



# African Hepatitis Summit Report

**HELD AT NICON LUXURY HOTEL ABUJA**

*24TH – 26TH OCTOBER 2023*

***For World Hepatitis Alliance AFRICA MEMBERS***

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# Executive Summary

In spite of significant prevalence and mortality rates, progress in addressing viral hepatitis in the African region has been slow, primarily due to substantial barriers hindering elimination efforts. Hence, the Africa Hepatitis Summit 2023, themed "Putting Africa on Track towards Viral Hepatitis Elimination," was convened to stimulate discussions among diverse stakeholders across the continent. The summit aimed to catalyze action by advancing the viral hepatitis agenda, providing a platform for the broader hepatitis community to exchange ideas, share experiences, and disseminate best practices in addressing the challenges posed by viral hepatitis.

Organized by various societal organizations and hosted by the Federal Government of Nigeria in collaboration with WHO AFRO, African Union, CDA Foundation, Coalition for Global Hepatitis Elimination, Clinton Health Access Initiative CHAI, Society for Gastroenterology and Hepatology in Nigeria (SOGHIN), and World Hepatitis Alliance (WHA), the three-day summit brought together experts, civil society organizations, partners, funders, and policymakers. Additionally, the World Health Organization organized an Afro Pre summit meeting dedicated to disseminate new guidelines on viral hepatitis launched in 2022 and 2023 and conduct a data workshop to model country-wide estimates of diagnosed and treated individuals, influencing policy and implementation decisions and World Hepatitis Alliance organized a capacity building event for all WHA members. The summit was supported by partners and sponsors such as Abbott, Gilead, Viartis, and Cepheid.

Approximately 500 representatives from over 15 different countries participated in the event, sharing valuable insights on accessing national funding and financing opportunities, prioritizing Hepatitis B Virus (HBV) elimination, and implementing actions outlined in the African Union (AU) declaration on Viral Hepatitis. The summit also highlighted best practices in programmatic implementation, the transformation of global strategy into regional and country plans, and the critical role of resource mobilization in funding the hepatitis response. Presentations from Egypt Rwanda and Nassarawa state, Nigeria showcased Viral Hepatitis Elimination was possible, and they were awarded for their effort towards elimination. The summit concluded with a strong call to action, urging countries to commit to achieving the 2030 targets for hepatitis elimination.

## **Summit goal**

To galvanize commitment by leaders at the highest level of government, private sector, and civil society on innovative regional collaboration/partnership towards ending the challenge of viral hepatitis in Africa.

## **Summit objectives**

1. Explore existing local investment/financing opportunities towards hepatitis elimination in Africa:  
AfDB; ACDC; AU; World Bank
2. Focus on HBV elimination across Africa
3. Focus on strategies for prevention of hepatocellular carcinoma across Africa
4. Engage the broader stakeholders on how to implement the actions of the AU declaration on Viral Hepatitis.
5. Mobilize various stakeholders to share best practice examples, learnings and experiences.
6. Provide an African-led platform for learning and sharing on innovative policy measures and programme implementation for viral hepatitis prevention and control in Africa.
7. Provide a scientific and public health program on viral hepatitis that is purely tailored to the needs of the African region.

# Session 1: Opening Session

## 1.1 Welcome Remarks

The African Hepatitis Summit 2023 in Abuja commenced with recognition and welcoming of all attendees. The program further acknowledged the presence of various dignitaries, including the Executive Governor of Nassarawa State, Engineer A. A. Sule, Dr. Danjuma Adda, the first African president of the World Hepatitis Alliance, Egyptian Minister of Health and Population, Professor Dr. Khalid Abdel Ghaffar. These were all remarkable leaders who have demonstrated a strong commitment to hepatitis elimination in the Hepatitis Elimination. The welcome remarks was given by Danjuma Adda.

The opening session event featured the personal story of Prince Okinedo, a Nigerian pharmacist living with chronic viral hepatitis B, who shared his experience of discovering his condition during a blood donation drive he organized. He also highlighted the importance of raising awareness, supporting those living with hepatitis, and working towards elimination.



**Welcome remarks by the conference organizing committee, Danjuma Adda representing (WHA)**

## 1.2 Opening Remark

The African Hepatitis Summit 2023 opening remarks was given by Dr. Muhammad Ali Pate, the Coordinating Minister of Health and Social Welfare represented by Daju Kachollom the permanent Secretary, Federal Ministry of Health and Social Welfare in Nigeria.



### 1.2.1 Highlights from Opening Remarks

- ▶ Emphasis on the need for significant progress in Africa towards hepatitis elimination, call for local commitment, funding, and political will.
- ▶ Hepatitis is a significant public health threat and the preventability and curability of the disease with a simplified approach should be deliverable at the primary level of care.
- ▶ Intensify efforts to increase immunization coverage to address the lack of timely hepatitis B birth dose vaccination for African newborns.
- ▶ Local vaccine production, advocacy for financial commitment, and aligning with WHO's global health sector strategy to eliminate viral hepatitis by 2030 was emphasized.
- ▶ Public awareness and healthcare provider capacity building are crucial for addressing knowledge gaps and ensuring that individuals at risk of hepatitis receive proper care.
- ▶ Nigeria's is committed to controlling and eventually eliminating hepatitis



## 1.2.2 Highlight from other speaker's Remarks

### ***(Dr. Mohammed AbdulAziz, Head of CDC)***

- ▶ Africa CDC's strategic plan, collaboration with Egypt, and replicating success stories are all important to eliminate hepatitis across the continent.
- ▶ There is need for awareness, advocacy, and comprehensive support to combat viral hepatitis in Africa.
- ▶ Strengthen national public health institutions, workforce development, and local manufacturing of health consumables and diagnostics
- ▶ A call for action-oriented partnerships and increased domestic financing to achieve the goal of eliminating viral hepatitis in Africa. *(Dr. Mohamed AbdulAziz, Head of CDC)*

### ***(Meg Doherty, WHO)***

- ▶ Egypt's attainment of the gold tier on the path to hepatitis C elimination demonstrated the potential for success with strong political leadership and ongoing commitment.
- ▶ Egypt's experience should be shared with neighboring countries, in order to put Africa on track towards viral hepatitis elimination."
- ▶ A call for change in empowering community healthcare workers and individuals affected by hepatitis
- ▶ Egypt's remarkable success serves as a testament to what can be achieved and should inspire other nations to redouble their efforts in pursuit of hepatitis elimination.

