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Rapid Assessment of Viral Hepatitis in Zimbabwe
Introduction and rationale for the assessment

2016:
- Adoption of the Global Health Sector Strategy (GHSS) on viral hepatitis
- Commitment to eliminate viral hepatitis as a public health threat by 2030
- August 2016: AFR committee endorsement of the regional plan

2017:
- African countries considering plans and requesting to start with an assessment
Objectives for a rapid assessment of viral hepatitis in Zimbabwe

- Assess current policies and practices
- Assess institutional capacity to test for viral hepatitis
- Assess awareness on viral hepatitis
- Describe epidemiological situation
- Formulate recommendations for the viral hepatitis programme
Methods

- Desk review of documents to extract information on indicators
- Key informant interviews
- Site visits
  - National and Regional level
- Interviews
  - Government Officials
  - Civil societies Organization (CSOs)
  - Regulatory Authorities
  - Medicines Control Authority of Zimbabwe
  - Private sector
### Best estimates of viral hepatitis core indicators, Zimbabwe, 2015

<table>
<thead>
<tr>
<th>Core indicators</th>
<th>HBV</th>
<th>HCV</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prevalence of chronic infection</td>
<td>11%</td>
<td>&lt;1%?</td>
<td>WHO</td>
</tr>
<tr>
<td>2. Testing capacity</td>
<td>?</td>
<td>?</td>
<td>-</td>
</tr>
<tr>
<td>3. Immunization</td>
<td>Hep B 3</td>
<td>87%</td>
<td>-</td>
</tr>
<tr>
<td>Birth dose</td>
<td>~0%</td>
<td>-</td>
<td>WHO</td>
</tr>
<tr>
<td>4. Syringes/ needles / PWID</td>
<td>?</td>
<td>?</td>
<td>-</td>
</tr>
<tr>
<td>5. Proportion of injections with new syringe</td>
<td></td>
<td>97%-98%</td>
<td>DHS</td>
</tr>
<tr>
<td>6. Proportion diagnosed</td>
<td>?</td>
<td>?</td>
<td>-</td>
</tr>
<tr>
<td>7. Treatment coverage</td>
<td>?</td>
<td>?</td>
<td>-</td>
</tr>
<tr>
<td>8. Viral suppression / Cure</td>
<td>?</td>
<td>?</td>
<td>-</td>
</tr>
<tr>
<td>9. Incidence</td>
<td>4% HBsAg under 5</td>
<td>?</td>
<td>WHO</td>
</tr>
<tr>
<td>10. Mortality</td>
<td>700</td>
<td>200</td>
<td>WHO</td>
</tr>
</tbody>
</table>
Governance, programme management, and awareness

- **GOVERNANCE AND MANAGEMENT**
  - National structures to coordinate viral hepatitis in place
  - Multi-sectoral Viral Hepatitis Technical Working Group (TWG)
  - Focal persons to coordinate activities
    - Epidemiology & Disease Control, HIV and EPI
  - Political will and commitment to establish viral hepatitis services

- **AWARENESS**
  - No commemoration of World Hepatitis Day
  - No viral hepatitis specific training for health care workers
  - No information campaigns for the population
Prevention

- **HEPATITIS B VACCINE**
  - No birth dose policy
    (But >73% births in health care facilities)

- **BLOOD AND INJECTION SAFETY**
  - Strong national blood transfusion service
  - Large-scale use of disposable syringes
    (Auto-disable in EPI)
    - 97%-98% safe injections (DHS)
  - Limited understanding of infection control

3-dose hepatitis B vaccine: 87% coverage
Testing and treatment

**TESTING**
- No guidelines on how to test / who to test
- System in place for HIV and tuberculosis
- Use of HBsAg rapid tests in health care facilities
- Limited testing for anti-HCV

**TREATMENT**
- No national treatment guidelines
- HBV / HIV co-infection managed with Tenofovir combinations
- Treatment of hepatitis C minimal

**MEDICINES**
- Tenofovir in essential medicine list, but not for hepatitis, not in single formulation
- Tenofovir single formulation available in private pharmacy (Generic, USD 8 / month)
- Direct Acting Anti-viral (DAAs) for hepatitis C not registered
  - Can be ordered with special import permit – section 75
Strategic information systems

- **HEPATITIS SURVEILLANCE**
  - No system for enhanced surveillance of acute hepatitis
  - No recent biomarker survey on hepatitis
  - Published paper on the fraction of HCC from HBV / HCV

- **PROGRAMME DATA**
  - Prevention indicators available
  - Patient database in place for HIV that can be adapted
SUMMARY

- **STRENGTHS**
  - Good Coordination and commitment
  - Strong health care delivery system
  - High proportion of deliveries in health facilities (73%)
  - High 3-dose hepatitis B coverage (> 90%)
  - Use of HBsAg rapid test
  - Strong national blood transfusion service

- **AREAS FOR IMPROVEMENT**
  - No hepatitis programme / awareness
  - No birth dose
  - Issues in infection control
  - Very limited testing and treatment
  - No viral hepatitis strategic information system
RECOMMENDATIONS

- Formulate a national plan, with policies and guidelines
  - Increase awareness
- Expedite introduction of hepatitis B birth dose
- Secure access to HBV treatment for symptomatic patients
- Build testing and treatment services
  - Build on the system put in place for HIV
- Set up a national strategic information system for hepatitis
  1. National biomarker survey
  2. Database of patients – Build on the system setup for HIV
  3. Strengthen sequelae surveillance
Thank you