



# APASL 2026 Istanbul



**35<sup>TH</sup> ANNUAL MEETING  
OF THE ASIAN PACIFIC ASSOCIATION  
FOR THE STUDY OF THE LIVER**

**22-25 April 2026**

**Istanbul Lütfi Kırdar International Convention and Exhibition Centre  
Istanbul / Türkiye**

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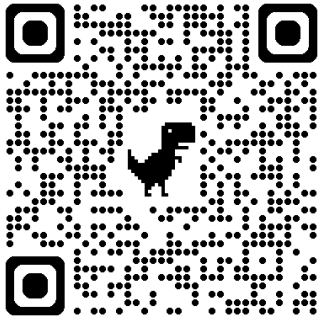
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# Elimination of Viral Hepatitis Worldwide

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24 April 2026



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## Disclosures:

- Nothing to declare.
- Center for Disease Analysis has received research funding from: Gilead, AbbVie, Boehringer Ingelheim, GSK, Madrigal, and Merck.
- The Polaris Observatory is exclusively funded by the John C. Martin Foundation through 2030.



## In 2015, the World Health Assembly endorsed WHO's targets to eliminate HBV / HCV by 2030

Elimination targets	Elimination of chronic HBV infection as a public health problem		Elimination of chronic HCV infection as a public health problem	
2030 GHSS relative reduction reference targets (compared to 2015)	<b>Incidence</b> 95% reduction	<b>Mortality</b> 65% reduction	<b>Incidence</b> 80% reduction	<b>Mortality</b> 65% reduction
HBV- and HCV-specific absolute prevalence, incidence and mortality targets	<b>HBV EMTCT</b> ≤0.1% HBsAg prevalence in ≤5 year olds <sup>a,b</sup> <i>Additional target: ≤2% MTCT rate (where use of targeted HepB-BD)<sup>c</sup></i>	<b>Annual mortality<sup>g</sup> (HBV)</b> ≤4/100 000	<b>Annual incidence (HCV)</b> ≤5/100 000 ≤2/100 (PWID)	<b>Annual mortality<sup>g</sup> (HCV)</b> ≤2/100 000
Programmatic targets <sup>d</sup>	<b>Countries with universal HBV vaccine birth dose (BD)</b> ≥90% HepB3 vaccine coverage ≥90% HepB timely hepatitis B BD (HepB-BD) coverage <sup>e</sup>  <b>Countries with targeted HBV vaccine birth dose (BD)</b> ≥90% HepB3 vaccine coverage ≥90% coverage of those infants at risk with targeted HepB-BD ≥90% coverage of maternal antenatal HBsAg testing ≥90% coverage with antivirals for those eligible <sup>f</sup>	<b>Testing and treatment</b> ≥90% of people with HBV diagnosed ≥80% of people diagnosed with HBV and eligible for treatment are treated <sup>h</sup>  <b>Prevention</b> ≥90% HepB3 vaccine coverage ≥90% HepB-BD coverage	<b>Testing and treatment</b> ≥90% of people with HCV diagnosed ≥80% of people diagnosed with HCV are treated <sup>g</sup>  <b>Prevention</b> 0% unsafe injections 100% blood safety 300 needles/syringes/PWID/year	

World Health Organization. Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. Geneva, Switzerland: World Health Organization, 2022.

World Health Organization. Interim guidance for country validation of viral hepatitis elimination, 2021.

# Hepatitis B and C viral infections are key risk factors for developing liver cancer



**We possess all the necessary tools to eliminate HBV & HCV infections and reduce future cancer cases:**

- Highly sensitive and affordable rapid tests to detect HCV antibodies and HBsAg.
- Effective vaccines to prevent HBV infections.
- Effective ARV therapies that reduce HBV viral load below detection to eliminate transmission and slow disease progression.
- Curative therapies for HCV (8-12 weeks of treatment).

# HBV & HCV infections are responsible for more deaths than any other infectious disease worldwide

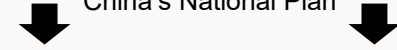


Without further interventions, liver-related deaths (and liver cancer) associated with HBV and HCV are projected to rise to one death every 20 seconds globally.

