

Philippine National Program on Hepatitis Elimination



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Issues to be developed:



Understand the WHO eradication goals for hepatitis B, including its impact on reducing the global burden of liver disease



Review the Epidemiology and Burden of Viral Hepatitis in the Philippines

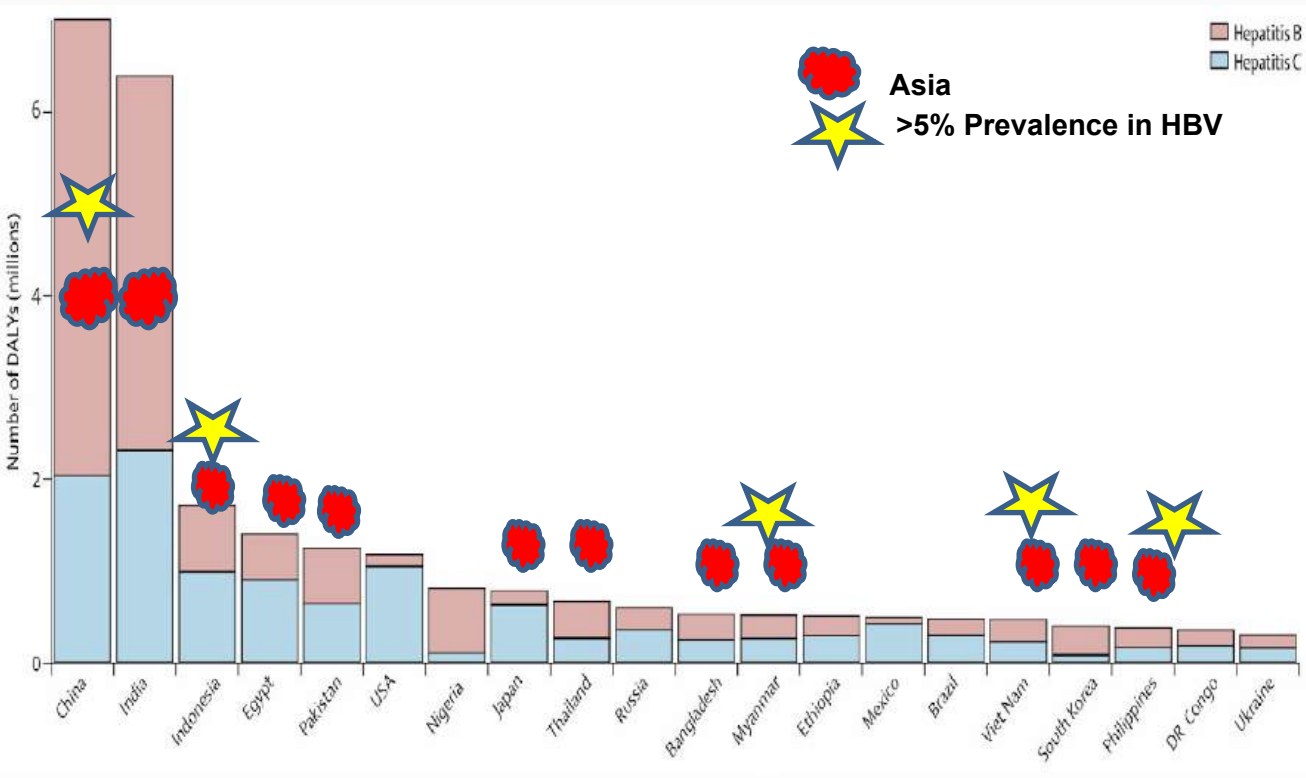


Present the National Strategic Framework for Hepatitis Elimination



Identify Operational Gaps and Challenges in Implementation

The 20 countries most heavily burdened with viral hepatitis



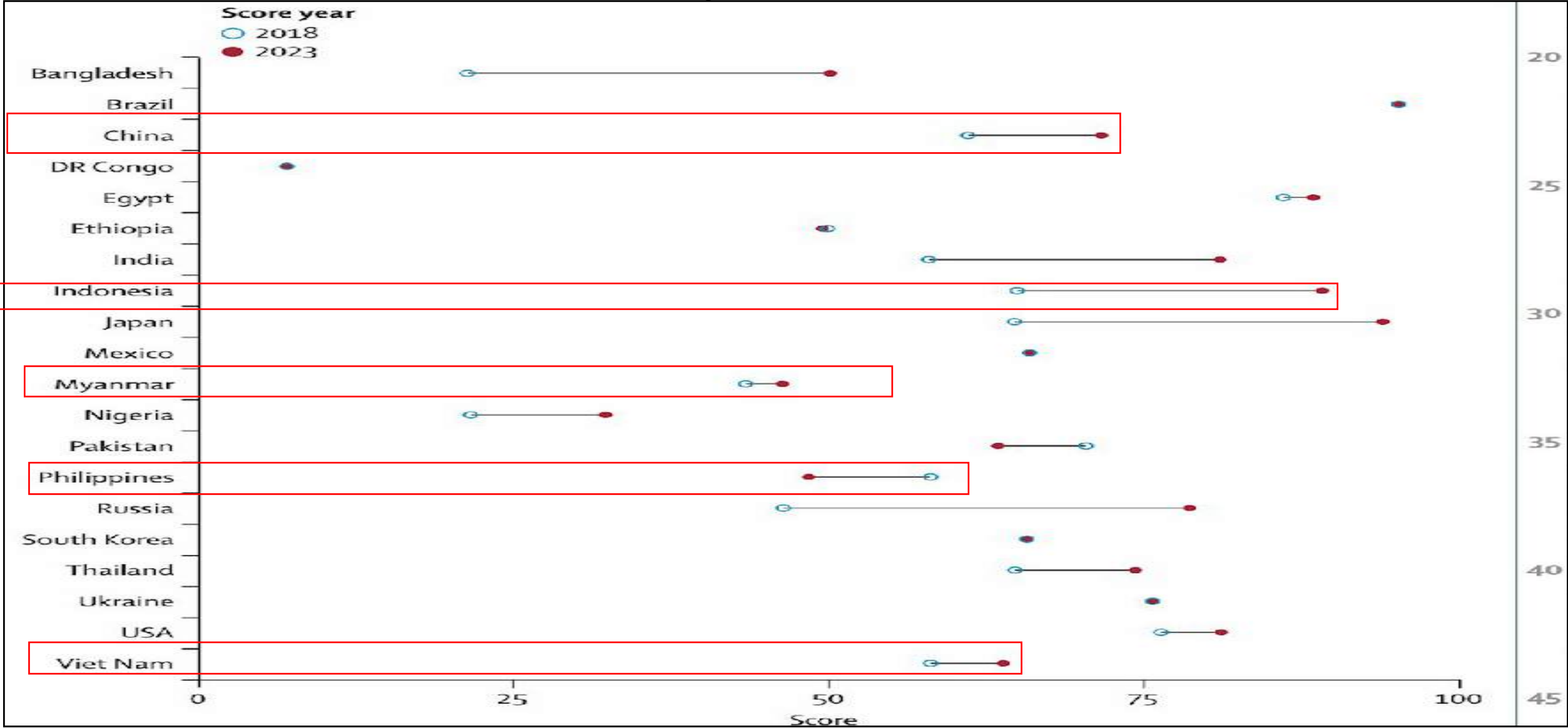
65 % are located in the Asia Pacific Region