### ***(Casimir Mazengo, representing the WHO country Representative in Nigeria)***

- ▶ Need for a new approach to eliminate viral hepatitis in both the global and African contexts.
- ▶ A call to approach hepatitis differently, with support from partners like Africa CDC and UNICEF

### ***(Dr. Walid Rashid Elashi El Saadi, a representative of the Muslim World League)***

- ▶ Africa is challenged to tap into its untapped potential by leveraging on the collective effort and number to support initiatives like the summit.
- ▶ A call for proactive solutions resonated throughout the address.

### ***(Charles Gore, Executive Director Medicines Patent Pool)***

- ▶ Every participant is an advocate for viral hepatitis.
- ▶ Collective advocacy, commitment, and the drive for change to secure the necessary resources and political support for hepatitis elimination is required.

# Session 2: Building Political Will for Viral Hepatitis Elimination in Africa

## 2.1 Setting the scene with a presentation on Viral Hepatitis Elimination in Africa and Path to Hepatitis Elimination.

The scene was set on the discussion on the journey towards eradicating hepatitis and eliminating viral hepatitis in Africa through the Path to Elimination Tiers. Presentations on the cost of hepatitis elimination in Africa, AU declaration on viral hepatitis elimination and opportunities to kick start regional approach, Africa CDC continental viral hepatitis prevention and control programme were presented by representatives from African Union Commission, CDA Foundation, and Africa CDC.

### 2.1.1 Highlights from the Presentations

#### *CDA Foundation (The cost of Hepatitis Elimination in Africa-Investment Case)*

- ▶ Collaboration with various stakeholders for a comprehensive approach on achieving the path to elimination.
- ▶ There should be mutual recognition of company registrations in Africa to streamline processes and promote competition, resulting in lower prices for medical products.
- ▶ Change laws and regulations to facilitate international procurement and improve access to affordable healthcare products in African countries.
- ▶ The proposed strategy suggests a hybrid approach where governments would partly cover screening costs to raise awareness and facilitate testing for individuals.
- ▶ Effective governance and resource allocation should be prioritized rather than relying on external financial aid.
- ▶ Develop a list of essential medicines and diagnostics exempt from importation taxes and tariffs to lower costs and ensure access to vital healthcare products.

#### *Africa CDC (Africa CDC Continental Viral Hepatitis Prevention and Control Programme)*

- ▶ Compensate healthcare professionals especially in primary care to alleviate the increased workload.
- ▶ Urgent need for action, as waiting for external donors or relying on governments alone is not a viable strategy due to the high mortality rate of hepatitis in Africa
- ▶ Emphasis on expanding local manufacturing for diagnostics and commodities, indicating a commitment to self-sufficiency and sustainability.

#### *African Union Commission (AU Declaration on viral hepatitis Elimination/ Opportunities to kick start regional approach)*

- ▶ The AUC program focuses on increased domestic financing, suggesting a shift towards financial sustainability, and emphasizes country ownership for sustained impact.
- ▶ The AUC recommends early testing and integration, closing the treatment gap, preventing new infections, and breaking down barriers to access.

In conclusion, the elimination of viral hepatitis in Africa is feasible, cost-effective, and even cost-saving for governments in the long run. Countries are to actively engage and implement policy changes to drive hepatitis elimination in Africa.

## 2.2 Award Presentation



The award presentation recognized champions in Africa who have made significant contributions to saving lives.

- ▶ In a notable recognition ceremony, His Excellency, Engr. Abdullahi A. Sule of Nassarawa State was honored with an award. The prestigious accolade was presented by Danjuma Adda, signifying a commendable achievement in eliminating viral Hepatitis.
- ▶ Further, the distinguished representative from Egypt, representing the Minister, was bestowed with a notable award, with the honor being conferred by Cary James. This recognition underscores Egypt's exceptional contributions.

- ▶ Additionally, Rwanda received a well-deserved award collected by Janvier Serumondo, with the honor being presented by Theobald Owusu-Ansah, highlighting Rwanda's significant accomplishments and contributions in the respective domain.

The event highlighted the exceptional efforts of these recipients in improving and safeguarding lives in their respective regions.

## 2.3 Panel Discussion: Mobilizing National Resources and Political will discussion

Countries presented the strategies they have used to mobilize National resources and gave some recommendations from their experiences.

S/N	Country	Lessons Learned
1	<p><b>Rwanda:</b></p> <p>Strong commitment from the Government is important.</p>	<ul style="list-style-type: none"> <li>• It is possible to eliminate viral hepatitis however it requires a lot of effort. Fund raising can be done in case the Government are yet to be involved in the partnership.</li> <li>• Courage is required to launch the initiative.</li> <li>• When implementing other programs, leverage on the savings from other program project to fund the Viral Hepatitis Elimination</li> </ul>
2	<p><b>Egypt:</b></p> <p>To achieve the success of Egypt, all members of the society were involved, informed by raising public awareness</p>	<ul style="list-style-type: none"> <li>• Create awareness in the country in order to prevent stigmatization.</li> <li>• Invest on Prevention</li> <li>• Build strong Partnership</li> <li>• Collaboration and South-to-South Learning</li> <li>• Advocacy and Solidarity for Hepatitis Elimination</li> <li>• Increase Domestic Financing</li> <li>• Local Manufacturing for Healthcare Access</li> <li>• Combatting Viral Hepatitis Urgently</li> </ul>
3	<p><b>Nassarawa</b></p> <p>Nassarawa State's unwavering commitment to addressing health challenges was evident in the results and progress made thus far</p>	<ul style="list-style-type: none"> <li>• The healthcare efforts of Nassarawa State were initiated through incorporating education and health into their comprehensive approach.</li> <li>• States commitment on leadership, belief, and determination in tackling diseases, even amidst financial constraints was pivotal in the results on viral hepatitis elimination.</li> <li>• The state established and staffed the infectious diseases and genetic research center.</li> <li>• Introduction of health insurance and the influential role of healthcare professionals in these initiatives are highlighted.</li> <li>• Created awareness, particularly in rural areas, combating the high prevalence of hepatitis in Nassarawa State</li> </ul>

# Session 3: Synergizing Resources Towards Viral Hepatitis Elimination

## 3.1 Civil Society and Hepatitis Resource Mobilization

This session focused on synergizing resources and leveraging national and international funding for the elimination of viral hepatitis. This session discussed the role of civil society and hepatitis resource mobilization, a panel session on leveraging regional and international fundraising towards viral hepatitis and countries experiences in leveraging Global Fund, PEPFAR and other funding sources.

