



PHILIPPINES

CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED JANUARY 16 2023



ABOUT THE N-HEP

These [National Hepatitis Elimination Profiles \(N-HEP\)s](#) 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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AT A GLANCE:

	HBV	HCV
National Plan	Needs to be updated	Needs to be updated
Elimination Goal	NO	NO
HepB Birth Dose Coverage	35%	
Number of needles/syringes per PWID per year	0	
BURDEN OF DISEASE		
Prevalence of HbsAg	8.2%	Prevalence of chronic HCV
Deaths per 100,000	5.4	0.6%
		Deaths per 100,000
		4.56
OVERVIEW OF POLICY ENVIRONMENT		
<ul style="list-style-type: none">The National Action Plan is out of dateThere are no national systems for tracking HBV andHCV epidemiological data and testing and treatment dataHBV care guidelines recommend universal screening.HCV screening guidelines are risk-basedThere is no national budget for hepatitis		
NOTABLE ACHIEVEMENT:	A pilot HBV testing and treatment program was launched in Central Luzon, screening more than 52,000 individuals since 2019	
KEY CHALLENGE:	There is no national screening program for hepatitis	
KEY NEXT STEPS:	Develop additional hubs for testing and treatment to ensure care access to all 7,100 islands	



OVERVIEW

HBV ACTION PLAN

NEEDS TO BE UPDATED,
PREVIOUS PLAN
RELEASED IN 2013

[View their action plan online ↗](#)

HCV ACTION PLAN

NEEDS TO BE UPDATED,
PREVIOUS PLAN
RELEASED IN 2013

[View their action plan online ↗](#)

HBV Elimination Goal

Not Established

Elimination of Maternal to
Child Transmission Goal ²

Yes

HCV Elimination Goal

Not Established





THE HEALTH BURDEN OF VIRAL HEPATITIS



Prevalence

8.2%

Prevalence of chronic HBsAg, 2019 ³

Modelled

0.6%

Prevalence of chronic HCV, 2017 ¹⁶

Modelled



Incidence

NO DATA

New HBV infections

NO DATA

New HCV infections



Mortality

6,057

(4,764 - 7,660)

HBV deaths, 2019 ⁵

Modelled estimate

5.4 (4.25 - 6.83)

Deaths per 100,000 ⁵

5,110

(387-764)

HCV deaths, 2019 ⁵

Modelled estimate

4.56 (3.62 - 5.75)

Deaths per 100,000 ⁵



PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

HBV

Percentage change in new infections

NO DATA

WHO 2020 Target -30%

HBV

Percentage change in deaths, 2015-2019 ⁵



6.2%

↑

WHO 2020 Target -10%

HCV

Percentage change in new infections

NO DATA

WHO 2020 Target -30%

HCV

Percentage change in deaths, 2015-2019 ⁵



12.8%

↑

WHO 2020 Target -10%

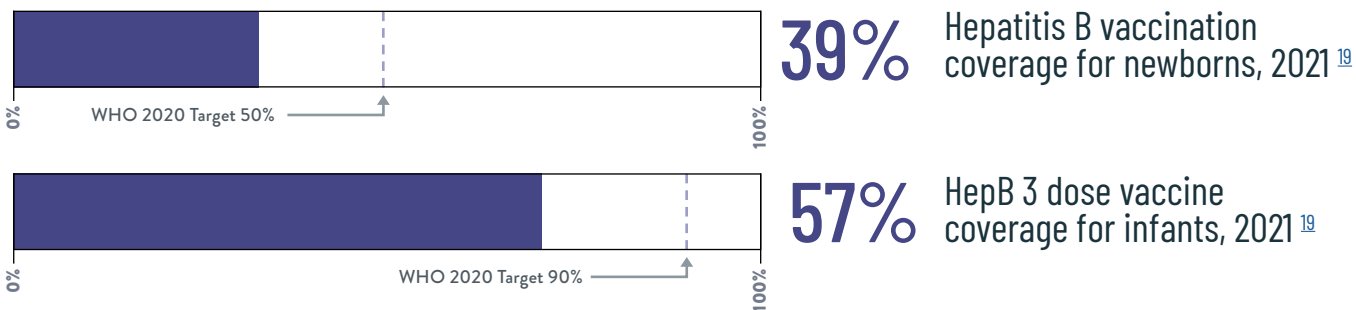
Prevalence of HBsAg in children < 5 years (%), 2003 ³

