GHANA CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

Hepatitis B virus (HBV)

NO
HBV elimination goal

Action Plan

Hepatitis C virus (HCV)

NO
HCV elimination goal

Action Plan

THE HEALTH BURDEN OF VIRAL HEPATITIS

12.30% – 8.36%  
2016  
2020

Prevalence of chronic HBsAg
Based on meta-analysis

3.00%  
2016

Prevalence of chronic HCV
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

### HBV deaths, 2019

3,118 (2,273-4,155)

9.89 (7.21-13.20)

Deaths per 100,000

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### HCV deaths, 2019

552 (387-764)

1.75 (1.23-2.42)

Deaths per 100,000

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## Progress Towards 2020 WHO Elimination Goals

### Prevention of New Infections and Mortality

#### HBV

- **Percentage change in new infections**: NO DATA

#### HCV

- **Percentage change in new infections**: NO DATA

#### HBV

- **Percentage change in deaths, 2015-2019**: 7%

#### HCV

- **Percentage change in deaths, 2015-2019**: 8%

#### Prevalence of HBsAg in children < 5 years (%)

0.64% (0.50-0.80)%

SDG 2020 Target 1%
**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**

- NO DATA

**For persons who inject drugs (PWID), number of sterile needles per year**

- WHO 2020 Target 200
- 0

**Proportion of persons living with HBV diagnosed**

- NO DATA

**Number of persons tested for HBsAg**

- 15,100
- 2019

**Number of treatments for HBV**

- 740
- 2019
**Proportion of diagnosed persons who have been cured**

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons tested for HCV</td>
<td>NO DATA</td>
<td>19,200</td>
</tr>
<tr>
<td>Number of persons treated for HCV</td>
<td>NO DATA</td>
<td>100</td>
</tr>
</tbody>
</table>

**Policy Environment for the Elimination of Hepatitis**

**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

**Adoption Status**

- Mortality: Partially Adopted
- Incidence: Partially Adopted
- Prevalence: Not Adopted
- For acute HBV and HCV
- For acute HBV and HCV
- No national prevalence studies have been conducted

**Roadblocks**

- NO DATA

**Coalition for Global Hepatitis Elimination**
**PREVENTION OF MOTHER TO CHILDREN TRANSMISSION**

**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

**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.

**PREVENTION OF MOTHER TO CHILDREN TRANSMISSION**

Policy for hepatitis B vaccination of newborns ⁸

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 ²
  
  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 ²
  
  Partially Adopted

  Very limited implementation despite recommendation. HCV test results do not have space in maternal health record book (red book).
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
  - **Adopted**
- **HCV**: Risk-based
  - **Adopted**
- **No patient co-pays for HBsAg and anti-HCV testing**: Partially Adopted

DAAs not approved by FDA for use in the public system and are only available in the private sector; DAAs need be added to the National Formulary.

GeneXpert available for HIV/TB/SARS-Cov 2 and is also available for use by hepatitis program once GeneXpert HBV and HCV Viral Load assay cartridges can be funded.

Only groups recommended for screening are healthcare professionals, healthcare trainees, pregnant women, known contacts of persons diagnosed with hepatitis B or C, military recruits, and blood donors.

HBsAg and anti-HCV testing usually covered or subsidized under national health insurance but virologic testing is not; enrollment is not universal. In many cases, patients with national health insurance still have to pay out-of-pocket.
### 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

### 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

- Genotyping recommended for all persons diagnosed with active infection

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.
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 \(^1\)  
- **Partially Adopted**

National policy for adult hepatitis B vaccination \(^1\)  
- **Partially Adopted**

National policy for:  
- Harm reduction for persons who inject drugs (PWID) \(^1\)  
- **Adopted**

- Syringe exchange in federal prisons \(^1\)  
- **Not Adopted**

- Decriminalization of possession of syringes & paraphernalia \(^1\)  
- **Adopted**

- Decriminalization of drug use \(^1\)  
- **Not Adopted**

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

**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

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

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

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.

Integration of data from outreach campaigns into the national system.

FINANCING

Public budget line for HBV and HCV testing and treatment

Not Adopted

ROADBLOCKS

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
- Identify opportunities to integrate HBV and HCV testing into HIV and TB programs, especially leveraging GeneXpert machines

- Improve strategic information by developing electronic data management system and training healthcare providers
- Increase awareness of healthcare workers on hepatitis testing and treatment, including expanding trainings on national guidelines

- Expand surveillance to include marginalized groups
- Reduce costs of diagnostics and treatments through exploration of price negotiations or bulk purchasing

- Identify financing mechanisms for hepatitis program and expand investments in hepatitis prevention, testing, and care
- Establish a national HBV and HCV testing policy beyond risk-based screening

- Include hepatitis B and C testing and treatment in national health insurance scheme
- Integrate HBV and HCV testing into the HIV voluntary testing program

- 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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