APASL 2026
Istanbul

35TH ANNUAL MEETING
OF THE ASIAN PACIFIC ASSOCIATION
FOR THE STUDY OF THE LIVER

22-25 April 2026
İstanbul Lütfi Kırdar International Convention and Exhibition Centre
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Global Analyses on Diagnosis / Treatment Gaps and Elimination Progress for HCV

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- Nothing to declare.
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- The Polaris Observatory is exclusively funded by the John C. Martin Foundation through 2030.

Hepatitis C viral infection significantly increase the risk of developing liver cancer

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

- Highly sensitive and affordable rapid tests.
- Curative therapies for HCV (8-12 weeks of treatment).

Wallace C, Razavi-Shearer D, Hall S, Asselah T, James C, Kondili L, Kottilil S, Low-Beer D, Mathur P, Tanaka J, Torres H, Razavi H. Risk of liver cancer from major causes compared to smoking and lung cancer: a systematic review and meta-analysis, Journal of Viral Hepatitis, In Press

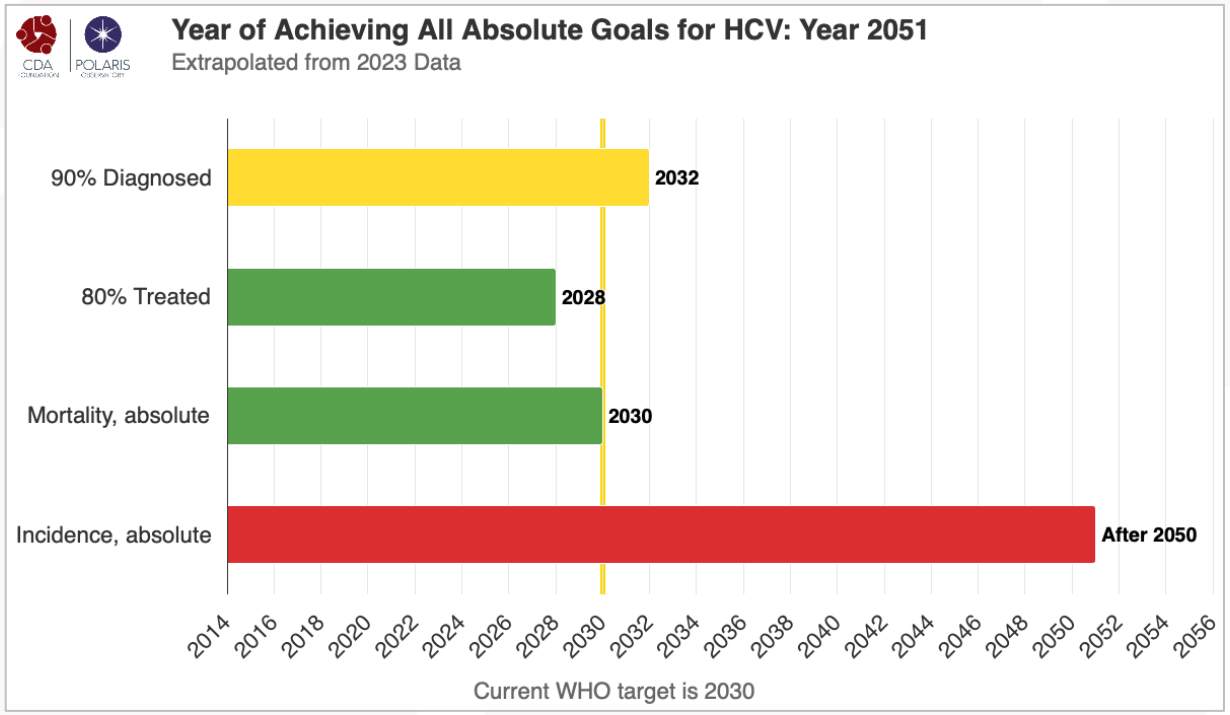
In 2015, the World Health Assembly endorsed WHO's targets to eliminate HBV / HCV by 2030

