WHERE DOES ETHIOPIA STAND ON THE JOURNEY TO ELIMINATE HEPATITIS B AND C? AN ASSESSMENT OF THE NATIONAL HEPATITIS ELIMINATION PROFILE FOR ETHIOPIA

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BACKGROUND

➢ The time to achieve the 2030 WHO goals for hepatitis elimination is less than a decade away. In 2022, WHO released a new global strategy, and member states are encouraged to develop new national strategies to achieve the global goals.
➢ To assist planning, a National Hepatitis Elimination Profile (N-HEP) was developed for Ethiopia to assess the status of national HBV and HCV program implementation.

METHODS

➢ Together with local partners, a N-HEP was prepared for Ethiopia using a standard data collection template utilized for 15 other countries.
➢ Data were collected from focal persons at the Federal Ministry of Health (MOH), government reports, expert clinicians, and peer-reviewed articles. The data summarizes the latest information on the essential components of effective elimination programs, including national planning and key policies, coverage of key interventions, and progress towards WHO 2020 interim goals and targets.
➢ The N-HEP also presents achievements, challenges, innovations, and next steps. All data was validated by local partners.

RESULTS

➢ Ethiopia has HBV and HCV elimination goals for 2030 and updated the national elimination strategy in 2022.
➢ Modelled estimates suggest the WHO 2020 targets for mortality reduction have not been met.
➢ No data on incidence is available.
➢ Strategic information systems for measuring hepatitis mortality and incidence are weak, but a national registry is currently being rolled out in primary healthcare clinics.
➢ Of key interventions, only HepB 3 dose vaccine for infants exceeded the WHO 2020 target at 96%, although there may be inequities across populations.
➢ Hepatitis B birth dose (BD) was approved in 2020, but has not been rolled out to the entire country.
➢ A BD pilot and study to assess HepB-BD scale-up feasibility and efficacy are underway.
➢ In 2019, the prevalence of HBsAg in children <5 years was 1.3% (1.1-1.6%) in 2019, higher than the WHO Global Health Sector Strategy target of 1%.
➢ National HBV and HCV treatment guidelines have been established, but access to diagnosis and treatment remain limited.

KEY RECOMMENDATIONS

➢ Key recommendations included in the N-HEP are scaling up HepB-BD; establishing strategies to expand screening and linkage to care; innovating new decentralization approaches; increasing point-of-care diagnostic testing; reducing costs for testing and treatment; and mobilizing new domestic and external investments.

CONCLUSIONS

➢ N-HEPs reveal important gaps and innovative solutions that can benefit low- and middle-income countries in hepatitis elimination national planning.
➢ The Ethiopia N-HEP will assist providers, policy makers and advocates in having a common understanding of where Ethiopia stands on the road to elimination and can support prioritization of activities and resources.
➢ Strategies for accelerating access to HBV and HCV testing and treatment must be implemented, including expanding screening and decentralizing care.
➢ This NHEP could be repeated in Ethiopia in the future to monitor progress and compare to regional and global peer countries.