ETHIOPIA

CAN ELIMINATE HEPATITIS

NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED MARCH 10 2023

COALITION FOR GLOBAL HEPATITIS ELIMINATION

Hepatitis B virus (HBV)	Hepatitis C virus (HBV)
YES	YES
HBV elimination goal [1]	HCV elimination goal [1]
Action Plan	Action Plan

THE HEALTH BURDEN OF VIRAL HEPATITIS

Prevalence

9.40%

Prevalence of HBsAg, 2020 [2]

Based on unpublished technical report on 2017 national HBV seroprevelnce study and meta-analysis

3.1% (2.2-4.4%)

Prevalence of anti-HCV, 2019 [5]

Based on meta-analysis

Incidence

NO DATA

New HBV infections

NO DATA

New HCV Infections

6,348
HBV-related deaths, 2019 [4]

5.9 (4.66 - 7.43)
Deaths per 100,000, 2019 [4]

Mortality

9,433 (7,777-11,449)
HCV-related deaths, 2019 [4]

8.77 (7.23 - 10.60)
Deaths per 100,000, 2019 [4]

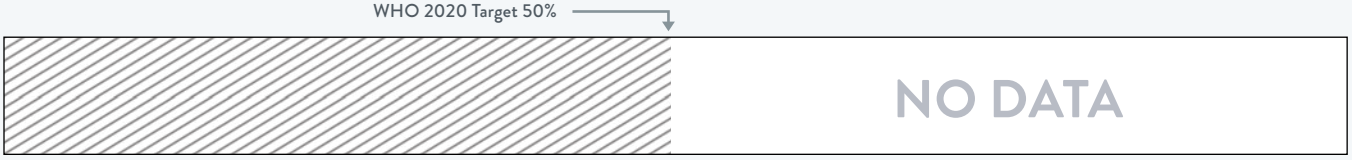
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

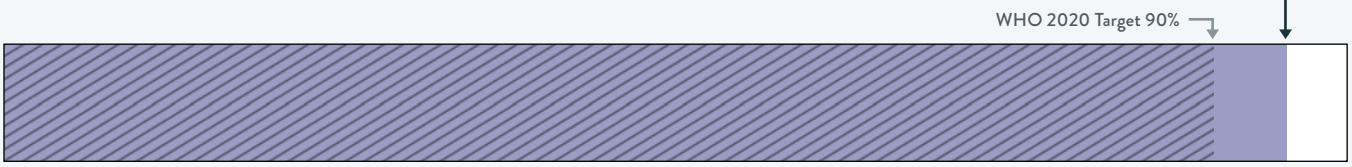
HBV	Percentage change in new infections	NO DATA WHO 2020 Target -30%
HBV	Percentage change in deaths, 2015-2019	NO CHANGE WHO 2020 Target -10% [4]
HCV	Percentage change in new infections	NO DATA WHO 2020 Target -30%
HCV	Percentage change in deaths, 2015-2019	17% ↑ WHO 2020 Target -10% [4]
Prevalence of HBsAg in children < 5 years (%)		1.3% (1.1-1.6)% SDG 2020 Target 1% [4]

ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

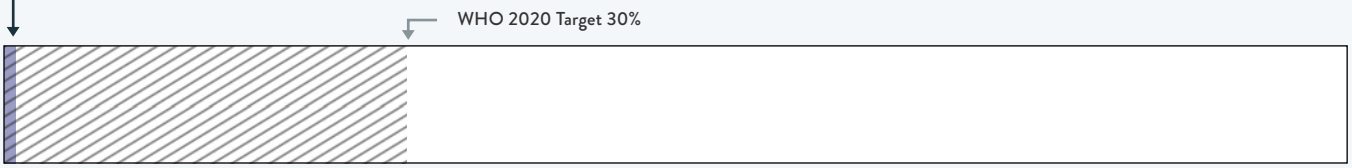
Hepatitis B vaccination coverage for newborns



96% HepB 3 dose vaccine coverage for infants, 2020 [21] *From DHIS2*



<1% Proportion of persons living with **HBV** diagnosed, 2021 [21]



HBV

<1%

Proportion of diagnosed HBV persons receiving appropriate treatment, 2021 [21]

NO DATA

For persons who inject drugs (PWID), number of sterile needles per year, 2020 [7]

WHO 2020 Target 200

<5% Proportion of persons living with **HCV** diagnosed, 2021 [8]

Proportion of diagnosed persons with HCV who have been cured

NO DATA

POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

ACHIEVEMENT | INNOVATIONS | ROADBLOCKS

STRATEGIC INFORMATION

Routine official reports to monitor HBV and HCV [2]	Mortality Incidence Prevalence	A national HBV serosurvey has been conducted but not a national HCV serosurvey. The HBV serosurvey results are unpublished
Estimates of HBV and/or HCV economic burden [11]	Not Adopted	
Monitoring of HBV and HCV diagnosis and treatment [12]	Partially Adopted	A national registry is currently being rolled out to primary clinics

ROADBLOCKS

There is no nationwide survey that has measured the burden of HCV infection in different socioeconomic, geographic, and demographic subgroups. The only available studies are meta-analyses and surveys limited to specific population groups at the blood bank sites and healthcare facilities [9]

Viral hepatitis is not included in the Integrated Disease Surveillance Response (IDSR) system [10]