Demographics in Asia (>5% prevalence)

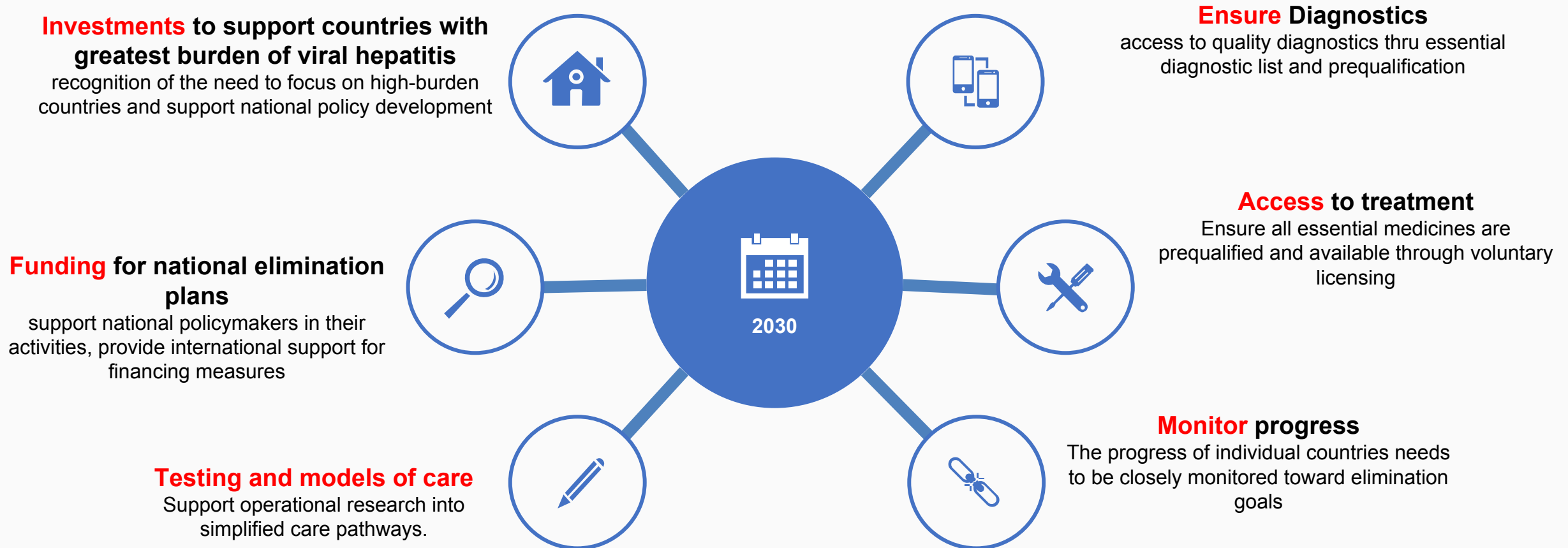
	China	Indonesia	Myanmar	Vietnam	Philippines
Prevalence	HBV 6% HCV 0.9%	HBV 7% HCV,1%	HBV 8% HCV 2%	HBV 8% HCV <1%	HBV 10% HCV <1 %
HBV vaccination	Birth dose 96% >3 years 99%	HBV birth dose 84% in 2019	HBV birth dose> 90% before the COVID-19 pandemic but fell to 82% in 2020 37% in 2021 70% in 2022	HBV birth dose 80% in 2021	HBV vaccination was introduced in 2007, 89% received 3 doses of the hepatitis B vaccine (in children aged 5–7 years) in 2013
HBV receiving treatment	2016 11%, 2020 17% 2020 17%	Simplified service delivery models: decentralized HBV testing and treatment to PCP and non-specialist health facilities.	HCV testing and treatment rates are insufficient	34% of patients eligible for treatment were on antiviral therapy.116 HBV antivirals have been covered by government insurance since 2015 ,	38763 individuals were newly diagnosed with HBV, and around 1200 people were on HBV therapy annually.
HCV receiving treatment	2016: 3% 2020 10%	The provision of free generic DAA therapy in 7/38 provinces in 2017 expanded to 31 provinces in 2022. 10798 with HCV 9093 were treated with DAAs 6409 completed treatment and 2606 had a 12-week post-therapy evaluation.	HCV testing and treatment rates are insufficient	DAA therapy has been subsidized 55 by 50% since 2019,	Patients must cover HCV DAA drug costs HCV was priced at US\$800 in 2020,

	China	Indonesia	Myanmar	Vietnam	Philippines
GAPS	insufficient public awareness: stigma assted with infection insufficient resourcing of extensive scale testing, high pocket drugs	low public awareness about viral hepatitis screening and transmission routes, and there is an absence of nationally representative population-based surveys or routine surveillance.	The COVID-19 pandemic and political unrest have resulted in restricted health service functions; although it accelerated the decentralization of care to PCP, viral hepatitis initiatives have inevitably been deprioritized.	A lack of awareness of the scale of the problem	Awareness, renewing the vaccine drive, and expanding access to an archipelago of 7641 islands.
Steps to address concern	National Centralized Drug Procurement pilot (2019) reduced the cost of HBV treatment by 90% by 2021 and reduced the cost of HCV direct-acting antiviral (DAA) medications by more than 70%	Implementation of HBV and HCV surveillance, scale-up of HCV screening in high-risk populations, decentralization of hepatitis services, and increasing public awareness of viral hepatitis	Long-term needs include political commitment and public awareness and, in the short term, regional free treatment programs cofunded by the NHCP and international non-governmental organizations	newly established online surveillance has been hampered by technical shortcomings little progress at the district level, recording just 52 086 cases of HBV and 6792 cases of HCV by the end of 2019	robust national surveillance system, renewing the vaccine drive, increasing the rollout of point-of-care diagnostics
National Action Plan	The National Action Plan for Eliminating HCV as a Public Health Threat- 2021	A National Action Plan for Hepatitis Control 2020	2017, the National Hepatitis Control Programme (NHCP) launched an HCV initiative in eight states and regions	national action plan for 2021	In the process

Hepatitis policy index score changes between 2018 and 2023, for viral hepatitis-related policies in the top 20 most heavily burdened countries



Priorities for international action identified as part of the *Lancet Gastroenterology & Hepatology* 2019 Commission on accelerating the elimination of viral hepatitis



Factors Contributing to Low Diagnosis and Treatment Rates of HBV Infection in Asia

