



Viral hepatitis B and C policies in countries and burden of disease in WHO regions, 2023

WHO has worked with countries and partners to ensure uptake and implementation of the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections 2022–2030 (1). A key component of the global health sector strategies is integrating HIV, viral hepatitis and sexually transmitted infection services. WHO monitors country progress towards the adoption of policies and recommendations to efficiently provide country support towards viral hepatitis elimination.

WHO tracks the dissemination, policy change and implementation of these recommendations through the Global AIDS Monitoring reporting tool (2). This fact sheet provides a status of the viral hepatitis testing and treatment policies as reported through the Global AIDS Monitoring in 2023. It provides the status of three policy areas related to hepatitis services provision in HIV antiretroviral therapy clinics and antenatal care clinics as of July 2023: (a) hepatitis B testing of women during pregnancy; (b) hepatitis B screening and management in HIV antiretroviral therapy clinics; and (c) hepatitis C screening and management in HIV antiretroviral therapy clinics. There are limitations to the data collected. WHO will measure hepatitis policy implementation as part of its Global Hepatitis Reporting in 2023.

Policies on hepatitis B testing of women during pregnancy

- WHO recommends that all pregnant women be tested for hepatitis B during their pregnancy as part of triple elimination of mother-to-child transmission of HIV, syphilis, and hepatitis B infections (3–4). Among the countries reporting to Global AIDS Monitoring, 78% (64 of the 82 reporting) reported having a national policy on hepatitis B testing of women during pregnancy. Of the 64 countries reporting to have a policy for testing hepatitis B among pregnant women, 23 were from the African Region, 18 from the Region of the Americas, three from the South-East Asia Region, nine from the European Region, six from the Western Pacific Region and five from the Eastern Mediterranean Region. Only 32 countries (50%

of 64 countries with policies) reported implementing hepatitis B screening in antenatal care clinics. The findings show that, while almost 80% of the 82 reporting countries have a policy on hepatitis B testing of women during pregnancy, less than 40% of the countries had the policy and implemented the policy in antenatal care clinics. Policy implementation and support needs to be accelerated to scale up hepatitis B testing among pregnant women in countries to achieve triple elimination of HIV, syphilis, and hepatitis B infections.

Policies on hepatitis B and C screening and management in HIV antiretroviral clinics

- WHO recommends testing for viral hepatitis B and C in everyone living with HIV (5–6) and recommends HCV treatment for all (3,7), including adolescents and children three years or older, using the same direct-acting antiviral regimens approved for adults (8) to prevent the progression of liver disease. More recently (2022), WHO recommended simplified service delivery that include decentralizing hepatitis C testing and treatment to lower levels of health care including HIV clinics and primary health care centres (9). Among 103 countries reporting to Global AIDS Monitoring, 80% (82) of the countries have HIV co-infection policies on hepatitis B screening and management and 65% (67) of the countries have HIV co-infection policies on hepatitis C screening and management in HIV antiretroviral therapy clinics. A total of 44 countries (66% of the 67 countries with HIV co-infection policies on hepatitis C screening and management) provided direct-acting antiviral agents for hepatitis C treatment in HIV antiretroviral therapy clinics. There are major opportunities to integrate hepatitis B and hepatitis C screening and management into sites that provide HIV antiretroviral therapy to ensure that the gains of the HIV response are not eroded by the development of liver cirrhosis and liver cancer among people living with HIV. The findings show that countries need to systematically develop policies and guidance and strengthen implementation in this area.

Hepatitis B and C burden in WHO regions – Renewed focus needed to address disparities in WHO regions

In our previously published report (10), we estimated that 296 million individuals globally were living with hepatitis B infections and 58 million individuals globally were estimated to be living with hepatitis C infection. An estimated 90% of hepatitis B infections and 79% of hepatitis C infections remain undiagnosed. Only 2% of persons with hepatitis B infection and 13% of persons with hepatitis C infection have received treatment. In this publication, we present how coverage of testing and treatment services for viral hepatitis are disproportionately implemented across the WHO regions.