### 3.1.1 Presentation Highlights

*(Director of the World Hepatitis Alliance) Civil Society and Hepatitis resource mobilization*

- ▶ Strengthening civil society, collaborating with initiatives like GAVI and focus on universal health coverage (UHC) is needed to address healthcare disparities and overcoming financial barriers to hepatitis elimination.
- ▶ Financing using multi-faceted approach and involving civil society in advocacy are important for hepatitis elimination.
- ▶ Local investments, international partnerships, and UHC initiatives are critical elements in the fight against hepatitis.

## 3.2 Presentation and Panel Discussion: Leveraging Regional and International Fundraising Towards Viral Hepatitis Elimination

Funding organizations shared strategies and opportunities available for countries to leverage on nationally, regionally, and internationally towards viral hepatitis elimination.

S/N	Organization	Highlights from Panel Discussions
1	Hepatitis Fund	<ul style="list-style-type: none"><li>• Recognition of numerous opportunities available, and the importance of collective efforts in identifying and leveraging these opportunities is emphasized.</li><li>• Individuals with lived experiences should be placed at the heart of the response to eliminate viral hepatitis</li><li>• Due to the significant funding gap, it is important to explore a combined approach for funding, both locally and globally.</li><li>• Mobilizing resources involves organizing conferences and dialogues, by the end of the year, a call for proposals in early next year will be launched.</li><li>• Local organizations can seek funding for a three-year duration, taking inspiration from Egypt's model of utilizing lotteries and community contributions.</li></ul>

		<ul style="list-style-type: none"> <li>• Collaborative efforts among governments, local organizations, and potential donors is paramount.</li> <li>• The Hepatitis Fund stands ready to support countries like Nigeria in elimination endeavors, contingent upon a demonstrated commitment to investing in hepatitis elimination.</li> </ul>
2.	<b>Central African Regional Director of the Muslim World League</b>	<ul style="list-style-type: none"> <li>• A call to think outside the box for funding suggesting innovative approaches are crucial in the effort to eliminate viral hepatitis.</li> <li>• Social media should be utilized for awareness and support.</li> <li>• Exploration of unconventional funding sources, mentioning possibilities such as the global fund, Gavi, domestic financing, and public-private partnerships.</li> <li>• Recognition of numerous opportunities available, and the importance of collective efforts in identifying and leveraging these opportunities is emphasized.</li> <li>• The crucial catalysts for successful hepatitis elimination efforts are collaboration and knowledge sharing.</li> </ul>
3.	<b>T.Y. Danjuma Foundation</b>	<ul style="list-style-type: none"> <li>• The foundation is dedicated to support indigenous hepatitis-focused NGOs, aiming to enhance their capacity and program management.</li> <li>• Holistic interventions and government collaboration to eliminate viral hepatitis B and C are important for viral hepatitis elimination.</li> <li>• Commitment and partnership with CEPI to prevent viral hepatitis and enhance maternal and child health services is on for the next five years.</li> </ul>

### 3.3 Country Experiences in Leveraging Global Fund, PEPFAR and other Resources

Dr. Jamiyu Ganiyu from Nassarawa State, Nigeria, shared insights into how Nigeria is approaching the financing of viral hepatitis elimination.

Country	Country Experience in leveraging Global Fund, PEPFAR and other resources (eg HIV) for viral hepatitis programming, South Africa National HIV Program
Nigeria	<ul style="list-style-type: none"> <li>▶ Leadership: Nassarawa State, known for its leadership and experience in assessing the Global Fund, has made significant progress in integrating HIV and viral hepatitis.</li> <li>▶ Integrated Approach: Nassarawa State utilized advocacy at multiple levels, leveraging existing data, and learning from other states' technical expertise, particularly CHAI to address viral hepatitis prevention and management, including the prevention of mother-to-child transmission of hepatitis B and hepatitis C treatment for people living with HIV.</li> <li>▶ Domestic Funding: Domestic funding facilitated the progress reported in Nassarawa State and advocates for increased funding at both national and sub-national levels to commit substantial resources for effective viral hepatitis control.</li> <li>▶ Accessible Healthcare Services: The recent launch of comprehensive treatment for viral hepatitis within the National Health Insurance Agency is highlighted as a significant</li> </ul>

	<p>progress, indicating improved accessibility to healthcare services for viral hepatitis in Nigeria.</p> <ul style="list-style-type: none"> <li>▶ Grant Success and Proposal Writing: The success in securing a grant from the Global Fund is attributed to Nassarawa State's experience in proposal writing for HIV, which was leveraged for viral hepatitis.</li> <li>▶ Integration into Healthcare Facilities: Comprehensive treatment for viral hepatitis is being integrated into secondary and tertiary facilities, supported by the Health Insurance Agency, which has launched guidelines encompassing viral hepatitis treatment.</li> </ul>
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### **3.4 Lightning Symposium: Hepatitis B Stigma and Discrimination (Hepatitis B Foundation): Addressing Hepatitis B Stigma and Discrimination in Africa**

The lightning symposium primarily addresses discrimination and stigma surrounding hepatitis B infection and its direct impact on various aspects of people's lives. Findings from a study conducted to assess the impact of hepatitis B stigma and discrimination in Africa was presented.

#### **3.4.1 Key Presentation Highlights**

- ▶ The objective of the study was to understand manifestations of discrimination in different settings and regions.
- ▶ Data was gathered from Insights gathered from individuals who have experienced discrimination, with a focus on the African continent (Nigeria, Uganda, Ethiopia, Ghana, etc.)
- ▶ Discrimination negatively impacts individuals' opportunities, economic and professional growth, quality of life, and overall health outcomes.
- ▶ Types of discrimination include immigration-related discrimination, unfair treatment in healthcare settings, and employment challenges.

In summary, this session focuses on the detrimental effects of hepatitis B-related discrimination and seeks to shed light on the regional variations and experiences, ultimately aiming to address and combat stigma and discrimination surrounding hepatitis B.

