HEPATITIS ELIMINATION IN SUB-SAHARAN AFRICA: WHAT WILL IT TAKE?

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INTEREST 2018, KIGALI CONFERENCE CENTER, RWANDA. 31May2018
Declaration

• Nothing to declare
OUTLINE

• Introduction
• Epidemiology
• Current situation
• WHO Targets
• Challenges/Barriers
• What will it take? /Way Forward
• Conclusion
Sub-Saharan Africa Profile

- Population: 1.033 Billion (2016)
- Low income economies: 60%
- GNI per capita, Atlas method 2016: $1,561.06
- GDP: 1.516 Trillion (2016)
- Urban population: 30%

Epidemiology of HBV

CDC Yellow book 2018.

Epidemiology of HCV

Chronic Viral hepatitis is a public Health Burden in Africa

Chronic HBV - 62.5 million-nearly 25% of global infections

Chronic HCV - 10 million infections nearly 11% of global infections.
Nigeria

- Average HBsAg prevalence of 11.7% and HCV 2.2%*
- 21 million individuals currently infected with hepatitis B. 4M with HCV
- Higher prevalence in rural than urban areas
- 186 million (World Bank 2016)
- 5 million people will die prematurely from complications of liver cirrhosis and HCC usually between the ages of 30-50 years

Nigeria: Viral Hepatitis Story

• Treatment for chronic HBV/HCV being done in tertiary centers and private sectors by specialists and Hepatologists (about 130 hepatologists to 25 Million infected)

• Significant inequalities in access to care

Advanced clinical Consequences of Chronic HBV & HCV are the main presentation at first diagnosis
Global annual mortality from hepatitis, HIV, tuberculosis and malaria, 2000–2015
## WHO Elimination Targets

<table>
<thead>
<tr>
<th>Service coverage</th>
<th>Baseline 2015</th>
<th>2020 Target</th>
<th>2030 Target</th>
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</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Dose HBV vaccine for infants</td>
<td>82%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Prevention of MTCT of HBV</td>
<td>38%</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td>Blood safety</td>
<td>89%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Injection safety</td>
<td>5%</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>20</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis of HBV &amp; HCV</td>
<td>&lt;5%</td>
<td>30%</td>
<td>90%</td>
</tr>
<tr>
<td>Treatment of HBV &amp; HCV</td>
<td>&lt;1%</td>
<td>5 Million(HBV)</td>
<td>80% eligible treated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Million(HCV)</td>
<td></td>
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<tr>
<td><strong>Impact leading to elimination</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Incidence of CHBV &amp; CHCV infections</td>
<td>6-10 million</td>
<td>30% reduction</td>
<td>90% reduction</td>
</tr>
<tr>
<td>Mortality form CHBV &amp; CHCV</td>
<td>1.46 million</td>
<td>10% reduction</td>
<td>65% reduction</td>
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</tbody>
</table>
Map of HBV birth dose vaccine and in-country coverage rates for 2015

Countries in the WHO region of Africa that have implemented or are planning to implement the HBV birth-dose vaccine

<table>
<thead>
<tr>
<th>Country</th>
<th>Date of implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>2004</td>
</tr>
<tr>
<td>Angola</td>
<td>2015</td>
</tr>
<tr>
<td>Benin</td>
<td>Planned for 2017-18</td>
</tr>
<tr>
<td>Botswana</td>
<td>Pre-2000</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>2002</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Planned for 2017-18</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>Planned for 2017-18</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>Planned for 2017-18</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Planned for 2018</td>
</tr>
<tr>
<td>The Gambia</td>
<td>1990</td>
</tr>
<tr>
<td>Ghana</td>
<td>Planned for 2017-18</td>
</tr>
<tr>
<td>Mauritania</td>
<td>2013</td>
</tr>
<tr>
<td>Namibia</td>
<td>2014</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2004</td>
</tr>
<tr>
<td>Senegal</td>
<td>2016</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Planned for 2017-18</td>
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</tbody>
</table>

Challenges
Key Challenges: The five “Lacks”

- Inadequate Government advocacy, leadership and commitment for hepatitis response
- Limited country (and global) funding
- Poor implementation of national strategies
- Public health sector approach to hepatitis screening and treatment still in its infancy
- High cost of drugs/ Out-of –Pocket expenses
- Information gaps on disease and economic burden, and treatment need.

World Hepatitis Summit 2015
Global Funding

- Domestic HIV/AIDS Prevention and Research, $789M
- Viral Hepatitis, $39M
- Sexually Transmitted Infections (STIs), $157M
- Tuberculosis (TB), $142M

CDC Global Presidential Budget 2017
Other Challenges in Sub-Saharan Africa:

1. Lack of data: data for action, advocacy, strategic planning
2. Multiple barriers to screening and linkage to care including cultural beliefs and stigmatization
3. Diagnosis of liver disease & hepatitis treatment challenges
4. Poor health infrastructure and technology
5. Sustainable funding-Cost of care & drug access
6. Human resources & personnel
Way Forward
WHAT WILL IT TAKE?

Country ownership
Integration of hepatitis services into health systems and strategies

Effective partnerships
A public health approach

Universal Health coverage as the overarching framework
Intersectoral cooperation

Framework for action in the WHO African Region 2016-2020
What will it take?