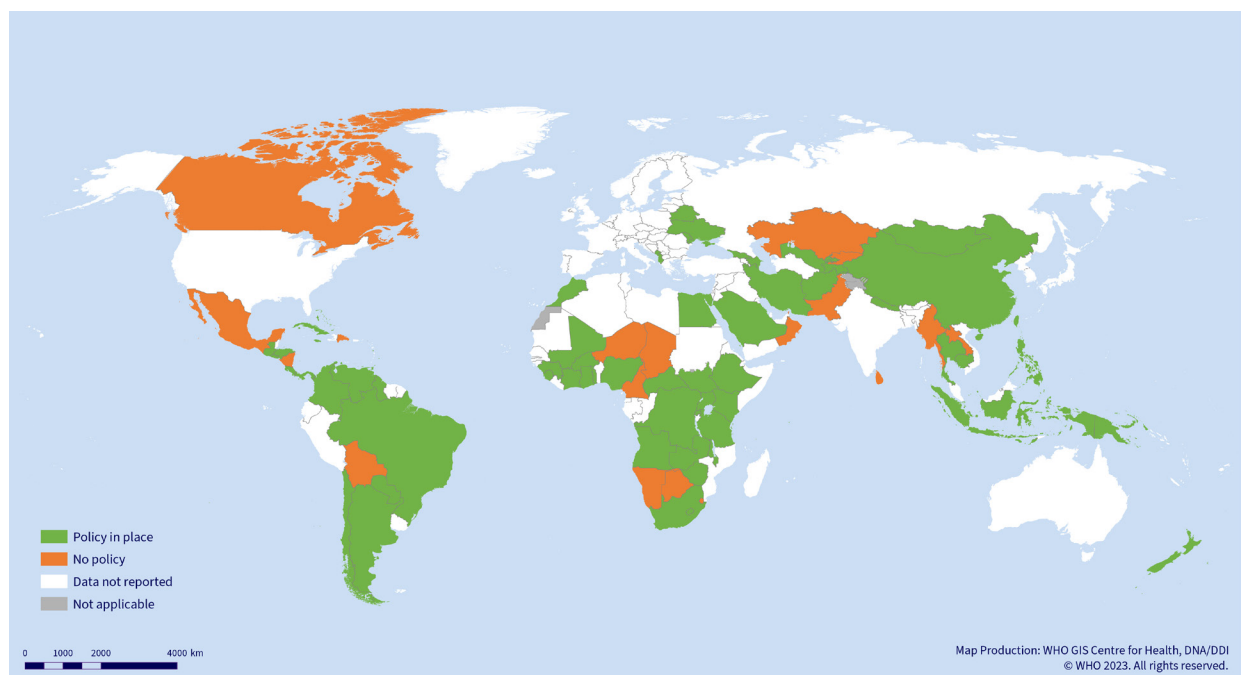
- The low coverage of hepatitis B and hepatitis C testing and treatment is seen in all WHO regions (Fig. 1 and Fig. 2). Almost 90% of the estimated global burden of undiagnosed and untreated hepatitis B infected population, live in three WHO regions: the Western Pacific Region (36% and 38%), African Region (30% and 28%) and the South-East Asia Region (22% and 21%). For hepatitis C, the largest proportion of the undiagnosed and untreated estimated population live in the South-East Asia Region (26% and 23%), followed by the European Region (21% and 23%), and African Region (20% and 19%), (Fig. 3).
- Achieving the 2030 viral hepatitis elimination targets requires a substantial increase in the capacity to test and treat people with viral hepatitis B and C infections. Accelerating access to testing and treatment of hepatitis B and hepatitis C infections in WHO regions where the burden of the undiagnosed and untreated populations are the largest is an urgent priority. Integrating viral hepatitis services

in HIV antiretroviral therapy clinics and antenatal care clinics which already provide prevention and treatment services for HIV and sexually transmitted diseases provides a simple, initial step to reach people living with HIV, high-risk population groups and pregnant women. In many countries, large population-based screening and treatment programs are urgently needed to reduce global disparities and to ensure that no one is left behind.