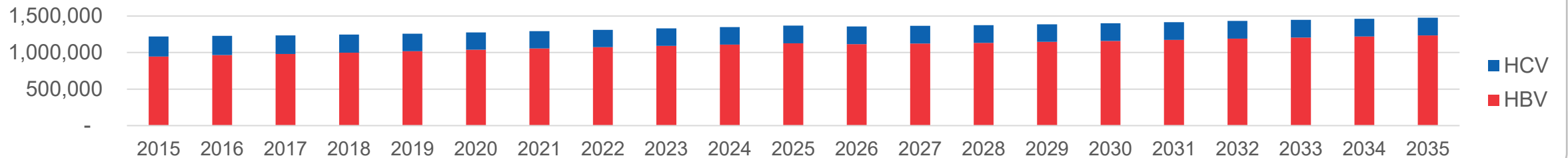
Egypt's National Plan



China's National Plan

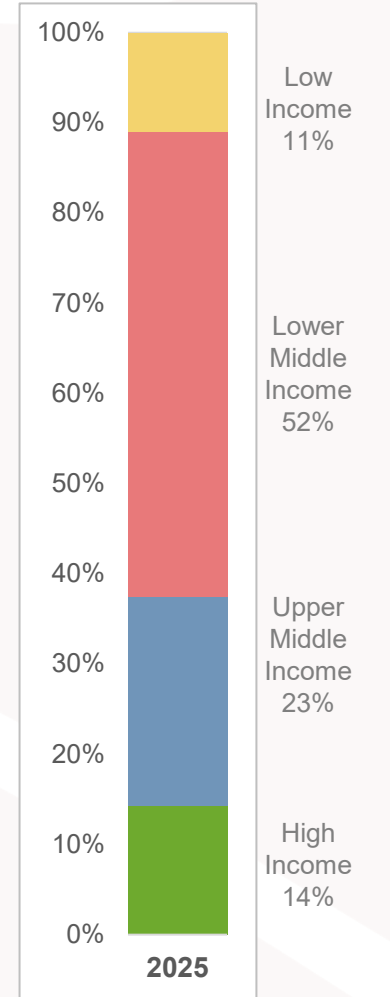