## 3.5 Panel Discussion on Addressing Hepatitis B Stigma and Discrimination in Africa



During a panel session on Addressing Hepatitis B Stigma and Discrimination in Africa, panelists shared personal experiences and stories related to hepatitis B stigma and discrimination, emphasizing how these issues have affected their lives and the lives of others.

### 3.5.1 Key Presentation Highlights

- ▶ A root cause of stigma and discrimination identified was the lack of knowledge and understanding about hepatitis B among the public and even some healthcare workers.
- ▶ Healthcare workers need proper training and education about hepatitis B to provide better support and information to patients.
- ▶ Call for institutional-level actions, including the implementation of laws and policies that protect individuals living with viral hepatitis.
- ▶ Laws that specifically prohibit discrimination against people living with viral hepatitis should be institutionalized.
- ▶ Development of inclusive policies that benefit everyone in need, rather than limiting access to certain groups of individuals (making antiviral medications accessible to all who require them).



- ▶ Enhancing funding for community-based advocates and organizations was recommended. These advocates play a crucial role in raising awareness, supporting patients, and fighting discrimination.
- ▶ Establishing parliamentary hepatitis forums, like the one mentioned in Uganda, can help address issues of stigma and discrimination at the legislative level.
- ▶ A call for the capacity building of healthcare workers to better address hepatitis B-related stigma and discrimination. Training programs should be implemented at all levels of the healthcare system.
- ▶ Call for support from UN Friends to integrate the issue of stigma and discrimination related to hepatitis B into their policies and initiatives.

In conclusion, comprehensive measures, including policy changes, education, and awareness campaigns, to address and eliminate stigma and discrimination associated with hepatitis B is important for elimination of hepatitis B and C. These efforts should involve cooperation among governments, healthcare institutions, and advocacy groups to ensure better support for individuals living with hepatitis B.

## **Session 4: Optimizing health Systems: The role of integration in Advancing the Viral Hepatitis Response**

## 4.1 Scene Setting

In this session, the scene was set by discussing the current state of hepatitis B, its significant impact on morbidity and mortality in Africa and the need for a multifaceted strategy to combat hepatitis B. Presentations on integration of HBV care into HIV and other infectious Disease clinic in Uganda, Integration of viral hepatitis into primary health and private sector services in Ethiopia, role sharing for enhanced hepatitis B care in Africa : Leveraging Technology for better patient outcomes were presented.

## 4.2 Key Presentation highlights

- ▶ Leverage on the primary healthcare system and community health workers for screening and vaccination, particularly for high-risk populations like healthcare workers.
- ▶ The integrated care model aimed to provide comprehensive care, reduce barriers to access, and address stigma, resulting in significant cost savings for sustainability and accessibility.
- ▶ There was a successful integration project in Uganda, demonstrating the feasibility, acceptability, and cost-effectiveness of combining hepatitis B care with HIV clinics.
- ▶ Leverage on technology for better patient care, advocating for the integration of telehealth and digital health records into hepatitis B management.
- ▶ Patient-centric approach should be utilized mobile apps, telemedicine, and digital records was emphasized, with a call for policymakers to support these initiatives and encourage international collaboration

## 4.3 Key Discussions Highlights (Q & A session)

- ▶ Integration of hepatitis C screening into the existing programs for hepatitis B to help reduce stigma, improve access to screening, and encourage more people to get tested.
- ▶ PMTCT should be included in the Hepatitis and syphilis elimination program.
- ▶ Hepatitis should be included in the country district information service.
- ▶ Treatment plan was not available to all that was screened for Hep C in Uganda.
- ▶ Youth engagement and social media should be leveraged on to raise awareness and educate communities.
- ▶ Policymakers to support initiatives integrating technology into hepatitis B management.
- ▶ Need for better alignment between global policies and local implementation to ensure that integrated programs effectively reach vulnerable populations.
- ▶ Technology including telehealth and digital health records, should be leveraged on for better patient care in hepatitis B management.
- ▶ Integration of Technology in the hepatitis elimination is feasible and it is available for stakeholder's use, it can be tweaked to country peculiar needs.

## Session 5: Improving Access to Viral Hepatitis Commodities

## 5.1 Scene Setting: Access to Viral Hepatitis Commodities; African Context

This session introduced the presentation on access to viral Hepatitis commodities, CHAI market highlights for Hepatitis C and B diagnostics and treatment in the African region, panel discussions on addressing access and regulations and increasing access to low cost generic drugs.

### 5.1.1 Highlights from Presentations

#### *(Medicines Patent Pool) (Access to viral Hepatitis Commodities: African Context)*

- ▶ The organization is driven by public health principles and operates on a not-for-profit basis.
- ▶ The organization faces challenges in penetrating the market, especially in regions where competition is lacking, resulting in higher prices.
- ▶ The absence of a national program poses challenges for the organization.
- ▶ Price mark-ups in private markets present additional obstacles to the organization's goals.
- ▶ The potential solution of procurement through international agencies as an opportunity to address the challenges faced by the organization.
- ▶ The presentation suggests a need for collaboration with international agencies to overcome some of the challenges faced by the organization.

#### *(CHAI) (CHAI market highlights for Hepatitis C and B Diagnostics and Treatment in the African region)*

- ▶ CHAI (Clinton Health Access Initiative) is actively involved in tracking and publishing market intelligence for viral hepatitis commodities in the African region.
- ▶ The 2023 market report will concentrate on HCV Commodities, with a notable inclusion of harm reduction commodities for the first time.
- ▶ To scale up HCV case findings, there is a need for market expansion to ensure access to quality-assured and affordable HCV screening and diagnostics products.
- ▶ Despite the availability of Direct-Acting Antivirals (DAAs), less than one percent of people with HCV are receiving treatment, indicating an opportunity for improvement in access.
- ▶ In May 2023, CHAI and the Hepatitis Fund signed a ceiling price agreement with two generic manufacturers of hepatitis drugs, aiming to enhance affordability and accessibility.
- ▶ Efforts are needed to translate pricing agreements into low in-country prices, potentially attracting donors to support viral hepatitis initiatives.
- ▶ There is a call for easily wearable technology and the development of products based on the convergence of future technologies for the detection and diagnosis of Viral Hepatitis, utilizing African technology and resources.
- ▶ Frameworks for addressing viral hepatitis should be based on the peculiarities of multiple countries, drawing inspiration from successful models like the Egyptian model.
- ▶ “If you don’t have your own, you will never grow”.

