NIGERIA CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

ABOUT THE N-HEP
These National Hepatitis Elimination Profiles (N-HEP)s 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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3 THE HEALTH BURDEN OF VIRAL HEPATITIS
4 PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS
7 POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS
16 NEXT STEPS TOWARD ELIMINATION

AT A GLANCE:

<table>
<thead>
<tr>
<th></th>
<th><strong>HBV</strong></th>
<th><strong>HCV</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plan</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Elimination Goal</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>HepB Birth Dose Coverage</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**BURDEN OF DISEASE**
- Prevalence of HbsAg: 8.1%
- Prevalence of chronic HCV: 1.1%
- Deaths per 100,000: HBV 9.42, HCV 1.38

**OVERVIEW OF POLICY ENVIRONMENT**
- National Strategic Framework (NSF) for Viral Hepatitis Control in Nigeria 2022-2030 recently developed
- No system to monitor HBV and HCV diagnosis and treatment
- Additional screening recommendations introduced in NSF and now must be implemented
- Limited national budget for hepatitis elimination exists

**NOTABLE ACHIEVEMENT:** Each state has a hepatitis focal point under the State Health Department

**KEY CHALLENGE:** Patient co-pays for HBV and HCV treatment

**KEY NEXT STEPS:** Ensure HBV and HCV testing and treatment are free for all patients

Expand a federal budget-line to support hepatitis testing and treatment

THIS PDF IS INTERACTIVE!
Many elements in this report, like links and buttons, are clickable. Give it a try!
OVERVIEW

HBV ACTION PLAN

YES

View their action plan online ➔

HCV ACTION PLAN

YES

View their action plan online ➔
THE HEALTH BURDEN OF VIRAL HEPATITIS

**Prevalence**
- **Prevalence of HBsAg, 2018**: 1.1% (0.9-1.4%) for adults 15-64 yrs
- **Prevalence of chronic HCV, 2018**: 8.1% (7.3-8.9%) for adults 15-64 yrs

**Incidence**
- **New HBV infections**: No data
- **New HCV infections**: No data

**Mortality**
- **HBV-related deaths, 2019**: 20,245 (13,541-29,553)
- **HCV-related deaths, 2019**: 2,965 (2,011-4,360)

Deaths per 100,000, 2019:
- **HBV**: 9.42 (6.30-13.80)
- **HCV**: 1.38 (0.94 - 2.03)
### Progress Towards 2020 WHO Elimination Goals

#### Prevention of New Infections and Mortality

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage Change in New Infections</th>
<th>Deaths, 2015-2019</th>
<th>Prevalence of HBsAg in Children &lt; 5 Years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>NO DATA</td>
<td>3%</td>
<td>7.15% (5.85 - 8.66%)</td>
</tr>
<tr>
<td>HCV</td>
<td>NO DATA</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

#### Access to Recommended Vaccination

- Hepatitis B vaccination coverage for newborns, 2021: 52%
- HepB 3 dose vaccine coverage for infants, 2021: 56%
OVERVIEW

HEALTH BURDEN

PROGRESS

POLICY ENVIRONMENT

NEXT STEPS

ACCESS TO RECOMMENDED TESTING

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

WHO 2020 Target 200

Proportion of persons living with HBV diagnosed, 2016

Proportion of persons living with HCV diagnosed

Number of persons tested for HBsAg

NO DATA

Number of persons tested for HCV

NO DATA
ACCESS TO RECOMMENDED TREATMENT

Proportion of persons diagnosed with HCV who have been cured

0%

Proportion of diagnosed HBV persons receiving appropriate treatment, 2016

0%

Number of persons on treatment for HBV

NO DATA

Number of persons treated for HCV

NO DATA
## POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

### STRATEGIC INFORMATION

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine official reports to monitor HBV and HCV (^1)</td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Incidence</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Prevalence</td>
<td>Adopted  The 2018 Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) also assessed prevalence of HBsAg and chronic HCV</td>
</tr>
<tr>
<td>Estimates of HBV and/or HCV economic burden (^10)</td>
<td></td>
</tr>
<tr>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Monitoring of HBV and HCV diagnosis and treatment (^22)</td>
<td></td>
</tr>
<tr>
<td>Partially Adopted</td>
<td>Monitoring tools are currently being rolled out.</td>
</tr>
</tbody>
</table>
ACHIEVEMENTS

Each state has a hepatitis focal point under the State Health Department. In May 2019, the National Viral Hepatitis Control Program, convened the first Review meeting of all Hepatitis Desk officers across Nigeria with the active participation of the civil society groups in the event. The meeting was organized to review the Hepatitis Treatment facilities directory and share best practices among key actors. Convenings of focal points are regularly coordinated by the federal Ministry of Health.

