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.

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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

AT A GLANCE:

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plan</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Elimination Goal</td>
<td>2030</td>
<td>2030</td>
</tr>
<tr>
<td>HepB Birth Dose Coverage</td>
<td>97% (2019)</td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>136 (2017)</td>
<td></td>
</tr>
</tbody>
</table>

BURDEN OF DISEASE

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of HBsAg</td>
<td>0.40%</td>
<td></td>
</tr>
<tr>
<td>Deaths per 100,000</td>
<td>2.42</td>
<td>7.22</td>
</tr>
</tbody>
</table>

OVERVIEW OF POLICY ENVIRONMENT

- The Autonomous National Priority Program has established an independent hepatitis program for the first time
- Current HBV and HCV screening strategy is risk-based

NOTABLE ACHIEVEMENT:

- HCV screening available at 2,805 community pharmacies

KEY CHALLENGE:

- Non-specialists cannot prescribe HCV treatment

KEY NEXT STEPS:

- Establish expanded testing policies such as universal testing for HBV and HCV (i.e. once in lifetime) and integrated testing of HIV and hepatitis
OVERVIEW

ELIMINATION GOAL: YES

HBV ACTION PLAN

View their action plan online ➤

HBV universal vaccination for all newborns since 2000

ELIMINATION GOAL: 2030

HCV ACTION PLAN

View their action plan online ➤

Oral direct acting antivirals free for all since 2015
THE HEALTH BURDEN OF VIRAL HEPATITIS

0.4%
Prevalence of HBsAg, 2016
Based on national survey

0.3%
(0.1-0.6%)
Prevalence of anti-HCV, 2016
Based on national survey

60-80%
Prevalence of anti-HCV, Persons who inject drugs, 2016

10.70%
Prevalence of HCV in prison populations, 2014

THE HEALTH BURDEN

PREVALENCE

0.4%
Prevalence of HBsAg, 2016
Based on national survey

0.3%
(0.1-0.6%)
Prevalence of anti-HCV, 2016
Based on national survey

60-80%
Prevalence of anti-HCV, Persons who inject drugs, 2016

10.70%
Prevalence of HCV in prison populations, 2014

INCIDENCE

175
Number of new infections reported among blood donors, 2018

227
Number of new HCV infections reported among blood donors, 2018

258
(199-333)
HBV deaths, 2019
Modelled estimate

769
(611-939)
HCV deaths, 2019
Modelled estimate

MORTALITY

2.42 (1.87-3.13)
Deaths per 100,000, 2019

7.22 (5.74-8.81)
Deaths per 100,000, 2019

Deaths per 100,000, 2019
Deaths per 100,000, 2019

### Prevalence of new infections and mortality

<table>
<thead>
<tr>
<th>Virus</th>
<th>Description</th>
<th>Percentage Change</th>
<th>WHO Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>Percentage change in new infections, 2016-2018</td>
<td>-58%</td>
<td>-30%</td>
</tr>
<tr>
<td>HBV</td>
<td>Percentage change in deaths, 2015-2019</td>
<td>-3%</td>
<td>-10%</td>
</tr>
<tr>
<td>HCV</td>
<td>Percentage change in new infections, 2016-2018</td>
<td>-21%</td>
<td>-30%</td>
</tr>
<tr>
<td>HCV</td>
<td>Percentage change in deaths, 2015-2019</td>
<td>-4%</td>
<td>-10%</td>
</tr>
<tr>
<td></td>
<td>Prevalence of HBsAg in children &lt; 5 years (%)</td>
<td>0.04 (0.02-0.05)</td>
<td>1%</td>
</tr>
</tbody>
</table>

