



# SENEGAL

## CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED SEPTEMBER 21 2022



*PENDING FINAL APPROVAL*

### ABOUT THE N-HEP

These [National Hepatitis Elimination Profiles \(N-HEPs\)](#) bring together data on each country's epidemiological burden, status of program delivery, and policy environment. Working with local partners, the profiles break down the essential components of effective public health initiatives and highlight achievements, challenges, and innovations for the 30 countries included. The N-HEPs serve as advocacy tools for catalyzing policy development and resource mobilization in pursuit of the 2030 hepatitis elimination goals.

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### AT A GLANCE:

	HBV	HCV
National Plan	YES	YES
Elimination Goal	2030	2030
HepB Birth Dose Coverage	86%	
Number of needles/syringes per PWID per year	NO DATA	
BURDEN OF DISEASE		
Prevalence of HBsAg	6.80%	Prevalence of chronic HCV 1.62%
Deaths per 100,000	7.86	Deaths per 100,000 1.12
OVERVIEW OF POLICY ENVIRONMENT		
<ul style="list-style-type: none"><li>No HBV and HCV screening recommendations</li><li>National budget for hepatitis elimination exists but not large enough to fund national program</li></ul>		
NOTABLE ACHIEVEMENT:	One of the few African countries with a universal HepB birth dose policy	
KEY CHALLENGE:	National plan not fully disseminated or implemented No systematic HBV or HCV screening is underway.	
KEY NEXT STEPS:	Mobilize resources to implement the national strategic plan for viral hepatitis Integrate HBV and HCV testing into healthcare programs targeting populations at risk	

# OVERVIEW

## HBV ACTION PLAN

Senegal published their national policy on Viral Hepatitis in 2019

[View their action plan online ↗](#)

## HCV ACTION PLAN

Senegal published their national policy on Viral Hepatitis in 2019

[View their action plan online ↗](#)





# THE HEALTH BURDEN OF VIRAL HEPATITIS



Prevalence

6.80%

(5.60-8.04)

Prevalence of chronic HBV infection, 2019 <sup>2</sup>  
*Prevalence evaluated between 10 and 12% (numerous studies of population groups such as donors of blood etc.)*

1.62%

(1.30-2.02)

Prevalence of chronic HCV infection, 2019 <sup>2</sup>



Incidence

NO DATA

New HBV infections

*During 2017, 8757 new cases were screened HBsAg positive*

NO DATA

New HCV infections



Mortality

1,190

(800-1,672)

HBV-related deaths, 2019 <sup>2</sup>

7.86 (5.28-11)

Deaths per 100,000, 2019 <sup>2</sup>

169

(109-251)

HCV-related deaths, 2019 <sup>2</sup>

1.12 (0.72-1.66)

Deaths per 100,000, 2019 <sup>2</sup>



# 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 <sup>2</sup>



**HCV** Percentage change in new infections

**NO DATA**  
WHO 2020 Target -30%

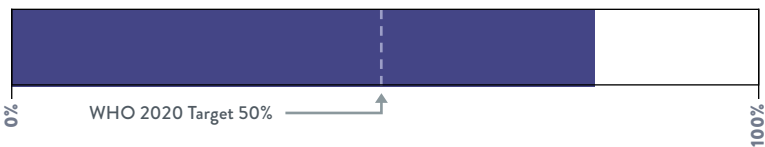
**HCV** Percentage change in deaths, 2015-2019 <sup>2</sup>



Prevalence of HBsAg in children < 5 years (%) <sup>2</sup>

**1.08%**  
(0.78-1.34)%  
SDG 2020 Target 1%

## ACCESS TO RECOMMENDED VACCINATION



**78%** Hepatitis B vaccination coverage for newborns, 2021 <sup>5</sup>



**86%** HepB 3 dose vaccine coverage for infants, 2021 <sup>5</sup>



ACCESS TO RECOMMENDED TESTING



4% Proportion of persons living with **HBV** diagnosed, 2016 <sup>6</sup>



NO DATA Proportion of persons living with **HCV** diagnosed

0%

HBV

Proportion of diagnosed HBV persons receiving appropriate treatment, 2016 <sup>6</sup>

NO DATA



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

WHO 2020 Target 200

Number of persons tested for HBsAg

NO DATA

Number of persons tested for HCV

NO DATA



ACCESS TO RECOMMENDED TREATMENT



Number of treatments for HBV <sup>1</sup>




Number of persons treated for HCV

NO DATA

# POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

STRATEGIC INFORMATION	Status	Notes
Routine official reports to monitor HBV and HCV <sup>7</sup>		
Mortality	Not Adopted	
Incidence	Adopted	
Prevalence	Adopted	
Estimates of HBV and/or HCV economic burden <sup>8</sup>	Partially Adopted	Work is underway to evaluate the return on investment of countrywide scale up of combined prevention and treatment interventions, including with a timely birth dose of hepatitis B vaccine and program to test and treat
Monitoring of HBV and HCV diagnosis and treatment	Not Adopted	

## LEARN MORE ABOUT STRATEGIC INFORMATION:

**ROADBLOCKS**

No national registry for HBV and HCV is established

.....