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)	**Incidence** 95% reduction	**Mortality** 65% reduction	**Incidence** 80% reduction	**Mortality** 65% reduction
HBV- and HCV-specific absolute prevalence, incidence and mortality targets	**HBV EMTCT** ≤0.1% HBsAg prevalence in ≤5 year olds[a,b] *Additional target:* ≤2% MTCT rate (where use of targeted HepB-BD)[c]	**Annual mortality**[g] (HBV) ≤4/100 000	**Annual incidence** (HCV) ≤5/100 000 ≤2/100 (PWID)	**Annual mortality**[g] (HCV) ≤2/100 000
Programmatic targets[d]	**Countries with universal HBV vaccine birth dose (BD)** ≥90% HepB3 vaccine coverage ≥90% HepB timely hepatitis B BD (HepB-BD) coverage[e] **Countries with targeted HBV vaccine birth dose (BD)** ≥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[f]	**Testing and treatment** ≥90% of people with HBV diagnosed ≥80% of people diagnosed with HBV and eligible for treatment are treated[h] **Prevention** ≥90% HepB3 vaccine coverage ≥90% HepB-BD coverage	**Testing and treatment** ≥90% of people with HCV diagnosed ≥80% of people diagnosed with HCV are treated[g] **Prevention** 0% unsafe injections 100% blood safety 300 needles/syringes/PWID/year	

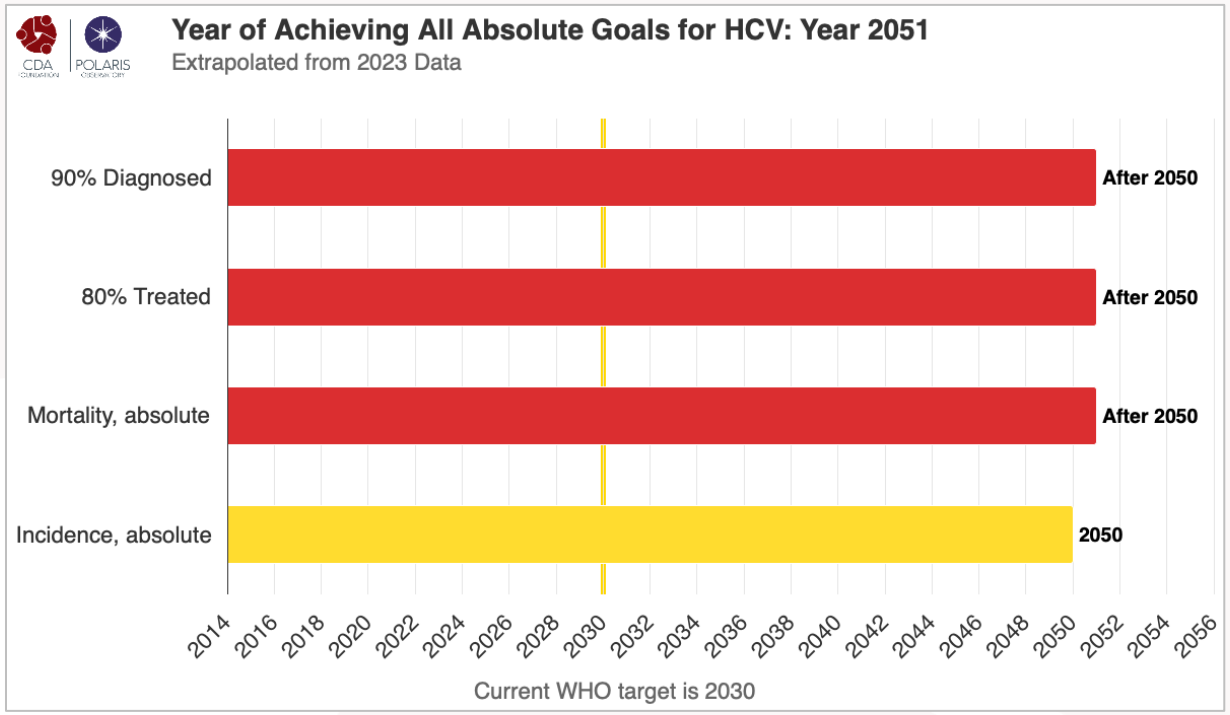
World Health Organization. Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. Geneva, Switzerland: World Health Organization, 2022.
World Health Organization. Interim guidance for country validation of viral hepatitis elimination, 2021.

