### Epidemiology

**HCV**
- Estimated Prevalence: 0.34%
- Estimated no of carriers: 105,000
- HCV mean prevalence among PWID: 56.6 [38.3-74.0]

**HBV**
- **Above 5 yrs old**
  - Prevalence: 2.24%
  - Estimate no of carriers: 636,000
- **Below 5 yrs old**
  - Prevalence: 0.3%
  - Estimate no of carriers: 10,000

### Testing policies and guidelines

- Official guidance on which test to use for diagnosing HBV and/or HCV
- Yes
- Official guidance on testing pregnant women for HBV
  - Yes
- Official guidance on testing people who inject drugs (PWID) for HCV
  - Yes
- Official guidance or protocols for all people diagnosed with HBV and/or HCV to be routinely referred for treatment and care
  - Yes

#### National coverage targets
- Hepatitis B testing coverage of selected populations
  - Yes
- Hepatitis C testing coverage of selected populations
  - Yes

#### Presence of national policies and guidelines for priority interventions available and in line with global standards for the following

- Policies for screening of selected population groups at increased risk
  - Yes
- A policy for mandatory screening of all blood donations for Hepatitis B and C
  - Yes
- A policy for referral of all blood donors with positive screening results for Hepatitis B and C confirmatory testing and case management
  - Yes
- Guidelines for diagnostic testing for Hepatitis B
  - Yes
- Guidelines for diagnostic testing for Hepatitis C
  - Yes

#### Baseline values been determined for the following global indicators
- Percentage of blood donors screened for Hepatitis B and C
  - Yes
- Percentage of health facilities that implement the policy of 100% single use (or safety engineered) injection devices
  - Yes

### Infrastructure for testing

- **Number of facilities that are able to offer serological testing for both HBV (i.e. HBsAg) and HCV (i.e. Anti-HCV)**
  - Yes
  - None

- **Number of facilities that are able to offer nucleic acid testing (NAT) for both HBV (i.e. HBV DNA) and HCV (i.e. HCV RNA)**
  - Yes
  - All

#### Primary level (i.e. health centers, community outreach)
- Secondary level/Tertiary level (i.e. hospitals)

#### Secondary level/Tertiary level (i.e. hospitals)

### Governance

- Presence of a focal point
  - Yes
- Presence of STAG
  - Yes
- Involvement of civil society
  - No
- Units to implement national response
  - Yes
- NSP (published or drafted)
  - Yes
- Estimating cost to implement the NSP
  - Yes
- Fund available for the NSP
  - No
- Impact targets set
  - Yes
- Service coverage targets set
  - Yes
- Policies for stigma and discrimination
  - Yes
- A system for Hepatitis prevention, testing, care and treatment services integrated at community, primary, secondary and tertiary care levels has been defined
  - Yes
- Core hepatitis competencies of different cadres of health workers at different levels of the health system been defined considering task shifting options
  - Yes
- Training and supervisory needs of health workers been defined
  - Yes
- An investment case for an enhanced viral hepatitis response been developed
  - No
- A specific portion of National health budget had been allocated to viral hepatitis prevention, care and treatment?
  - Yes
- A set of essential viral hepatitis interventions been defined to be included in the national social / health insurance package
  - Yes
- FP*: Future plans

### Surveillance

- National surveillance system for viral hepatitis
  - Yes
- An inventory of existing data and sources of data on viral hepatitis been made
  - Yes

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**Note:** The information provided is based on data from the Hepatitis Country profile 2017 for Saudi Arabia. For the latest information, please refer to the most recent reports or official sources.
### Treatment policies and guidelines

<table>
<thead>
<tr>
<th>Policy/Regimen</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenofovir or Entecavir as the first line of treatment for HBV</td>
<td></td>
</tr>
<tr>
<td>Anti-nucleoside/nucleotide analogues are available for the treatment of hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Interferon-free (INF-free) direct-acting antiviral (DAA) are the regimens considered the first line of treatment for patients with chronic hepatitis C</td>
<td></td>
</tr>
<tr>
<td>Current treatment policy for people with chronic HCV</td>
<td></td>
</tr>
<tr>
<td>BGP</td>
<td></td>
</tr>
<tr>
<td>Current situation in terms of registration of Tenofovir or Entecavir specifically for HBV infection</td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td></td>
</tr>
<tr>
<td>Current situation in terms of registration of medicines used in IFN-free DAA regimens for HCV infection</td>
<td></td>
</tr>
<tr>
<td>Tender (national or multinational) to launch price negotiations with pharmaceutical companies for HBV and/or HCV treatment</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B treatment coverage</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C treatment coverage</td>
<td></td>
</tr>
<tr>
<td>Guidelines for Hepatitis B treatment</td>
<td></td>
</tr>
<tr>
<td>Guidelines for Hepatitis C treatment</td>
<td></td>
</tr>
<tr>
<td>A strategy for achieving the best price for medicines and diagnostics been formulated and pursued</td>
<td></td>
</tr>
</tbody>
</table>

### Prevention

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>National coverage targets been set for the following indicators</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccination of health workers</td>
<td></td>
</tr>
<tr>
<td>Safe injections in health care settings</td>
<td></td>
</tr>
<tr>
<td>Targets for number of needle-syringes distributed to PWID per year</td>
<td></td>
</tr>
<tr>
<td>Presence of national policies and guidelines for priority interventions available and in line with global standards for the following</td>
<td></td>
</tr>
<tr>
<td>A policy for Hepatitis B vaccination of health workers</td>
<td></td>
</tr>
<tr>
<td>A policy to integrate Hepatitis B vaccination in services targeting people who inject drugs, men who have sex with men and sex workers</td>
<td></td>
</tr>
<tr>
<td>A policy for use of safe injections (or safety engineered devices) in health care settings to prevent transmission of blood borne infections</td>
<td></td>
</tr>
<tr>
<td>Baseline values been determined for the following global indicators</td>
<td></td>
</tr>
<tr>
<td>Coverage of hepatitis B vaccination of health workers</td>
<td></td>
</tr>
<tr>
<td>For countries with significant PWID populations, coverage of needle-syringe distribution</td>
<td></td>
</tr>
<tr>
<td>For countries with significant PWID populations, HBV vaccination</td>
<td></td>
</tr>
</tbody>
</table>

### HCV Elimination Targets

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence of Chronic HCV (%)</th>
<th>Chronic HCV (N)</th>
<th>Diagnosed with HCV (%)</th>
<th>Diagnosed with HCV (N)</th>
<th>HCV patients treated (%)</th>
<th>HCV patients treated (N)</th>
<th>Number of new infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>2019</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2020</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**FP**: Policy not established, but plan is to establish one by 2017

**Yes**: One or more of these medicines have been registered but only for HCV.