GHANA CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

Hepatitis B virus (HBV)

NO
HBV elimination goal

Hepatitis C virus (HCV)

NO
HCV elimination goal

THE HEALTH BURDEN OF VIRAL HEPATITIS

12.30% - 8.36%
Prevalence of chronic HBsAg
2016 2020
Based on meta-analysis

3.00%
Prevalence of chronic HCV
2016
Based on meta-analysis

42,200
New HBV infections, annually
Modelled estimate
Additional data forthcoming from HEAT project

9,200
New HCV infections, annually
Modelled estimate
Additional data forthcoming from HEAT project
### Mortality

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV deaths</strong></td>
<td>3,118</td>
<td>(2,273-4,155)</td>
</tr>
<tr>
<td><strong>Deaths per 100,000</strong></td>
<td>9.89</td>
<td>(7.21-13.20)</td>
</tr>
<tr>
<td><strong>HCV deaths</strong></td>
<td>552</td>
<td>(387-764)</td>
</tr>
<tr>
<td><strong>Deaths per 100,000</strong></td>
<td>1.75</td>
<td>(1.23-2.42)</td>
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### Progress Towards 2020 WHO Elimination Goals

#### Prevention of New Infections and Mortality

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage change in new infections</strong></td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
<tr>
<td><strong>Percentage change in deaths, 2015-2019</strong></td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Prevalence of HBsAg in children &lt; 5 years (%)</strong></td>
<td>0.64%</td>
<td>(0.50-0.80)%</td>
</tr>
</tbody>
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1. [Modelled estimate]
2. [Target -30%]
3. [Target -10%]
**ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT**

- **Hepatitis B vaccination coverage for newborns**
  - WHO 2020 Target 50%
  - NO DATA

- **HepB 3 dose vaccine coverage for infants, 2020**
  - WHO 2020 Target 90%
  - 94%

- **Proportion of diagnosed HBV persons receiving appropriate treatment**
  - WHO 2020 Target 30%
  - NO DATA

- **For persons who inject drugs (PWID), number of sterile needles per year**
  - WHO 2020 Target 200
  - NO DATA

- **Proportion of persons living with HBV diagnosed**
  - Based on modelling from CDA Foundation Additional data forthcoming from the HEAT project

- **Number of persons tested for HBsAg**
  - Based on modelling from CDA Foundation Additional data forthcoming from the HEAT project
  - 2019: 15,100, 2020: NO DATA

- **Number of treatments for HBV**
  - Based on modelling from CDA Foundation Additional data forthcoming from the HEAT project
  - 2019: 740, 2020: NO DATA
Strategic Information

Routine official reports to monitor HBV and HCV

Estimates of HBV and/or HCV economic burden

Monitoring of HBV and HCV diagnosis and treatment

Policy Environment for the Elimination of Hepatitis

Achievement

Proportion of diagnosed persons who have been cured

Monitoring of HBV and HCV diagnosis and treatment

Not Adopted

 Estimates of HBV and/or HCV economic burden

Not Adopted

No national prevalence studies have been conducted

Roadblocks

Prevalence

Not Adopted

Partially Adopted

For acute HBV and HCV

Partially Adopted

For acute HBV and HCV

Not Adopted
**ACHIEVEMENTS**
Ghana Health Service, US CDC and WHO are in the process of conducting nationally representative study to estimate the HBsAg seroprevalence among pregnant women and the risk of HBV transmission from mother to child.

**INNOVATIONS**
- HEAT project is being implemented by Cape Coast University in coordination with Ghana Health Service and Hepatitis Foundation of Ghana to conduct an epidemiological situational and lab capacity assessment.
- Cancer registry network established
- Ghana Health Service has designed new hepatitis data management tools that will be integrated into DHIS 2.

