SENEGAL CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

PENDING FINAL APPROVAL

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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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>National Plan</th>
<th>HBV</th>
<th>YES</th>
<th>HCV</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination Goal</td>
<td>2030</td>
<td></td>
<td>2030</td>
<td></td>
</tr>
<tr>
<td>HepB Birth Dose Coverage</td>
<td>86%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>NO DATA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BURDEN OF DISEASE

- Prevalence of HBsAg: 6.80%
- Prevalence of chronic HCV: 1.62%
- Deaths per 100,000: HBV 7.86, HCV 1.12

OVERVIEW OF POLICY ENVIRONMENT

- No HBV and HCV screening recommendations
- National budget for hepatitis elimination exists but not large enough to fund national program

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

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

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

7.86 (5.28-11)
Deaths per 100,000, 2019

169 (109-251)
HCV-related deaths, 2019

1.12 (0.72-1.66)
Deaths per 100,000, 2019
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

78% Hepatitis B vaccination coverage for newborns, 2021

86% HepB 3 dose vaccine coverage for infants, 2021
**OVERVIEW**

**HEALTH BURDEN**

**PROGRESS**

**POLICY ENVIRONMENT**

**NEXT STEPS**

### ACCESS TO RECOMMENDED TESTING

- **HBV**
  - Proportion of diagnosed HBV persons receiving appropriate treatment, 2016: 0%

- **HCV**
  - NO DATA

- **WHO 2020 Target 30%**

#### Proportion of persons living with HBV diagnosed, 2016:

- 4%

#### Proportion of persons living with HCV diagnosed

- 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 1

- 893
- NO DATA

Number of persons treated for HCV

- NO DATA

Proportion of diagnosed persons who have been cured

0% 100%
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</td>
<td>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</td>
</tr>
<tr>
<td>Mortality</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Incidence</td>
<td>Adopted</td>
</tr>
<tr>
<td>Prevalence</td>
<td>Adopted</td>
</tr>
<tr>
<td>Estimates of HBV and/or HCV economic burden</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td>Monitoring of HBV and HCV diagnosis and treatment</td>
<td>Not Adopted</td>
</tr>
</tbody>
</table>
## Prevention of Mother to Children Transmission

<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>The screening of pregnant women for HBV is not currently mandated, but many midwives and OB/GYN integrate screening into prenatal checkups</td>
</tr>
<tr>
<td>HCV testing of pregnant women</td>
<td>Not Adopted</td>
<td></td>
</tr>
</tbody>
</table>

### Policy for Hepatitis B Vaccination of Newborns

- **Status:** Adopted
- **Notes:** Adopted 2016

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### 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

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td>For both HBV and HCV generic medicines</td>
</tr>
<tr>
<td>Eligible</td>
<td></td>
</tr>
<tr>
<td>Adopted</td>
<td>Included in voluntary licensing agreement, Daclatasvir and sofosbuvir</td>
</tr>
<tr>
<td>Partially Adopted</td>
<td>HBV rapid diagnostic test available</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>Not Adopted</td>
<td>HBV screening is performed systematically and for free when donating blood and is recommended to pregnant women as part of a prenatal package</td>
</tr>
<tr>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Not Adopted</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV:</strong> National treatment guidelines</td>
<td>Not Developed</td>
<td></td>
</tr>
</tbody>
</table>
| **HBV:** Simplified care:  
  Simplified treatment and monitoring algorithm for primary care providers | Not Adopted |       |
| **HBV:** Simplified care:  
  No patient co-pays for treatment | Not Adopted |       |
<p>| <strong>HCV:</strong> National treatment guidelines | Not Developed |       |</p>
<table>
<thead>
<tr>
<th>OVERVIEW</th>
<th>HEALTH BURDEN</th>
<th>PROGRESS</th>
<th>POLICY ENVIRONMENT</th>
<th>NEXT STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HCV</strong>: Simplified care algorithm: Less than 2 clinic visits during treatment</td>
<td>Not Adopted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: Simplified care algorithm: Non-specialists can prescribe treatment</td>
<td>Not Adopted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: Simplified care: No patient co-pays for treatment</td>
<td>Not Adopted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No fibrosis restrictions</td>
<td>Adopted</td>
<td>No clinical guidelines or reimbursement criteria to restrict access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No sobriety restrictions</td>
<td>Adopted</td>
<td>No clinical guidelines or reimbursement criteria to restrict access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No genotyping</td>
<td>Not Adopted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDV: National treatment guidelines</td>
<td>Not Developed</td>
<td></td>
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</tr>
</tbody>
</table>

**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

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

Public budget line for HBV and HCV testing and treatment 1

- Status: Adopted
- Notes: To implement the national plan, it will cost an estimated 51.4 Billion 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

- Status: 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.
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
OVERVIEW


10. Medicines Patent Pool. MedsPal Database. [https://www.medspal.org/?disease_areas%5D=Hepatitis%20B%20%28HBV%29&page=1](https://www.medspal.org/?disease_areas%5D=Hepatitis%20B%20%28HBV%29&page=1)


WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

The Coalition thanks Prof. Fatou Fall from Hôpital Principal de Dakar, Dr Judith Tine from Centre Hospitalier National Universitaire de Fann, and Dr. Francoise Roudot-Thoraval for their review and feedback on this profile.