- 1 Limited availability of reliable national and subnational epidemiological data¹⁶⁻¹⁸
- 2 Low level of awareness among healthcare workers, patients and the general population regarding the disease, its routes of transmission, risk factors and complications—resulting in under-diagnosis¹⁶⁻²⁰
- 3 High level of stigma and discrimination against individuals at high risk of HBV infection^{16-18,21,22}
- 4 Inadequate screening of transfused blood and blood products in some regions due to limited knowledge/access to preventive and testing services for the detection of chronic HBV infection¹⁶⁻²⁰
- 5 Minimal use of WHO-qualified diagnostic methods¹⁸⁻²⁰
- 6 Financial barriers and limited resources, leading to limited access to treatment and care^{16,17,19,22}
- 7 Lack of appropriate linkage to care^{16,17,22}
- 8 Provider uncertainty or unawareness of current HBV screening guidelines²³
- 9 Insufficient political commitment in most Asian countries, leading to a lack of a dedicated budget and comprehensive national plans with broader coverage for prevention, diagnosis and care^{16-18,24}
- 10 Inadequate surveillance systems for the screening of HBV infection and lack of formal nation-wide HBV testing and management recommendations/guidelines and strategic frameworks to guide physicians^{18-21,24}
- 11 Lack of referral pathways from diagnosis to care in most Asian countries²⁵
- 12 Poor adherence to current screening, testing and treatment guidelines²⁵

Burden of the Disease (2017)

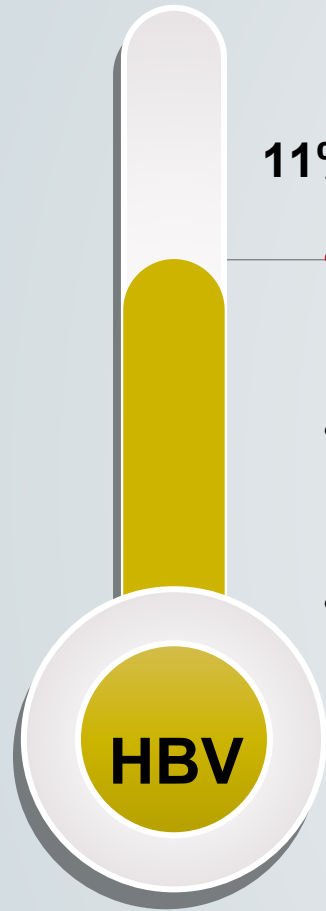
Viral Hepatitis caused around 11,569 deaths and 378,600 DALY lost

SOURCE	Hepatitis B	Hepatitis C
Prevalence based National Nutrition and Health Survey (NNHS) ³	16.7% (adult population) or 7.3 million adult Filipinos	0.6% in 2018 (World Health Organization, 2020a).
Case fatality rate (2012-2015)	0.82% to 1.29%	3.28% to 10.34%
prevalence among men who have sex with men (MSM) and people who inject drugs (PWID) (2015)	7.12% and 7.76%,	51.91%.
Prevalence based 2017 ⁷	9.7%, equivalent to 10 million	0.58%, equivalent to 614,000 infected individuals (Genotype 1 -73%)
Integrated HIV Behavioral and Serological Surveillance (2018)	4.9%	1.12% (Men having Sex with Men) 2.0% (female workers)

Burden of the Disease

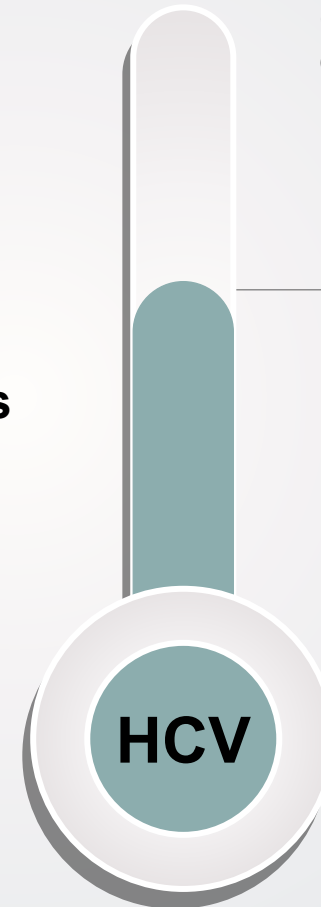
	Age group	HBsAg prevalence
Children with records of immunization of primary series of HepB vaccine (2018)	3 months to 18 years	0.90%
Children born May 2011-May 2013 (2021)	5-7	0.89%
Children born in 2007 and 2008 (2018)	5-6	0.83%

Modelling the Burden of Viral Infection and Related Liver Disease



11% expected decrease by 2030

- **Prevalence of chronic hepatitis B is 9.5%** or 10.2 million chronic infections 2019
- Prevalence is expected to **drop to 7.4%** or 9.2 million chronic infections by **2030**.
- Model-based projections of HBV-related morbidity and mortality suggest **increases of 37% for decompensated cirrhosis** and **50% for HCC** by 2030.



84% reduction in HCV infections and a 92-93% decrease in liver related morbidity and mortality.

- In 2019, model-based estimates of **hepatitis C incidence is 0.4%** or 442,376 infections.
- If the current response is maintained, **annual incidence is expected to drop to 0.3%** or 404,066 infections by 2030.
- Treatment will need to significantly increase peaking at 50,000 patients annually in 2026. with sustained virologic response (SVR) of 95%.

Burden of the Disease (2024)

SOURCE	Hepatitis B	Hepatitis C
National Prevalence	4.4% (3.2 million adults living with chronic HBV)	0.2-0.3% for Chronic HCV infection(translates to approximately 220,000 adults)
	Substantial reduction from 1.7% (73.7 decrease)	First nationally representative estimate for the Philippines
	Highlights progress in prevention and control efforts over two decades	Consistent with blood donor estimates at 0.3-0.9%
	Possible contributing factors: <ul style="list-style-type: none">Improved vaccinationEnhances blood safety measuresBetter infection control practicesIncreased awareness and education	Relatively low compared to global estimates average (0.7%)

ACTIONS TAKEN TOWARD VIRAL ELIMINATION

- **National Viral Hepatitis Task Force (NVHTF):** responsible for guiding the creation and execution of policies and strategies aimed at eliminating or greatly decreasing the rates of hepatitis B and C in the Philippines.
- **Incorporation into Primary Healthcare:** Initiatives to integrate hepatitis services into primary healthcare, improving access and promoting early intervention.



Expanded Access to Screening and Diagnosis

Implement **community-based screening** using rapid diagnostic tests (RDTs).
Ensure **availability of antiviral therapies**
Establish **referral systems** from barangay health units to specialty centers.
Include hepatitis management in the **Universal Health Care (UHC)** benefit packages.