References

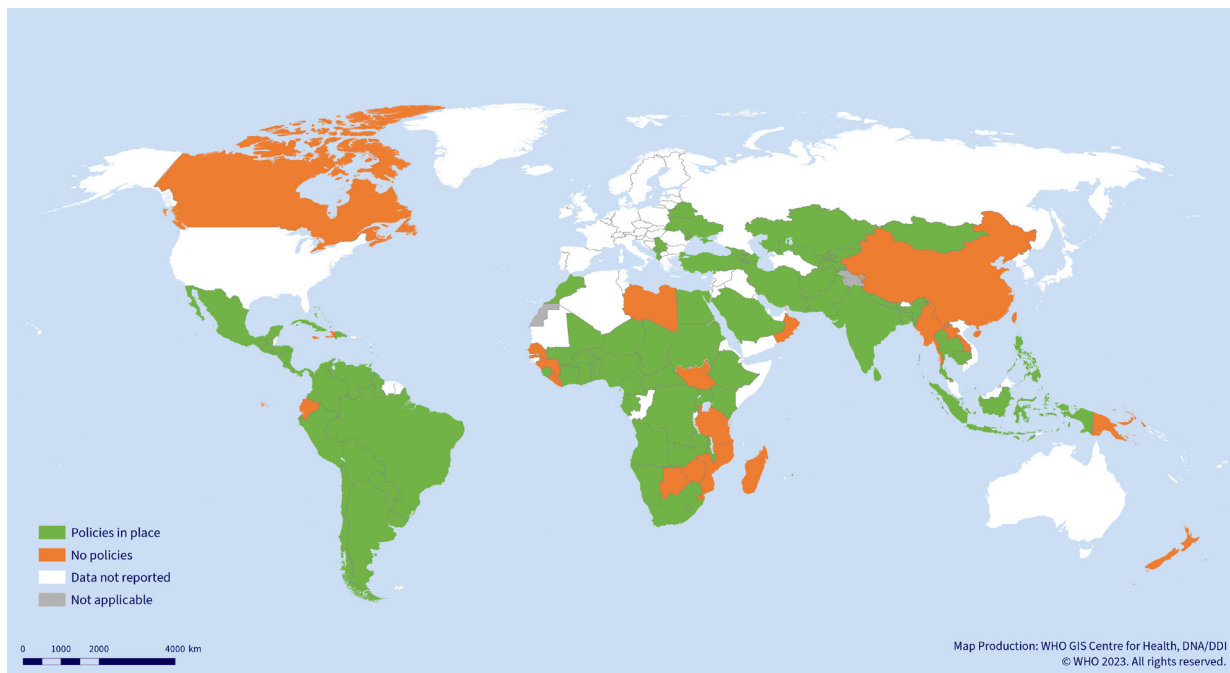
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National policy on testing women for hepatitis B virus during pregnancy, as of July 2023



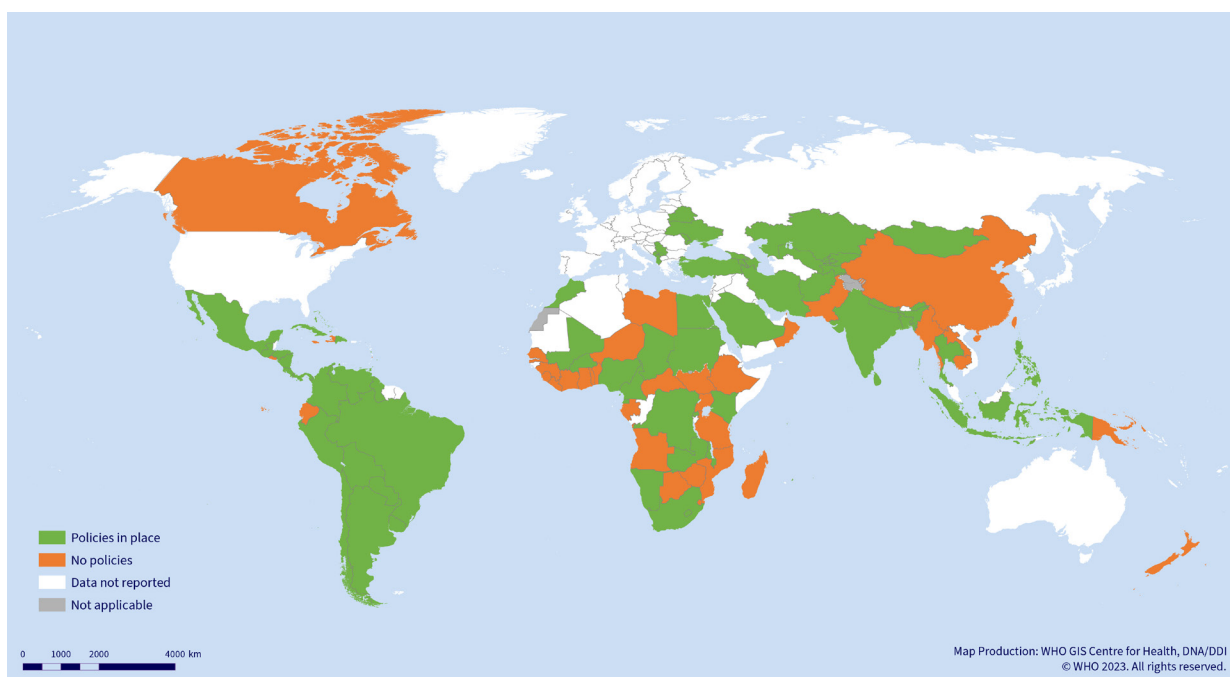
Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and WHO Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes, 2023.