SDG 2030 Target 1%
OVERVIEW

HEALTH BURDEN

PROGRESS

POLICY ENVIRONMENT

NEXT STEPS

ACCESS TO RECOMMENDED VACCINATION

Hepatitis B vaccination coverage for newborns, 2019

HepB 3 dose vaccine coverage for infants, 2019

ACCESS TO RECOMMENDED TESTING

Proportion of persons living with HBV diagnosed

Proportion of persons living with HCV diagnosed

NO DATA

HBV

Proportion of diagnosed HBV persons receiving appropriate treatment

136

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

WHO 2020 Target 200
ACCESS TO RECOMMENDED TESTING

425,486
Number of persons tested for HBsAg, 2020

![Graph showing number of persons tested for HBsAg, 2016-2020.](image)

335,693
Number of persons tested for HCV, 2020

![Graph showing number of persons tested for HCV, 2016-2020.](image)
**Access to Recommended Treatment**

- **Proportion of persons diagnosed with HCV who have been cured and treated:** 97%
- **Number of persons treated for HCV, 2015-2019:** 23,111
- **Number of persons treated for HCV, 2020:** 2,331
- **Number of persons on treatment for HBV, 2020:** ~4,500
- **Number of persons on treatment for HBV, 2021:** 2,334
## POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

### STRATEGIC INFORMATION

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine official reports to monitor HBV and HCV [11,13]</td>
<td>National Institute of Statistics collects cause of death data but deaths related to HBV and HCV are not routinely aggregated</td>
</tr>
<tr>
<td>Mortality</td>
<td>Government or government-related institution has a national disease register for HCV infection but only collects information on accurate information. No system exists for HBV</td>
</tr>
<tr>
<td>Incidence</td>
<td></td>
</tr>
<tr>
<td>Prevalence</td>
<td>Last national survey conducted in 2016. Updated estimates are needed.</td>
</tr>
<tr>
<td>Estimates of HBV and/or HCV economic burden [4]</td>
<td>Studies have been conducted for HCV but not for HBV. Additional studies proposed to estimate impact and savings of HCV program to date.</td>
</tr>
<tr>
<td>Monitoring of HBV and HCV diagnosis and treatment [4,14]</td>
<td>A national electronic HCV treatment registry, the FDA equivalent, has been setup by Infarmed</td>
</tr>
</tbody>
</table>
**ACHIEVEMENTS**

The Autonomous National Priority Program has established an independent hepatitis program for the first time and first nomination of hepatologist/gastroenterologist as a director of the national program for viral hepatitis.

Hepatitis is one of 12 National Priority Programs for the first time

**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></td>
<td>Adopted</td>
<td>Introduced in 2000</td>
</tr>
</tbody>
</table>

Recommendations for:

- **HBV** testing of pregnant women 16
  - Status: Adopted
  - Notes: All pregnant women are tested for HBV at their first obstetric appointment and at 32 weeks pregnant.

- **HCV** testing of pregnant women 16
  - Status: Partially Adopted
  - Notes: HCV screening of pregnant women is recommended in high risk settings, including among PWID, recipients of transfusions or transplants, hemodialysis patients, patients living with HIV, women with risky sexual behavior, and women with persistently high AST/ALT. Many doctors routinely test for HCV despite no official universal antenatal screening policy.

**LEARN MORE ABOUT PORTUGAL’S PREVENTION OF MOTHER TO CHILD TRANSMISSION:**

**ACHIEVEMENTS**

Portugal is only 1 of 5 EU/EEA countries with universal hepatitis B birth dose vaccine.
## ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HCV</strong>: Registration of patented medicines</td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>HCV</strong>: Eligible for generic medicines</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>Licensed point-of-care PCR testing to detect HBV and HCV</td>
<td>Adopted</td>
</tr>
</tbody>
</table>

## TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong>: Risk-based</td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>HBV</strong>: Universal</td>
<td>Not Adopted</td>
</tr>
<tr>
<td><strong>HCV</strong>: Risk-based</td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>HCV</strong>: Universal</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>No patient co-pays for HBsAg and anti-HCV testing</td>
<td>Adopted</td>
</tr>
</tbody>
</table>

