tr>
<td>2022</td>
<td>704,475</td>
</tr>
</tbody>
</table>

**ACCESS TO RECOMMENDED HARM REDUCTION**

41

For persons who inject drugs (PWID), number of sterile needles per year, 2022

WHO 2020 Target: 200
**OVERVIEW**

**HEALTH BURDEN**

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**NEXT STEPS**

---

**ACCESS TO RECOMMENDED TREATMENT**

- **HCV**
  - Cumulative number of persons treated for HCV, 2014-2022: 49,565

- **HBV**
  - Proportion of diagnosed HBV persons receiving appropriate treatment: <1%

---

**Number of persons treated for HBV**

- 2017: 938
- 2018: 1,326
- 2019: 1,803
- 2020: 1,523
- 2021: 1,981
- 2022: 1,851

---

**Number of persons treated for HCV**

- 2013: 268
- 2014: 961
- 2015: 1,732
- 2016: 1,763
- 2017: 2,705
- 2018: 2,065
- 2019: 4,227
- 2020: 8,666
- 2021: 14,661
- 2022: 12,780

---

[1] Proportion of diagnosed persons who have been treated for HCV.


---


[22] Number of persons treated for HBV.

[23, 26] Number of persons treated for HCV.
## Policy Environment for the Elimination of Hepatitis

### Strategic Information

<table>
<thead>
<tr>
<th>Routine official reports to monitor HBV and HCV</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td>Not Adopted</td>
<td>Currently, there is no effective monitoring system for HBV or HCV. Information on cirrhosis-related mortality is collected, but the causes of viral or non-viral etiology of cirrhosis are not verified.</td>
</tr>
<tr>
<td><strong>Incidence</strong></td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>Prevalence</strong></td>
<td>Partially Adopted</td>
<td>In 2021, serum samples from a SARS-CoV-2 seroprevalence study were tested for presence of HCV ad HBV antibodies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimates of HBV and/or HCV economic burden</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partially Adopted</strong></td>
<td></td>
<td>No general population economic modeling has been conducted for HBV and HCV. Cost-effectiveness of HCV services among persons who inject drugs has been evaluated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring of HBV and HCV diagnosis and treatment</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partially Adopted</strong></td>
<td></td>
<td>There is no systematic collection and analysis of chronic hepatitis treatment and care cascade data. However, as shown in the profile, the government routinely compiles data from healthcare facilities. The Public Health Center is in the process of developing a MIS (medical information system) of Socially Significant Diseases with implementation planned for 2024.</td>
</tr>
</tbody>
</table>
## OVERVIEW

### HEALTH BURDEN

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### POLICY ENVIRONMENT

### NEXT STEPS

## PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

<table>
<thead>
<tr>
<th>Policy</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal policy for hepatitis B vaccination of newborns (within 24 hours)</td>
<td>Adopted</td>
<td>In 2001, countrywide immunization with hepatitis B birth dose vaccine started with the support of Gavi.</td>
</tr>
</tbody>
</table>

### ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>Policy</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBV testing of pregnant women</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>HCV testing of pregnant women</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Registration of originator DAAs</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Eligible for generic medicines</td>
<td>Eligible</td>
<td></td>
</tr>
<tr>
<td>Registration of generic DAAs</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Licensed point-of-care PCR testing to detect HBV and HCV</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>
## OVERVIEW

### HEALTH BURDEN

### PROGRESS

### POLICY ENVIRONMENT

### NEXT STEPS

## 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 <strong>14</strong></td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HBV</strong>: Universal <strong>14</strong></td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: Risk-based <strong>14</strong></td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: Universal <strong>14</strong></td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>

### Status Notes

- **Adopted**: HCV screening recommendations include:
  1. One-time testing of all persons ≥ 18 years of age.
  2. Periodic re-testing (once a year) for all persons with behaviors, conditions and factors that may lead to an increased risk of infection.

- **Partially Adopted**: HCV screening is included in the list of necessary services provided by a family physician and is included in the healthcare packages of the “medical guarantee program” funded by the National Health Service of Ukraine.

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

### LEARN MORE ABOUT UKRAINE’S WORK IN TESTING TO DIAGNOSE:

#### ROADBLOCKS

- Screening is widespread but access to virologic testing remains limited.
- Majority of patients are required to pay for HBV and HCV confirmatory testing.

