

Interpretation of China's Action Plan for Viral Hepatitis Prevention and Care (2025–2030)

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ABSTRACT

Viral hepatitis is a major public health concern in China. In alignment with the World Health Organization (WHO) 2016 global strategy to eliminate viral hepatitis as a public health threat by 2030, and in further implementation of the "Healthy China 2030" initiative, the National Disease Control and Prevention Administration, together with eight other government departments, jointly issued China's Action Plan for Viral Hepatitis Prevention and Care (2025–2030) ("Action Plan"). Compared with the 2017–2020 Plan, the new Action Plan introduced, for the first time, explicit 80% diagnosis and treatment coverage targets for both hepatitis B virus (HBV) and hepatitis C virus (HCV), replacing the 1% hepatitis B surface antigen (HBsAg) prevalence target for children under five with a more ambitious 0.2% target and shifting from passive case-finding to active screening. The Action Plan outlines 6 specific targets and 13 key measures across 5 strategic areas: strengthening vaccination, enhancing comprehensive prevention, expanding testing and surveillance, improving treatment services, and strengthening health education and social support. Key challenges include a large population living with viral hepatitis, a high disease burden from cirrhosis and liver cancer, persistent care cascade gaps, fragmented service delivery, and insufficient dedicated funding. Priority actions include improving information systems for whole-course management, optimizing service delivery through medical-prevention coordination, promoting integrated multidisease-prevention efforts, and increasing resource investment, including exploring inclusion of viral hepatitis services in the basic public health service package. This Action Plan provides a strategic roadmap for China to systematically advance toward the global 2030 elimination goals.

Viral hepatitis is a major public health concern in China. According to the 2020 National Seroepidemiological Survey, the prevalence of hepatitis B surface antigen (HBsAg) among the population aged 1–69 years decreased to 5.86%, down from 9.72% in 1992 (aged 1–59 years), whereas the prevalence among children under five was 0.30%, representing a 96.9% reduction compared with 1992 (1). The prevalence of hepatitis C antibodies fell to 0.28% in 2020, down from 0.43% in 2006 (aged 1–59 years) (2). The transmission of hepatitis A virus (HAV) and hepatitis E virus (HEV) through contaminated food and water has been effectively controlled, blood-borne transmission of hepatitis B virus (HBV) and hepatitis C virus (HCV) has been largely interrupted, and mother-to-child transmission of HBV is on the path to elimination.

However, the issue remains unresolved. Approximately 75 million people in China live with chronic HBV infection (1), and an additional 3.22 million people live with chronic hepatitis C (2). Persistent gaps in the care cascade are evident; among HBsAg-positive individuals, the weighted proportion of screening or testing is only 59.78%; among those with indications for antiviral treatment, only 17.33% initiate antiviral therapy (1). The diagnostic rate was 21.9%, and the treatment rate among diagnosed patients was 31.7% (2). These low rates translate into a high disease burden, as liver cirrhosis and hepatocellular carcinoma remain the leading causes of mortality.

Several interrelated factors contribute to these suboptimal rates, including insufficient public awareness, the asymptomatic nature of early-stage infection, and fear of social discrimination (2). Globally, progress toward the 2030 elimination target remains off track, underscoring the urgent need for intensified efforts. As one of the countries with the heaviest burdens, China's commitment and actions are critical to achieving the global elimination goals.

In May 2016, the 69th World Health Assembly

adopted the first global viral hepatitis strategy, setting a 2030 elimination goal (3). China has released several key policy documents, including the China Viral Hepatitis Prevention and Control Plan (2017–2020) (4), the National Action Plan for Eliminating Hepatitis C as a Public Health Threat (2021–2030) (5), and the Action Plan for the Elimination of Mother-to-Child Transmission of HIV, Syphilis, and Hepatitis B (2022–2025) (6). Building on these efforts, in 2025, the National Administration of Disease Prevention and Control, together with eight other government departments, jointly issued China's Action Plan for Viral Hepatitis Prevention and Care (2025–2030) (hereafter referred to as "the Action Plan") (7). This comprehensive document outlines six key targets, 13 major intervention measures, and the corresponding supporting safeguards, providing a strategic roadmap for accelerating hepatitis control in China in the coming years.