**ROADBLOCKS**
- Limited national data is available on the burden of hepatitis.
- Major teaching hospitals are not yet required to report to DHIS 2 national system.
- Lack of data systems to meet national reporting requirements; Systems have been designed but training required for facility staff.
- Case definitions for acute and chronic HBV and HCV infection need to be improved and reflected in data management system.
- Ghana Health Service requires funding and additional staff to manage and expand hepatitis program.
- Surveillance systems currently do not capture marginalized populations.

**PREVENTION OF MOTHER TO CHILDREN TRANSMISSION**

**Policy for hepatitis B vaccination of newborns**
- **Not Adopted**
  - NITAG leadership is aware of the need. The Ministry of Health requested CHAI to consider supporting birth dose introduction. Formal request for NITAG recommendation pending. Antenatal HBsAg seroprevalence study ongoing.

**Recommendations for:**

**HBV testing of pregnant women**
- **Partially Adopted**
  - Out-of-pocket payment required. HBsAg antenatal test results recorded in antenatal records & maternal health record book (red book). Test results not reported at the national level.

**HCV testing of pregnant women**
- **Partially Adopted**
  - Very limited implementation despite recommendation. HCV test results do not have space in maternal health record book (red book).

**INNOVATIONS**
- Study underway by the Ghana Health Service US CDC and WHO to estimate the prevalence of HBsAg among pregnant women and a risk of HBV mother to child transmission to inform hepatitis B birth dose decision.
Hepatitis B birth dose and HBIG are not covered by national health insurance and must be financed out of pocket by mothers.

Pregnant women should not pay for anti-HCV and HBsAg testing.

ROADBLOCKS

Hepatitis B birth dose and HBIG are not covered by national health insurance and must be financed out of pocket by mothers.

Pregnant women should not pay for anti-HCV and HBsAg testing.

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of orginator DAAs: Not Adopted

Eligible for generic DAAs: Adopted

Registration of generic DAAs: Not Adopted

Licensed point-of-care PCR testing to detect HBV and HCV: Not Adopted

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

HBV: Risk-based

HCV: Risk-based

No patient co-pays for HBsAg and anti-HCV testing

ACHIEVEMENTS

The essential health package outlined in the next Ministry of Health National Health Five Year Plan includes hepatitis B birth dose.

Since 2019, there has been strong political interest in prevention of maternal to child transmission from Parliament.
## ACCESS TO HBV AND HCV TREATMENT

### HBV:
- National treatment guidelines:
  - Partially Adopted
- Simplified care: Simplified treatment and monitoring algorithm for primary care providers:
  - Partially Adopted
- Simplified care: No patient co-pays for treatment:
  - Not Adopted

### HCV:
- National treatment guidelines:
  - Partially Adopted
- Simplified care algorithm: Less than 2 clinic visits during treatment:
  - Partially Adopted
- Simplified care algorithm: Non-specialists can prescribe treatment:
  - Partially Adopted
- Simplified care algorithm: No patient co-pays for treatment:
  - Not Adopted
- No fibrosis restrictions:
  - Adopted
- No sobriety restrictions:
  - Adopted
- No genotyping:
  - Not Adopted

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**ROADBLOCKS**

- No routine screening policy is in place for the general population
- Cost of diagnostics remains high and unaffordable for majority of patients; Bulk purchasing is not being conducted

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**Lack of funding to fully roll-out HBV and HCV treatment guidelines, so implementation of guidelines remains fragmented**

As per National Guidelines for Prevention, Care and Treatment of Viral Hepatitis, district and regional hospitals are permitted to treat for HBV but in reality HBV treatment is only available at teaching hospitals.

Patients living with HIV receive treatment for free. All patients with HBV who are on treatment are obliged to pay fully for their treatment, unlike HIV patients.

Lack of funding to fully roll-out HBV and HCV treatment guidelines, so implementation of guidelines remains fragmented

National Policy allows for reduced frequency of clinic visits

HCV treatment is currently only available at teaching hospitals; Policy allows for HCV treatment at district level but in practice it is not happening much.