The well-developed strategic plan was not implemented and is alreay out-dated despite specifying different targets to be achieved by the year 2020

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Universal policy for hepatitis B vaccination of newborns within 24 hours of birth [1]	Partially Adopted	Hepatitis B birth dose introduction is currently being planned for
Recommendations for:		
HBV testing of pregnant women [13]	Adopted	
HCV testing of pregnant women [1,13]	Adopted	

ROADBLOCKS

Hepatitis B birth dose policy was approved in 2020 but has not been rolled out to the entire country

Limited guidance for linkage to treatment for HBV infected pregnant mothers is available

ACHIEVEMENTS

A hepatitis B birth dose pilot is currently underway, supported by the Ministry of Health and US CDC

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of orginator DAAs [14]	Adopted
Eligible for generic DAAs [15]	Adopted
Registration of generic DAAs [14]	Adopted
Licensed point-of-care PCR testing to detect HBV and HCV [2]	Adopted

ROADBLOCKS

High cost of diagnostics and treatments limits patient access. In 2020, HBV and HCV rapid tests cost $4 USD and PCR tests cost $ 127 USD. Treatment for HBV was $30 USD per month and HCV medicines between $500-1,224 USD

The National Essential Medicines List of Ethiopia does not include direct-acting antivirals (DAAs), and cost subsidies by the government are not available for HCV treatment [9]

HBV Viral load determination is commonly not available in government hospitals & patients will need to visit private labs [16]

ACHIEVEMENTS

A study on point-of-care viral load tests for hepatitis B in low-income settings (Ethiopia) was published [17]

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

HBV: Risk-based [1]	Adopted
HBV: Universal	Not Adopted
HCV: Risk-based [1]	Adopted
HCV: Universal	Not Adopted
No patient co-pays for HBsAg and anti-HCV testing [2]	Not Adopted

ROADBLOCKS

Testing policies have been developed but have not been implemented

Cost of diagnostics remains high

ACHIEVEMENTS

National Strategy developed in 2016 includes objectives to develop standard testing policies

ACCESS TO HBV AND HCV TREATMENT

HBV: National treatment guidelines [2,13]	Adopted
Simplied care: Simplified treatment and monitoring algorithm for primary care providers [13]	Adopted
Simplified care: No patient treatment co-pays	Not Adopted

HCV: National treatment guidelines [2,13]	Adopted	
Simplified care algorithm: Less than 2 clinic visits during treatment	Not Adopted	No standard algorithm adopted yet. 2016 National Strategy put forth an objective to establish an algorithm
Simplifed care algorithm: Non-specialists can prescribe treatment [18]	Not Adopted	
Simplified care algorithm: No patient treatment co-pays	Not Adopted	
No fibrosis restrictions [13]	Adopted	
No sobriety restrictions	Not Adopted	
No genotyping [13]	Adopted	

INNOVATIONS

Pilot program to improve care for hepatitis B in Ethiopia launched at St. Paul's Hospital Millenium Medical College

ROADBLOCKS

WHO criteria for HBV treatment initiation is not effective as most patients detected already have advanced liver disease [22]

There is no well structured established national system for linkage to care for those who test positive for HBV and/or HCV

There is on and off availbality of DAAs due to supply chain disruptions

Task-shifting for HBV and HCV treatment is needed as there are few gastroenterologists/ hepatologists in Ethiopia

HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected [1]	Adopted
National anti-discrimination laws against people living with hepatitis B and/or C [19]	Not Adopted

National policy for adult hepatitis B vaccination [13]	Partially Adopted	For healthcare workers and vulnerable populations
National policy for:		
Harm reduction for persons who inject drugs (PWID) [1]	Partially Adopted	Harm reduction is included in the national strategy but it is not implemented
Syringe exchange in federal prisons [19]	Not Adopted	
Number of needles/syringes per PWID per year [7]	0	WHO 2020 Target 200
Number of opioid substitution therapy recipients per 100 PWID [7]	0	
Decriminalization of possession of syringes & paraphernalia [19]	Not Adopted	
Decriminalization of drug use [19]	Not Adopted	

FINANCING

Public budget line for HBV and HCV testing and treatment [1]	Adopted	
Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant	Adopted	

ROADBLOCKS

The National Strategy for Prevention and Control of Viral Hepatitis is estimated to cost $87,115,332 over five years. Initially, the program was to rely on the national health insurance scheme but this is not fully functional

The Ministry of Health has many competing priorities to fund with limited resources, including HIV, TB, malaria and maternal child health [8]

NEXT STEPS TOWARD ELIMINATION

- Establish management information system for testing [8]
- Introduce nationally the hepatitis B birth dose vaccine
- Establish a policy for routine HBV and HCV testing & linkage-to-care
- Assess options for community-based programs, such as TB/HIV and antenatal care, to provide testing and linkage-to-care
- Build capacity at all levels for HBV and HCV testing and treatment, including training gastroenterology specialists, general medical practitioners, and nurses to treat HCV [8,10]
- Develop guidance for linkage to treatment for HBV infected pregnant mothers [8]
- Develop locally relevant treatment criteria for HBV treatment initiation [22]
- Make available all testing technologies & commodities as per the national guidelines
- Increase government financing for the hepatitis program [8]

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WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

COALITION FOR GLOBAL HEPATITIS ELIMINATION

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