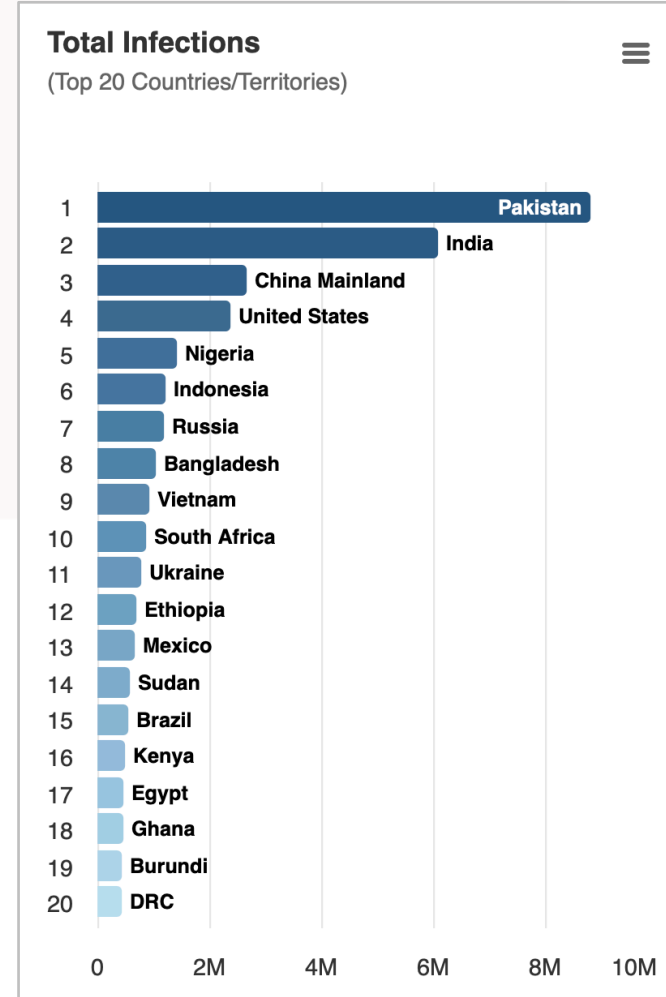
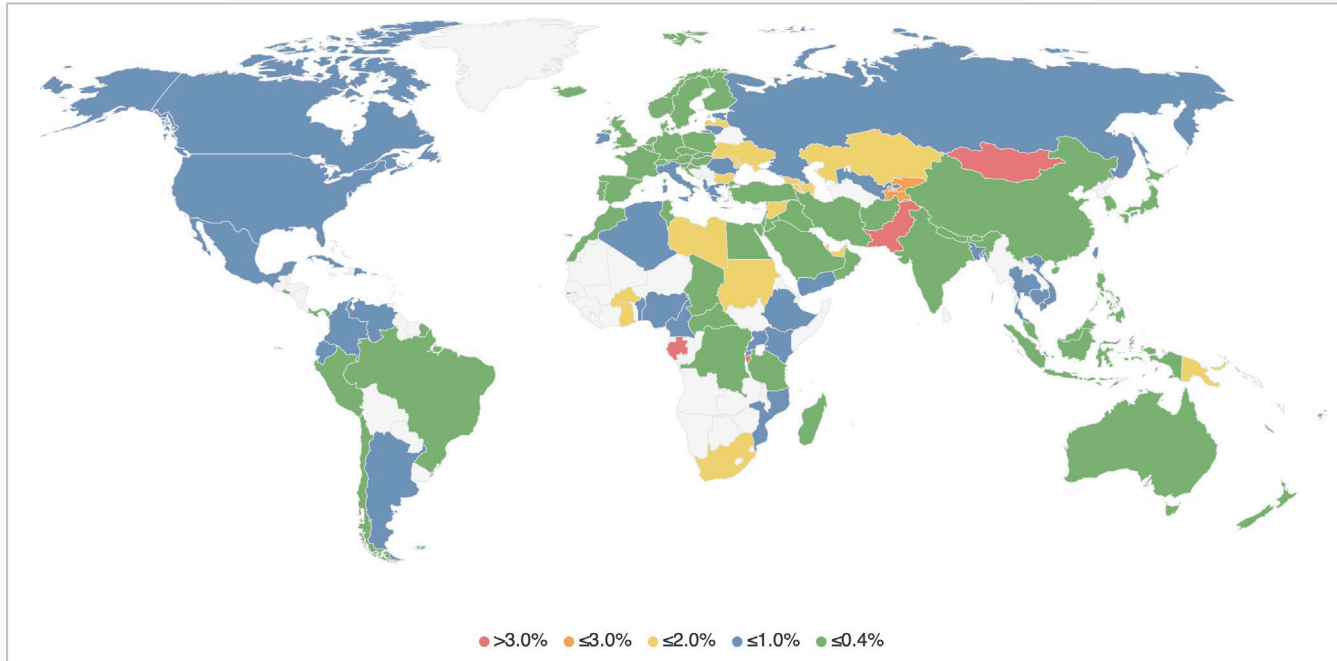
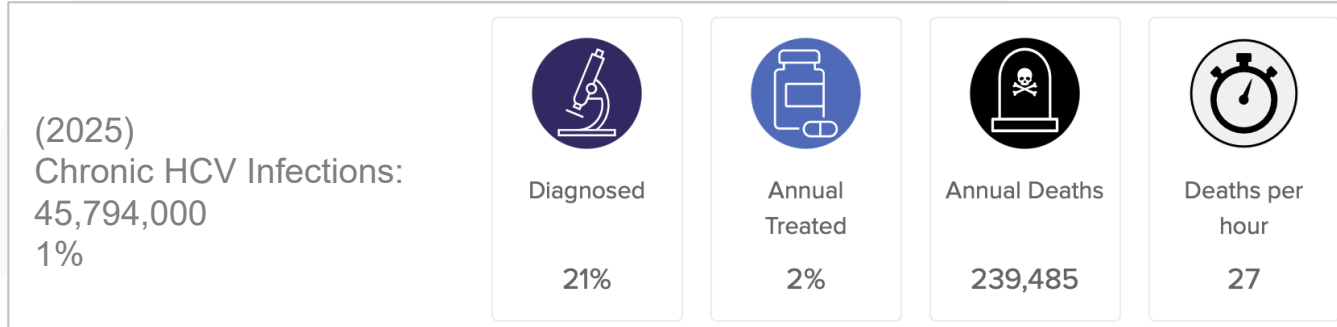


