GHANA
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.

IN THIS PROFILE:

2 OVERVIEW
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>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plan</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Elimination Goal</td>
<td>NO</td>
<td>NO</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: 9.42
- Deaths per 100,000: 1.38

OVERVIEW OF POLICY ENVIRONMENT

- No system to monitor HBV and HCV diagnosis and treatment
- Risk-based HBV and HCV screening recommendations partially implemented
- No 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
- Establish a federal budget-line to support hepatitis testing and treatment
OVERVIEW

HBV ACTION PLAN
Ghana published their national policy on Viral Hepatitis in 2014

View their action plan online ➔

ELIMINATION GOAL: NO

HCV ACTION PLAN
Ghana published their national policy on Viral Hepatitis in 2014

View their action plan online ➔

ELIMINATION GOAL: NO
THE HEALTH BURDEN OF VIRAL HEPATITIS

Prevalence

- **8-12%** (2016-2020)
  Prevalence of chronic HBsAg
  Based on meta-analysis
- **3%** (2016)
  Prevalence of chronic HCV
  Based on meta-analysis

Incidence

- **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

- **3,118** (2,273-4,155)
  HBV deaths, 2019
  Modelled estimate
- **552** (387-764)
  HCV deaths, 2019
  Modelled estimate
- **9.89** (7.21-13.20)
  Deaths per 100,000
  Modelled estimate
- **1.75** (1.23-2.42)
  Deaths per 100,000
  Modelled estimate
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

**HBV** Percentage change in new infections

**HBV** Percentage change in deaths, 2015-2019

**HCV** Percentage change in new infections

**HCV** Percentage change in deaths, 2015-2019

Prevalence of HBsAg in children < 5 years (%)  

ACCESS TO RECOMMENDED VACCINATION

Hepatitis B vaccination coverage for newborns

HepB 3 dose vaccine coverage for infants, 2020
ACCESS TO RECOMMENDED TESTING

Proportion of persons living with HBV diagnosed

Proportion of persons living with HCV diagnosed

NO DATA

HBV

Proportion of diagnosed HBV persons receiving appropriate treatment

0

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

WHO 2020 Target 30%

Number of persons tested for HBsAg

Based on modelling from CDA Foundation Additional data forthcoming from the HEAT project

15,100

2019

2020

NO DATA

Number of persons tested for HCV

Based on modelling from CDA Foundation Additional data forthcoming from the HEAT project

19,200

2019

2020

NO DATA
**ACCESS TO RECOMMENDED TREATMENT**

**Number of treatments for HBV**

- 2019: NO DATA
- 2020: 740

Based on modelling from CDA Foundation. Additional data forthcoming from the HEAT project.

**Number of persons treated for HCV**

- 2019: NO DATA
- 2020: 100

Based on modelling from CDA Foundation. Additional data forthcoming from the HEAT project.

Proportion of diagnosed persons who have been cured
## POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

### STRATEGIC INFORMATION

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine official reports to monitor HBV and HCV</td>
<td>Partially Adopted</td>
<td>For acute HBV and HCV</td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incidence</strong></td>
<td>Partially Adopted</td>
<td>For acute HBV and HCV</td>
</tr>
<tr>
<td><strong>Prevalence</strong></td>
<td>Not Adopted</td>
<td>No national prevalence studies have been conducted</td>
</tr>
<tr>
<td>Estimates of HBV and/or HCV economic burden</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Monitoring of HBV and HCV diagnosis and treatment</td>
<td>Not Adopted</td>
<td></td>
</tr>
</tbody>
</table>
LEARN MORE ABOUT STRATEGIC INFORMATION:

**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**

- 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

**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
## OVERVIEW

### HEALTH BURDEN

### PROGRESS

### POLICY ENVIRONMENT

### NEXT STEPS

## PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

<table>
<thead>
<tr>
<th>Policy for hepatitis B vaccination of newborns</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Partially Adopted</td>
<td>Birth dose is recommended in clinical guidelines but not widely available. 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.</td>
</tr>
</tbody>
</table>

### Recommendations for:

#### HBV testing of pregnant women

<table>
<thead>
<tr>
<th>Recommendations for:</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV testing of pregnant women</td>
<td>Partially Adopted</td>
<td>Out-of-pocket payment required. HBsAg antenatal test results recorded in antenatal records and maternal health record book (red book). Test results not reported at the national level</td>
</tr>
</tbody>
</table>

#### HCV testing of pregnant women

<table>
<thead>
<tr>
<th>Recommendations for:</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV testing of pregnant women</td>
<td>Partially Adopted</td>
<td>Very limited implementation despite recommendation. HCV test results do not have space in maternal health record book (red book).</td>
</tr>
</tbody>
</table>

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

### ROADBLOCKS

- 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.

### 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.

### ACHIEVEMENTS

- The essential health package outlined in the next Ministry of Health National Health Five Year Plan includes hepatitis B birth dose.