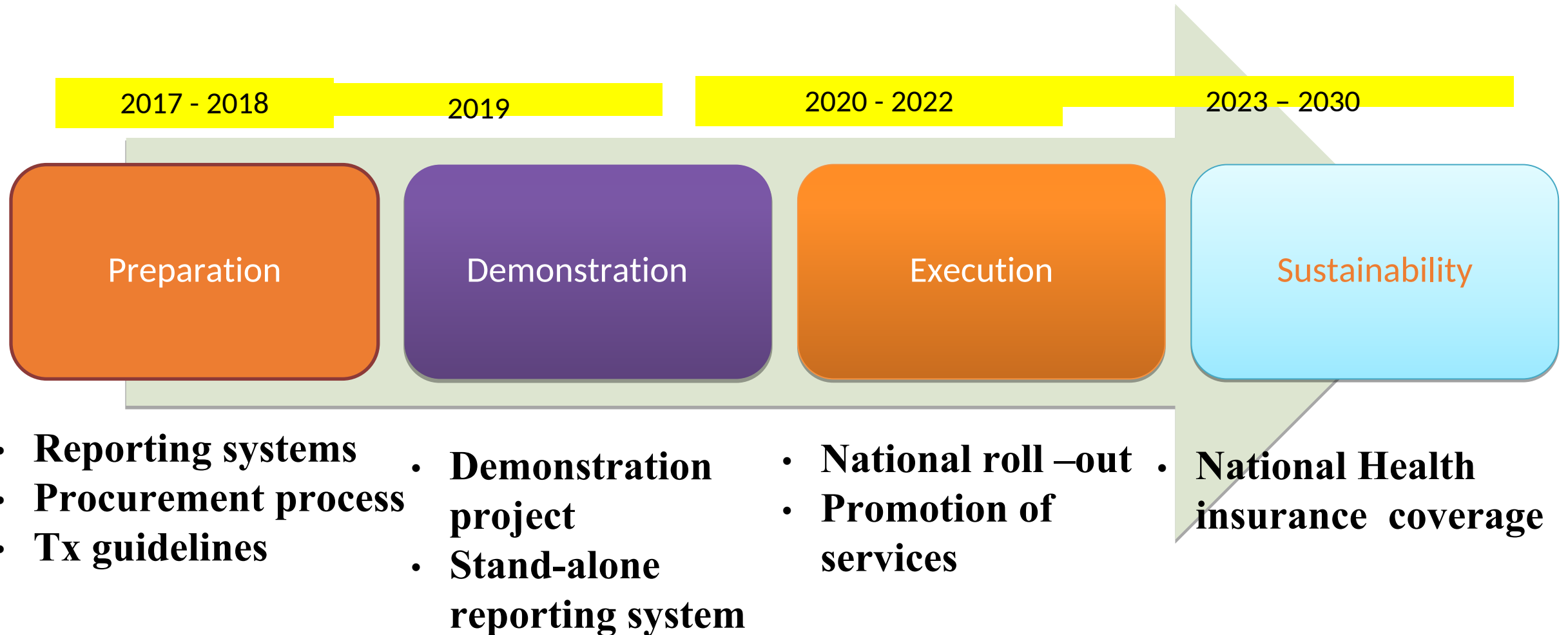
Launching educational initiatives aimed at increasing awareness regarding the transmission of hepatitis, preventive measures, and the significance of early detection and treatment.

Expanded Program on Immunization (EPI): The EPI includes the hepatitis B vaccine in its routine immunization schedule, aiming to protect infants from early infection.

Birth Dose Coverage: Despite efforts, only about 50% of newborns receive the hepatitis B vaccine within 24 hours of birth, highlighting the need for improved coverage.

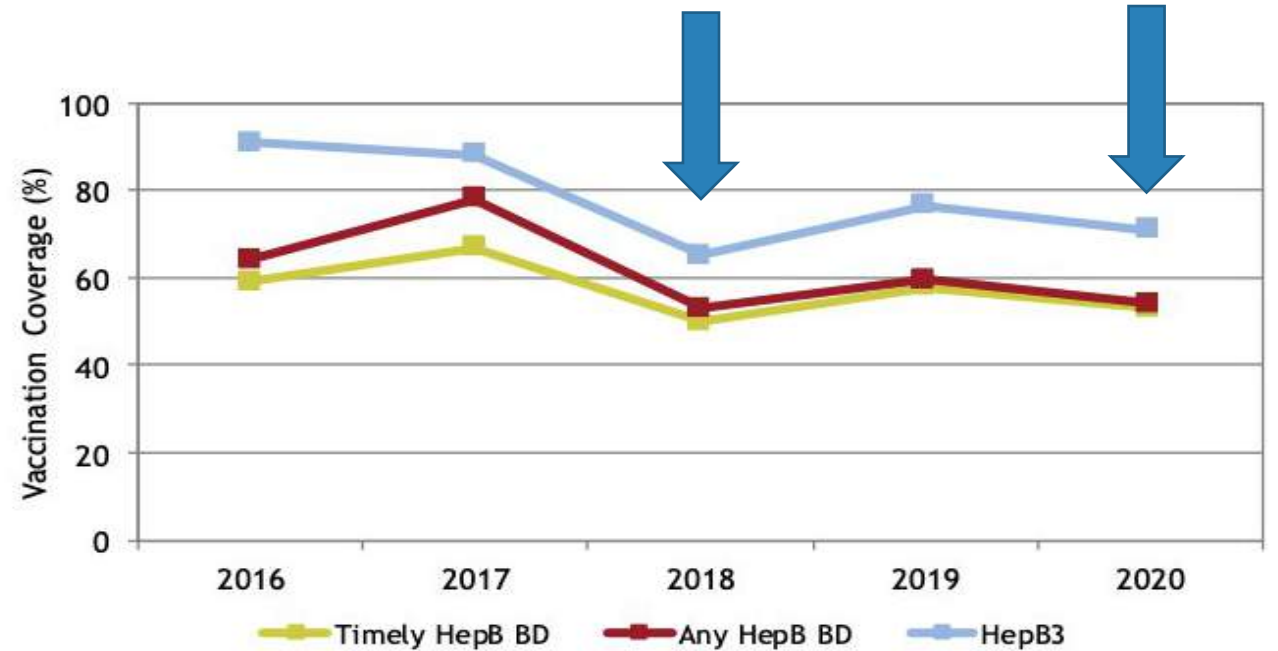
Halt and Reverse Hepatitis B and C by 2030

(DOH-NASPCP Implementation Framework)



Vaccination memoS

Source	Law
Republic Act 10152	An act provides mandatory Basic Immunization Services for Infants and Children, repealing for Presidential Decree No. 996, as amended.
Republic Act. 10526	an act declaring the Month of January of Every year as "Liver Cancer and Viral Hepatitis Awareness and Prevention Month" and for October purposes
DOLE Department Advisory No. 05, series of 2010	guidelines for the Implementation of a workplace policy and program on Hepatitis B.



Timing of administration/dose	2009	2010*	2011*
<24 hours	34%	38%	14%
>24 hours	62%	55%	24%
Hep B 3rd dose	86%	81%	30%



Information dissemination strategies

In 2017, An Administrative Order: no. 2017 – 0011: Policy on preventing and controlling viral Hepatitis of the national HIV, AIDS and STI Prevention and Control program (NASPCP)

Advocacy and awareness



Health Promotion Bureau supports NASPCP : clearinghouse in development of materials, events, procurement of media placement, development of communication plan.

