TANZANIA NATIONAL STRATEGIC PLAN FOR CONTROL OF VIRAL HEPATITIS 2017-2021

A Draft

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Outline

- Situation
- Vision & Goal
- Objectives & Priority Areas
- Financing Mechanisms
- Strengths
- Challenges
- Conclusion
- Acknowledgement
Situation

- Actual burden of viral hepatitis in Tanzania is unknown

- The available data are from:
  - Blood Donor Screening Centers
  - Dialysis units
  - Viral Hepatitis treatment center
  - HIV program
  - Research and surveys

Note: This sidelines cases which do not fulfill the criteria for those programs
results to patients be detected at the terminal stage of illnesses
Situation

- The prevalence:
  - Approximately of Tanzanians (2007)
    - HBV $\approx 5.5\%-7\%$
    - HCV $< 5\%$
  - Studies among PWID receiving Opioid Replacement Therapy (2011):
    - HCV $\approx 75.6\%$
Situation: Testing, Care and Treatment

- ELISA and rapid tests are used for diagnosis
- Recently PCR testing has been introduced at high level diagnostic centers
- National care and treatment guideline is in process
- Treatment services are only available at the Muhimbili National Hospital
  - HBV patients receive life-long ART treatment through project support
  - HCV patients have to pay for the treatments with a few covered by health insurers
Situation: Availability & Accessibility of Medicines

- Medicines are commercially available (only 5% of patients can access)
- HCV, the management cost ≈ US $ 1,000 (cost may vary depending on the complication and disease progression)
Situation: Vaccination

Hepatitis B Vaccine is offered:-

- Routine immunization program to infants
  - The vaccine was introduced in 2003 and the coverage has sustainably been high above 90% for the last five years
- Available for HCWs and other risk groups
- HBV vaccination (cost sharing) is in progress (July 2018)
  - Plan: Start with the high risk groups
- Introduction of Hepatitis Birth dose is underway
  - Note: The prevention strategies for VH have usually been embedded in the context of existing health programs (HIV/AIDS, Immunization, Blood Screening)
Situation: Awareness

• Despite being a global public health problem <10% of the general population are aware of the Chronic viral hepatitis and its sequel
• Only 10% of physicians know correct management of Chronic Viral Hepatitis
Vision & Goal
Objectives & Priority Areas
Financing Mechanisms
Vision & Goal

VISION
Tanzanian society free from viral hepatitis infection and everyone with viral hepatitis infection has access to safe, affordable and effective diagnosis, care and treatment

GOAL
Alleviate morbidity and mortality due to viral hepatitis while achieving elimination of viral hepatitis as a public health threat in Tanzania by 2030
Objectives & Priority Areas
Strategic Objective 1

Establish access to diagnostic, care and treatment services to VH in the context of continuum of care and in accordance with universal health coverage

Priority Area 1: Diagnostics
Priority Area 2: Care and Treatment
Priority Area 3: Linkage and Referrals
Strategic Objective 2

Strengthen preventive measures to halt transmission of viral hepatitis within the population

Priority Area 1: Blood Safety
Priority Area 2: Vaccination
Priority Area 3: IPC - Injection Safety
Priority Area 4: People Who Inject Drugs
Strategic Objective 3

Strengthening strategic information systems, surveillance, monitoring and evaluation for evidence based decision making

Priority area 1: Information Systems (IDSR & HMIS)
Priority area 2: Viral Hepatitis Surveillance
Priority area 3: Operational Research
Strategic Objective 4

Promote advocacy and increase awareness to enhance utilization of viral hepatitis services

Priority Area 1: Advocacy
Priority Area 2: Raising Awareness
Strategic Objective 5

Monitoring and evaluation activities on Viral Hepatitis by 2021

Priority area 1: Monitoring and Evaluation
Financing Mechanisms

The ministry will strengthen the existing available government financing mechanisms as well as attract and coordinate other resources from:

- Annual budget
- National Health Insurance Fund
- Cost sharing
- Development Partners
- Various stakeholders both within and outside the country
Strengths

- The government is committed
- Availability of infrastructures
- The implementation and monitoring framework draft are available
- Availability of National Programs that address components of Viral Hepatitis Prevention (HIV/AIDS, Immunization and Blood Safety)
- Availability of motivated staff at all levels
- Reporting system (Integrated Diseases Surveillance and Response System (IDSR), MTUHA, DHIS2).
- Availability of leadership and coordination structures down to the lower levels
Challenges

- Lack of National data on the burden of Viral Hepatitis to guide the response
- Viral hepatitis is not among the reported diseases in IDSR
- Lack of diagnostic and treatment guidelines for Viral Hepatitis
- Lack of enough resources to support Viral Hepatitis interventions
- Lack of Community awareness on Viral Hepatitis
Conclusion

• The country has determine to meet the set goal and eliminate the viral hepatitis by 2030
• HCV treatment can be delivered safely, effectively and in high numbers
• HBV vaccines provided to required groups
Acknowledgment

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AHSANTENI SANA KARIBUNI TANZANIA