ACTION GOAL

Overarching Goal

To continuously strengthen the immune barrier; progressively increase detection, diagnosis, and treatment rates; consistently reduce new infections; effectively control the spread of viral hepatitis; and decrease the incidence and mortality of hepatitis-related cirrhosis and liver cancer, thereby laying a solid foundation for eliminating the public health threat of viral hepatitis.

Specific Targets

The Action Plan established six specific targets across key areas of hepatitis prevention and control. Compared with the 2017–2020 Plan (4), the 2025–2030 Action Plan introduces several significant advancements, particularly the inclusion of explicit diagnosis and treatment coverage targets for both chronic hepatitis B and chronic hepatitis C (Table 1).

STRATEGIES AND MEASURES

The Action Plan outlines 13 measures across five strategic priority areas.

Strengthening Vaccination and Consolidating the Immunization Barrier

Childhood vaccination has reduced the prevalence of

HBsAg among children under five years of age by 96.9% since 1992. The Action Plan maintains childhood hepatitis A and B vaccination coverage at $\geq 95\%$ and timely birth-dose HBV vaccination at $\geq 90\%$. It promotes HBV vaccination among high-risk adults (frequent blood transfusion recipients, immunocompromised individuals, household and sexual contacts of HBsAg-positive persons, and unvaccinated adults) and recommends HAV/HEV vaccination for occupationally exposed groups. Adult vaccinations, which were previously piloted only in selected areas, are now being scaled up nationwide.

Enhancing Comprehensive Prevention and Control to Block Transmission at the Source

For viral hepatitis transmitted through the bloodborne and fecal–oral routes, interrupting transmission is critical. The Action Plan aims to eliminate HBV mother-to-child transmission through universal antenatal screening, antiviral prophylaxis for eligible pregnant women, timely immunoprophylaxis at birth, with the window shortened from 24 to 12 h, and integration with HIV/syphilis elimination. It maintains 100% nucleic acid testing coverage for blood supplies and 100% safe injection practices while ensuring food and drinking water safety.

Improving Detection and Surveillance for Timely Identification of Infection Sources

Low testing and diagnosis rates represent a critical bottleneck; the 80% diagnostic target cannot be reached without systematic screening. The Action Plan promotes "multidisease co-testing" among key populations, explores proactive testing models, establishes a viral hepatitis management information system, and strengthens sentinel surveillance and epidemic analyses.

Enhancing Treatment Services and Improving Therapeutic Outcomes

Although hepatitis C is curable and effective treatments are available for HBV infections, uptake remains suboptimal. The Action Plan explores Internet-based diagnosis and drug delivery services, promotes a tiered healthcare system and whole-course management of hepatitis B, and strengthens the role of traditional Chinese medicine.

TABLE 1. Comparison of key targets between the 2017–2020 Plan and the 2025–2030 Action Plan.

Target Area	2017–2020 Plan	2025–2030 Action Plan	Key Changes
Childhood hepatitis A and B vaccination coverage	≥95%	≥95%	Unchanged
Timely birth-dose hepatitis B vaccination	≥90%	≥90%	Unchanged
HBsAg prevalence among children under 5	≤1%	≤0.2%	Significantly lowered
HBV mother-to-child transmission rate	No explicit target	≤1%	New explicit target
Blood NAT for HBV/HCV	100%	100%	Unchanged
Safe injection practices in healthcare institutions	Implicit	100%	Explicitly specified
Comprehensive intervention coverage among people who inject drugs	≥70%	≥95%	Substantially increased
Chronic hepatitis B diagnosis rate	No target	≥80%	New target
Chronic hepatitis B antiviral treatment rate	No target	≥80% (among newly reported)	New target
Chronic hepatitis C diagnosis rate	No target	≥80%	New target
Chronic hepatitis C antiviral treatment rate	No target	≥80%	New target
Public awareness of viral hepatitis knowledge	≥50%	Removed	Deleted