### Global HBV & HCV Related Deaths





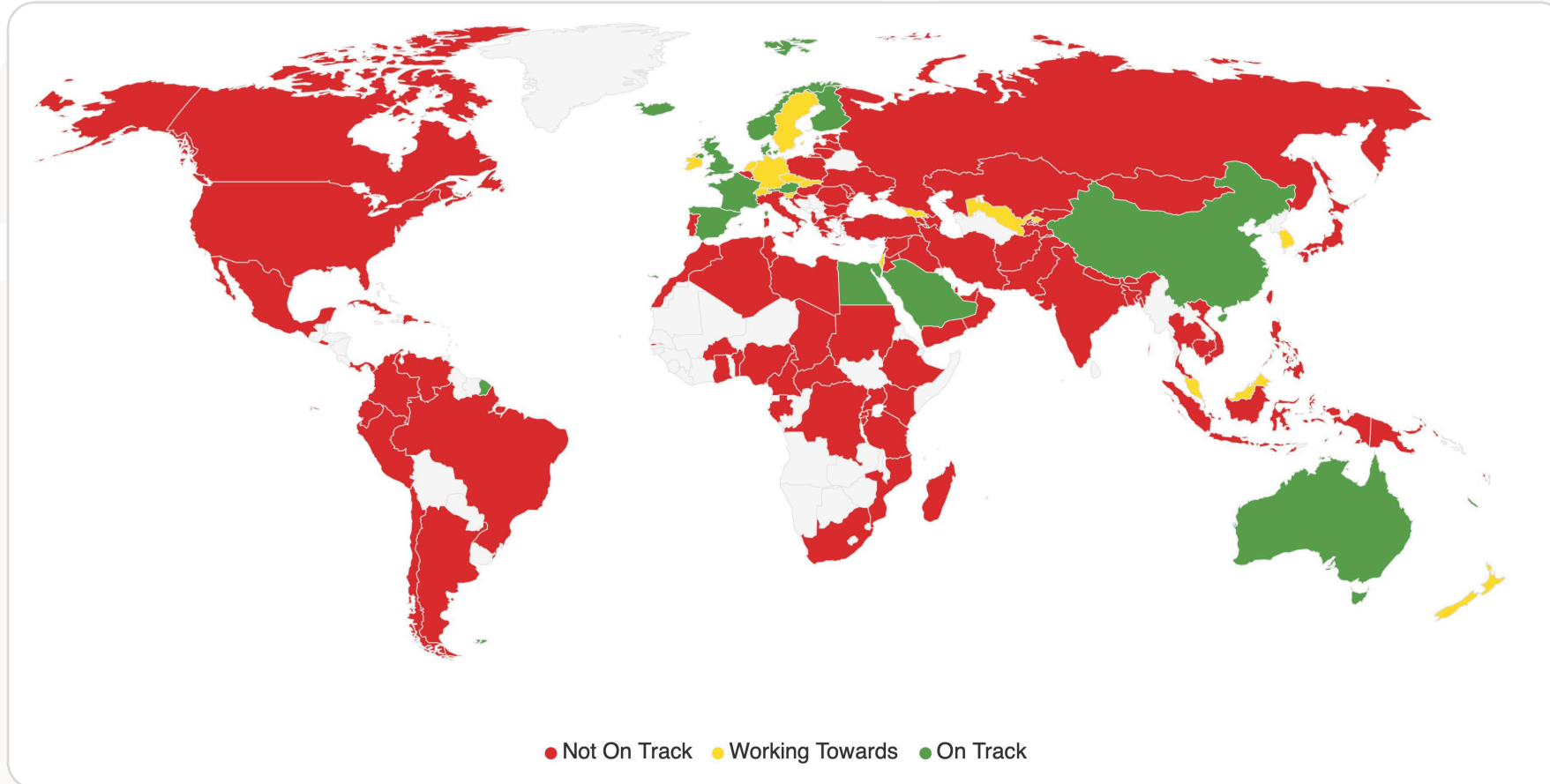
# Globally, approximately 46 million individuals are infected with the hepatitis C virus (HCV), leading to a mortality rate of one person every 2 minutes



