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PROGRESS REPORT ON IMPLEMENTING THE GLOBAL HEALTH SECTOR STRATEGY FOR PREVENTION, CARE AND TREATMENT OF VIRAL HEPATITIS 2016–2021 IN THE AFRICAN REGION

Information Document

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BACKGROUND

1. The large burden of viral hepatitis infection makes it a significant regional public health challenge. Although hepatitis A, B, C, D and E account for over 1.3 million deaths per year, 96% of this mortality is due to cirrhosis and hepatocellular carcinoma resulting from chronic infections with hepatitis B virus (HBV) and hepatitis C virus (HCV). [1]

2. The Sixty-sixth session of the WHO Regional Committee for Africa adopted the document[2] entitled "Prevention, care and treatment of viral hepatitis in the African Region: framework for action, 2016–2020". This framework guides Member States in establishing a national hepatitis response to implement the Global Health Sector Strategy on viral hepatitis, 2016–2021.[1] The impact targets of the framework are to reduce new cases of chronic viral hepatitis B and C infections by 30% and to reduce viral hepatitis-related deaths by 10%. Priority actions include development of national action plans in all 47 countries, scale-up of prevention interventions (including the hepatitis B perinatal vaccine and birth dose) and introduction of a testing and treatment programme for chronic viral hepatitis.

3. This report summarizes the progress made in the implementation of the Global Health Sector Strategy for prevention, care and treatment of viral hepatitis, 2016–2021 in the African Region through the regional framework, and proposes the next steps.

PROGRESS MADE

4. Since the adoption of the regional framework in 2016, seventeen Member States have developed national action plans in line with the global strategy, bringing the total to date to 21 countries, as four Member States* had developed national hepatitis plans prior to the adoption of the regional framework.[3] Sixteen Member States[4] have officially constituted a multidisciplinary National Technical Working Group and nominated a focal point for hepatitis within the Ministry of health to oversee the national hepatitis response. Only Mauritania, Rwanda, Senegal and Uganda have allocated domestic resources for the implementation of their national plans. Additionally, 23 Member States[5] observed the 2017 World Hepatitis Day, thus officially acknowledging viral hepatitis as a national challenge.

5. In 2016, the regional coverage of the third dose of hepatitis B vaccine reached 77%, leading to a reduction of new cases of Hepatitis B infections among children below five years of age from 4.3% before the introduction of the vaccine in 2003 to 3% in 2016.[6] However, over the past 10 years, only 11 countries have introduced the hepatitis B vaccine birth dose.[7] Currently, high-level advocacy and preparation of an investment case are ongoing to encourage national investments and scale up hepatitis B vaccination and other prevention initiatives.

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1 WHO, Global Health Sector Strategy on viral hepatitis, 2016−2021: Towards Ending viral hepatitis. Available; http://apps.who.int/iris/bitstream/10665/246177/1/WHO-HIV-2016.06-eng.pdf?ua=1 (accessed on 14 February 2018).

2 WHO, Prevention, Care and treatment of viral hepatitis in the African region: framework for action, 2016–2020, World Health Organization, Regional Office for Africa, 2016 (AFR/RC66/12).

3 *Algeria, Burkina Faso, Benin, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Guinea, Kenya, Malawi, *Mauritania, Niger, *Nigeria, Rwanda,* Senegal, South Africa, United Republic of Tanzania, Togo and Uganda.

4 Benin, Cameroon, Côte d'Ivoire, Democratic republic of the Congo, Ethiopia, Gambia, Ghana, Mauritania, Niger, Nigeria, Rwanda, Senegal, South Africa, United Republic of Tanzania, Togo and Uganda.

5 Benin, Burkina Faso, Cabo Verde, Chad, Congo, Gambia, Ghana, Kenya, Madagascar, Malawi, Mauritania, Mauritius, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Eswatini, Uganda, United Republic of Tanzania and Zimbabwe.

6 WHO, Global Hepatitis Report 2017, Geneva, World Health Organization, 2017.

7 Algeria, Angola, Botswana, Cabo Verde, Gambia, Mauritania, Mauritius, Namibia, Nigeria, São Tome and Principe and Senegal.

6. In most Member States, testing and management of viral hepatitis occurs as individualized therapy in tertiary and specialized centres. To date only 0.3% of persons infected with hepatitis B virus and 6% of those with hepatitis C virus have been diagnosed. In 2017, support was provided to 31 Member States[8] for use and adaptation of WHO hepatitis testing and treatment guidelines for a public health approach, and capacity building and baseline assessment were conducted in six Member States[9] aimed at enhancing the hepatitis response and providing surveillance activity. Epidemic control of acute viral hepatitis A and E (faeco-oral transmission) was supported in Nigeria, Ethiopia and Namibia.

7. Major challenges persist in implementing the viral hepatitis strategy. Low population and political awareness, inadequate financial investment in hepatitis commodities, lack of publicly funded programmes, weak health systems and poor surveillance hamper the hepatitis response. In addition, simple and effective hepatitis testing strategies and tools are lacking, leading to very few people with chronic hepatitis infection knowing their status. The treatment for chronic hepatitis B and hepatitis C is still inaccessible to most patients. In most Member States, primary health care workers are not adequately trained and equipped to diagnose and treat patients with chronic hepatitis B and C.

NEXT STEPS

8. Member States should:

(a) Allocate significant domestic resources and mobilize external funding for the hepatitis response.

(b) Increase hepatitis awareness among their communities, policy-makers, and the general population.

(c) Establish and accelerate the public health screening and treatment of viral hepatitis while strengthening integration and linkages with other health programmes.

(d) Strengthen national strategic information systems to provide quality data for better understanding of the hepatitis epidemic.

(e) Strengthen hepatitis prevention services by expanding the coverage of the three-dose pentavalent vaccination and introducing universal hepatitis B birth dose vaccine.

9. WHO and partners should:

(a) Continue to support the development of national action plans in the remaining Member States.

(b) Increase technical support for the establishment of national coordination and programming for the viral hepatitis response.

(c) Support the dissemination and implementation of surveillance policy.

(d) Monitor the hepatitis response.

10. The Regional Committee is requested to take note of the progress report and endorse the proposed next steps.

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[8] Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Côte d'Ivoire, Chad, Democratic Republic of Congo, Ethiopia, Kenya, Ghana, Guinea-Bissau, Lesotho, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Sao Tome & Principe, Senegal, South Africa, South Sudan, Eswatini, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

[9] Ethiopia, Lesotho, Malawi, Namibia, Eswatini and Zimbabwe.