World Hepatitis Day every July 28 and **January** as "**Liver Cancer and Viral Hepatitis Awareness and Prevention Month**," public and private h

Robust research and information system



Department of Health **Clinical Practice Guideline** for Chronic Hepatitis B 2021 was completed .

Halting transmission



Financing services
Scale-up access to HBV birth dose vaccines and testing for pregnant women

- Access to effective hepatitis treatment
- Monitoring and evaluation



operational indicators; and target outcomes .

Financing of Viral Hepatitis Services

- Financing of testing and treatment services for viral hepatitis through health insurance (government domestic financing and national insurance scheme) and OOP expenses.
- Despite viral hepatitis being often lumped with HIV/AIDS and STI services, there is **no funding support** from external donors for hepatitis response.

1

Maternal, Newborn, Child Health and Nutrition (MNCHN) Package of services of PhilHealth, such as the Enhanced Newborn Care Package, includes the provision of **free hepatitis B vaccination** to all infants, while the **Maternity Care Package and the Antenatal Care Package** can be used to cover the costs of **hepatitis B screening** among pregnant women as part of their essential laboratory examination

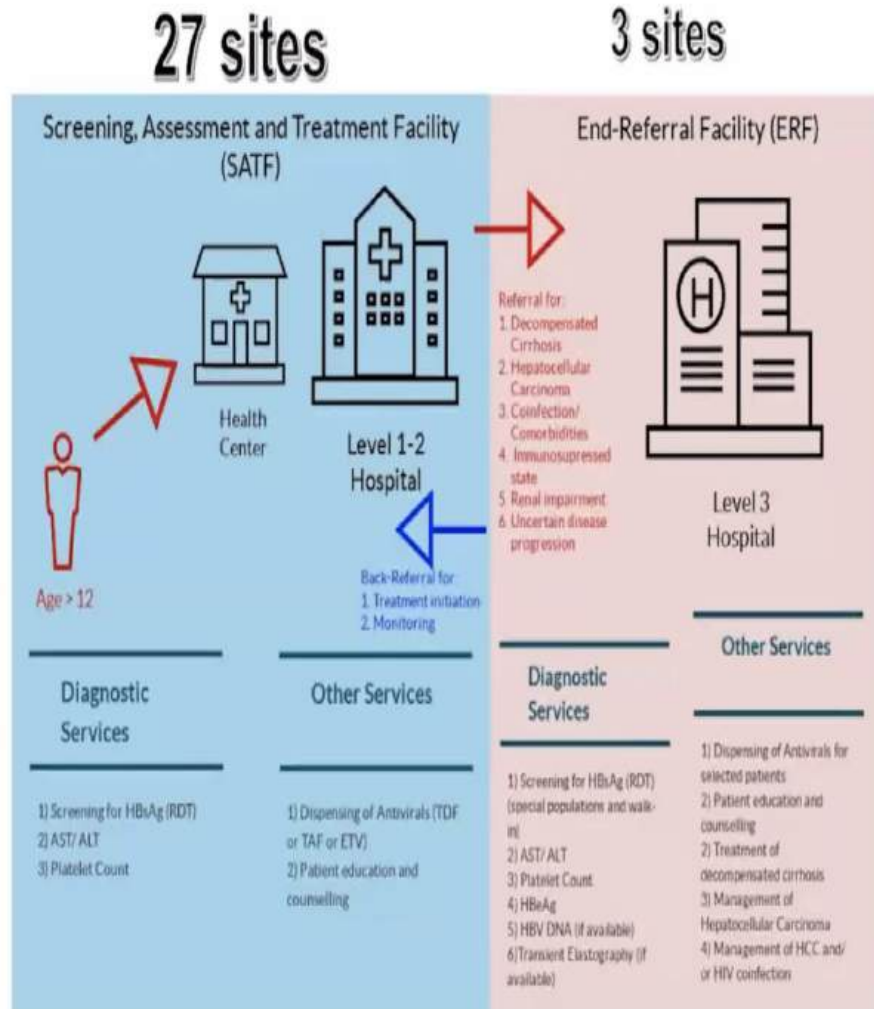
2

Hepatitis B screening for Overseas Workers Program through PhilHealth's Enhanced Outpatient Benefit Package (OPB), without co-pay at participating DOH hospitals (PhilHealth. 2007). **Outpatient treatments for viral hepatitis are currently not covered** by PhilHealth

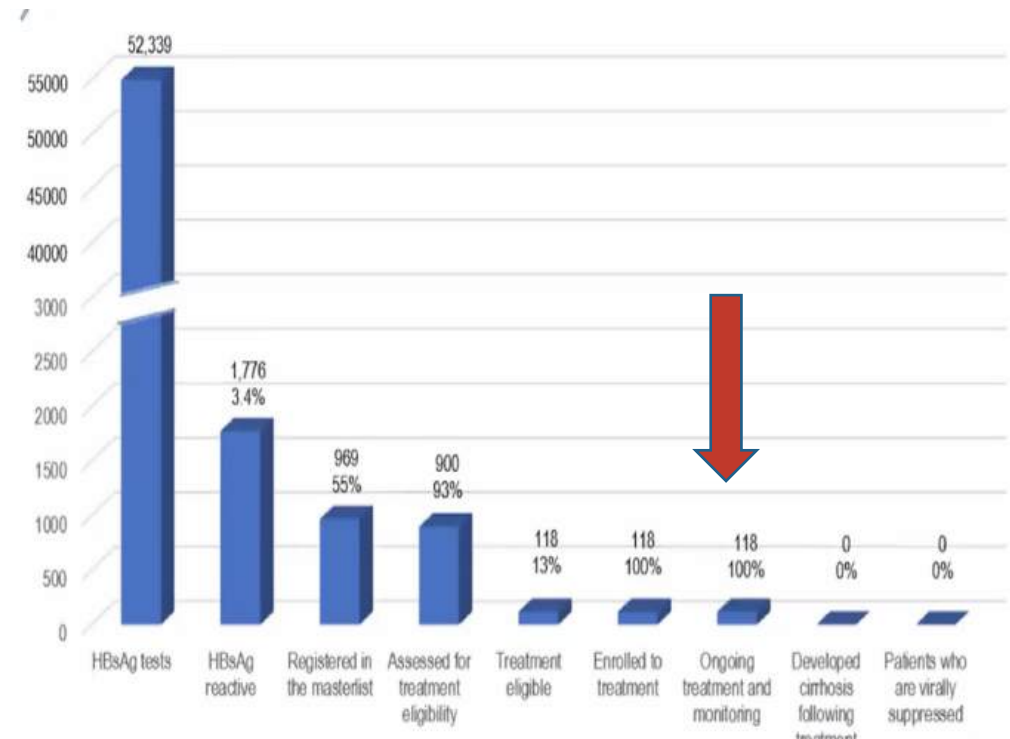
Hepatitis B cascade of services being modelled in selected sites in Central Luzon (Department of Health Memorandum 2019:00042):