WHO's targets were established to ensure that countries provide screening, treatment, and harm reduction services for their HCV infected populations

United States will not achieve the elimination targets without facing the injection drug use pandemic



South Africa is not screening, treating and not providing harm reduction programs to elimination HCV

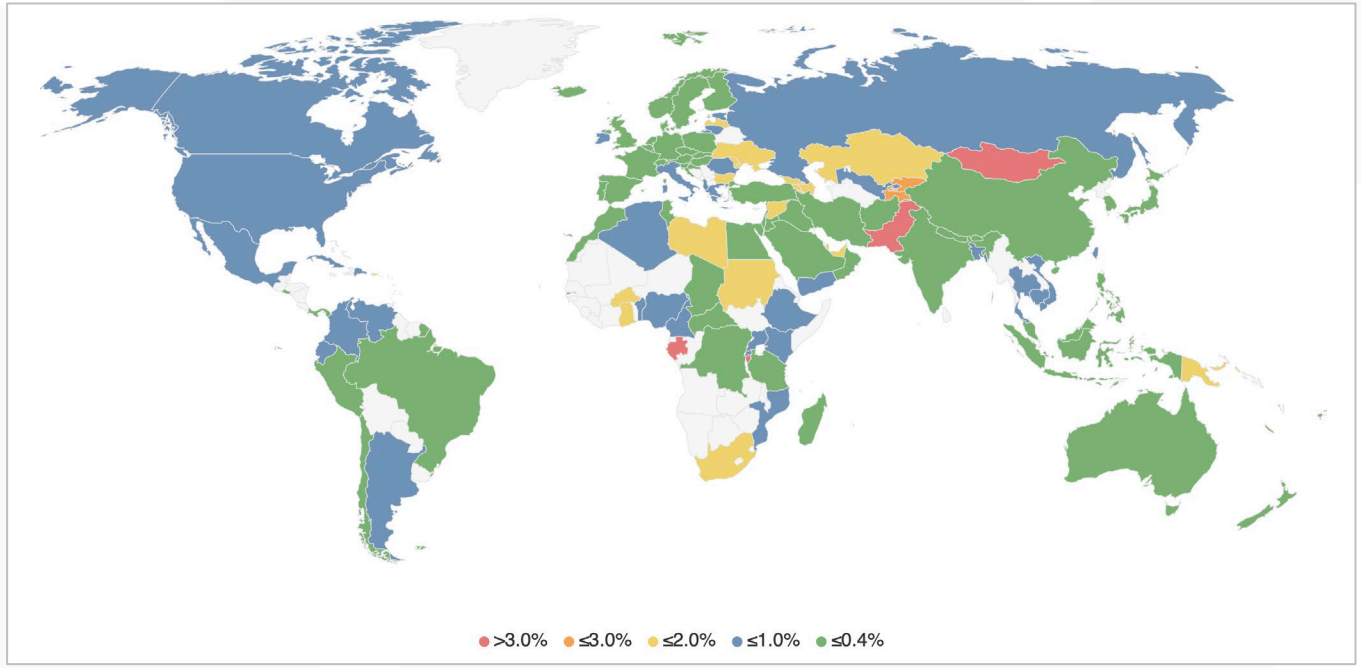


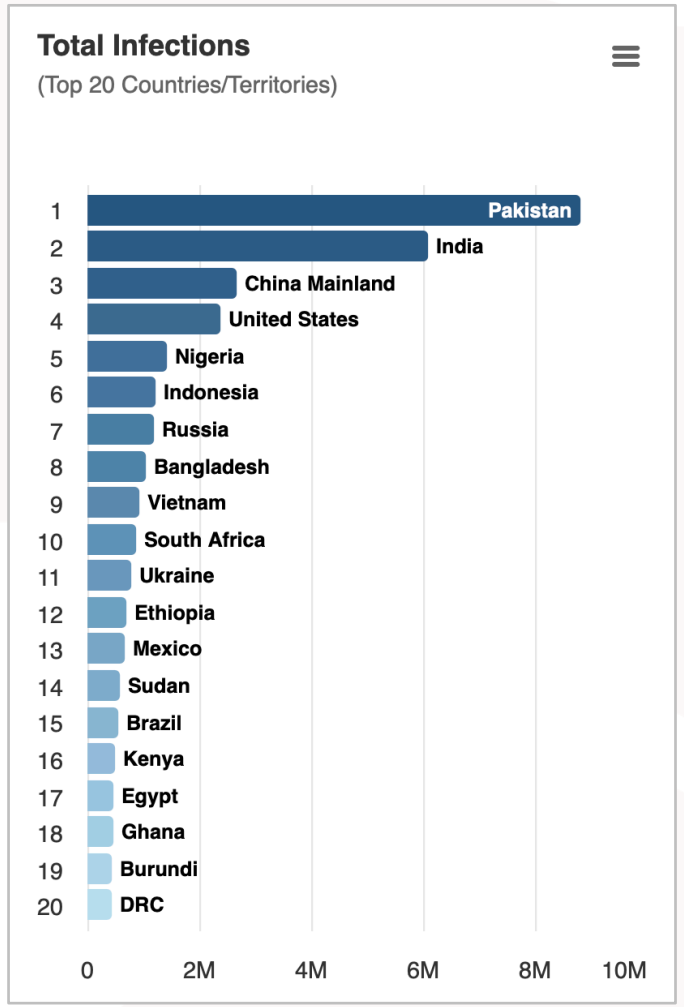
https://cdafound.org/polaris/dashboard/

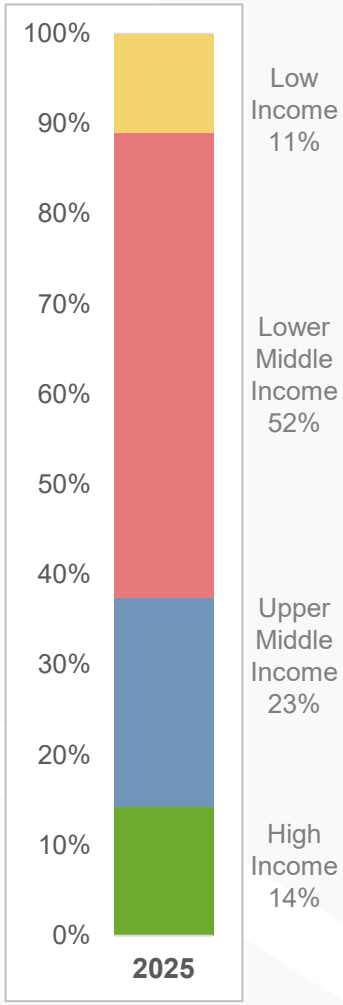
Globally, approximately 46 million individuals are infected with the hepatitis C virus (HCV), leading to a mortality rate of one person every 2 minutes