Nasarawa State has screened over 85,000 people and cured 1,300 of those who were found to be infected.

INNOVATIONS

Cost-effectiveness analysis conducted on HCV management and treatment and projected efforts.
PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns  
Status: Adopted

Recommendations for:

- **HBV testing of pregnant women**  
  Status: Adopted

- **HCV testing of pregnant women**  
  Status: Partially Adopted

Notes:

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

- Universal HCV screening of pregnant women adopted in recently developed National Strategic Framework. These recommendations have not been implemented yet.

LEARN MORE ABOUT NIGERIA’S WORK IN PREVENTION OF MOTHER TO CHILD TRANSMISSION:

**ROADBLOCKS**

Childhood HepB vaccination coverage remains low

Timely hepatitis B birth dose coverage remains low due to challenges such as home births, supply in rural areas, and education/awareness

**ACHIEVEMENTS**

The government has prioritized providing HepB birth dose at all primary care centers at no cost
### ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registration of orginator DAAs</strong></td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>Eligible for generic DAAs</strong></td>
<td>Eligible</td>
</tr>
<tr>
<td><strong>Registration of generic DAAs</strong></td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>Licensed point-of-care PCR testing to detect HBV and HCV</strong></td>
<td>Partially Adopted</td>
</tr>
</tbody>
</table>

### TESTING TO DIAGNOSE HBV AND HCV INFECTION

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing recommendations for:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>HBV:</strong> Risk-based</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td><strong>HBV:</strong> Universal</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td><strong>HCV:</strong> Risk-based</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td><strong>HCV:</strong> Universal</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td>No patient co-pays for HBsAg and anti-HCV testing</td>
<td>Not Adopted</td>
</tr>
</tbody>
</table>
## Access to HBV and HCV Treatment

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong>: National treatment guidelines 10</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td><strong>HBV</strong>: <em>Simplified care</em>: Simplified treatment and monitoring algorithm for primary care providers 10</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HBV</strong>: <em>Simplified care</em>: No patient co-pays for treatment 14</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: National treatment guidelines 10</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: Simplified care algorithm: Less than 2 clinic visits during treatment 10</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: Simplified care algorithm: Non-specialists can prescribe treatment 10</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>
### Overview

#### Health Burden

- **HCV**: **Simplified care:**
  - No patient co-pays for treatment

#### Progress

- No fibrosis restrictions
  - Adopted

- No sobriety restrictions
  - Partially Adopted

- No genotyping
  - Adopted

### Policy Environment

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td>Based on treatment guidelines</td>
</tr>
<tr>
<td>Partially Adopted</td>
<td>Based on treatment guidelines</td>
</tr>
<tr>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Partially Adopted</td>
<td></td>
</tr>
</tbody>
</table>

### Next Steps

#### Health Equity and Addressing Disparities

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td>Clinical guidelines recommend vaccinating household and sexual contacts and groups at higher risk of infection. Adult vaccination is not routinely implemented</td>
</tr>
<tr>
<td>Not Adopted</td>
<td>Clinical guidelines recommend vaccinating household and sexual contacts and groups at higher risk of infection. Adult vaccination is not routinely implemented</td>
</tr>
<tr>
<td>Partially Adopted</td>
<td>Clinical guidelines recommend vaccinating household and sexual contacts and groups at higher risk of infection. Adult vaccination is not routinely implemented</td>
</tr>
</tbody>
</table>

### Roadblocks

Currently, the majority of hepatitis treatment in Nigeria is provided at tertiary level services, which are not easily accessible to large parts of the population. There are only 100 liver specialists across the country. Additional healthcare worker training on HBV and HCV testing and treatment is needed.