Per policy, patients requiring treatment should be referred to tertiary or specialist centers or designated treatment centers. In practice, HCV treatment is currently only available at teaching hospitals. No other treatment centers have been designated at this stage of the program.

All patients have to finance their own treatment. Treatment is not covered for patients living with HIV.

Genotyping recommended for all persons diagnosed with active infection.
**ACHIEVEMENTS**

*Development of national HBV and HCV treatment guidelines*

**INNOVATIONS**

*Secured zoom license to virtually roll-out national treatment guidelines through training sessions.*

**ROADBLOCKS**

*Additional training of healthcare workers on HBV and HCV prevention, screening, and care is needed*

*Linkage to care is a challenge since HBV treatment is only available at teaching hospitals in practice*

*There remains uncertainty around establishing the percent of persons living with HBV that meet criteria for treatment*

**HEALTH EQUITY AND ADDRESSING DISPARITIES**

- National strategy addresses populations most affected ²
  
  *Adopted*

- National anti-discrimination laws against persons living with hepatitis B and/or C ¹¹
  
  *Partially Adopted*

- National policy for adult hepatitis B vaccination ¹¹
  
  *Partially Adopted*

- National policy for:
  
  - Harm reduction for persons who inject drugs (PWID) ¹¹
    
    *Adopted*
  
  - Syringe exchange in federal prisons ¹¹
    
    *Not Adopted*
  
  - Decriminalization of possession of syringes & paraphernalia ¹¹
    
    *Adopted*
  
  - Decriminalization of drug use ¹¹
    
    *Not Adopted*

*Strategy includes targeted activities to meet needs of MSM and PWID*

*For healthcare workers*
ACHIEVEMENTS
Non-governmental organizations have a strong presence in Ghana and routinely conduct free screening and outreach campaigns, especially in hard to reach areas. The Hepatitis Foundation of Ghana conducts such events annually and have been instrumental in the establishment of the National Viral Hepatitis Control Program. The Hepatitis Alliance of Ghana hosts a Summit every 2 years.

ROADBLOCKS
No national policy for HBV and HCV testing and treatment for people living with HIV

Limited data on the burden of hepatitis B and C is available for marginalized populations such as people who inject drugs and sex workers. Access to care for these populations remains limited.

Lack of policy document to regulate and streamline the works of NGOs on screening, vaccination, treatment and linkage to care.

Integration of data from outreach campaigns into the national system.

FINANCING
Public budget line for HBV and HCV testing and treatment

Not Adopted

ROADBLOCKS
The hepatitis program lacks dedicated funds to support and sustain the implementation of policies and programs

National Strategic Plan is not costed and does not include a financing plan
**NEXT STEPS TOWARD ELIMINATION**

- Introduce hepatitis B birth dose and scale-up nationally
- Improve strategic information by developing electronic data management system and training healthcare providers
- Expand surveillance to include marginalized groups
- Identify financing mechanisms for hepatitis program and expand investments in hepatitis prevention, testing, and care
- Include hepatitis B and C testing and treatment in national health insurance scheme
- Develop a policy framework to streamline the work of NGOs on screening, vaccination, treatment and linkage to care.

- Identify opportunities to integrate HBV and HCV testing into HIV and TB programs, especially leveraging GeneXpert machines
- Increase awareness of healthcare workers on hepatitis testing and treatment, including expanding trainings on national guidelines
- Reduce costs of diagnostics and treatments through exploration of price negotiations or bulk purchasing
- Establish a national HBV and HCV testing policy beyond risk-based screening
- Integrate HBV and HCV testing into the HIV voluntary testing program
- Include hepatitis B and C testing and treatment in national health insurance scheme
- Develop a policy framework to streamline the work of NGOs on screening, vaccination, treatment and linkage to care.
This National Hepatitis Elimination Profile (N-HEP) was developed by the Coalition for Global Hepatitis Elimination. Funding for this N-HEP was provided by Gilead Sciences. The Coalition for Global Hepatitis Elimination retained final control over the content.

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