A. Screening, Assessment and Treatment Facilities (SATF) – this shall be composed of Rural Health Units/ Health Centers, HIV Treatment Centers, Social Hygiene Clinics, BEMONC Facilities, and Level 1-2 Hospitals

B. End-Referral Facilities (ERF) – this shall be composed of Level 3 Hospitals



Number of cases registered* in the masterlist by month



Hepatitis C: DOH Memorandum 2020-0531: Interim Guidelines on the Management of Patients Diagnosed with Hepatitis C



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 12, 2020

DEPARTMENT MEMORANDUM
No. 2020 - 0531

FOR : UNDERSECRETARY AND ASSISTANT SECRETARIES OF FIELD IMPLEMENTATION & COORDINATION TEAM; DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT; CHIEFS OF DOH MEDICAL CENTERS, HOSPITALS, SANITARIA, AND DOH-DESIGNATED HIV TREATMENT HUBS AND PRIMARY HIV CARE FACILITIES; AND OTHERS CONCERNED

SUBJECT : Interim Guidelines on the Management of Patients Diagnosed with Hepatitis C

	VSMC		GCGMH		Cebu SHC		Mandaue SHC		Talisay SHC		Danao SHC		NOPH		IDUCARE	
	ENROLL ED	TREATMENT SUCCESS	ENROLL ED	TREATMENT SUCCESS	ENROLL ED	TREATMENT SUCCESS	ENROLL ED	TREATMENT SUCCESS	ENROLL ED	TREATMENT SUCCESS	ENROLL ED	TREATMENT SUCCESS	ENROLL ED	TREATMENT SUCCESS	ENROLL ED	TREATMENT SUCCESS
	29	29	3	3	57	57	68	68	28	28	2	2	68	68	123	116
Completed		29		3		57		68		28		2		68		116
Treatment Failure		0		0		0		0		0		0		0		0
Death		0		0		0		0		0		0		0		4
Lost To Follow up		0		0		0		0		0		0		0		3

Table 1. Breakdown of HCV Treatment vs Treatment Success (SVR)
(January to December 2020)

GAPs in Viral Hepatitis Health care

01

No specific PhilHealth packages
The DOH Administrative Order 2017-001
LGUs should have the responsibility to ensure sustainability interventions but OOP

02

Republic Act No. 11215 or the National Integrated Cancer Control Act, expenditure of patients on cancer drugs the current phase is limited to **accessible to only 26 government hospitals nationwide**

03

Linkage to treatment is **patient dependent**,
Contact tracing is difficult especially for hepC

04

Access to Drugs
Expensive and no price control

5

COVID pandemic
Re-direction of strategies/lack of follow-up/quarantine for almost 2 years

Stop GAP strategies

1

In anticipation of a multi-stakeholder and multi-sectoral approach to improve the **cascade of care, re-activate and re-engage the national TWG on viral hepatitis**

2

Rethink strategies for integration within national agenda covering enhanced immunization coverage, strengthened efforts to mother-to-child transmission of hepatitis B in the Triple Elimination Framework

3

Ensure integration of the viral hepatitis into the **DOH health** system

4

Rethink and redesign how hepatitis services should be delivered within the paradigm of a **general health service that the general population** must be able to access;

5

Revisit the DM No. 2019-0465 Expansion of the Hepatitis B Demonstration Project in DOH rethinking of how it can be accelerated as the country shifts to New normal

6

Develop **innovative mechanisms for linkage to care from screening and/or testing to treatment and** continued monitoring the continuum of care, ensuring maximized treatment adherence and minimized dropout or loss-to-follow-up among patients

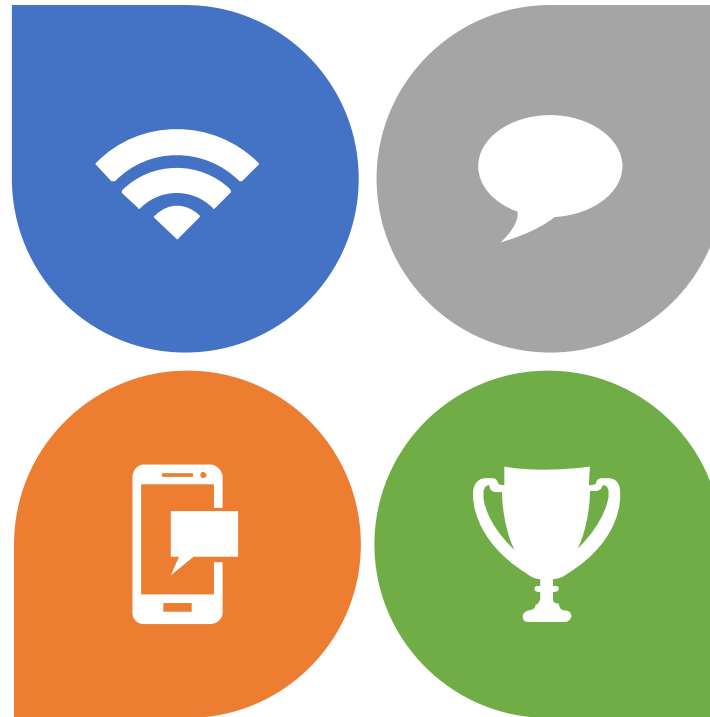
Philippines Strategy

Promote greater public and political awareness

- The Implementation towards transitional plans and universal health care
- Allocate increased financial resources to viral Hepatitis