0.8%

(0.4–1.7%)

SDG 2020 Target 1%

ACCESS TO RECOMMENDED VACCINATION





ACCESS TO RECOMMENDED TESTING



NO DATA
Proportion of persons living with **HBV** diagnosed



NO DATA
Proportion of persons living with **HCV** diagnosed

NO DATA

HBV

Proportion of diagnosed HBV persons receiving appropriate treatment

0

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

WHO 2020 Target 200

Number of persons tested for HBV ¹⁶

38,763

2016

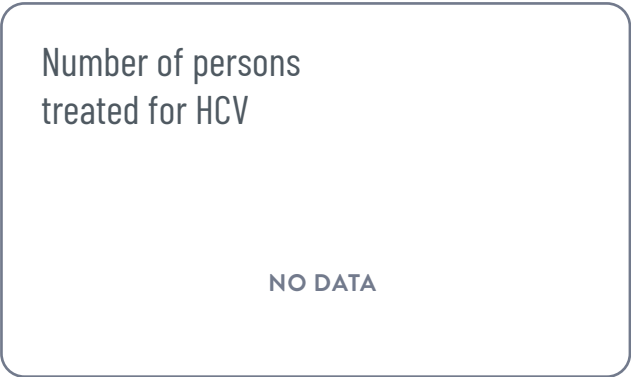
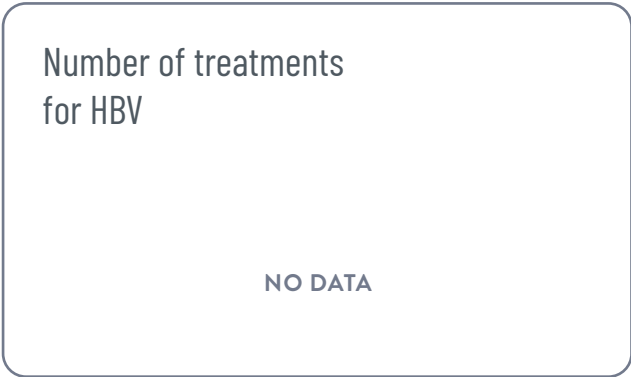
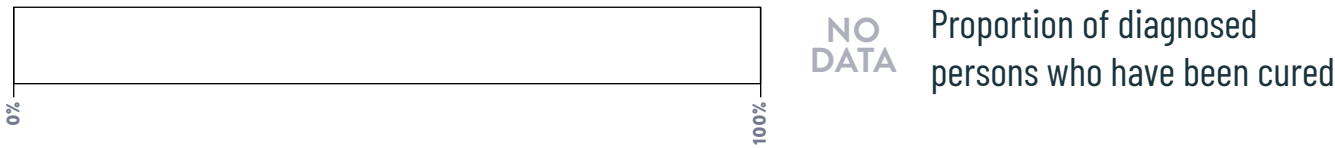
Number of persons tested for HCV ¹⁶