#### INNOVATIONS

- The Ukraine Public Health Center’s website features a dashboard of laboratories offering HBV and HCV testing. **14**

#### ACHIEVEMENTS

- Rapid testing was purchased centrally for the first time using state budget funds in 2022.
## EXPANDING 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 24</td>
<td>Developed</td>
<td>In 2020, evidence-based clinical guidelines for HBV were adopted and are currently being amended. In 2021, the Standards of Medical Care for “Viral Hepatitis B” were approved.</td>
</tr>
<tr>
<td><strong>HBV:</strong> Simplified care: Simplified treatment and monitoring algorithm for primary care providers</td>
<td>No Data</td>
<td></td>
</tr>
<tr>
<td><strong>HCV:</strong> National treatment guidelines 17</td>
<td>Adopted</td>
<td>In 2021, evidence-based clinical guidelines for HCV were adopted and are currently being amended. In 2021, the Standards of Medical Care for “Viral Hepatitis C” were approved.</td>
</tr>
<tr>
<td><strong>HCV:</strong> Simplified care algorithm: Less than 2 clinic visits during treatment 17</td>
<td>Not Adopted</td>
<td>Guidelines include the following clinic visits and associated tests: 1. Initial screening (before initiating treatment) 2. Every 4th week of treatment 3. 12 or 24 weeks after completion of treatment</td>
</tr>
<tr>
<td><strong>HCV:</strong> Simplified care: No patient co-pays for treatment 23</td>
<td>Partially Adopted</td>
<td>The Ministry of Health purchases a fixed amount of HCV medicines per year.</td>
</tr>
</tbody>
</table>
No fibrosis restrictions

Adopted

No sobriety restrictions

Adopted

No genotyping

Adopted

LEARN MORE ABOUT UKRAINE’S WORK IN EXPANDING ACCESS TO HBV AND HCV TREATMENT:

ROADBLOCKS
In some locations, the government HCV treatment program has been corrupted, particularly at point of care, resulting in extortion of payments and effectively limiting access to the most vulnerable populations. In July 2017, with support from USAID, EQUIP Innovation for Health launched a demonstration project to evaluate an integrated, simplified protocol for treating HCV and HIV among key populations in Ukraine. To demonstrate the feasibility, acceptability, outcomes, and affordability of a clinic-based service to diagnose, treat, and monitor HCV treatment among key populations, and to integrate HCV care with HIV testing and treatment services. A total of 868 patients were enrolled from two clinics in the Kyiv region of Ukraine, with follow up completed in April 2019.

INNOVATIONS
MSF project started a project in 2017 in the Mykolaiv region on the Black Sea coast in southern Ukraine with the Ministry of Health to treat hepatitis C for free with generic drugs. MSF also provided tests, laboratory equipment, and supplies. Previously, patients had to pay for treatment themselves. MSF transferred the project to local authorities in 2021.

ACHIEVEMENTS
By approving the Standards of medical care “Viral hepatitis C in adults”, “Viral hepatitis C in children”, “Viral hepatitis B in adults”, and “Viral hepatitis B in children” (Orders of the Ministry of Health of Ukraine dated January 15, 2021 that go under number 48, 49, 50, 51), effective and simplified algorithms for screening, diagnosis, and treatment of viral hepatitis have been developed and approved.

The Ukraine Public Health Center’s website features a dashboard of locations offering HBV and HCV treatment.
**INNOVATIONS**

Alliance for Public Health implemented a pilot community-based HCV treatment model for vulnerable groups (PWID, CSWs, MSM); providing support and access to laboratory diagnostics to ensure treatment monitoring and further follow-up. In 2014, Alliance negotiated a significant price reduction with the manufacturer, which allowed it to bring sofosbuvir to the country in 2015 and ledipasvir/sofosbuvir in 2017 at the price of US$900 per standard 12-week treatment course. As of 1 May 2017, almost 1700 patients were involved in the Alliance HCV treatment program, with 94% cure rates reported. [10]

Together with the Ukrainian Institute on Public Health Policy, a narcology-based HCV treatment prototype initiative was implemented.

**ACHIEVEMENTS**

To expand provider training, the online course “Viral hepatitis B and C” was created and made available for free.

The course is open to physicians of all specialties. The course is available at https://courses.phc.org.ua/courses/course-v1:PHC+76+2021/

A large-scale decentralization of HCV treatment services was implemented. The full-scale Russian invasion had a negative effect on the activities of health centers, but did not stop the decentralization strategy; rather, it strengthened the routes for bringing treatment services closer to patients in some regions.

Since 2017, the state has been purchasing generic drugs, which has made it possible to purchase the drugs at a reduced cost and therefore increase the purchase volume. The cost of HCV regimens (3-month course) is $61 for sofosbuvir/daclatasvir and $131 for sofosbuvir/velpatasvir.
## Health Equity and Addressing Disparities

<table>
<thead>
<tr>
<th>Status &amp; Notes</th>
<th>Health Equity and Addressing Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td>National strategy addresses populations most affected</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td>National anti-discrimination laws against persons living with hepatitis B and/or C</td>
<td>No Data</td>
</tr>
<tr>
<td>National policy for adult hepatitis B vaccination</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>National policy for:</td>
<td></td>
</tr>
<tr>
<td>Harm reduction for persons who inject drugs (PWID)</td>
<td>Developed</td>
</tr>
<tr>
<td>Syringe exchange in federal prisons</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>41</td>
</tr>
<tr>
<td>Coverare of opioid substitution therapy, 2023</td>
<td>9.5%</td>
</tr>
<tr>
<td>Decriminalization of possession of syringes &amp; paraphernalia</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Decriminalization of drug use</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Decriminalization of hepatitis infection</td>
<td>No Data</td>
</tr>
</tbody>
</table>

