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1- Coalition for Global Hepatitis Elimination – The Taskforce for Global Health

Introduction

COVID-19 pandemic disrupted health services delivery across countries. Hepatitis prevention, diagnostic and treatment services were no exception. Despite these disruptions in hepatitis care delivery, the established infrastructure for hepatitis elimination was widely operated for expanding COVID-19 testing and treatment services.

In addition, various response resources were augmented during the pandemic that offer potential opportunity to minimize the cost and reduce inequity in hepatitis elimination domain as we recover from the pandemic.

Aim

To assess the contribution of viral hepatitis care and treatment infrastructure to pandemic response and identify potential opportunities for leveraging the pandemic response capacity for delivery of viral hepatitis care.

Method

A web-based survey was designed in RedCAP in English for Program Managers and Healthcare Providers with a separate set of questions for each. The study team sent targeted solicitations via email to professional societies and CGHE networks, alongside promotions over CGHE website & social media.

Conclusion

PMs and HCPs from a diverse set of countries reported that the resources of hepatitis testing and care were repurposed for the pandemic response, demonstrating the utility of robust hepatitis testing and treatment programs for health system resilience and epidemic response. Data suggests that COVID-19 response continues to require the use of care staff and clinic space previously used for delivery of hepatitis services.

Respondents reported the expansion of COVID-19 testing services that are now being utilized for hepatitis testing. This reflects how investments in pandemic response have the potential to bolster hepatitis programs.

References

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Contact information

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Results

Virologic Testing	Program Managers Response	Care Providers Response
PCR platforms for hepatitis testing repurposed for COVID-19 testing	66% (14/21)	71% (56/79) of HCPs
PCR equipment acquired for COVID-19 is now also being used, in addition, for hepatitis testing	50% (8/16)	66% (49/74)

As per program managers, PCR testing capacity increased at:

- national reference laboratories: 48% (10/21)
- provincial public laboratories: 43% (9/21)
- private laboratories: 43% (9/21)

PCR testing shifted from manual to automated at labs: 67% (10/15) of PMs

HCPs reported that COVID-19 PCR turnaround time is faster than that for hepatitis B and C. 99% (78/79)


Care Providers time and expertise	Care Providers Response
Hepatitis care providers involved in clinical care for COVID-19 patients:	58/78 (73%)
Hepatitis care providers continued providing care for both COVID-19 and hepatitis patients:	16/78 (20%)
Teleconsultation	Care Providers Response
Teleconsultation was introduced during pandemic	59% (38/64)
For those using teleconsultation pre-pandemic: use of teleconsultation increased during the pandemic	37% (26/71)
Prefer in-person consultation,	5% (4/78)
HCPs in the survey telemedicine	42% (33/78)
Prefer mix of both approaches.	53% (41/78)
Teleconsultation	Care Providers Response
Clinical space (triage, hospital beds, outpatient clinics) modified to care for COVID-19 patients:	63% (49/78)



79 healthcare providers and 21 program managers responded to the survey from 46 countries across 5 regions


1. Americas (53%)
2. Africa (26%)
3. Eastern Mediterranean (13%)
4. Europe (7%)
5. Western Pacific (1%)


Building Resilient Health Systems: Sharing Investments in Hepatitis Elimination and Pandemic Preparedness



Leverage COVID-19 investment and innovation to accelerate the fight against viral hepatitis


Invest in viral hepatitis elimination to support pandemic preparedness





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