1,200

2016



ACCESS TO RECOMMENDED TREATMENT

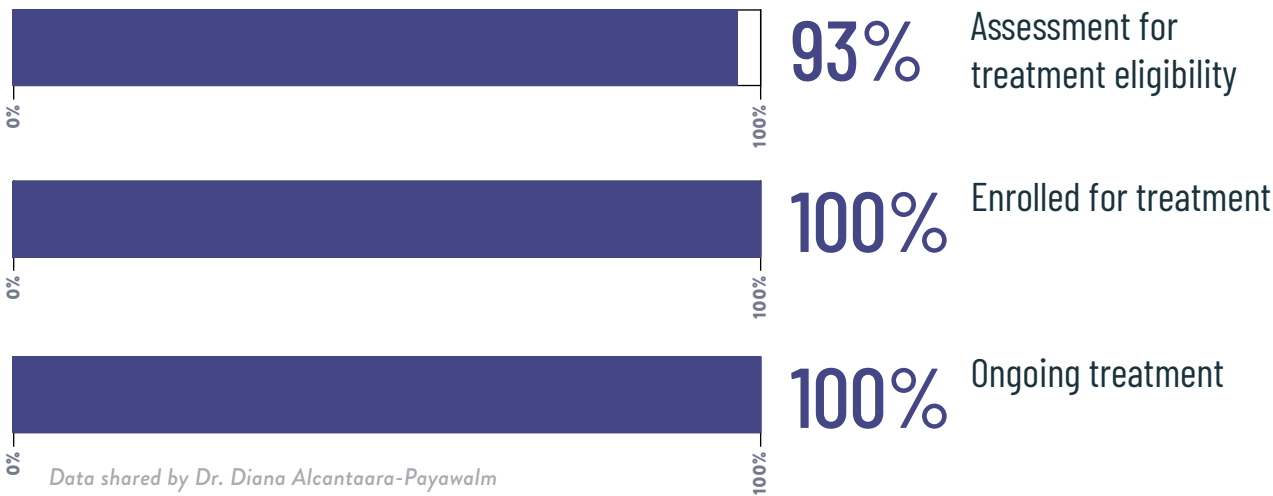
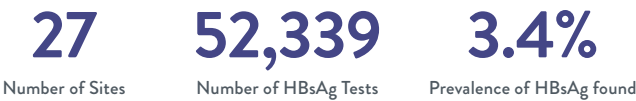


Pilot Program of Hepatitis B cascade of services in selected sites in Central Luzon

Implementation Date:
First phase in August 2019
Second phase in December 2019

OBJECTIVES:

- Document acceptability of a viral Hepatitis B delivery and referral model
- Evaluate the Hepatitis B service and referral model for planning on sustainability and Implementation expansion



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

STRATEGIC INFORMATION	Status	Notes
Routine official reports to monitor HBV and HCV ⁵		
Mortality	Not Adopted	
Incidence	Not Adopted	
Prevalence	Not Adopted	
Estimates of HBV and/or HCV economic burden ⁶		
Monitoring of HBV and HCV diagnosis and treatment	Not Adopted	





PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Status

Notes

Policy for hepatitis B vaccination of newborns ³

Adopted

Adopted in 1996

Recommendations for:

HBV testing of pregnant women ⁴

Adopted

HCV testing of pregnant women

Adopted

LEARN MORE ABOUT THE PHILIPPINES’S WORK IN PREVENTION OF MOTHER TO CHILD TRANSMISSION:



ROADBLOCKS

Hepatitis B birth dose vaccination coverage is inadequate, partially due to being collateral damage from the dengvaxia controversy



ACCESS AND REGISTRATION OF MEDICINES AND TESTS	Status	Notes
Registration of originator DAAs ⁷	Adopted	
Eligible for generic DAAs ⁸	Eligible	
Registration of generic DAAs ⁷	Adopted	
Licensed point-of-care PCR testing to detect HBV and HCV	Adopted	

LEARN MORE ABOUT THE PHILLIPINES’S WORK IN ACCESS AND REGISTRATION OF MEDICINES AND TESTS



ROADBLOCKS

Viral load testing access remains extremely limited

.....

There is a consistent shortage in the supply of hepatitis C medicines, including challenges with drugs expiring before use



TESTING TO DIAGNOSE HBV AND HCV INFECTION

Status

Notes

Testing recommendations for:

HBV: Risk-based ⁹

Adopted

HCV: Risk-based ¹⁰

Adopted

HBV: Universal ⁹

Partially Adopted

Universal HBV screening recommendations not implemented

No patient co-pays for HBsAg and anti-HCV testing ¹¹

Not Adopted

LEARN MORE ABOUT THE PHILIPPINES'S WORK IN TESTING TO DIAGNOSE HBV AND HCV INFECTION



ROADBLOCKS

Testing and treatment access declined during the pandemic

There is no national screening program for hepatitis

The national health insurance programme in the Philippines, PhilHealth, does not cover outpatient care

Hepatitis B and C are classified as STIs, so even private insurance companies will not cover the cost of care



ACHIEVEMENTS

In 1994, the National Blood Services Act was enacted. This Act mandates testing of all donated blood products for transmissible diseases, including HCV

ACCESS TO HBV AND HCV TREATMENT

Status

Notes

HBV: National treatment guidelines ⁹

Developed

HBV: *Simplified care:*
Simplified treatment and monitoring algorithm for primary care providers ⁹