Cui F, Faini D, Razavi-Shearer D, Razavi H, Manzeno Mingiedi C, Gonzalez MA, et al. The burden of chronic hepatitis B and C in 2022 and progress towards elimination: a global report. *Lancet Gastroenterol Hepatol.* 2026. Polaris Observatory C. Global prevalence, cascade of care, and prophylaxis coverage of hepatitis B in 2022: a modelling study. *Lancet Gastroenterol Hepatol.* 2023;8(10):879-907. Cui F, Blach S, Manzeno Mingiedi C, Gonzalez MA, Sabry Alaama A, Mozalevskis A, et al. Global reporting of progress towards elimination of hepatitis B and hepatitis C. *Lancet Gastroenterol Hepatol.* 2023;8(4):332-42. <https://cdafound.org/polaris-countries-distribution/>



Twelve countries are on track to achieve all the World Health Organization's elimination targets for HCV, while another fifteen countries are expected to achieve these targets shortly after 2030.



Australia	Finland
Austria	France
China	Iceland
Denmark	Norway
Egypt	Saudi Arabia
England/UK	Spain

Czechia	Malta
Georgia	Netherlands
Germany	New Zealand
Ireland	Slovakia
Israel	Slovenia
Korea, South	Sweden
Malaysia	Switzerland
Uzbekistan	

China is the big addition in 2025 as the result of the newly announced China Action Plan

# The China action plan sets targets for each province to scale up HCV and HBV screening and treatment; and to diagnose 80% of all viral hepatitis infections by 2030 and treat 80% of those diagnosed



关于印发《中国防治病毒性肝炎行动计划（2025—2030年）》的通知

Notice on the Issuance of the "China Action Plan for the Prevention and Control of Viral Hepatitis (2025-2030)"

国疾控传防发〔2025〕13号

各省、自治区、直辖市及新疆生产建设兵团疾控局、发展改革委、公安厅（局）、司法厅（局）、财政厅（局）、卫生健康委、医保局、中医药局、药监局：

To the Disease Control and Prevention Bureaus, Development and Reform Commissions, Public Security Departments (Bureaus), Justice Departments (Bureaus), Finance Departments (Bureaus), Health Commissions, Medical Insurance Bureaus, Traditional Chinese Medicine Bureaus, and Drug Administrations of all provinces, autonomous regions, municipalities directly under the Central Government, and the Xinjiang Production and Construction Corps:

为落实《“健康中国2030”规划纲要》要求，进一步加强我国病毒性肝炎防治工作，维护人民群众生命健康，国家疾控局等9部门联合制定了《中国防治病毒性肝炎行动计划（2025—2030年）》，现印发给你们，请认真组织实施，切实落实各项政策和保障措施，确保目标如期实现。

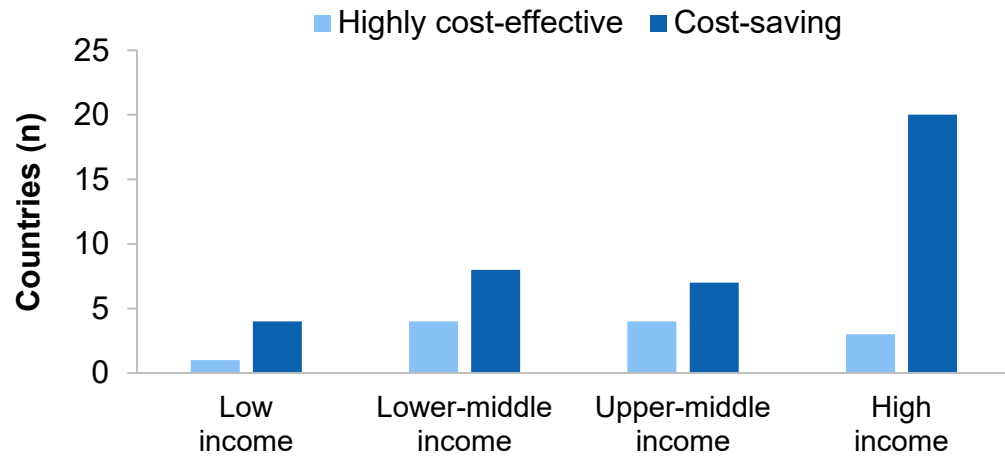
To implement the requirements of the "Healthy China 2030" Outline, further strengthen the prevention and control of viral hepatitis in my country, and safeguard the lives and health of the people, the National Center for Disease Control and Prevention and nine other departments have jointly formulated the "China Action Plan for the Prevention and Control of Viral Hepatitis (2025-2030)", which is now issued to you. Please conscientiously organize and implement it, and earnestly implement various policies and guarantee measures to ensure that the goals are achieved as scheduled.