In summary, the market highlights emphasize the need for expanded access to diagnostics and treatment, addressing pricing challenges, and leveraging innovative solutions and technology to combat viral hepatitis in the African region.

## 5.2 Panel 1: Addressing Access and Regulations: Panel Discussion I- Regional Challenges and Opportunities for Pharmaceuticals and Diagnostic Companies to Support National Elimination Programs



A panel discussion on the topic of increasing access to diagnostics and treatment for hepatitis in Africa. The panel includes representatives from Abbott, Cepheid, and Viatri, who share insights on the barriers and opportunities in achieving this goal.

S/N	Organization	Key presentation highlights
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1.	<b>Viartis</b>	<ul style="list-style-type: none"> <li>▶ Pillars for access to hepatitis diagnosis and treatment are awareness, education for populations and healthcare providers, and building healthcare workers' capabilities.</li> <li>▶ Challenges for diagnosis and treatment encompass drug availability, affordability, and quality.</li> <li>▶ Need for a joint Africa regulatory platform, aiming to streamline registration processes and enhance hepatitis treatment access continent-wide is proposed.</li> </ul>
2	<b>Cepheid</b>	<ul style="list-style-type: none"> <li>▶ Challenges arise in system ownership, sharing, and holistic servicing, hindering scale-up and implementation.</li> <li>▶ Cepheid is committed to providing free systems with all-inclusive pricing for programs like hepatitis to address barriers.</li> <li>▶ Encourage commitment and accessibility for free system provision by offering a global access pricing of \$1490 for viral load tests.</li> <li>▶ Cepheid aims to collaborate with programs and ministries of health to ensure easy access to diagnostics for patients, countering distributor mark-ups that may lead to higher test prices.</li> </ul>
3.	<b>Abbott</b>	<ul style="list-style-type: none"> <li>▶ Committed to supporting innovation and rapid testing, viewing it as the initial point for patient diagnosis.</li> <li>▶ Tests for hepatitis B antigen screening, hepatitis C, and hepatitis A, are offered and this is backed by ongoing studies in African markets to expedite availability.</li> <li>▶ Three barriers to patient access are the country's commitment to hepatitis elimination at the political level, funding support from organizations, and the challenge of test approval timelines in Africa.</li> <li>▶ Abbott encourages collaboration, positioning themselves as partners rather than just test suppliers to build effective programs.</li> <li>▶ Offers resources and support to stakeholders, recognizing the collective effort required for successful hepatitis elimination.</li> </ul>

In conclusion, the discussion centered on the need for collaborative efforts, regulatory reform, and improved procurement mechanisms to enhance healthcare access across Africa. The African Medicine Agency, the African Continental Free Trade Area, and the African Medical Supplies Platform were presented as crucial initiatives to help achieve these goals. The audience was encouraged to engage with these platforms and collaborate with African countries to optimize healthcare access and eliminate diseases like hepatitis by 2030.

## 5.3 Panel II: Increasing Access to Low Cost Generic Drugs

### Panel Discussion on increasing access to low-cost generic drugs



Representatives from the African Medical Supplies Platform (AMSP), and NAFDAC (National Agency for Food and Drug Regulation and Control) outlines how their organizations enhance access to low-cost generic drugs and medical supplies in Africa.

S/N	Organization	Key presentation highlights
1	African Medical Supplies Platform (AMSP)	<ul style="list-style-type: none"> <li>▶ The digital marketplace connects buyers directly to manufacturers, ensuring competitive prices by eliminating intermediaries.</li> <li>▶ Buyers and sellers undergo a vetting process to participate, and,</li> <li>▶ AMSP has partnered with organizations like African Sim Bank, Africa CDC, UNECA, and Strive Masi to establish the platform.</li> <li>▶ AMSP's key features include access to a global manufacturer base, volume aggregation, procurement quota management, payment facilitation, and support for African innovators.</li> <li>▶ They prioritize Made in Africa products, delivering over 34 million medical supplies to African countries and Caribbean communities</li> <li>▶ AMSP's governance structure ensures transparency and accountability, and they are expanding their product range beyond COVID supplies through partnerships with companies like Novartis.</li> </ul>

2	NAFDAC (National Agency for Food and Drug Regulation and Control)	<ul style="list-style-type: none"> <li>▶ Regulating medical products and promoting the accessibility of generic medicines.</li> <li>▶ Advocates for policies that monitor effective drug use and encourage rational drug use in healthcare systems.</li> <li>▶ The organization works on strengthening pharmaceutical systems, procurement, and supply chain management, with a focus on traceability to ensure the authenticity of medical products.</li> <li>▶ Facilitates the registration of generic products by automating processes, ensuring a 90-day timeline for registration.</li> <li>▶ Implement a mobile authentication service for certain medicines, allowing consumers to verify authenticity.</li> <li>▶ Furthermore, the organization promotes reporting of adverse drug reactions, involving healthcare workers and the public through the MedSafety app.</li> <li>▶ The agency encourages local production and has established a ceiling list to limit imports.</li> </ul>
3	African Medicines Agency (AMA)	<ul style="list-style-type: none"> <li>▶ Its mission is to enhance the regulatory capabilities of member states and regional economic communities. This objective ultimately seeks to ensure that safe and high-quality medical products are accessible to the population.</li> <li>▶ Facilitating the harmonization of technical standards and processes.</li> <li>▶ The agency aims to assist countries in evaluating complex medical products, offer regulatory guidance to the local pharmaceutical industry, and actively work towards reducing trade barriers for pharmaceuticals in alignment with the African Continental Free Trade Area.</li> <li>▶ Need for further advocacy efforts to encourage the ratification of the AMA treaty by all 55 African Union member states.</li> <li>▶ The process of appointing the Director-General (DG) and establishing the Governing Board is currently in progress.</li> </ul>

# Session 6 A: Access for All: Scaling up the Hepatitis C Response in Africa

## 6.1 Scene setting

This session was divided into two parts. The first part comprised presentations on the history of viral hepatitis, HCV access and strategic information, The Egyptian initiative to treat 1 million Africans, country experiences and lessons learned through the Egyptian-Africa initiative and collaborations that work. The discussions on scaling up the hepatitis C response in Africa kick-started with the historical perspective on hepatitis B and C presented by Dr. Harvey Alter. The second part included presentation on village free hepatitis model in Africa, providing comprehensive service delivery for people living with viral hepatitis, exploring the acceptability and feasibility of Hep C testing and One stop shop for key and other risk populations.