(2025)
Chronic HCV Infections:
45,794,000
1%

Diagnosed	Annual Treated	Annual Deaths	Deaths per hour
21%	2%	239,485	27

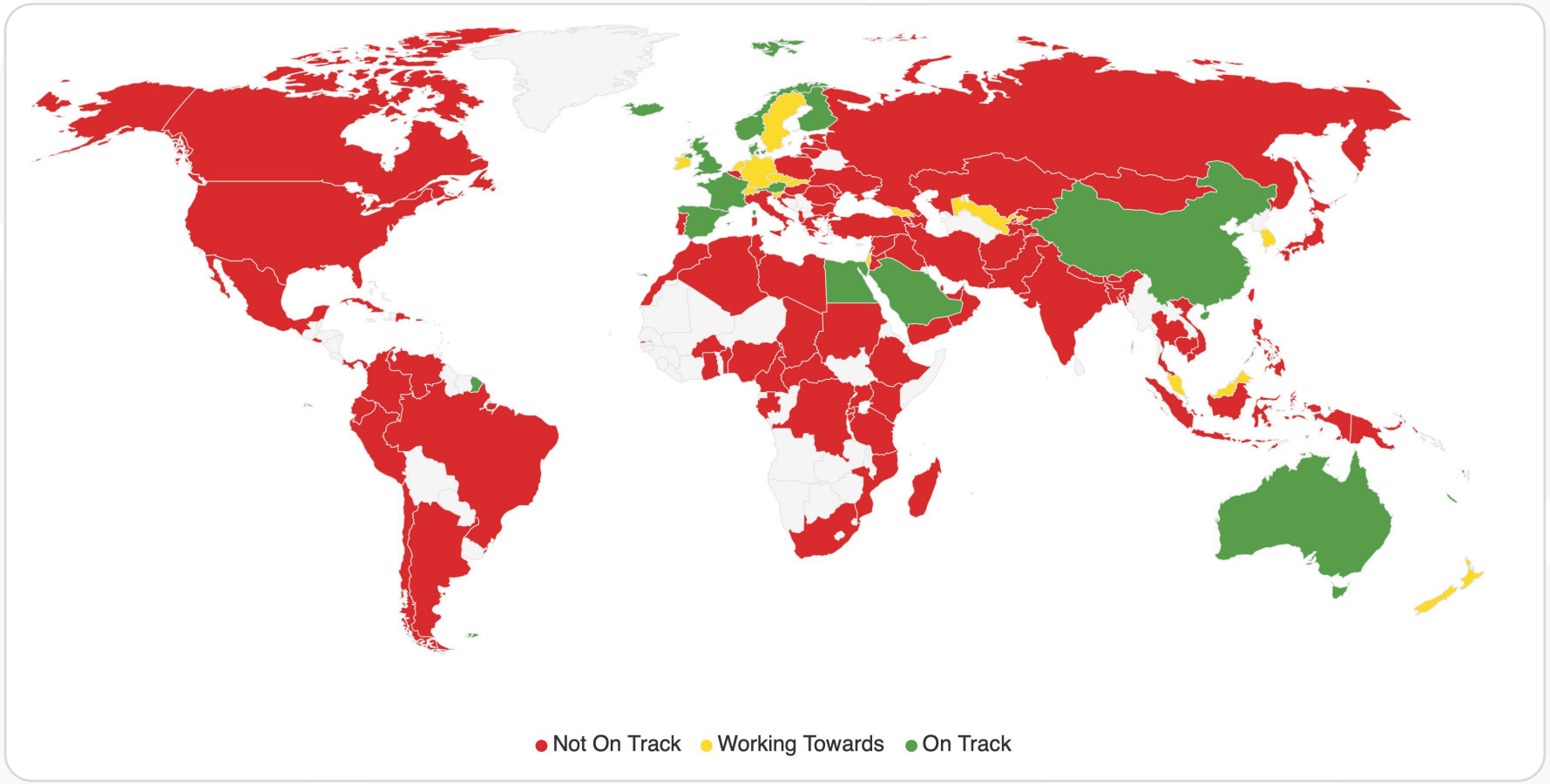






Cui F, Faini D, Razavi-Shearer D, Razavi H, Manzengo Mingiedi C, Gonzalez MA, et al. The burden of chronic hepatitis B and C in 2022 and progress towards elimination: a global report. Lancet Gastroenterol Hepatol. 2026. Polaris Observatory C. Global prevalence, cascade of care, and prophylaxis coverage 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/