- This represents the largest global elimination program.
- China accounts for 25% of all HBV/HCV infections worldwide.
- The announcement follows two large pilot programs:
  - Guangdong province (population 127 million)
  - Hainan province (population 10 million).



## The elimination of HCV has proven to be cost-saving or highly cost-effective across all the countries analyzed, irrespective of their income levels, yet HCV treatment has experienced a decline

### Cost effectiveness of HCV elimination (n=51)



- HCV treatments are curative within 8–12 weeks.
- Since their launch in 2014, treatment prices have significantly dropped. In high-income, lower-middle-income, and low-income countries
- HCV elimination primarily results in cost savings.
- Simplified test-and-treat guidelines are more likely to lead to cost savings.

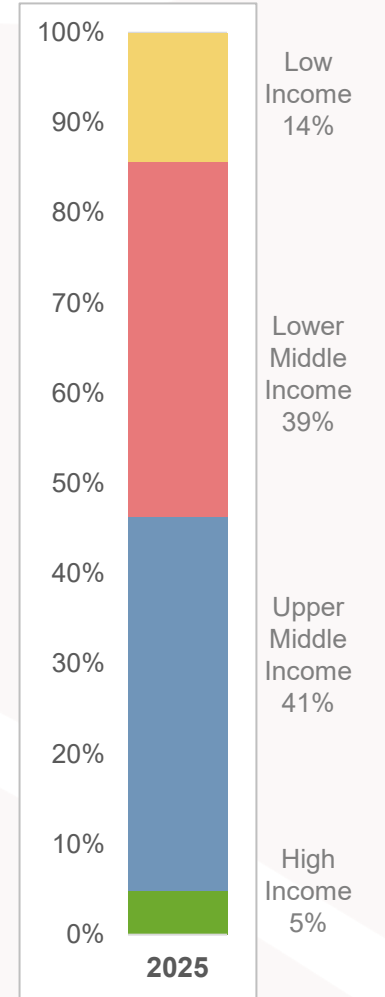
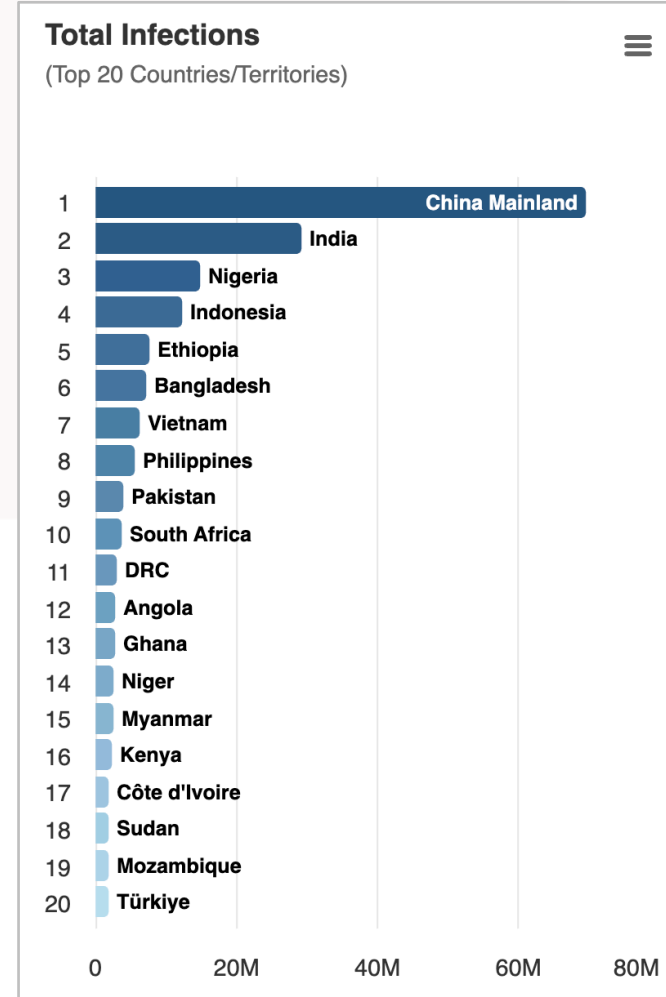
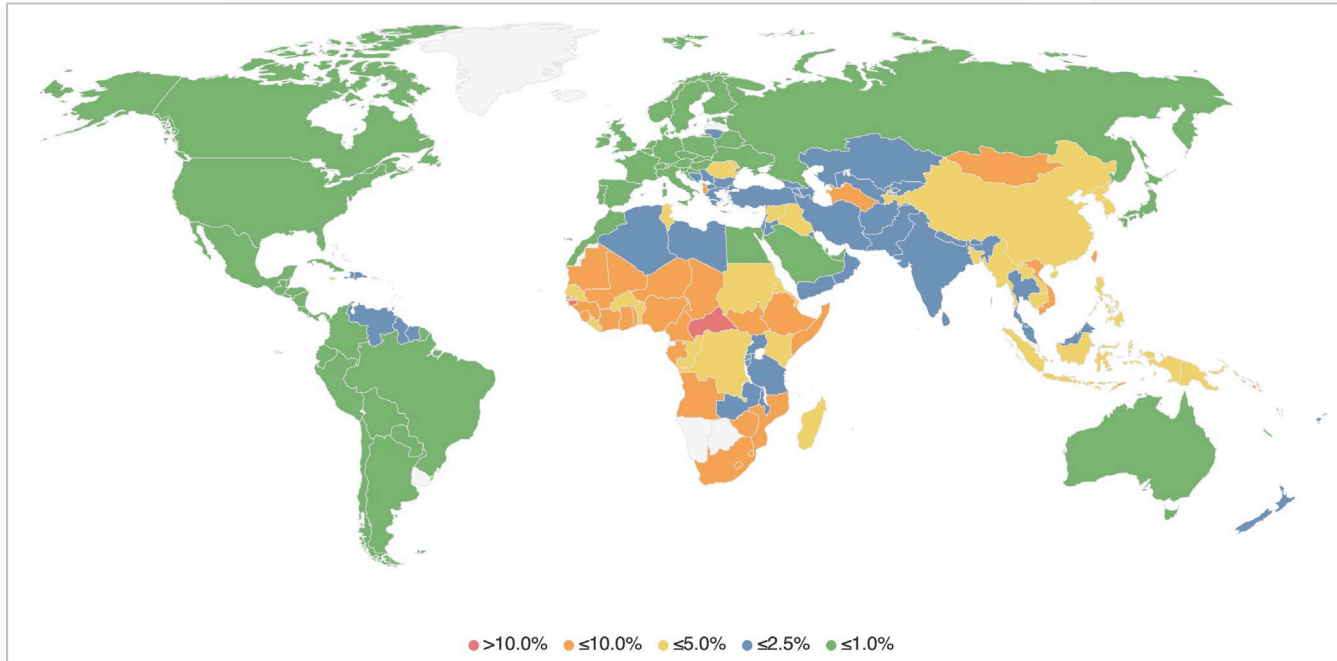
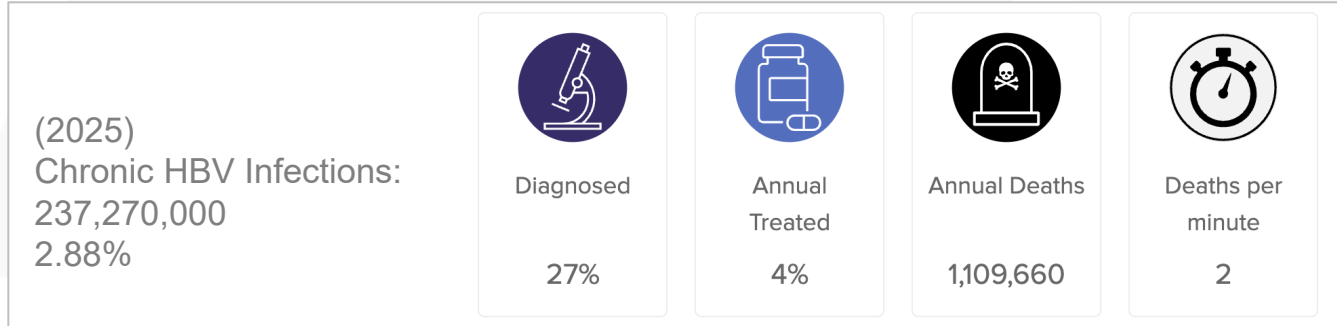
Without national HCV screening programs, most countries are facing a shortage of patients to treat.