Viral hepatitis is not included in the national disease surveillance system





# PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Status

Notes

Policy for hepatitis B vaccination of newborns <sup>1</sup>

Adopted

Adopted 2016

## Recommendations for:

**HBV** testing of pregnant women <sup>1</sup>

Partially Adopted

**HCV** testing of pregnant women

Not Adopted

The screening of pregnant women for HBV is not currently mandated, but many midwives and OB/GYN integrate screening into prenatal checkups

## LEARN MORE ABOUT SENEGAL'S WORK IN PREVENTION OF MOTHER TO CHILD TRANSMISSION:



### ROADBLOCKS

*HBV and HCV antenatal screening is not routinized*



### ACHIEVEMENTS

*Senegal is one of the few countries in the African region to have a universal HepB birth dose policy.*



## ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Status

Notes

Registration of originator DAAs <sup>9</sup>

Adopted

Eligible for generic DAAs <sup>10</sup>

Eligible

For both HBV and HCV generic medicines

Registration of generic DAAs <sup>9</sup>

Adopted

Included in voluntary licensing agreement, Daclatasvir and sofosbuvir

Licensed point-of-care PCR testing to detect HBV and HCV <sup>11</sup>

Partially Adopted

HBV rapid diagnostic test available

## TESTING TO DIAGNOSE HBV AND HCV INFECTION

Status

Notes

Testing recommendations for:

HBV: Risk-based <sup>1</sup>

Not Adopted

HBV: Universal <sup>2</sup>

Not Adopted

HCV: Risk-based <sup>1</sup>

Not Adopted

HBV screening is performed systematically and for free when donating blood and is recommended to pregnant women as part of a prenatal package

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

Not Adopted



## LEARN MORE ABOUT SENEGAL’S WORK IN TESTING TO DIAGNOSE HBV AND HCV INFECTION



### ROADBLOCKS

No systematic HBV or HCV screening is underway. Expanded recommendations and healthcare training is needed.

HBV and HCV screening not integrated into HIV or other programs

ACCESS TO HBV AND HCV TREATMENT	Status	Notes
<b>HBV:</b> National treatment guidelines <sup>7</sup>	Not Developed	
<b>HBV:</b> Simplified care: Simplified treatment and monitoring algorithm for primary care providers	Not Adopted	
<b>HBV:</b> Simplified care: No patient co-pays for treatment <sup>11</sup>	Not Adopted	
<b>HCV:</b> National treatment guidelines	Not Developed	



<b>HCV:</b> Simplified care algorithm: Less than 2 clinic visits during treatment	Not Adopted	
<b>HCV:</b> Simplified care algorithm: Non-specialists can prescribe treatment	Not Adopted	
<b>HCV:</b> <i>Simplified care:</i> No patient co-pays for treatment	Not Adopted	
No fibrosis restrictions <sup>12</sup>	Adopted	No clinical guidelines or reimbursement criteria to restrict access
No sobriety restrictions <sup>12</sup>	Adopted	No clinical guidelines or reimbursement criteria to restrict access
No genotyping <sup>7</sup>	Not Adopted	
<b>HDV:</b> National treatment guidelines	Not Developed	

LEARN MORE ABOUT SENEGAL’S WORK IN ACCESS TO HBV AND HCV TREATMENT:



ROADBLOCKS

No systematic HBV or HCV screening is underway. Expanded recommendations and healthcare training is needed.



HEALTH EQUITY AND ADDRESSING DISPARITIES		Status	Notes
National strategy addresses populations most affected <sup>1</sup>		Adopted	
National anti-discrimination laws against persons living with hepatitis B and/or C <sup>13</sup>		Partially Adopted	The law prohibits all forms of discrimination against individuals living with HIV/AIDS
National policy for adult hepatitis B vaccination <sup>1</sup>		Partially Adopted	Healthcare staff and professionals in-training (medical students, pharmacology, odontology, nursing students, etc.) are screened and vaccinated if found to be vaccine naive. (inaccurate)
National policy for:			
Harm reduction for persons who inject drugs (PWID) <sup>14</sup>		Developed	Harm reduction for PWID included in national policy
Syringe exchange in federal prisons <sup>15</sup>		Not Adopted	
Decriminalization of possession of syringes & paraphernalia <sup>14</sup>		Not Adopted	National policy does not decriminalize this
Decriminalization of drug use <sup>14</sup>		Not Adopted	National policy does not decriminalize this







FINANCING	Status	Notes
Public budget line for HBV and HCV testing and treatment <sup>1</sup>	Adopted	To implement the national plan, it will cost an estimated 51.4Billion CFA Francs (\$97.2M). The annual cost will increase from 5B CFA Francs (\$9.4M) in 2019, to 17.6B CFA Francs (\$33.2M) in 2023
Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant	Not Adopted	

LEARN MORE ABOUT SENEGAL’S WORK IN FINANCING:

ROADBLOCKS

Current budget allocations are not sufficient to support wide-spread HBV and HCV testing and treatment

# SENEGAL'S NEXT STEPS TOWARD ELIMINATION

-  Mobilize resources to implement the national strategic plan for viral hepatitis
-  Enhance surveillance for viral hepatitis through inclusion into the national disease surveillance system
-  Integrate HBV and HCV testing into healthcare programs targeting populations at risk
-  Ensure HBV and HCV testing and treatment are accessible to all patients

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WORKING TOGETHER,  
WE WILL **ACHIEVE**  
**ELIMINATION.**



COALITION  
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ELIMINATION**

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