## 6.2 Key presentation highlights

*(HQ WHO) (HCV access and strategic information)*

- ▶ Egypt has adopted a distinctive public health approach that extends beyond healthcare facilities to directly reach the community for diagnosis and treatment of hepatitis C.
- ▶ Holistic approach is important in the integration of hepatitis C programs into existing health systems, emphasizing a holistic approach.
- ▶ There is a recognized need for cost reduction in hepatitis C treatment, underscoring the importance of affordability for widespread access.
- ▶ Emphasis on the crucial role of improving data for informed decision-making in the early stages of scaling up hepatitis C programs in Africa
- ▶ The potential for production and distribution of hepatitis C drugs within the African context, indicates a move towards self-sufficiency.

***(National Committee for Control of Viral Hepatitis, Egypt) The Egyptian Presidential Initiative to Treat 1 million Africans***

- ▶ Egypt's remarkable journey towards eliminating hepatitis C, began with the establishment of the National Committee for Control of Viral Hepatitis in 2006.
- ▶ Shift from interferon-based therapies to locally produced direct-acting antivirals (DAAs) treatment brought about significant lower cost.
- ▶ In 2018, Egypt launched a mass screening program targeting 62 million individuals utilizing a multi-sectoral approach, involving multiple ministries, and reached various age groups.
- ▶ Public health facilities and their integration into the program, as well as the use of a national ID system for efficient tracking resulted in the achievement of the elimination targets and expanded to include harm reduction, blood safety, and injection safety measures.



- ▶ Next step for Egypt is to treat 1 million African HCV patients, this involves training healthcare workers and providing diagnostic tests, treatment, and IT support.
- ▶ Several African countries have already been visited and screened, with treatments underway

***(Africa CDC) Collaborations that work -Africa CDC-MoHP experience***

- ▶ Africa CDC collaborated with Egypt involving multi-sectoral teams from six African member states visiting Egypt to learn from their successful experience in combating hepatitis C.
- ▶ The initiative included strengthening laboratory systems and securing sustainable financing through private sector engagement.
- ▶ Capacity building was emphasized, with training for various healthcare providers, including general doctors and community care workers.
- ▶ Emphasis on the vital role of advocacy and civil society movements in raising awareness and garnering support for hepatitis C elimination efforts.
- ▶ Encouraged collaboration, stressing the importance of working together and engaging various stakeholders to achieve the common goal of hepatitis C elimination.
- ▶ Effective data collection and surveillance, and understanding the baseline before implementing interventions is important

### **6.3 Country Experience/ Lessons learned through the Egyptian/Africa Initiative for Ghana**

Ghana’s experience and the steps taken to address hepatitis C in the country are presented below. The presentation included a country background, the process leading to collaboration with Egypt, key takeaways, next steps, and a conclusion.

S/N	Country	Key Takeaways	Lessons Learned	Next Steps
1	Ghana	<p>1.Hepatitis C prevalence in Ghana was estimated at 3.3% in 2019. This figure was supported by a heat study, which helped to gain a better understanding of the disease's prevalence.</p> <p>2. Ghana joined a UN group of friends to reaffirm its commitment to eliminating both hepatitis B and C.</p> <p>3.Ghana requested support from Egypt in July 2022.</p> <p>4.Egypt donated 6,000 boxes of medication to Ghana in late 2022, and a decentralized government-led pilot treatment program for hepatitis C was initiated in March 2023.</p>	<p>1.The Ghanaian Ministry of Health recognized the hepatitis C problem in the country following the heat presentations.</p> <p>2.Ghana Learnt from Egypt’s Strategies.</p>	<p>1. Seeking technical support from Egypt's Ministry of Health and the Africa CDC to ensure the successful implementation of the hepatitis C program.</p> <p>2. This collaboration will require both adoption and adaptation of strategies to align with Ghana's unique context.</p>
2	Chad	<p>1.Major screening campaigns, reaching over 15,000 individuals, were conducted, leading to data centralization and policy influence within the Ministry of Health</p>	<p>1. The Egyptian initiative significantly enhanced Chad's capacity to combat hepatitis by</p>	<p>1. Chad looks forward to continued collaboration with the Egyptian government and other partners to</p>

	<p>and the National Council for the Fight Against AIDS.</p> <p>2. Training sessions covered diagnostics, data collection, and treatment, addressing a high prevalence of hepatitis B in Chad's capital.</p>	<p>providing training for biologists, medications, rapid tests, and support for viral load measurement.</p> <p>2. Data collection in real-time was a key achievement facilitated by Haitian experts and Egyptian support.</p> <p>3. Civil society played crucial roles in decentralized programs and advocacy.</p>	<p>advance its efforts to eliminate hepatitis in the months ahead.</p>
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## Session 6B II: Access for All: Scaling up the Hepatitis C Response in Africa

The presented session focused on the efforts to scale up the response to hepatitis C in Africa, with a primary emphasis on Nigeria.

### 6.4. Key Presentation Highlights

**(CHAI)** *(Providing comprehensive service delivery for people living with viral hepatitis)*

- ▶ Emphasis on Patient-centered approaches for treatment, particularly for hepatitis B patients who may be co-infected.
- ▶ Designing a service delivery model must align with the cascade of care and the patient's demographic, context, and clinical condition must be considered.

**(JHPIEGO)** *(Exploration of the acceptability and feasibility of Hepatitis C self-testing in Nassarawa state, Nigeria)*

Key findings from a study focused on the acceptability, feasibility, and cost-effectiveness of self-testing for hepatitis C included high user acceptability, with over 95% of participants finding self-testing easy to use and accurate.

- ▶ Importance of tailored service delivery models and the need for ongoing support and infrastructure optimization was recommended

**(NASCOP, Kenya)** *(One stop shop for key and other risk populations, including PWID)*

- ▶ Peer support, community involvement, Directly Observed Therapy (DOT) for treatment, home visits, and prison outreach play a significant role in building patient trust.
- ▶ Recognition of the importance of involving the community in the care process.