Cost Effectiveness Analyses: CDA foundation, unpublished data.

Polaris Observatory Collaborators. Number of people treated for hepatitis C virus infection in 2014-2023 and applicable lessons for new HBV and HDV therapies. *J Hepatol.* 2025 Aug;83(2):329-347. doi: 10.1016/j.jhep.2025.01.013. Epub 2025 Feb 4. PMID: 39914746; PMCID: PMC12278943.

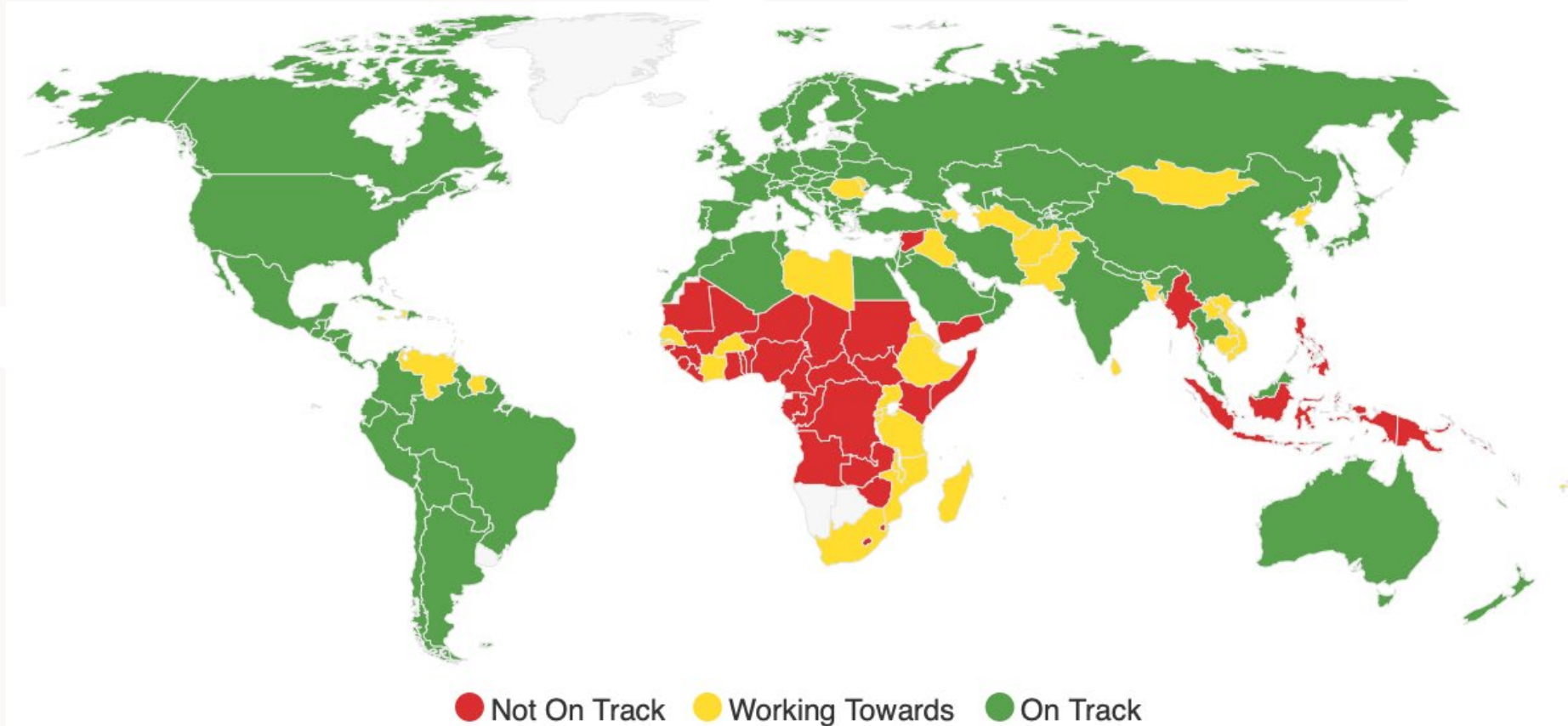


# Globally, approximately 237 million individuals are infected with the hepatitis B virus (HBV), leading to a mortality rate of two people every minute



Cui F, Faini D, Razavi-Shearer D, Razavi H, Manzengo Mingiedi C, Gonzalez MA, et al. The burden of chronic hepatitis B and C in 2022 and progress towards elimination: a global report. *Lancet Gastroenterol Hepatol.* 2026. Polaris Observatory C. Global prevalence, cascade of care, and prophylaxis coverage of hepatitis B in 2022: a modelling study. *Lancet Gastroenterol Hepatol.* 2023;8(10):879-907. Cui F, Blach S, Manzengo Mingiedi C, Gonzalez MA, Sabry Alaama A, Mozalevskis A, et al. Global reporting of progress towards elimination of hepatitis B and hepatitis C. *Lancet Gastroenterol Hepatol.* 2023;8(4):332-42. <https://cdafound.org/polaris-countries-distribution/>

## 98 countries on track to achieve the WHO elimination target for HBV incidence ( $\leq 0.1\%$ among $\leq 5$ -year-olds)



Our recent study in Uganda showed that countries without HBV birth dose can achieve the incidence targets within 2 years if they incorporate treatment of pregnant women in their program.



## The study in Uganda showed that treatment of HBsAg+ pregnant women will stop MTCT transmission when combined with targeted birth dose vaccination.

- The only MTCT transmission occurred in low viral load mothers that were not treated.
- Low probability is not the same as zero probability.
- After adjusting for 96.54% of all mothers being HBsAg negative, the adjusted prevalence of HBsAg among infants was 0.02% (0.00%-0.04%).

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P. O. Box 7272  
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UGANDA

15<sup>th</sup> October, 2025

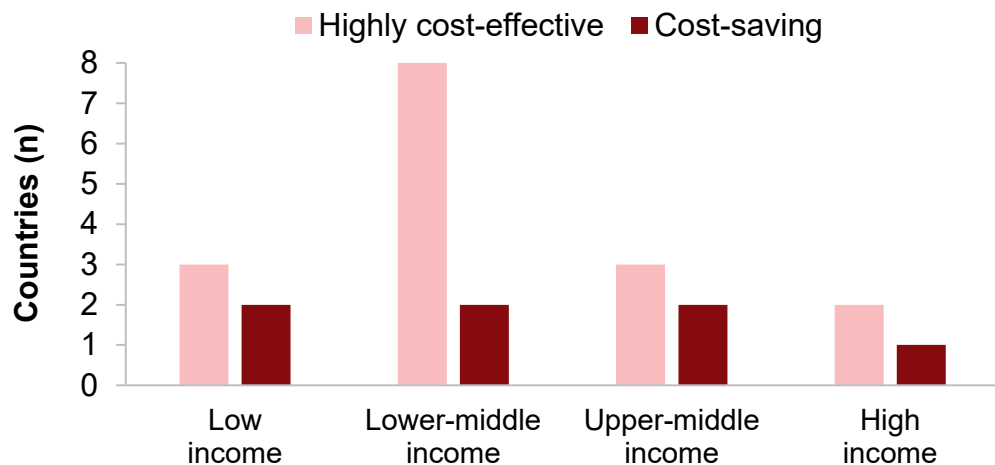
The Senior Executive Consultants, RRH  
The District Health Officers  
The Medical Superintendents  
The Health Facility In-Charges  
The Implementing Partners