Strengthen community and civil society engagement and innovative partnership

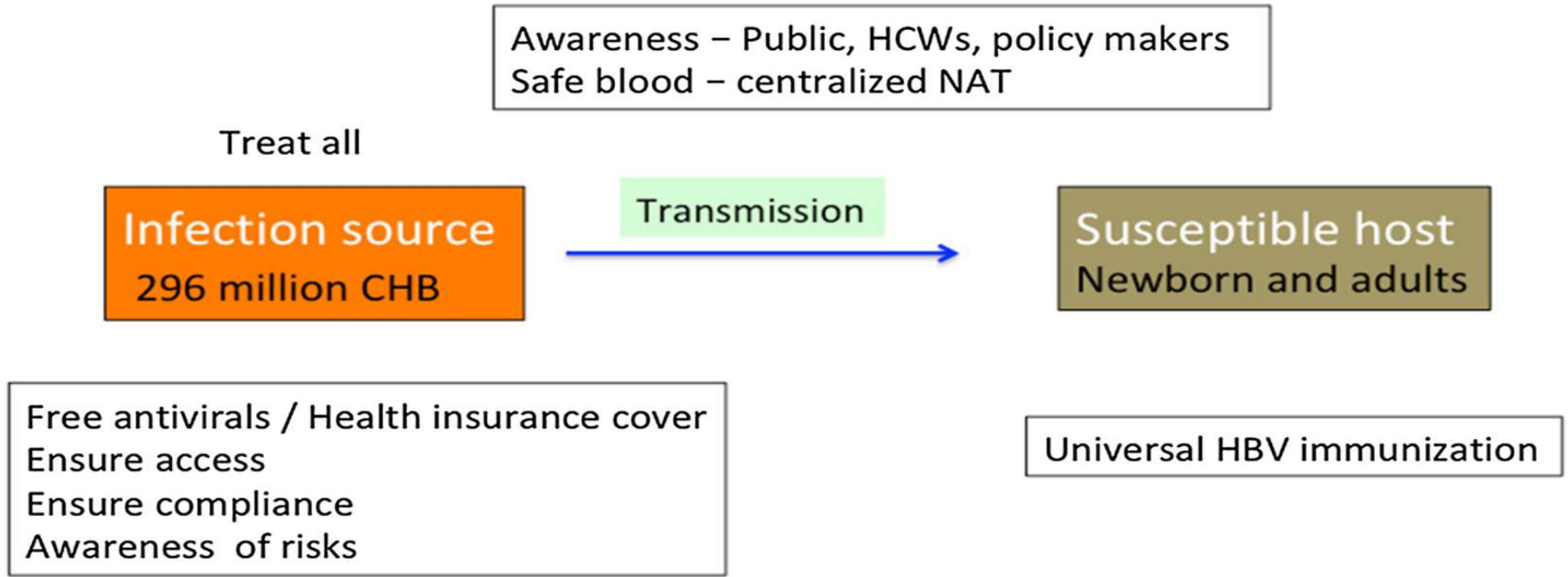
- Being an Archipelago with over 7100 islands, the availability of additional hubs, should be strategized
- Create a virtual hepatitis referral pathway for complex cases Establish referral networks
- Substantially increase access to hepatitis B and hepatitis C testing and treatment



Strengthen the government's role in implementing the Comprehensive program to prevent and control both Viral hepatitis B and C

- Ensure continued investment in primary prevention. Scale-up access to HBV birth-dose vaccines and testing for pregnant women
- Introduce FDA approved and WHO prequalifies point of care tests to explore ways to reduce costs of screening and monitoring

Strengthening the "**peer-based**" **elements of the system** to create more customized activities that help patients adjust to the "new normal."



The goal of eradicating HBV by 'Treat all' approach is plausible, but requires bold **political and community leadership** with a 'whole of society' approach

Let us CLOSE Hepatitis circle... TOGETHER!

Address Medical UNMET needs

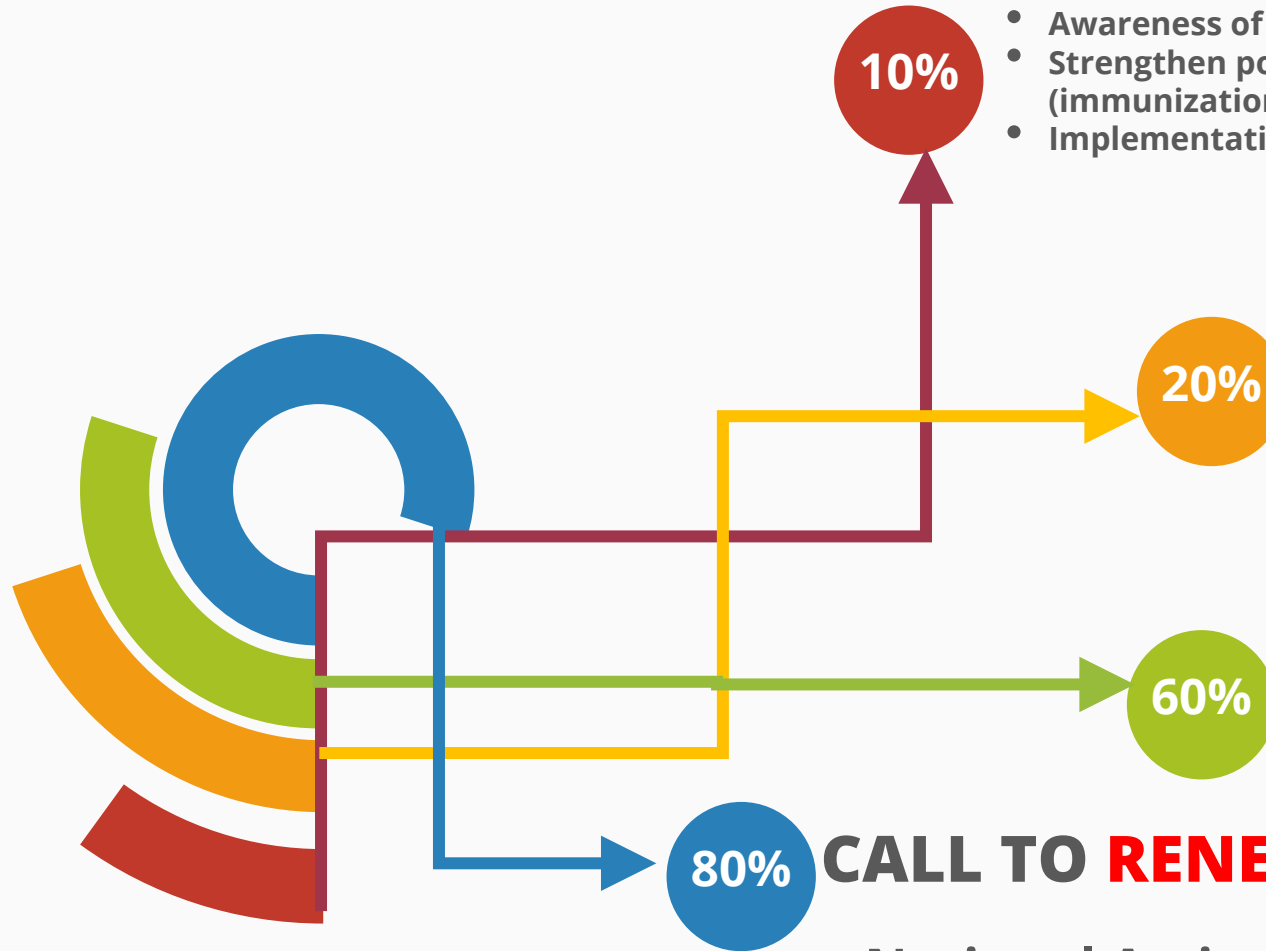
- Awareness of the magnitude of the problem
- Strengthen policies on HBV/HCV control (immunization program)
- Implementation of HBV surveillance and screening

URGENT SOLUTIONS

- international funding bodies for viral hepatitis
- Simplification of Guidelines
- HBV /HCV stigmatization
- Collaboration of multiple stakeholders
- Point of care recommendation
- Access to drugs (cheaper meds)

RESEARCH

Long acting formulations safe for pregnant women,
Long acting IV injections-test and treat strategy



CALL TO **RENEWED** ACTION

- National Action Plan (4/5)

From Zero to Hero !!!