Ministry of Health HCV testing strategy includes establishing access points at hospitals, blood donation units, dialysis units, primary care units, and NGOs. Risk-based testing is recommended for persons who inject drugs, sex workers, persons who are incarcerated, persons experiencing homelessness, immigrants, patients on hemodialysis, patients with a history of blood transfusion, and persons with hepatitis markers.
**ACHIEVEMENTS**

Regional Health Administration of Lisbon and Tagus Valley and the Treatment Activists Group (TAG) collaborated to provide hepatitis services through community-based testing centers and mobile health units.

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**ACCESS TO HBV AND HCV TREATMENT**

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td><strong>HBV: National treatment guidelines</strong></td>
<td>Not Developed</td>
<td></td>
</tr>
<tr>
<td><strong>HBV: Simplified care:</strong> Simplified treatment and monitoring algorithm for primary care providers</td>
<td>Not Adopted</td>
<td>Patients must go to tertiary center for HBV treatment</td>
</tr>
<tr>
<td><strong>HBV: Simplified care:</strong> No patient co-pays for treatment</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV: National treatment guidelines</strong></td>
<td>Developed</td>
<td>Developed in 2017</td>
</tr>
<tr>
<td><strong>HCV: Simplified care algorithm:</strong> Less than 2 clinic visits during treatment</td>
<td>No Data</td>
<td></td>
</tr>
<tr>
<td><strong>HCV: Simplified care algorithm:</strong> Non-specialists can prescribe treatment</td>
<td>Not Adopted</td>
<td>Only hepatologists, infectious disease physicians, gastroenterologists, internists, and HIV/AIDS physicians can prescribe direct-acting antivirals</td>
</tr>
<tr>
<td>HEALTH BURDEN</td>
<td>PROGRESS</td>
<td>POLICY ENVIRONMENT</td>
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**HCV: Simplified care:**
- No patient co-pays for treatment 🟢
- Drugs available for free to patients diagnosed with HCV

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<tr>
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<tbody>
<tr>
<td>No fibrosis restrictions 🟢</td>
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<thead>
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<tbody>
<tr>
<td>No sobriety restrictions 🟢</td>
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<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No genotyping 🟥</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Roadblocks**
- Non-specialists cannot prescribe HCV treatment
- Doctors’ reduced autonomy to prescribe HCV treatment (dependence on administration directory approval)
- Lack of health services decentralization (limited point-of-care testing and treatment)
- Wait times for HCV treatment continue to vary

**Innovations**
- Development of peer-led programs and strong outreach and advocacy campaigns by community-based organizations

**Achievements**
- Portugal was one of first countries in Europe to remove all restrictions for oral HCV treatment
- In 2015, Portugal became one of the first countries globally to approve universal access to HCV treatment and saw significant financial impacts and health gains in the program’s first year of implementation. (Velosa and Macedo)
## HEALTH EQUITY AND ADDRESSING DISPARITIES

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partially Adopted</td>
<td>National strategy addresses populations most affected 12</td>
</tr>
<tr>
<td>Adopted</td>
<td>National anti-discrimination laws against persons living with hepatitis B and/or C 12</td>
</tr>
<tr>
<td>Adopted</td>
<td>National policy for adult hepatitis B vaccination 16,20</td>
</tr>
<tr>
<td>Developed</td>
<td>Harm reduction for persons who inject drugs (PWID) 12</td>
</tr>
<tr>
<td>Not Adopted</td>
<td>Syringe exchange in federal prisons 22</td>
</tr>
<tr>
<td>136</td>
<td>Number of needles/syringes per PWID per year 10</td>
</tr>
<tr>
<td>45</td>
<td>Number of opioid substitution therapy recipients per 100 PWID 20</td>
</tr>
<tr>
<td>Adopted</td>
<td>Decriminalization of possession of syringes &amp; paraphernalia 22</td>
</tr>
<tr>
<td>Partially Adopted</td>
<td>Decriminalization of drug use 22</td>
</tr>
</tbody>
</table>