Adopted

HBV: *Simplified care:*
No patient co-pays for treatment ¹¹

Not Adopted

HCV: National treatment guidelines ¹²

Developed

HCV: Simplified care algorithm:
Less than 2 clinic visits during treatment ¹²

Partially Adopted

HCV: Simplified care algorithm:
Non-specialists can prescribe treatment ¹²

Adopted

If co-infected with HIV, treatment can only be recommended after specialist consult (Source: HCV Treatment Guidelines)

HCV: *Simplified care:*
No patient co-pays for treatment ¹¹

Not Adopted

No fibrosis restrictions ¹²

Adopted

No sobriety restrictions

Not Adopted

No genotyping ¹²

Adopted



LEARN MORE ABOUT THE PHILIPPINES’S WORK IN ACCESS TO HBV AND HCV TREATMENT:

ROADBLOCKS

Many patients, especially those from rural areas, fall out of care due to challenges making it to appointments

.....

In 2020, a 12-week course of sofosbuvir/daclatasvir for HCV was priced at \$800, which is second only to Vietnam in the Western Pacific region ¹⁸

.....

Outside of pilot programs, HBV outpatient monitoring and HCV DAA drug costs must be covered by patients

ACHIEVEMENTS

Chronic hepatitis B management has been integrated in selected health facilities in the (NCR) and Region III within a demonstration project. A hepatitis B cascade of services are being modelled in selected sites in Central Luzon for the first time

.....

Hepatitis B and C treatment guidelines have been developed

.....

The Ministry of Health has committed to standardizing DAA procurement through generic manufacturers, and in 2020, 30,000 HCV treatment courses were distributed using state budget funds, meeting regional demand for the first time.

INNOVATIONS

A decentralized, nurse-led hepatitis treatment was expanded in 2020

HEALTH EQUITY AND ADDRESSING DISPARITIES	Status	Notes
National strategy addresses populations most affected ⁵	Adopted	
National anti-discrimination laws against persons living with hepatitis B and/or C ¹³	Partially Adopted	Only adopted for HBV
National policy for adult hepatitis B vaccination ¹⁴	Adopted	Reccomended for high-risk individuals



National policy for:

Harm reduction for persons who inject drugs (PWID) ¹⁵

Not Developed

Syringe exchange in federal prisons ¹⁵

Not Adopted

To date, harm reduction programs for persons who inject drugs have not been endorsed within the Philippines due to R.A. No. 8504 (the Philippines AIDS Prevention and Control Act of 1998)[41] and R.A. No. 9165 (the Comprehensive Dangerous Drugs Act of 2002)

Decriminalization of possession of syringes & paraphernalia ¹⁵

Not Adopted

Decriminalization of drug use ¹⁵

Not Adopted

LEARN MORE ABOUT THE PHILIPPINES’S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:



INNOVATIONS

Stigma and discrimination for testing and treatment is widespread. In some instances, this is exasperated by services being established alongside HIV clinics

FINANCING

Status

Notes

Public budget line for HBV and HCV testing and treatment ⁶









Not Adopted

Testing is not publicly funded; no data exist for HBV/HCV treatment

Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant

Adopted

PHILIPPINES'S NEXT STEPS TOWARD ELIMINATION

-  Incorporate periodic seroprevalence surveys for HBV and HCV in national surveys such as the National Nutrition and Health Examination Survey.
-  Ensure continued investment in primary prevention. Scale-up access to HBV birth-dose vaccines and testing for pregnant women
-  Introduce FDA-approved and WHO-prequalified point of care tests to explore ways to reduce costs of screening diagnosis and monitoring of patients
-  Promote simplified service delivery models that include decentralization of testing
-  Develop additional hubs for testing and treatment to ensure care access to all 7,100 islands
-  Substantially increase access to hepatitis B and hepatitis C testing and treatment
-  Establish patient navigation sites online that patients can use
-  Create a virtual hepatitis referral pathway for complex cases Establish referral networks

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WORKING TOGETHER, WE WILL **ACHIEVE ELIMINATION.**

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COALITION
FOR **GLOBAL
HEPATITIS
ELIMINATION**

FOR MORE INFORMATION:
GLOBALHEP.ORG
GLOBALHEP@TASKFORCE.ORG

TASKFORCE.ORG
330 W. PONCE DE LEON AVENUE
DECATUR GA 30030