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

https://cdafound.org/polaris/elimination-maps/

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：

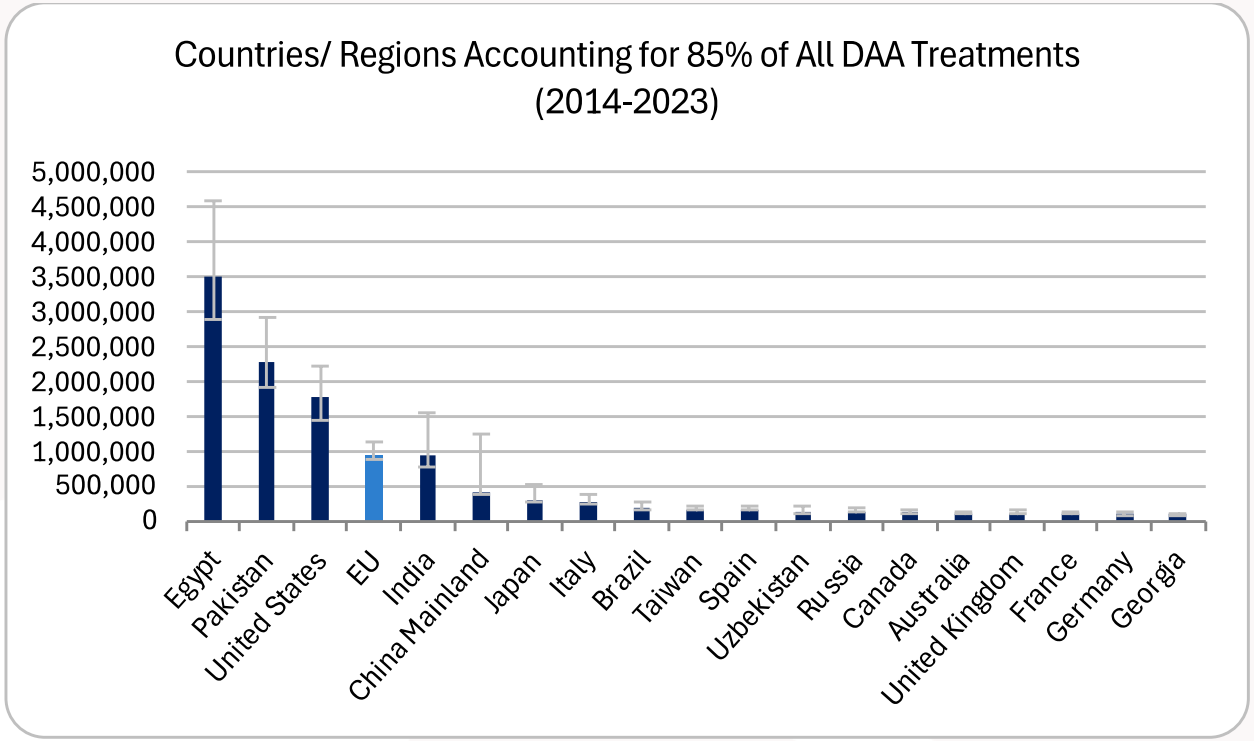
To the Disease Control and Prevention Bureaus, Development and Reform Commissions, Public Security Departments (Bureaus), Justice Departments (Bureaus), Finance Departments (Bureaus), Health Commissions, Medical Insurance Bureaus, Traditional Chinese Medicine Bureaus, and Drug Administrations of all 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).

