

Figure 1. Distribution of countries participating in the survey

CONCLUSIONS

- Many countries in Africa are planning or beginning introduction or scale-up of HepB-BD vaccination.
- The lack of Gavi support is the major factor influencing national decisions to implement HepB vaccination of newborns.
- GAVI's support for HepB-BD implementation is urgently needed to substantially increase coverage of this critical intervention to eliminate mother to child transmission of HBV in Africa.

REFERENCES

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CONTACT INFORMATION

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INTRODUCTION

- Two-thirds of the 1.5 M new chronic hepatitis B virus (HBV) infections globally occur in Africa.¹
- Most new chronic HBV infections are preventable with HepB vaccination beginning with a timely birth dose (Hep-BD) for newborns.²
- WHO recommends all newborns receive HepB-BD , preferably in the first 24 hours of life.²
- Less than one in five newborns in Africa receive timely HepB-BD .³
- Due to the COVID-19 pandemic, Gavi, the Vaccine Alliance, paused plans to support HepB BD implementation.⁴

AIM

To understand the impact of scale-up of COVID-19 vaccination and availability of Gavi support for implementation of HepB-BD in Africa on national plans for HepB BD, CGHE conducted a survey with 3 objectives:

1. Assess status of national Hep-BD policies
2. Assess impact of COVID-19 pandemic on policy development
3. Assess resource needs for introduction or scale-up of HepB BD vaccination

METHODS

- CGHE developed a web-based, 23-question survey in English, French and Portuguese
- Respondents were solicited via targeted emails among Expanded Program on Immunization (EPI) managers and hepatitis program leaders in 36 countries in the WHO Africa region

RESULTS

- 24 respondents from 24 countries participated in the survey from October 11, 2022 to January 10, 2023 (fig 1).
- Of 24 countries represented, 21 (88%) were eligible for Gavi support; 13 (54%) had no national policy for HepB-BD, 9 (38%) had a universal HepB-BD policy, and 2 (8%) had a targeted HepB-BD policy.
- **Of 13 countries without a national HepB-BD vaccination policy, 7 (54%) National Immunization and Technical Advisory Groups (NITAGs) had recommended universal HepB-BD vaccination with a Ministry of Health policy development pending, 4 (31%) NITAGs were considering a recommendation, and 2 (15%) had no plans for discussing HepB-BD.**
- For 13 respondents from countries without a national HepB-BD policy, only 3 (23%) countries reported COVID-19 vaccination affected their country's introduction plans for HepB-BD vaccination.
- **Of 21 Gavi eligible countries, 18 (86%) reported that immediate availability of Gavi funds was of high (n=16) or moderate (n=2) importance in decisions to introduce or scale-up HepB-BD vaccination.**
- 17 (81%) country representatives reported that Gavi's funding would increase their priority for HepB-BD introduction or scale-up.
- The most frequently reported challenges for HepB-BD introduction or scale-up were out-of-facility births (n=17), training health care workers (n=16), and political and civil society awareness (n=16).
- **Of 21 Gavi eligible countries, priorities for use of Gavi funding included health care worker training (n=21), HepB-BD demand creation (n=18), and vaccination of neonates born outside health facilities (n=18).**

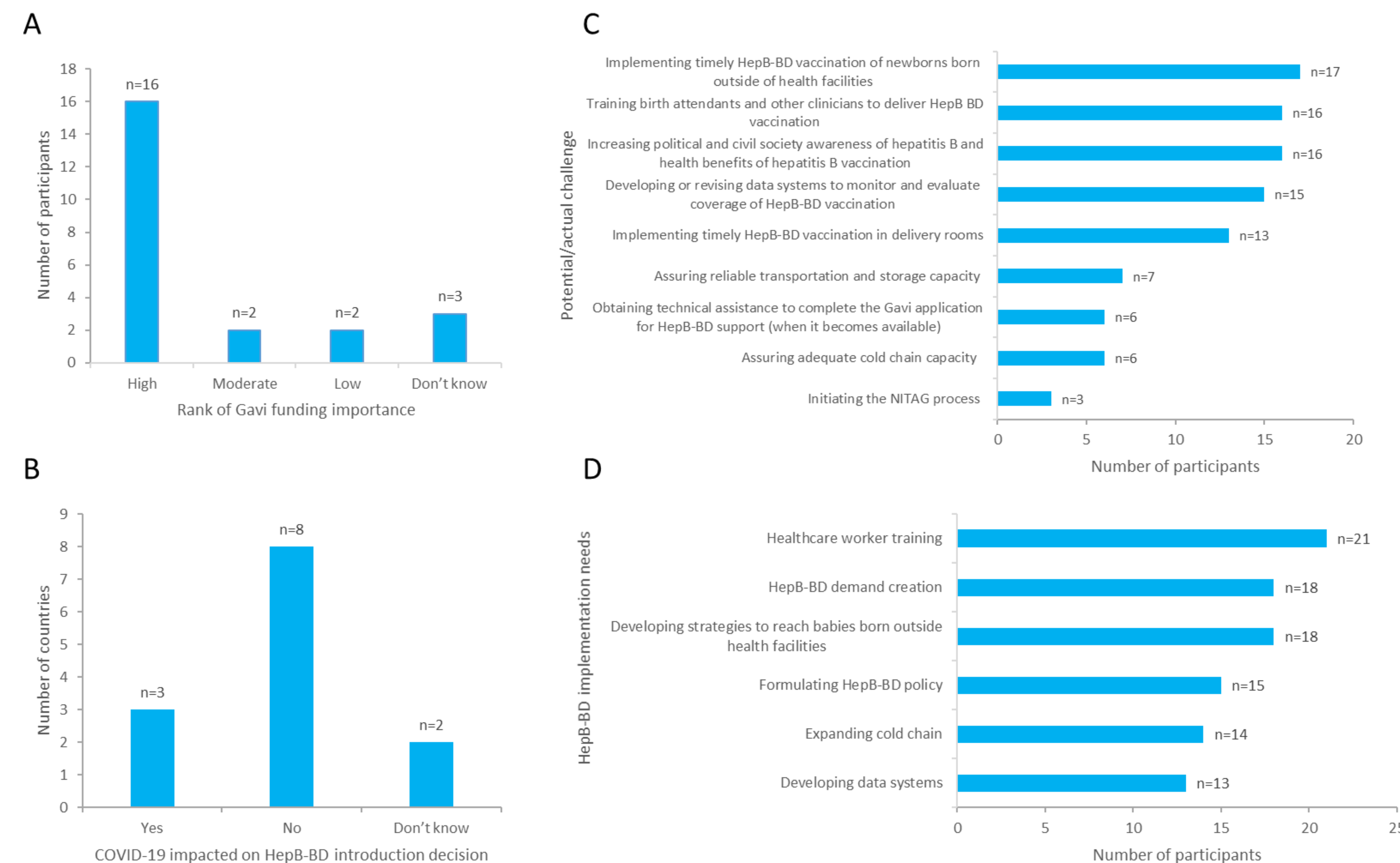


Figure 2. A– Rank of Gavi funding's importance in making decisions to introduce/scale-up HepB-BD vaccination, B– Number of countries without hepatitis B birth dose implementation whose decision to introduce the vaccine was affected by COVID-19 pandemic, C– Potential/actual challenges for HepB-BD introduction or scale-up, and D– HepB-BD implementation needs of high priority for Gavi support as reported by participants