- Since 2019, there has been strong political interest in prevention of maternal to child transmission from Parliament.
## ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration of orginator DAAs</td>
<td>Not 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</td>
</tr>
<tr>
<td>Eligible for generic DAAs ²⁰</td>
<td>Adopted</td>
</tr>
<tr>
<td>Registration of generic DAAs ⁹</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Licensed point-of-care PCR testing to detect HBV and HCV</td>
<td>Not Adopted 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.</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>Testing recommendations for:</td>
<td></td>
</tr>
<tr>
<td>HBV: Risk-based ¹</td>
<td>Adopted 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</td>
</tr>
<tr>
<td>HCV: Risk-based ¹</td>
<td>Adopted</td>
</tr>
<tr>
<td>No patient co-pays for HBsAg and anti-HCV testing</td>
<td>Partially Adopted 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</td>
</tr>
</tbody>
</table>

### Notes
- 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.
LEARN MORE ABOUT GHANA’S WORK IN TESTING TO DIAGNOSE HBV AND HCV INFECTION

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

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV: National treatment guidelines</strong></td>
<td>Partially Adopted</td>
<td>Lack of funding to fully roll-out HBV and HCV treatment guidelines, so implementation of guidelines remains fragmented</td>
</tr>
<tr>
<td><strong>HBV: Simplified care:</strong> Simplified treatment and monitoring algorithm for primary care providers</td>
<td>Partially Adopted</td>
<td>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</td>
</tr>
<tr>
<td><strong>HBV: Simplified care:</strong> No patient co-pays for treatment</td>
<td>Not Adopted</td>
<td>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.</td>
</tr>
<tr>
<td><strong>HCV: National treatment guidelines</strong></td>
<td>Partially Adopted</td>
<td>Lack of funding to fully roll-out HBV and HCV treatment guidelines, so implementation of guidelines remains fragmented</td>
</tr>
</tbody>
</table>
| **HCV**: Simplified care algorithm:  
Less than 2 clinic visits during treatment | Partially Adopted | National Policy allows for reduced frequency of clinic visits |
|---|---|---|
| **HCV**: Simplified care algorithm:  
Non-specialists can prescribe treatment | Not Adopted | 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. No other treatment centers have been designated at this stage of the program. |
| **HCV**: Simplified care:  
No patient co-pays for treatment | Not Adopted | 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. |
| No fibrosis restrictions | Adopted | |
| No sobriety restrictions | Adopted | |
| No genotyping | Not Adopted | Genotyping recommended for all persons diagnosed with active infection |
LEARN MORE ABOUT GHANA’S WORK IN ACCESS TO HBV AND HCV TREATMENT:

**RODBLOCKS**
Additional training of healthcare workers on HBV and HCV prevention, screening, and care is needed

There remains uncertainty around establishing the percent of persons living with HBV that meet criteria for treatment

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**
Development of national HBV and HCV treatment guidelines

---

**HEALTH EQUITY AND ADDRESSING DISPARITIES**

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Adopted</td>
<td>Estimates of HBV and/or HCV economic burden</td>
</tr>
<tr>
<td>Adopted</td>
<td>National strategy addresses populations most affected 7</td>
</tr>
<tr>
<td>Partially Adopted</td>
<td>National anti-discrimination laws against persons living with hepatitis B and/or C 11</td>
</tr>
<tr>
<td>Partially Adopted</td>
<td>National policy for adult hepatitis B vaccination 11</td>
</tr>
</tbody>
</table>

Notes:
- Strategy includes targeted activities to meet needs of MSM and PWID
- For healthcare workers
National policy for:

- Harm reduction for persons who inject drugs (PWID)  
  - Adopted

- Syringe exchange in federal prisons  
  - Not Adopted

- Decriminalization of possession of syringes & paraphernalia  
  - Adopted

- Decriminalization of drug use  
  - Not Adopted

---

**LEARN MORE ABOUT GHANA’S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:**

**ROADBLOCKS**

- No national policy for HBV and HCV testing and treatment for people living with HIV

- Lack of policy document to regulate and streamline the works of NGOs on screening, vaccination, treatment and linkage to care.

- 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.

**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.
**FINANCING**

Public budget line for HBV and HCV testing and treatment

Status: Not Adopted

---

**LEARN MORE ABOUT GHANA’S WORK IN FINANCING:**

**ROADBLOCKS**

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

National Strategic Plan is not costed and does not include a financing plan.
Introduce hepatitis B birth dose and scale-up nationally

Improve strategic information by developing electronic data management system and training healthcare providers

Expand surveillance to include marginalized groups

Identify financing mechanisms for hepatitis program and expand investments in hepatitis prevention, testing, and care

Include hepatitis B and C testing and treatment in national health insurance scheme

Develop a policy framework to streamline the work of NGOs on screening, vaccination, treatment and linkage to care.

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

Increase awareness of healthcare workers on hepatitis testing and treatment, including expanding trainings on national guidelines

Reduce costs of diagnostics and treatments through exploration of price negotiations or bulk purchasing

Establish a national HBV and HCV testing policy beyond risk-based screening

Integrate HBV and HCV testing into the HIV voluntary testing program
OVERVIEW

HEALTH BURDEN

PROGRESS

POLICY ENVIRONMENT

NEXT STEPS

WORKING TOGETHER,
WE WILL ACHIEVE ELIMINATION.

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 Dr. Atsu Seake-Kwawu (Ghana Health Service), Dr. Charles Adjei (Hepatitis Alliance of Ghana), Dr. Lewis Roberts (Mayo Clinic), Theobald Owusu-Ansah and Richard Laryea (Hepatitis Foundation of Ghana), Dr. Kafui Senya (WHO) Dr. Yvonne Narthe (Cape Coast University) for their review and feedback.

SOURCES

10. Medicines Patent Pool. (n.d.). MedsPaL. https://www.medspal.org/?countries%5B%5D=Ghana&disease_area%5B%5D=Hepatitis+C+(HCV)&page=1