### 6.4.1 Highlights from Discussions (Q & A)

- ▶ Periodic testing was conducted on individuals at high risk, such as people who inject drugs, with quarterly antibody tests and bi-annual PCR tests to monitor infections.
- ▶ The community should be involved in all aspects, including planning and implementation.
- ▶ The experience gained from HIV self-testing implementation and existing policies, guidance, and trained staff helped facilitate the hepatitis self-testing implementation.
- ▶ Regular monitoring of product storage and collaboration with the Ministry of Health for supply chain management are critical for success.
- ▶ There is need to strengthen the link between African countries and the African Union Commission to amplify African tools.

In conclusion, the session emphasized the importance of tailored service delivery models, integration of services, consideration of patient demographics, and the role of community involvement in providing comprehensive care for people living with viral hepatitis, with a primary focus on efforts in Nigeria and Kenya.

# Session 7: Access to All: Scaling up Hepatitis B Response in Africa

## 7.1 Session Introduction

This session focused on Hepatitis B scale up response in Africa. Presentations on WHO guidelines on Hepatitis B programming, country perspectives on implementation on new HBV Guidelines, opportunities and barriers in accessing HBV Care in Africa, lightening symposium on multi stakeholder discussion on Bringing HBV Clinical Research to Africa and other symposiums highlighted the strategies that can scale up Hepatitis B response in Africa.

## 7.2 Presentation Highlights include:

**(WHO HQ)** *(Directions-WHO Guidelines on Hepatitis B programming)*

- ▶ Identifying individuals with fibrosis/cirrhosis and discusses treatment impact, emphasizing that even those with lower viral loads can benefit
- ▶ A shift from "who not to treat" to "who to treat."
- ▶ Service delivery models, data capture, decentralization, integration, task sharing, and care models are vital for successful scaling.

**(SOGHIN)** *(Opportunities and Barriers in Accessing HBV Care in Africa)*

- ▶ Barriers in accessing HBV Care include low birth dose coverage, inadequate prevalence data, limited knowledge among healthcare providers, complex treatment algorithms, and guideline dissemination issues.
- ▶ Strengthening health systems, task sharing, integration, decentralization, digital health solutions, and community-level management are opportunities to leverage on.
- ▶ Scaling up testing, addressing stigma and discrimination, making effective policies, raising awareness, and enhancing healthcare capacity to support integrated services.
- ▶ Include timely birth dose to treatment guidelines and ensuring effective implementation.

**(Hepatitis Foundation, Ghana)** *(The role of community organization in shaping service delivery)*

- ▶ collaboration with community organizations not only helps in understanding the needs of affected individuals but also contributes to developing more effective elimination strategies.
- ▶ It increases political and lobbying strength and ensures that the interests of minority and disadvantaged groups are represented, ultimately striving for equitable access to high-quality services for everyone

**(West African Centre for Public Health and Development, Nigeria)** *(Hepatitis Evaluation to Amplify Testing and Treatment)*

- ▶ Laboratory-based and point-of-care testing methods aided achievement of the goal of scaling up treatment and increasing the number of individuals linked to care.

## 7.3 Country perspectives on implementation of new HBV guidelines

During this panel discussion, representatives from various countries shared their experiences and strategies for addressing viral hepatitis, specifically focusing on implementing the new WHO guidelines in low- and middle-income settings.

S/N	Country	Experience and Strategy for addressing viral hepatitis	Strategy	Next steps
1	Malawi	<ul style="list-style-type: none"> <li>The development of guidelines endorsed and disseminated in January 2023 aligned with WHO recommendations has been a significant step forward.</li> <li>Integration of hepatitis services into existing healthcare programs underscores the comprehensive strategy.</li> <li>Demonstrating strong commitment, the Malawian government is procuring vaccines specifically for high-risk individuals.</li> <li>Global Fund grant enabled procurement of test kits.</li> </ul>	<ul style="list-style-type: none"> <li>A crucial element in the national response to viral hepatitis is the multidisciplinary approach, which includes seasoned clinicians with expertise in public health.</li> <li>Currently, a scannable register is in use for strengthening the testing services to capture data, with over 250,000 patients tested for hepatitis B.</li> </ul>	<ul style="list-style-type: none"> <li>Advocate with Gavi for the procurement of Hep B BD vaccines.</li> <li>Advocate for the procurement of vaccines for high risk groups, Hep B BD, adolescents and adults, and healthcare workers.</li> <li>Utilize opportunities in the GC7 Global fund grant application.</li> <li>we're looking at providing antiviral prophylaxis for pregnant women to prevent vertical transmission</li> </ul>
2	Sierra Leone	<ul style="list-style-type: none"> <li>There is a high prevalence of viral hepatitis: 13.5% for hepatitis B, 2.2% for hepatitis C, data gotten from sero survey in 2022</li> <li>Developed a national strategic plan (2024-2030)</li> <li>Developed a national policy on hepatitis and treatment guidelines</li> <li>The challenge being experienced is developing effective guidelines for a low-resource setting.</li> <li>Utilizing existing resources such as laboratory capacity, health information systems, national programs to address hepatitis.</li> </ul>	<ul style="list-style-type: none"> <li>The strategy is to decentralize care and focus on elimination with HIV and syphilis.</li> <li>vaccination coverage is over 95% in the country.</li> <li>scaled up screening and vaccinating, testing pregnant mothers.</li> <li>Integrated hepatitis services into the healthcare system plans.</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis hasn't been integrated with HIV.</li> <li>New born children haven't been factored for vaccination.</li> <li>Waiting on WHO new guideline to fine tune country guidelines.</li> </ul>
3	Tanzania	<ul style="list-style-type: none"> <li>HIV prevalence is high: National rate of 4.2%, with a</li> </ul>	<ul style="list-style-type: none"> <li>Adopted the global health strategy against</li> </ul>	<ul style="list-style-type: none"> <li>Tanzania aims to scale up by incorporating viral hepatitis</li> </ul>

	<p>higher co-infection rate of 5.2% for hepatitis.</p> <ul style="list-style-type: none"> <li>• The country’s strategic plan is national biorepository with a focus on prevention, care, and treatment.</li> <li>• Integration of hepatitis services into existing HIV programs.</li> <li>• The services provided is point-of-need care: Delivery across the country for both HIV and hepatitis.</li> </ul>	viral hepatitis elimination.	interventions into existing health strategies.
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In conclusion, these countries are taking steps to align their healthcare systems with the new WHO guidelines for viral hepatitis elimination in low- and middle-income settings. They are integrating hepatitis services into existing healthcare structures, focusing on prevention, treatment, and care while addressing the unique challenges in their specific contexts. This approach is crucial for reaching their goals of reducing viral hepatitis prevalence and improving patient outcomes.

