ETHIOPIA CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

Hepatitis B virus (HBV)

YES
HBV elimination goal

Action Plan

Hepatitis C virus (HCV)

YES
HCV elimination goal

Action Plan

THE HEALTH BURDEN OF VIRAL HEPATITIS

9.40%
Prevalence of HBsAg, 2020
Based on unpublished technical report on 2017 national HBV seroprevalence study and meta-analysis

3.1% (2.2-4.4%)
Prevalence of anti-HCV, 2019
Based on meta-analysis

NO DATA
New HBV infections

NO DATA
New HCV Infections
**ETHIOPIA • HEPATITIS ELIMINATION PROFILE**

**Mortality**

- **HBV-related deaths, 2019**: 6,348
  - Deaths per 100,000, 2019: 5.9 (4.66 - 7.43)
- **HCV-related deaths, 2019**: 9,433 (7,777 - 11,449)
  - Deaths per 100,000, 2019: 8.77 (7.23 - 10.60)

**PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

- **HBV**
  - Percentage change in new infections: **NO DATA**
  - Percentage change in deaths, 2015-2019: **NO CHANGE**
- **HCV**
  - Percentage change in new infections: **NO DATA**
  - Percentage change in deaths, 2015-2019: **17%**

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

- **1.3% (1.1-1.6)%**
  - **SDG 2020 Target**: 1%

**ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT**

- **Hepatitis B vaccination coverage for newborns**: **NO DATA**
  - **WHO 2020 Target**: 50%
HepB 3 dose vaccine coverage for infants, 2020

WHO 2020 Target 90%

<1% Proportion of persons living with HBV diagnosed, 2021

WHO 2020 Target 30%

<1% Proportion of diagnosed HBV persons receiving appropriate treatment, 2021

NO DATA

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

WHO 2020 Target 200

<5% Proportion of persons living with HCV diagnosed, 2021

WHO 2020 Target 30%

Proportion of diagnosed persons with HCV who have been cured

NO DATA
POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

ACHIEVEMENT

Routine official reports to monitor HBV and HCV

Not Adopted

Estimates of HBV and/or HCV economic burden

Partially Adopted

Monitoring of HBV and HCV diagnosis and treatment

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.

Viral hepatitis is not included in the Integrated Disease Surveillance Response (IDSR) system.

The well-developed strategic plan was not implemented and is already outdated 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

Partially Adopted

Hepatitis B birth dose introduction is currently being planned for

Recommendations for:

HBV testing of pregnant women

Adopted

HCV testing of pregnant women
A hepatitis B birth dose pilot is currently underway, supported by the Ministry of Health and US CDC.

ACHIEVEMENTS

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

- Registration of originator DAAs
- Eligible for generic DAAs
- Registration of generic DAAs
- Licensed point-of-care PCR testing to detect HBV and HCV

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.
- HBV Viral load determination is commonly not available in government hospitals & patients will need to visit private labs.

ACHIEVEMENTS

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

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.
### TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

- **HBV**: Risk-based
  - **Adopted**
- **HBV**: Universal
  - **Not Adopted**
- **HCV**: Risk-based
  - **Adopted**
- **HCV**: Universal
  - **Not Adopted**

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

### 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
  - **Adopted**
- Simplified care: Simplified treatment and monitoring algorithm for primary care providers
  - **Adopted**
- Simplified care: No patient treatment co-pays
  - **Not Adopted**
### HCV

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>National treatment guidelines</td>
<td>Adopted</td>
</tr>
<tr>
<td>Simplified care algorithm: Less than 2 clinic visits during treatment</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Simplified care algorithm: Non-specialists can prescribe treatment</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Simplified care algorithm: No patient treatment co-pays</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>No fibrosis restrictions</td>
<td>Adopted</td>
</tr>
<tr>
<td>No sobriety restrictions</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>No genotyping</td>
<td>Adopted</td>
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### 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**
- **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 availability 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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
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<tbody>
<tr>
<td>National strategy addresses populations most affected</td>
<td>Adopted</td>
</tr>
<tr>
<td>National anti-discrimination laws against people living with hepatitis B and/or C</td>
<td>Not Adopted</td>
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</tbody>
</table>
### National policy for adult hepatitis B vaccination
- **Partially Adopted**
- **For healthcare workers and vulnerable populations**

### National policy for:
- **Harm reduction for persons who inject drugs (PWID)**
  - **Partially Adopted**
  - **Harm reduction is included in the national strategy but it is not implemented**
- **Syringe exchange in federal prisons**
  - **Not Adopted**
- **Number of needles/syringes per PWID per year**: 0
  - **WHO 2020 Target 200**
- **Number of opioid substitution therapy recipients per 100 PWID**: 0
- **Decriminalization of possession of syringes & paraphernalia**
  - **Not Adopted**
- **Decriminalization of drug use**
  - **Not Adopted**

### FINANCING
- **Public budget line for HBV and HCV testing and treatment**
  - **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.*
NEXT STEPS TOWARD ELIMINATION

- Establish management information system for testing
- 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
- Develop guidance for linkage to treatment for HBV infected pregnant mothers
- Develop locally relevant treatment criteria for HBV treatment initiation
- Make available all testing technologies & commodities as per the national guidelines
- Increase government financing for the hepatitis program

SOURCES

Working Together, We Will Achieve Elimination.

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