HCV treatment was increasing until the COVID-19 pandemic occurred

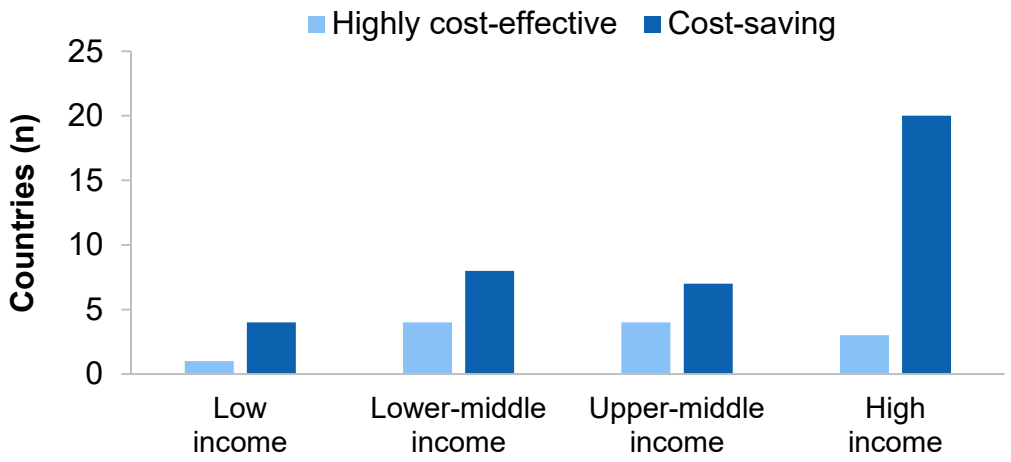


In lower- and middle-income countries where governments lack the financial resources to fund treatment, offering treatment at accessible prices can have a substantial impact.

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.

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.

We categorize HCV elimination programs into three segments

Early adopters

- Active screening
- Active linkage to care
- Proactive simplified treatment

Majority

- Passive national elimination program
- Select screening
- Some linkage to care
- Opportunistic treatment

Laggards

- Provide free treatment
- May provide free screening and testing
- Don’t promote the elimination program
- Limited screening
- Poor linkage to care

Lack of comprehensive screening programs and lost to follow-up continue to be significant issues, even among early adopters.

Center for Disease Analysis Foundation. Polaris Dashboard. Available at https://cdafound.org/polaris/dashboard.