### Notes
- Adult vaccination is recommended but is not purchased by the government.
- As of June 1, 2023, there were 26,597 opioid substitution therapy (OST) patients, which means that the coverage of OST was 9.5% (the estimated number of opioid users and people who practice mixed use of drugs is 278,318).
INNOVATIONS

After the 2022 Russian invasion, community-led and civil society organisations in Ukraine, such as the All-Ukrainian Association of People who Use Drugs (VOLNA), Light of Hope and Convictus, have provided shelter and delivered food, medication and harm reduction supplies to the Ukrainian regions that were cut off from supply chains or where people could not leave their homes. 2,3

The Eurasian Harm Reduction Network (EHRA) provided funds for VOLNA to evacuate people who use drugs from Donetsk and Luhansk; areas at the centre of the conflict. Support from Médecins du Monde ensured that civil society organisation Club Svitanok could continue providing harm reduction services in Donetsk, while MADRE funded the evacuation of some of Club Svitanok’s staff from the region. 4

The governments of Hungary, Moldova, Poland, Romania, and Slovakia (all five border countries) issued special decrees ensuring continuation of treatment and access to medicines for refugees from Ukraine. 4

ACHIEVEMENTS

MSF released an “Out of Darkness” campaign to increase awareness of HCV in Ukraine and address stigma. 19

In 2023, the government of Ukraine committed to fund and expand access of OST to about 31 579 people. Currently there are 26 597 patients receiving OST medication.

Additional achievements related to the OST program include:

-Order of the Ministry of Health was issued which provides simplified and more efficient mechanism for ordering and supplying drugs

-Implementation of the Order of the Ministry of Health that allowed prescriptions of OST drugs for up to 30 days ahead (the Order was promptly issued within a week of the beginning of the full-scale invasion)

-Implementation of the Order of the Ministry of Health that allowed to store 3-months worth of supplies of drugs in healthcare facilities

-A pilot project on video monitoring of the self-administration of OST drugs was launched

-A mechanism has been created for an instant exchange of information between doctors to confirm the patient’s identity when moving within the country

-Prompt procurement of drugs from the national manufacturers
## Financing

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public budget line for HBV and HCV testing and treatment</td>
<td>Developed</td>
<td>The Global Fund for TB, AIDS, and Malaria supports the treatment of people with HIV and HCV co-infection among key groups, including HIV-positive people.</td>
</tr>
<tr>
<td>Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant</td>
<td>Developed</td>
<td></td>
</tr>
</tbody>
</table>
UKRAINE’S NEXT STEPS TOWARD ELIMINATION

1. Develop and endorse a National Action Plan, aligned with the European Action Plan on viral hepatitis and adapted to the country context.

2. Conduct a population-based serological survey to better understand the prevalence of HBV and HCV and update the elimination scenarios to establish achievable national objectives.

3. Revise the existing viral hepatitis surveillance system, including case definitions and normative base, to align with the WHO-recommended approach to hepatitis surveillance and monitoring and evaluation framework.

4. Implement an electronic data system for laboratory test results and create an electronic database of patients living with hepatitis.

5. Conduct a thorough assessment of the implementation of injection safety and IPC programmes at national and local levels; revise the IPC program normative base in line with WHO guidelines.

6. Reduce the number of blood donation sites to those that meet minimum international quality standards, to ensure that universal screening for transfusion-transmissible infections (TTIs) is applied effectively and consistently.

7. Address hepatitis B vaccination program gaps, including expanding the HBV vaccination schedule and vaccinating the adult population who have increased risk of infection, such as vulnerable populations, healthcare providers, military personnel, and employees of the Ministry of Emergency Situations, etc.
UKRAINE’S NEXT STEPS TOWARD ELIMINATION

- Strengthen harm reduction programmes, to increase access to a comprehensive package of harm reduction services to PWID, including OST coverage, needle and syringe programmes (NSPs), testing for viral hepatitis and other infections, and linkage to care.

- Implement a national hepatitis screening strategy that includes free community-based screening, self-testing, and referral for confirmatory testing.

- Update national hepatitis guidelines and treatment protocols regularly to align with the WHO guidelines, including criteria for treatment initiation, choice of treatment regimens and monitoring.

- Continue to decentralize hepatitis treatment.

- Respond to the new increased risks of infection associated with the war.
### OVERVIEW

#### HEALTH BURDEN


#### PROGRESS


#### POLICY ENVIRONMENT


### NEXT STEPS

#### SOURCES


23. Communication with National Public Health Center, Ministry of Health of Ukraine on 14 June 2023 and 13 July 2023


26. Public Health Center of the Ministry of Health of Ukraine. Data from Form 40health “форма 40здоров”.


WORKING TOGETHER,
WE WILL ACHIEVE ELIMINATION.

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