**GUIDANCE ON MANAGING HEPATITIS B PATIENTS WHEN VIRAL  
LOAD TESTING IS UNAVAILABLE**

# The elimination of hepatitis B virus (HBV) is highly cost-effective or cost-saving in all the countries analyzed, regardless of their income level



## Cost effectiveness of HBV elimination (n=23)



- HBV treatment is lifelong
- The commonly used antivirals (TDF and entecavir) are generic and can cost <\$30 per year
- In every region, HBV elimination is **highly cost-saving**
- Simplified test-and-treat guidelines are more likely to result in cost-savings

China's National Plan →

Historically, the change in HBV treatment has been modest, with most treatment occurring in China.

In Africa, most HBV treatment is for HIV/HBV coinfections, where the patient is being treated for HIV.

## Without further interventions, new infections of HCV and HBV will decline but continue to increase in high income countries as result of injection drug use



- The primary risk factor for HCV transmission is unsafe medical injections.
- In Western and Eastern European countries, injection drug use is the leading risk factor.
- The ongoing injection drug use epidemic in America will likely result in a continued rise in new HCV infections, necessitating the expansion of harm reduction programs.

- Mother-to-child transmission and, to a lesser extent, sexual transmission are the primary risk factors for acquiring new HBV infections.
- HBV vaccination programs in the Americas, Europe, and Australia/New Zealand have nearly eliminated HBV transmission in these regions.
- However, Africa and Asia still have the highest number of new HBV infections worldwide due to low childhood vaccination rates.

One reason viral hepatitis programs are not receiving the necessary support, and funding is that no disability is allocated for individuals with chronic HBV or HCV.



**Table 1.** HIV, Malaria, TB and viral hepatitis burden in Africa

Disease	Number of cases as of 2022	Death from the disease as of 2022	DALY as of 2019
<b>HIV</b>	25.6 [21.6–30.0] million	380,000 [300,000–540,000]	35.9 million
<b>Malaria</b>	233 million	580,000	43.3 million
<b>Tuberculosis</b>	2.5 million	424,000	17.8 million
<b>Viral Hepatitis</b>	77.4 [60.3-95.3] million	346,000 [270,000-426,000]	5.7 [4.6-8.3] million
	<b>HBV:</b> 68.0 [55.4-85.6] million <b>HCV:</b> 9.4 [8.0-14.7] million	<b>HBV:</b> 305,000 [249,000-384,000] <b>HCV:</b> 41,000 [35,200-64,600]	<b>HBV:</b> 5.2 [4.4-8.1] million <b>HCV:</b> 0.5 [0.4-0.6] million



## We are clearly underestimating the disabilities associated with all liver diseases, as evidenced by the comparison of disability weights used for all liver diseases and HIV

Sequela (Liver Diseases)	GBD 2016 <sup>1</sup>
F0-F4	0
Decompensated cirrhosis	0.178
Hepatocellular carcinoma	0.466
Liver transplant	0.024

Sequela (HIV)	GHE 2021 <sup>2</sup>	GBD 2021 <sup>2</sup>	GBD 2010 <sup>2</sup>	GBD 2004 <sup>2</sup>
HIV/AIDS cases, receiving ARV treatment	0.078	0.078	0.221	0.167
HIV: symptomatic, pre-AIDS	0.274	0.274	0.053	0.135
AIDS cases, not receiving ARV treatment	0.582	0.582	0.547	0.505

Sequela (HIV)	GBD 2016 <sup>1</sup>
AIDS w ARV treatment wo anemia	0.078
AIDS w ARV treatment w mild anemia	0.081
AIDS w ARV treatment w moderate anemia	0.125
AIDS w ARV treatment w severe anemia	0.215
AIDS wo ARV treatment wo anemia	0.582
AIDS wo ARV treatment w mild anemia	0.583
AIDS wo ARV treatment w moderate anemia	0.603
AIDS wo ARV treatment w severe anemia	0.642
Early HIV without anemia	0.012
Symptomatic HIV without anemia	0.274
Symptomatic HIV with mild anemia	0.277
Symptomatic HIV with moderate anemia	0.312
Symptomatic HIV with severe anemia	0.381

1. Abajobir AA, Abate KH, Abbafati C, et al. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*; **390**(10100): 1211–59.

2. WHO 2024, WHO methods and data sources for global burden of disease estimates 2000–2021



## Conclusions:

- Many countries are making progress toward eliminating HCV. China has shown it is never too late to start a program.
- The risk of cancer due to viral hepatitis has not been accurately communicated. Changing this would increase awareness among patients and providers.
- Elimination of HCV and HBV are highly cost effective and in most cases cost saving.
- HBV vaccination is one of the least costly programs globally – HBV vaccinations rates and HBV treatment of pregnant women needs to expand in lagging Africa and Asian countries.
- Furthermore, the disability weights assigned to all liver diseases (HBV, HCV, HDV, and MASH) are significantly lower compared to HIV, malaria, and tuberculosis. We urgently need a comprehensive update of these weights to attract global attention and funding to liver diseases.