In countries with HCV elimination programs, we are seeing a very large loss to follow up

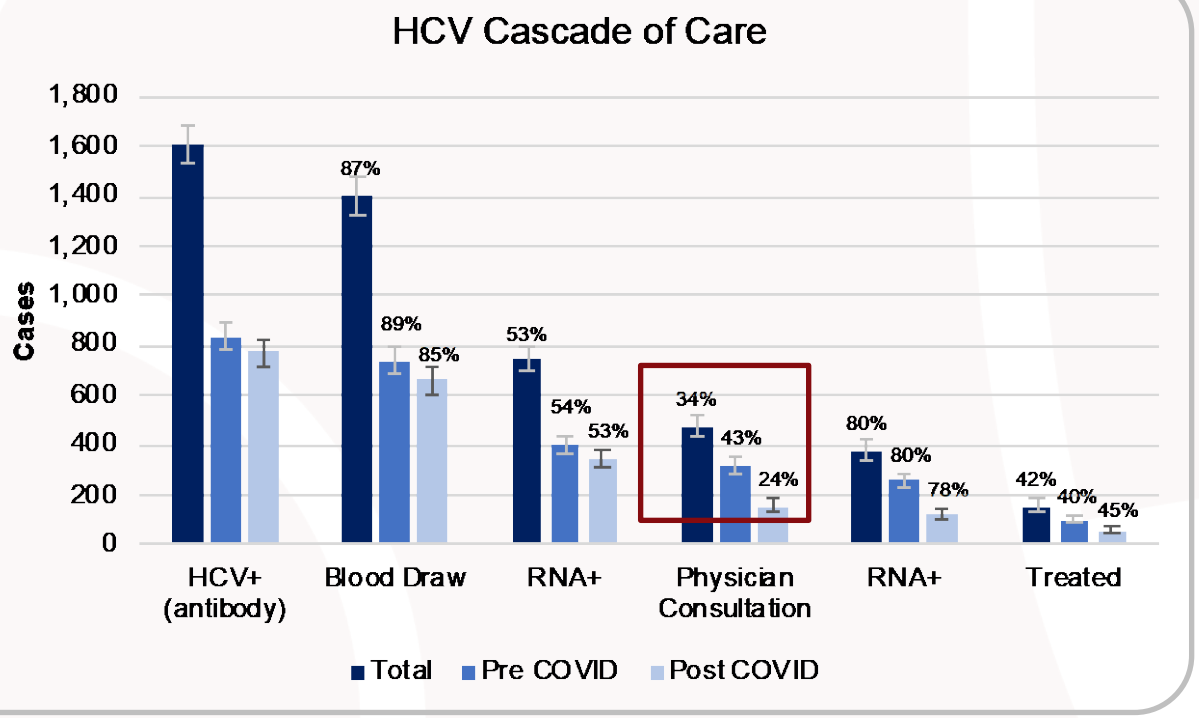
In the United States, 65–77% of patients diagnosed with HCV who have treatment coverage are lost to follow-up within 1 year of diagnosis