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**LEARN MORE ABOUT NIGERIA’S WORK IN ACCESS TO HBV AND HCV TREATMENT:**
## National policy for:

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm reduction for persons who inject drugs (PWID)</td>
<td>Developed</td>
</tr>
<tr>
<td>Syringe exchange in federal prisons</td>
<td>Partially Adopted</td>
</tr>
</tbody>
</table>

### Health Burden

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Targets</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>WHO 2020 Target</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Number of opioid substitution therapy recipients per 100 PWID</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Policy Environment

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decriminalization of possession of syringes &amp; paraphernalia</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Decriminalization of drug use</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Decriminalization of hepatitis infection</td>
<td>Not Adopted</td>
</tr>
</tbody>
</table>
There are no HBV vaccination programs for at-risk populations such as men who have sex with men, health care workers, people who inject drugs, or persons who are incarcerated. The government does not fund any NSP programs. The pilot project was supported by The Global Fund for TB, AIDS, and Malaria.

In 2018, Patient groups and members of the World Hepatitis Alliance under the umbrella of the Civil Society Network on viral hepatitis in Nigeria partnered with the Federal Ministry of Health, and World Health Organization (WHO) to organize the 1st Nigeria Hepatitis Summit in Abuja, FCT. The meeting was the flagship event in the country that brought together 26 states Ministry of health officials, academia, and civil society groups to engage on ways to accelerate hepatitis elimination in the country.

The government consistently celebrates World Hepatitis Day at the national and state level.

Nasarawa has initiated a state hepatitis elimination program. Through the commitment of a seed fund of 40 million Naira (110,000 USD), Nasarawa has screened over 85,000 people and cured 1,300 of those who were found to be infected.

Rise Against Hepatitis Global initiative (RAHGI) in partnership with Crestline Pharmaceutical and Umugoma Primary Health Care Center Owerri Imo State provided free testing and vaccination to the people of Umugoma community on the 4th of August 2022 in commemoration of World Hepatitis Day 2022.
**FINANCING**

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public budget line for HBV and HCV testing and treatment</strong></td>
<td>A national budget line for hepatitis testing and treatment exists but is not well-supported, and only one state (Nasarawa) has a hepatitis-specific budget.</td>
</tr>
<tr>
<td><strong>Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant</strong></td>
<td>2020 GFTAM grant applications include multi-disease testing using GeneXperts and support for hepatitis B and C services at community-based programs for key populations.</td>
</tr>
</tbody>
</table>

**ACHIEVEMENTS**

CHAI has worked to increase access to affordable treatment for Hepatitis C patients in Lafiya, Nasarawa state, through its partnership with the government. In 2020, the CHAI supported program provided affordable HCV RNA at US$ 35 and generic DAAs/month at US$ 80/month. CHAI has succeeded in negotiating costs of HCV diagnostics in some health centres across Nigeria, such as Lagos, Abuja, and Kwara, where patients can access affordable HCV RNA tests.

In 2021, Nasarawa established a special fund for hepatitis projects.

**INNOVATIONS**

In 2020, Taraba State Government in partnership with Roche Products provided a Pegasys based HBV treatment program for Tarabans. The Yakubu Gowon Centre in partnership with Taraba state government also provided affordable diagnostics and treatment on HCV for patients at its treatment locations in Takum local council of Taraba state. The centre recently donated some doses of DAAs for patients.
NIGERIA’S
NEXT STEPS TOWARD ELIMINATION

- Implement HBV and HCV testing recommendations to one-time HBV and HCV testing for all adults and train general practitioners to implement the recommendations
- Ensure HBV and HCV testing and treatment are free for all patients, consider expanding coverage for HBV and HCV services under National Health Insurance Scheme
- Invest in strengthening strategic information for tracking HBV- and HCV-related new infections and mortality
- Disease management should be heavily subsided to encourage those infected to present themselves for treatment
- Train healthcare workers on HBV and HCV prevention, testing, and treatment
- Invest in community sensitization to address misconceptions around hepatitis transmission and stigma
- Increase access to harm reduction services, especially in prisons
- Expand the HIV/AIDS programme to include testing for HBV and HCV
- Establish a federal budget-line to support hepatitis testing and treatment
OVERVIEW

HEALTH BURDEN

PROGRESS

POLICY ENVIRONMENT

NEXT STEPS

SOURCES


13. Medicines Patent Pool. MedsPaL Database. https://www.medspal.org/?disease_areas%5D%5D=Hepatitis%5D%5D=Hepatitis%5D%5D=C


22. Communication with Dr. Akudo Ikpeazu, Federal Ministry of Health on September 17, 2022.
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.

The Coalition thanks the Federal Ministry of Health, Rise Against Hepatitis Global Initiative, especially, Oni Adesuwa, and Care for Social Welfare International (CASWI), especially Ifeanyi Damian, for their review and feedback of this profile.