Country ownership

• Government commitment and leadership
• To ensure that the national hepatitis response is led, coordinated and owned by the member states.
• Training of Health Care Workers (middle level & community health extension workers)
• Research & Surveillance
What will it take?
Integration of hepatitis services into health systems and strategies

• This helps by avoiding stand-alone viral hepatitis programmes and strengthening the interface between the health sector and other sectors.

• *The Nigeria Hepatitis Treatment Guideline 2016
What will it take?

**Effective partnerships**

- Effective partnerships for multisectoral cooperation involving all sectors of society and ensuring that all partners align their support to the national hepatitis response as set out by governments.

- Partnerships including Civil Society (Patient advocacy, NGOs)
Partnerships & Collaborations

Diagnosis & Treatment

Clinton Health Access Initiative/Clinton Foundation

- HCV treatment at large HIV treatment Program (Co-infections) with funding for 300 patients (daclatasvir/sofusbuvir)

- Subsidized HCV treatment access at hepatitis clinic in health care Facilities (Lagos & Nassarawa, Nigeria)
Partnerships & Collaborations
Scaling-up: Diagnosis & Treatment

Integration: Leveraging on the GeneXpert (TB) Platform to improve HCV Viral Load Access

- GeneXpert (Cepheid) adopted- NTBLCP*, 2011
- Use of Xpert HCV viral load to optimize resources and maximize performance.

*National TB and Leprosy Control Program
Partnerships & collaborations
Scaling-up: Diagnosis & Treatment

Integration: Leveraging on Roche PCR (HIV) platforms to improve HBV & HCV Viral Load Access

• Roche PCR employed by HIV programs
• > 45 systems installed across the Nigeria*
  • (Cobas Ampliprep and Taqman systems)
• Need to ensure resources and performance are maximized towards optimizing capacity.
Partnerships & Collaborations
Scaling-up: Capacity Building & Training

Over 250 Primary care physicians in both public and private sector trained

• ICHEP* (Nigeria, Egypt, Ethiopia etc)
• CHAI
• SOGHIN
• GILEAD/PHILLIPS
• Roche Pharmaceuticals

International Coalition of Hepatology Education Providers
What will it take?
A public health approach

• A public health approach based on simplified and standardized interventions and services that can readily be taken to scale and bringing them nearer to the population in need.

*VH community screening in Lagos, Nigeria
What will it take?

Intersectoral cooperation

- Key stakeholders are encouraged to work together to create sustainable, locally-appropriate solutions to limit the burden posed by viral hepatitis on health care systems, society and, most importantly, infected persons and their communities.

- Healthcare workers, pharmaceuticals, hospital administrators, Civil organizations, patient advocacy groups at WHD 2016
What will it take?

Universal Health coverage as the overarching framework

• To ensure that all people obtain the viral hepatitis services they need without suffering financial hardship when paying for them.

• National Health insurance, Community based health insurance

• Innovative drug pricing models needed

• Treatment subsidization as available for AIDS, Malaria and TB through international donors (Global funds, PEPFAR)

• Sustainable Funding
Conclusion

A WORLD WHERE
VIRAL HEPATITIS
- transmission is halted and everyone living with
viral hepatitis has access to safe, affordable and
effective prevention, care and treatment services.

VISION

GOAL

ELIMINATE VIRAL HEPATITIS AS A MAJOR PUBLIC HEALTH THREAT BY 2030

STRATEGIC DIRECTIONS

1. Information for focused action
   (a) Understanding the epidemic and the response
   (b) Implementing evidence-based national
       hepatitis plans

2. Interventions for impact
   (a) Preventing transmission
   (b) Diagnosing hepatitis infection
   (c) Enhancing hepatitis treatment and chronic care

3. Delivering for equity
   (a) Adapting viral hepatitis services
   (b) Strengthening human resources for hepatitis
   (c) Ensuring access to good quality and affordable
       hepatitis vaccines, medicines, diagnostics and
       other commodities
   (d) Promoting an enabling environment

4. Financing for sustainability
   (a) Increasing investments through innovative
       financing and new funding approaches

(b) Addressing financial and other barriers to
    access and provide financial risk protection
(c) Reducing prices and costs, and removing
    inefficiencies

5. Innovation for acceleration
   (a) Optimizing prevention
   (b) Optimizing testing and diagnostics
   (c) Optimizing medicines and treatment regimens
   (d) Optimizing service delivery

Framework for action in the WHO African Region 2016-2020
Summary

- Silent epidemic of CHB & CHC in SSA
- Co-infection with HIV worsens liver condition
- Overcoming challenges requires individual government commitment, patient advocacy and civil society groups, strengthening African networks and collaborations, international collaborations (donors, pharmaceuticals), health insurance and Health management organizations.
WHD (July 28) Theme 2018

ELIMINATE HEPATITIS

Find The Missing Millions.
Acknowledgements

• Prof Funmi Lesi, LUTH, Nigeria
• Dr Emuobor Odeghe, LUTH, Nigeria
• Lagos University Teaching Hospital (LUTH), Nigeria
• SOGHIN-Society for Gastroenterology & Hepatology in Nigeria
• National AIDS/STIs control programme, Federal Ministry of Health, Nigeria