Note: 1) The 2017–2020 Plan did not include specific targets for the diagnosis and treatment rates of hepatitis B and C, nor did it set an explicit target for reducing mother-to-child transmission. The 2025–2030 Action Plan addresses these critical gaps by introducing quantifiable targets that align with the WHO elimination benchmarks. 2) The public awareness target (≥50%) included in the 2017–2020 Plan has been removed from the 2025–2030 Action Plan, as health education and social support are now addressed as cross-cutting strategies across multiple intervention areas rather than as a standalone quantitative indicator.

Abbreviation: NAT=nucleic acid testing; HBsAg=hepatitis B surface antigen; HBV=hepatitis B virus; HCV=hepatitis C virus;

Strengthening Health Education and Boosting Social Support

Public awareness directly influences adherence to testing and treatment. The Action Plan guides social organizations and volunteers in prevention efforts, promotes the concept that "everyone is the primary person responsible for their own health," and fosters a supportive social environment free from discrimination.

CHALLENGES AND PROSPECTS

China's efforts to prevent and control viral hepatitis face multiple significant challenges.

First, a substantial number of individuals with chronic viral hepatitis (approximately 75 million with HBV and 3.22 million with HCV) require long-term management, placing immense pressure on the healthcare system.

Second, chronic viral hepatitis is a leading cause of cirrhosis and liver cancer, imposing a high economic burden through direct medical costs and indirect costs, such as productivity loss and premature death.

Third, the diagnosis and treatment rates remain significantly below the WHO targets. Both HBV and HCV have low diagnosis and treatment coverage, representing a critical bottleneck in the care cascade and underscoring the need for the 80% diagnosis and

treatment targets.

Fourth, an effective integrated preventive care mechanism across "screening, diagnosis, treatment, and management" has not yet been fully established. Unlike tuberculosis programs that are integrated into the basic public health service package, viral hepatitis has not achieved similar primary care integration, resulting in fragmented patient pathways.

Fifth, funding and human resources are insufficient. Although HIV/AIDS programs have benefited from dedicated government subsidies and international funding, viral hepatitis has historically lacked dedicated funding, constraining public health education and community-based interventions.

Addressing these challenges requires the rigorous implementation of the Action Plan, with attention to the following priority areas. Drawing on disease-specific management models for HIV/AIDS and tuberculosis, which integrate health education, surveillance, testing, intervention, and treatment with dedicated personnel and information system support, hepatitis control can adopt similar approaches (8).

First, the viral hepatitis management information system should be improved using smart surveillance and early warning front-end software deployed in healthcare facilities to ensure accurate case reporting and testing information collection. For hepatitis B and C cases, in particular, data collection should span the entire course of disease management.

Second, the service system can be optimized through collaboration among disease control institutions, healthcare facilities, and primary healthcare providers by establishing intra-hospital coordination and medical prevention mechanisms to create a comprehensive management chain from screening to evaluation.

Third, integrated multi-disease prevention should be promoted by leveraging existing HIV/AIDS infrastructure through "shared health education, intervention, testing, and management." Integration should extend beyond infectious diseases. Chronic hepatitis B shares management needs with hypertension and diabetes — conditions already in the basic public health service package. Uncomplicated cases primarily require monitoring, adherence support, and health education, which can be bundled into community-based chronic disease management, leveraging primary care to enable full-course care and creating conditions for policy inclusion.

Fourth, resource investment and funding support should be increased. Explore hepatitis prevention and control within the basic public health service package, utilizing fiscal subsidies to engage primary healthcare institutions in chronic viral hepatitis management.

In summary, the Action Plan defines interim targets for 2030 and proposes a series of comprehensive interventions. Its full implementation will systematically strengthen viral hepatitis prevention and control, thereby contributing significantly to China's pursuit of the global goal of eliminating viral hepatitis as a public health threat by 2030.

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