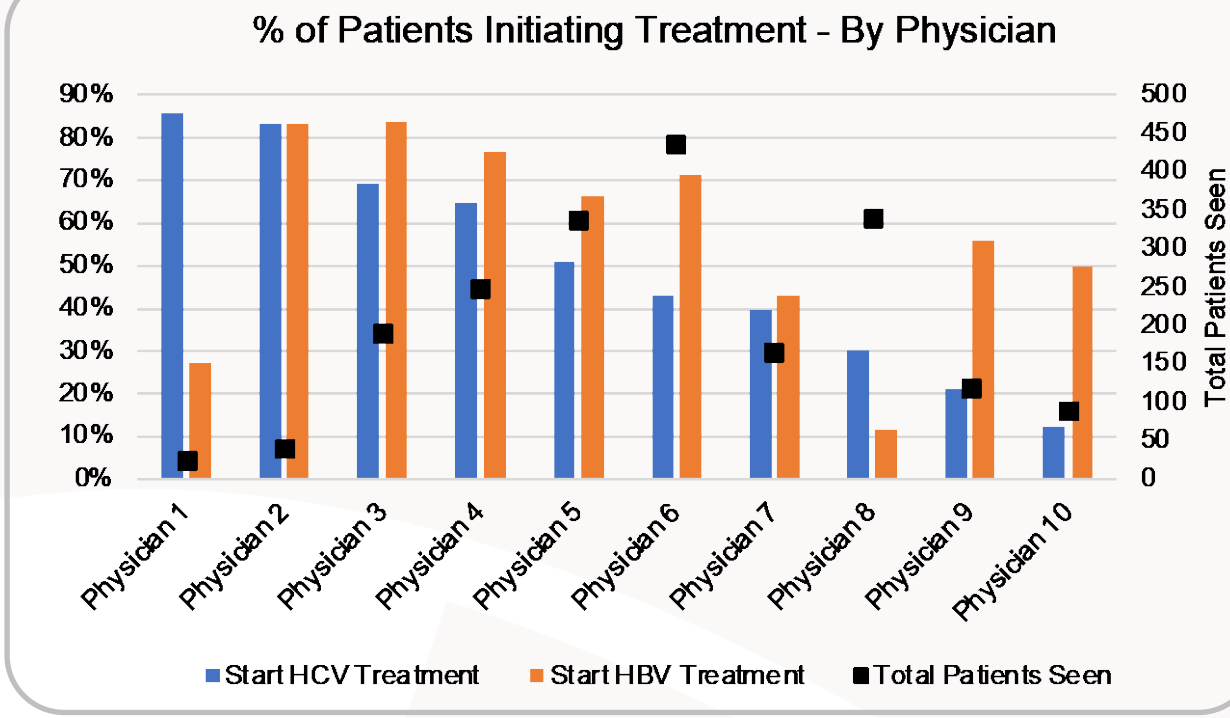
Results: The prevalence of DAA treatment initiation within 360 days of the first positive HCV RNA test result among Medicaid, Medicare, and private insurance recipients was 23%, 28%, and 35%, respectively; among those treated, 75%, 77%, and 84%, respectively, initiated treatment within 180 days of diagnosis. Adjusted odds of treatment initiation were lower among those with Medicaid (aOR = 0.54; 95% CI = 0.51–0.57) and Medicare (aOR = 0.62; 95% CI = 0.56–0.68) than among those with private insurance. After adjusting for insurance type, treatment initiation was lowest among adults aged 18–29 and 30–39 years with Medicaid or private insurance, compared with those aged 50–59 years. Among Medicaid recipients, lower odds of treatment initiation were found among persons in states with Medicaid treatment restrictions (aOR = 0.77; 95% CI = 0.74–0.81) than among those in states without restrictions, and among persons whose race was coded as Black or African American (Black) (aOR = 0.93; 95% CI = 0.88–0.99) or other race (aOR = 0.73; 95% CI = 0.62–0.88) than those whose race was coded as White.

Even after removing HCV treatment restrictions and reimbursing treatment, most HCV patients are lost to follow up

Thompson, et. al. MMWR MMWR, Vol. 71(32):1011–2022.

In Uzbekistan, only 34% of all HCV diagnosed patients went to see a physician





Interviews with those lost to follow up:

40% of all patients lost to follow up did not know there was a relationship between HBV/HCV infection and HCC.

33% stated that fear of side effects was the reason for not seeking treatment.

We found that patients were not the only reason for loss to follow up.

GPs also did not see treatment of HCV as very important (despite training).

Linkage to care programs is a cost-effective strategy for re-engaging individuals who have been diagnosed but lost to follow-up

Pre-Contact Investigation (PCI) Outcome

	n
Total Presumed LTFU	48,616
Ineligible for Contact	16,954
Eligible for Contact	22,224
No PCI before Contact	9,438

Linkage Outcomes

	n
Linked to care	3,129
Linked to care outside of Relink program	36
Not Linked - Previously linked	4
Not Linked - Lost to follow-up	572
Not Linked - Declined after enrollment	44
Not Linked - Deceased after enrollment	12
Not Linked - Enrolled but have insurance-related issues	11
Not Linked - Became too ill after enrollment	21
Not Linked - Enrolled but other issues	94
Reached but did not enroll for navigation	674

Relink programs being implemented in the US, Spain, Austria, Brazil, Denmark, France, and the Netherlands.

Conclusions

- Many countries are making progress in eliminating HCV.
- As China has demonstrated, it’s never too late to initiate a program.
- We’re running out of patients who are diagnosed, motivated, and under care - we need new strategies to find and treat the remaining HCV infections.
- Screening programs are essential to diagnose more HCV infections (e.g., Germany and England).
- Linkage to care is crucial to bring in diagnosed individuals who have lost to follow-up (e.g., US, Spain, Brazil…).
- The risk of cancer due to viral hepatitis has not been accurately communicated. Changing this would increase awareness among patients and providers.
- In most cases, eliminating HCV is cost-saving.