HIV co-infection policies on hepatitis B screening and management in antiretroviral therapy clinics, as of July 2023



Sources: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and WHO Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes, 2023.

HIV co-infection policies on hepatitis C screening and management in antiretroviral therapy clinics, as of July 2023



Sources: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and WHO Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes, 2023.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Fig. 1. Cascades of diagnosis and treatment for hepatitis B by WHO region

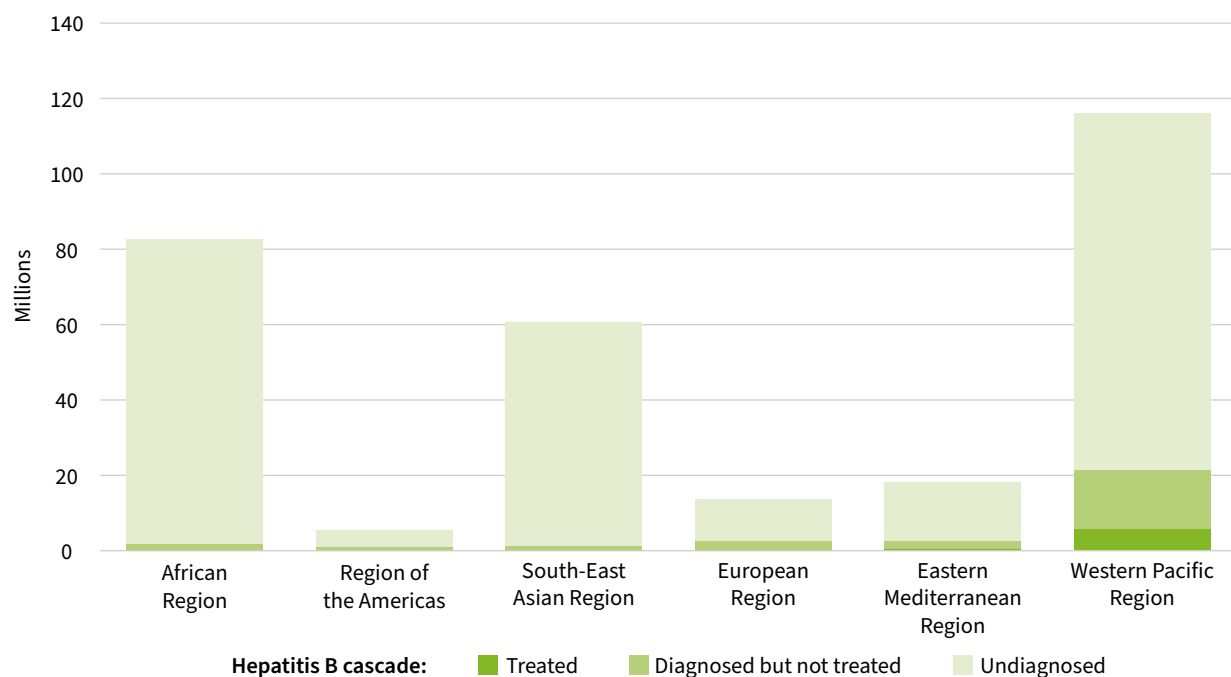
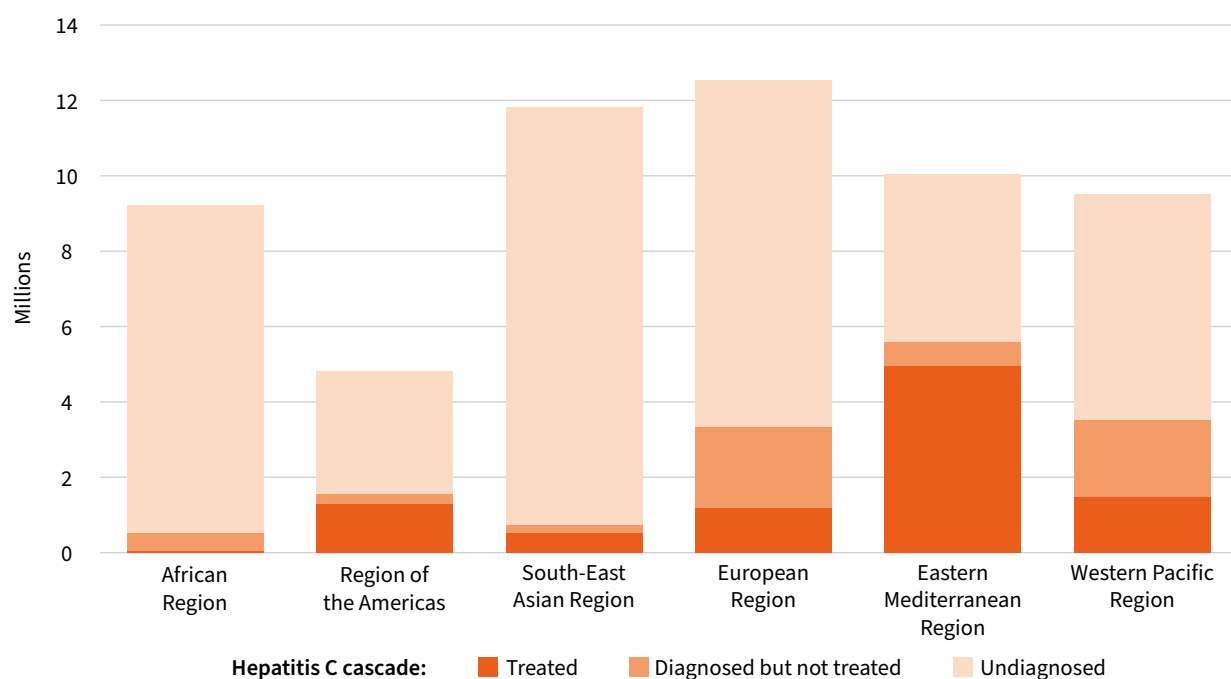


