



Senegal Viral Hepatitis Roundtable:
Hepatitis National Strategic Plans: Experiences From Other Countries

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While public sector hepatitis programs are still nascent, a number of countries have already developed and finalized national strategic plans

Examples of CHAI-Supported Countries with National Action Plans for Hepatitis

Sub-Saharan Africa Programs

✓ NSP 2016-2020

Nigeria



Rwanda

✓ NSP 2018-2024*

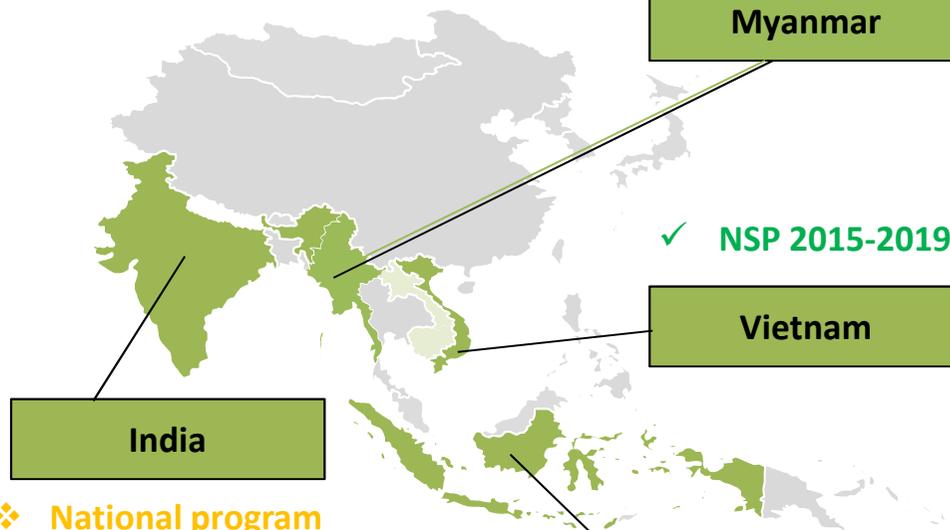
CHAI Country Programs

Hepatitis Focal Program

Asia Programs

✓ NSP 2016-2020

Myanmar



India

❖ National program launched in 2018, NSP to be developed

✓ NSP 2015-2019

Vietnam

Indonesia

✓ NSP 2015-2019



*Rwanda's Hepatitis NSP is incorporated within its HIV NSP, but Ministry is in the process of developing a new standalone NSP for its Viral Hepatitis program

Some similarities can be drawn across the development process for NSPs for Viral Hepatitis across countries

Similarities in the NSP Development Process

1. Countries led a consultative and participatory process
2. Development of the NSPs were driven by epidemic situational analyses
3. The NSPs were costed to determine resource availability and gaps
4. Resources have not yet been mobilized to fund these NSPs

- Strong political will has led to the development of NSPs, but these plans cannot be realized if resources are not mobilized to support implementation

1 Countries led a consultative and participatory process

Snapshot of NSP Development Process: Myanmar, Nigeria and Rwanda

<u>Countries</u>	<u>Process</u>	<u>Participants</u>
Myanmar	<ul style="list-style-type: none">• Facilitated four consultative meetings with stakeholders• Developed Technical work groups for each strategic pillar	<ul style="list-style-type: none">• Ministry of Health Departments• Hepatologists, clinicians, academics• Civil society, partners
Nigeria	<ul style="list-style-type: none">• Established a National Viral Hepatitis Technical Working group that spearheaded plan development	<ul style="list-style-type: none">• Federal and State Ministries of Health• Other Government Departments• Hepatologists, clinicians, academics• Civil society, partners and private sector
Rwanda	<ul style="list-style-type: none">• Coordinated programmatic technical working groups meeting regularly	<ul style="list-style-type: none">• Ministry of Health Departments and Centers• Non-health Government Sectors• Hepatologists, clinicians• Civil society, partners,

- While process to develop NSPs differ from country to country, each process includes consultation with a range of relevant stakeholders

2 Development of the NSPs were driven by epidemic situational analyses

Snapshot of Situational Context and Strategic Priorities: Myanmar and Nigeria

Myanmar

Nigeria

- Epidemic concentrated in high risk groups
- Activities target services for these groups

- Epidemic varies by States
- Activities target services for both high risk groups and general population

Situational Analysis

- **Population:** 53.9 million (2016)
- **Prevalence in general pop:**
 - HBV: 6.51%
 - HCV: 2.65%
- **Key populations:**
 - PWIDs: 7.3% (HBV); 47.7% (HCV)
 - Coinfection in PWIDs: 20.1% (HCV/HIV); 20.7% (HBV/HCV/HIV)
 - Blood Donors: 2.3% (HBV)

- **Population:** 186 million (2016)
- **Prevalence in general pop:**
 - HBV: 11%
 - HCV: 2.2%
- **Prevalence in States:**
 - **Nasarawa:** 19.6% and 7.5% among hospitalized patients and blood donors
 - **Lagos:** 14.7% in PLHIV