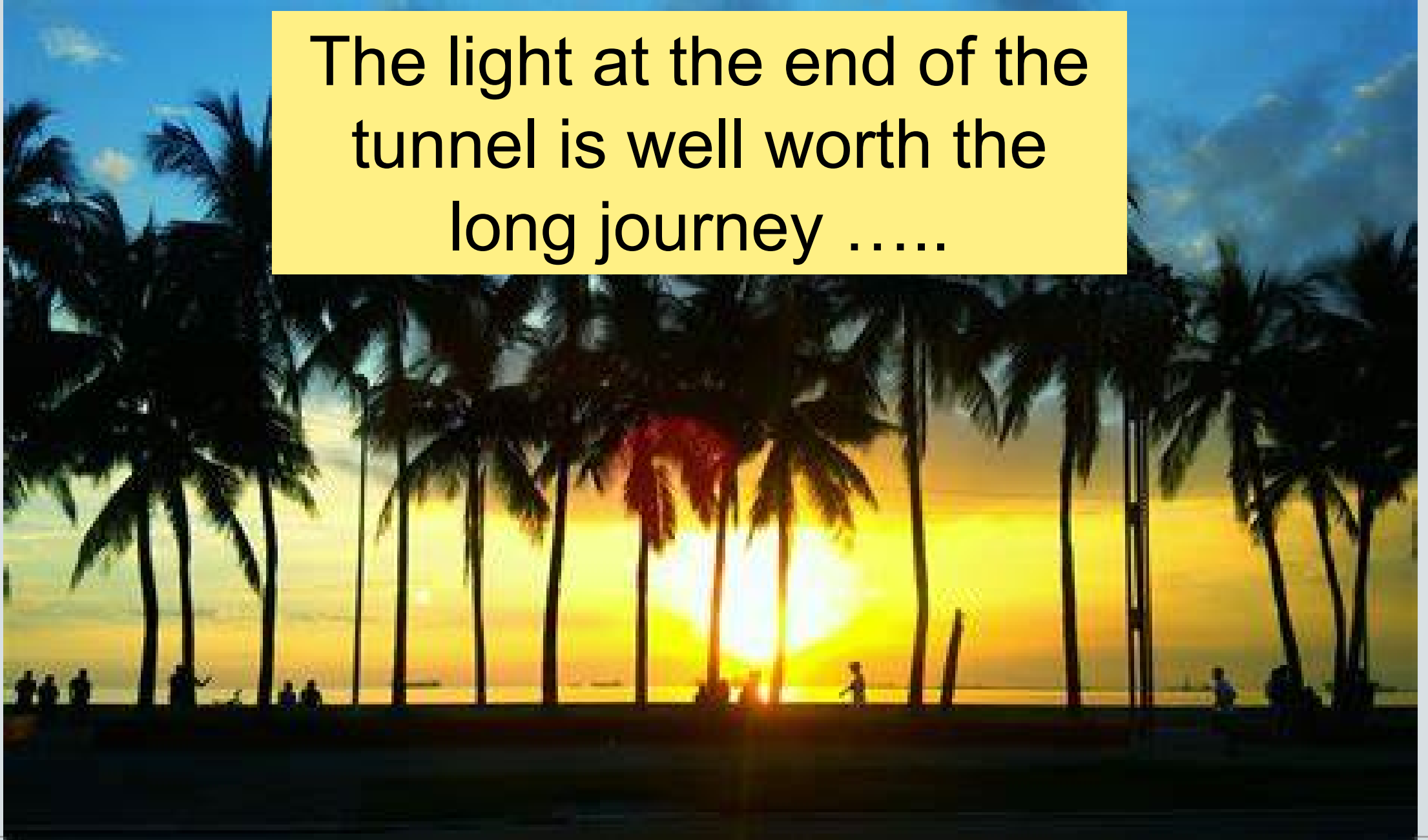


**Viral Hepatitis
Elimination by
2030, The ASIA
Experience:**

Are We On Track?

Slowly and Surely!!

The light at the end of the
tunnel is well worth the
long journey



most critical barriers

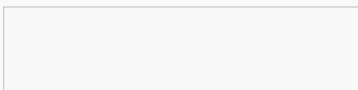
Hepatitis B

no outpatient package for
Chronic Hepatitis B patients

Most of the programs are aligned
with the **devolution transition plan**.

COVID 19 restrictions:

Stigma and discrimination



Hepatitis C

Retention of clients, most especially
those who are far from community
outreach;

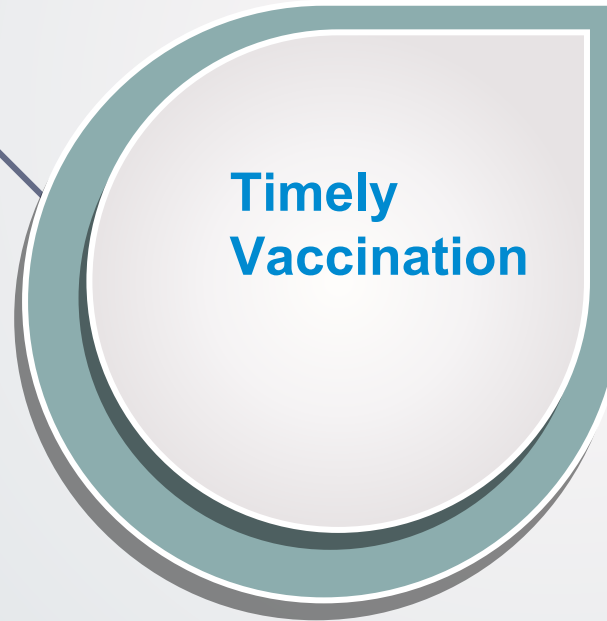
Shortage and near expiry delivery
of the supply of Hep C medicines

Communication, especially with the
needy patients who have no cellular
phone and permanent residence;

highest prevalence of chronic hepatitis
age groups 20-29 (18%) and
30-39 (17%)



Social
determinants



Timely
Vaccination



AGE



Patient and
Health
Provider
Behaviours



Financial
Protection

HCV infections likely to arise
in healthcare settings
wherein there is low
compliance with universal
precautions,
social imbalance, inequity of
income, and inequity of
health

High rate of out-of-pocket

Key Strategies

R

Robust research and information system

Department of Health Clinical Practice Guideline for Chronic Hepatitis B 2021 was completed .

A

Access to effective hepatitis treatment

work with the Pharmaceutical Division, PhilHealth insurance, and other partner .

01

02

03

04

05

Advocacy and awareness

World Hepatitis Day every July 28 and January as "Liver Cancer and Viral Hepatitis Awareness and Prevention Month," public and private health provider education .

A

.Halting transmission

Scale-up access to HBV birth dose vaccines and testing for pregnant women

H

Monitoring and Evaluation

operational indicators, and target outcomes .

M