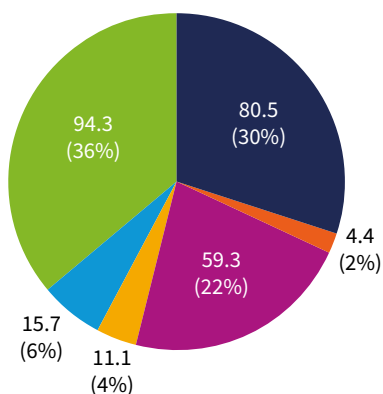
Fig. 2. Cascades of diagnosis and treatment for hepatitis C by WHO region



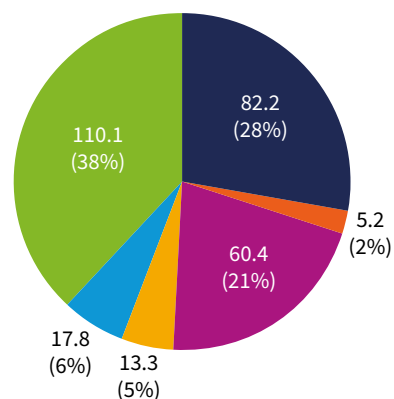
Source: Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021. Accountability for the global health sector strategies 2016–2021: actions for impact (2).

Fig. 3. Pie chart showing distribution of people living with hepatitis B and hepatitis C who are undiagnosed and untreated by WHO region

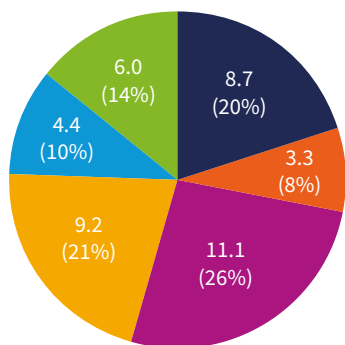
Proportion and number (in millions) of people living with hepatitis B who are undiagnosed, by WHO region



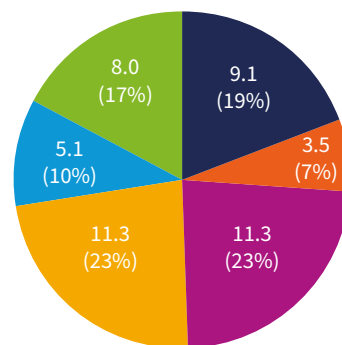
Proportion and number (in millions) of people living with hepatitis B who are untreated, by WHO region



Proportion and number (in millions) of people living with hepatitis C who are undiagnosed, by WHO region



Proportion and number (in millions) of people living with hepatitis C who are untreated, by WHO region



WHO regions: African Region, Region of the Americas, South-East Asian Region, European Region, Eastern Mediterranean Region, Western Pacific Region

Source: Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021. Accountability for the global health sector strategies 2016–2021: actions for impact (2).

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