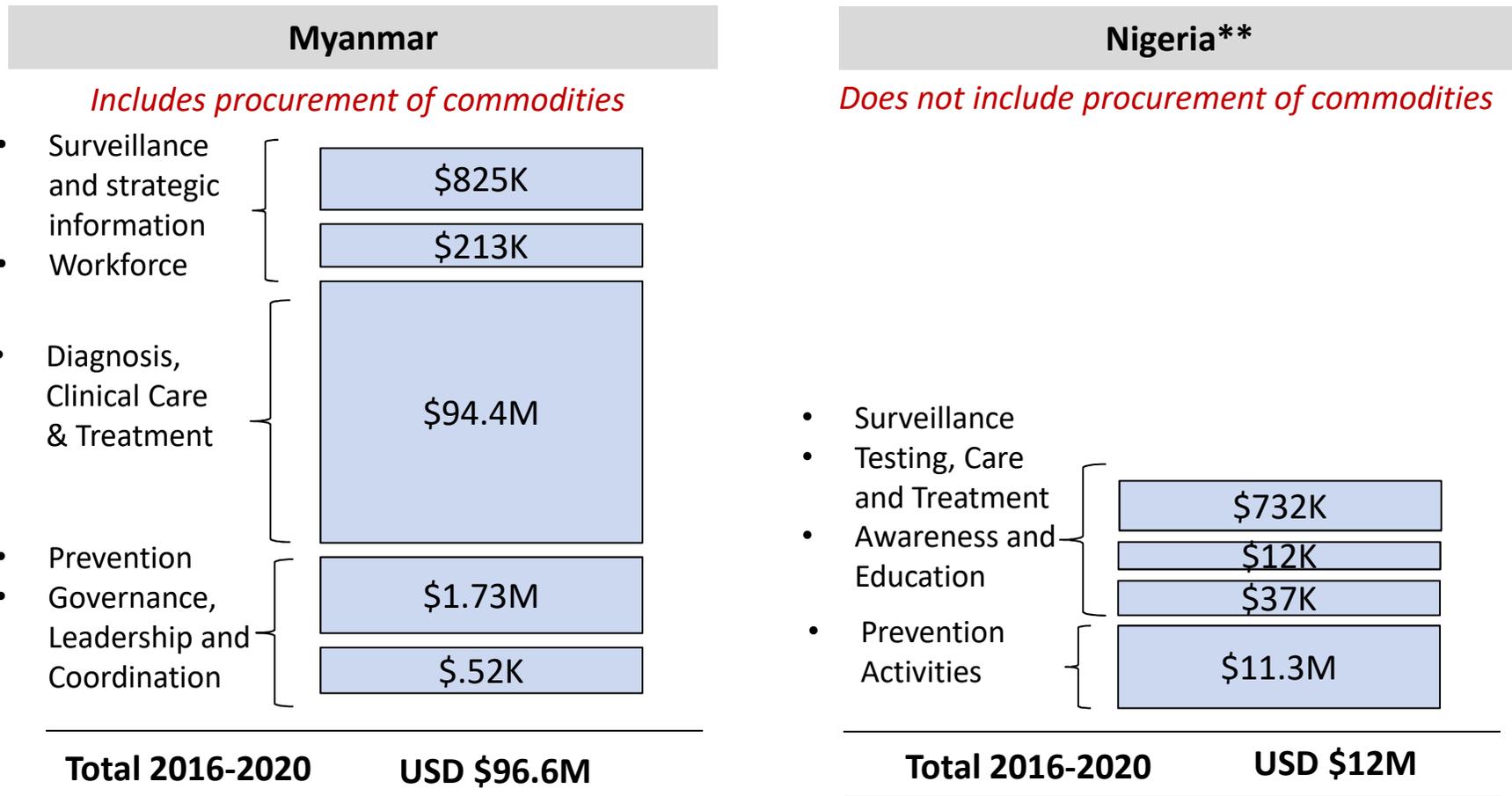
Examples of Key Priorities

- Prevention activities in high risk groups
- Infection control health care settings
- Prevention of MTC of HBV
- Decentralization of services in phases
- Target key high-yield entry points
- Capacity building of health care providers
- Establish an M&E system to track patients

- Advocacy amongst key stakeholders
- Integration of activities into HIV services
- Prevention activities in high risk group
- Infection control in health care settings
- HBV vaccination for children and adults
- Routine testing in standard care
- Leverage health insurance schemes

3 The NSPs were costed to determine resource availability and gaps; Costs differ based on targets, assumptions and priorities

Breakdown of NSP Costing: Myanmar and Nigeria



• Costings of NSPs differ based on targets, assumptions and strategic priorities.
 • Myanmar’s NSP costs are ~8x more than Nigeria’s NSP costs because of the inclusion of procurement of commodities

** Note: Nigeria has revisited this costing and developed a costing for elimination – a 12 year plan costing USD \$1.35 billion

4 Resources have not yet been mobilized to fund these NSPs

- While tracking of resources across stakeholders is difficult, estimated that less than 5% of NSP budget for 2017 was mobilized in Myanmar and Nigeria.
- Lack of financing has delayed operationalization of key activities in NSPs

Countries

Examples of Resources Mobilized

Myanmar

Free diagnosis and treatment through public sector program for some population cohorts; however, majority of patients pay out of pocket

- **Ministry of Health:** Small budget line for drugs and diagnostics for specific patient groups
- **Partner efforts:** Procurement of drugs and diagnostics and some programming through partners
- **Suppliers:** Donations of commodities; Competitive price offerings

Nigeria

Patients pay out of pocket for diagnosis and treatment

- **State Ministry of Health:** Small budget line for programming
- **Partner efforts:** Procurement of drugs and diagnostics and some programming through partners
- **Suppliers:** Donations of commodities; Competitive price offerings