**Notes:**
- National strategy addresses HCV prevention for PWID.
- National policy for adult hepatitis B vaccination recommended for high-risk groups including healthcare professionals, patients undergoing hemodialysis, sex workers, prisoners, etc.
- Needle-syringe exchange and opioid substitution therapy available in all parts of the country.
- WHO 2020 Target 200; 1,284,092 syringes distributed by the Ministry of Health by 2017.
- WHO Target 40 Partial progress defined by >20 Recipients.
LEARN MORE ABOUT PORTUGAL’S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:

ROADBLOCKS

People most disconnected from mainstream services – hard-to-reach populations like people who use drugs, experience homelessness, migrants, and sexual workers – continue to have challenges accessing hepatitis testing.

The bureaucratic system of appproval of HCV treatment, depending on each hospital administration, needs to be reviewed.

Limited financial support to improve the screening of hard-to-reach populations through outreach workers.

Access to testing and treatment remains unequal despite policy initiatives.

INNOVATIONS

Pilot project of point-of-care screening combined with nursing and peer-based outreach work to enhance testing and treatment for HCV among people who use drugs, people who experience homelessness, and migrants. This project meets people in their own environment, performing on-site testing (HCV antibody and RNA), elastography, and in some cases specialist treatment and delivering treatment to people who refuse to leave their neighborhoods to access care and do not adhere to other health services.

ACHIEVEMENTS

The government has strong relationships with NGOs to provide community-based services to reach vulnerable populations. Since January 2015, the government has funded NGOs to conduct a national campaign promoting safer sex as an HBV/HCV prevention strategy among MSM, transgender persons, and sex workers.

The first national supervised consumption site has opened in 2021, run by (Ares-do-Pinhal)

National program exists for HCV, HBV, and HIV treatment in prisons.

In July 2017, governmental order 6542/2017 determined that the design and implementation of prevention, diagnosis and treatment of infectious diseases, such as HIV and viral hepatitis among the prisoner population should be equivalent to other users of the national health system. Following this, a referral network for HIV and viral hepatitis care for the inmate population was established per governmental order 283/2018 in January 2018.

FINANCING

Public budget line for HBV and HCV testing and treatment

Status: Adopted

Notes:
LEARN MORE ABOUT PORTUGAL’S WORK IN FINANCING:

**INNOVATION**

In 2016, 1,421,666 syringes were distributed through specialized programs. (European Drug Report)

**ACHIEVEMENT**

85% of HCV/HIV co-infected population has initiated HCV therapy, with a SVR rate of 95.9% (Miranda et al 2020)
PORTUGAL’S

NEXT STEPS TOWARD ELIMINATION

1. Develop and publish a national action plan for the elimination of HBV and HCV
2. Establish expanded testing policies such as universal testing for HBV and HCV (i.e. once in lifetime) and integrated testing of HIV and hepatitis
3. Decentralize HCV treatment and update guidance to allow some general practitioners to prescribe HCV treatment
4. Decentralization of Health services (widespread of point-of-care testing and treatment)
5. Promote Health education and awareness
6. Make HBV vaccination available to community-based organizations which work with hard-to-reach populations for greater vaccine equity
7. New system for HCV drugs approval
8. Improve strategic information, including prevalence and mortality, and tracking of number of persons tested and treated
PORTUGAL’S NEXT STEPS TOWARD ELIMINATION

- Develop and disseminate HBV clinical guidance
- Continue to invest in and expand community-based and microelimination HCV testing and treatment programs for persons most affected
- Scale-up of community-based and peer-led services
- Ramp up financial support to improve outreach teams’ capacity of testing and treatment
- Expand ALT as a routine test

SOURCES

5. Direção-Geral de Saúde/National Institute of Statistics
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.

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