Policy and implementation needs for hepatitis B birth dose vaccination in the WHO African region: a survey of national program managers

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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 Hep-BD, preferably in the first 24 hours of life.²
- Less than one in five newborns in Africa receive timely Hep-BD.³
- Due to the COVID-19 pandemic, Gavi, the Vaccine Alliance, paused plans to support Hep-BD implementation.⁴

AIM

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

1. Assess status of national Hep-BD policies
2. Assess impact of COVID-19 on vaccination policy development
3. Assess resource needs for introduction or scale-up of Hep-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 Hep-BD, 9 (38%) had a universal Hep-BD policy, and 2 (8%) had a targeted Hep-BD policy.
- Of 13 countries without a national Hep-BD vaccination policy, 7 (54%) National Immunization and Technical Advisory Groups (NITAGs) had recommended universal Hep-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 Hep-BD.
- For 13 respondents from countries without a national Hep-BD policy, only 3 (23%) countries reported COVID-19 vaccination affected their country’s introduction plans for Hep-BD vaccination.
- Of 21 Gavi eligible countries, priorities for use of Gavi funding included health care worker training (n=21), Hep-BD vaccination (n=20), and vaccine coverage goals (n=19). Of 13 countries without a national Hep-BD policy, only 3 (23%) countries reported COVID-19 vaccination affected their country’s introduction plans for Hep-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 Hep-BD vaccination.
- Of 21 Gavi eligible countries, priorities for use of Gavi funding included health care worker training (n=21), Hep-BD demand creation (n=18), and vaccination of neonates born outside health facilities (n=18).

CONCLUSIONS

- Many countries in Africa are planning or beginning introduction or scale-up of Hep-BD vaccination.
- The lack of Gavi support is the major factor influencing national decisions to implement HepB vaccination of newborns.
- GAVI’s support for Hep-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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