## Lightening Symposium II

### 7.4 HBV Forum: Multi-Stakeholder Discussion on Bringing HBV Clinical Research to Africa

The panel session discussed the importance of bringing clinical research on Hepatitis B to Africa. The panelists emphasized the need for community engagement and ownership of research in Africa. They acknowledged that misinformation and barriers, such as poor infrastructure and a lack of trained healthcare professionals, have hindered clinical research in the past, but these challenges are gradually changing.

S/N	Stakeholders	Discussion Highlights
1	Dr. Homie Razavi	<ul style="list-style-type: none"> <li>• Engage affected communities in research and advocacy to raise awareness, improve detection, and enhance treatment access.</li> <li>• Need for data collection and research in real-world settings to inform policy decisions.</li> </ul>
2	Dr. Chris Spearman	<ul style="list-style-type: none"> <li>• Need for investing in research and development (R&amp;D) to create innovative solutions for hepatitis B and C.</li> </ul>

3	Nick Walsh	<ul style="list-style-type: none"> <li>• There is need for respectful partnerships between funders and affected communities.</li> <li>• The need for community engagement to define research priorities.</li> </ul>
4	John Ward	<ul style="list-style-type: none"> <li>• The roadmap focuses on: <ul style="list-style-type: none"> <li>-Expanding testing and treatment.</li> <li>-Improving care for pregnant women.</li> <li>-Building research capacity.</li> <li>-Studying co-factors contributing to disease progression.</li> </ul> </li> <li>• The overall goal is to create feasible models of care.</li> <li>• Strategy to achieve this is to engage national commitment to Hepatitis B elimination.</li> </ul>
5	Dr. Nicaise Ndembe from the Africa CDC.	<ul style="list-style-type: none"> <li>• The key message is the urgent need for more clinical research in Africa, particularly focusing on Hepatitis B to achieve the AU Agenda 2063 and address local health issues.</li> <li>• Key factors that can facilitate clinical research are funding, improved infrastructure, Advocacy for a research-driven approach.</li> <li>• A call to action is prioritizing and investing in clinical research for effective healthcare outcomes in Africa</li> </ul>
6	Wendy Spearman	<p>There is need for:</p> <ul style="list-style-type: none"> <li>• Necessity of community engagement.</li> <li>• Strengthening research centers in Africa.</li> <li>• Enhancing data management practices.</li> <li>• Focus on involving individuals living with Hepatitis B in research.</li> <li>• Collecting the right data to identify risk factors associated with Hepatitis B.</li> </ul>
7	Peter Ramage	<ul style="list-style-type: none"> <li>• The need for diverse genotypes and infrastructure in clinical research.</li> <li>• Efforts is being put to ensure assays work across all genotypes and processes are in place to involve patient partners in clinical research.</li> <li>• They are actively reaching out to patients for participation in clinical trials.</li> </ul>
8	Philippa Easterbrook	<ul style="list-style-type: none"> <li>• Clinical research plays important role in setting up implementation programs.</li> <li>• There is need for a good clinical trials infrastructure, observational cohort studies, independent funding, and addressing remaining research gaps</li> </ul>

#### 7.4.1 Highlights from the discussion includes (Q & A)

- ▶ Strengthen public health research capacity in Universities, engage researchers, and secure funding for research in the region
- ▶ Foster collaboration, sharing expertise, and involving young researchers in addressing viral hepatitis.
- ▶ Build collaborative programs within and across countries, and make viral hepatitis a dynamic field that attracts researchers.
- ▶ The high prevalence of hepatitis B and C among young people in Guinea requires the need to liaise with the Africa CDC team on the ground for support.
- ▶ There are plans to create research capability and capacity centers across the continent, acknowledging the importance of regional research institutions collaborating on research and regulatory aspects.

In conclusion, the session emphasized the critical role of clinical research, community engagement, and innovative solutions in addressing hepatitis B and C. The importance of strengthening research capabilities, involving local universities, and expanding funding for research in affected regions was also highlighted. The emotional testimony from Philip Kwame Yeboah underscored the urgent need for improved healthcare access and support for those affected by hepatitis B and C. The session closed with the commitment to continue these discussions and collaborative efforts in future meetings.



# Session 8: A Generation free from HBV Infection: Eliminating HBV mother to child transmission in Africa

## 8.1: Setting the scene

This session focused on the elimination of vertical transmission of Hepatitis B (HBV) from mother to child in Africa, with an emphasis on prevention, immunization, and integrated healthcare strategies. Dr. Wendy Spearman highlighted challenges and stressed the importance of effective immunization programs. A pregnant woman shared a personal story, urging action and the administration of the birth-dose vaccine within 24 hours of birth.

## 8.2: Presentation Summary

S/N	Organization	Presentation Key Highlights
1	GAVI	Discussed restarting the Hepatitis B Birth Dose vaccine program. GAVI, a global vaccination-focused partnership, aims to launch the program in June 2024, with a rigorous application and review process to ensure successful implementation.
2	US- CDC	Discussed best practices for introducing Hepatitis B birth-dose vaccinations in Nigeria. He highlighted regional disparities in prevalence and coverage, emphasizing the need for timely vaccinations and outlined successful intervention strategies involving healthcare worker training and community engagement.
3	Consultant Physician, Ghana	Addressed triple elimination strategies in Africa, targeting Hepatitis B, HIV, and syphilis. She stressed the importance of preventing mother-to-child transmission and called for immediate action to achieve triple elimination.
4	Center for Initiative and Development	Advocated for free screening services during antenatal care, conducted training sessions, and showcased successful integration efforts in Taraba State.

## 8.3 Abbot Symposium

The Abbott-hosted symposium features Dr. Janvier Serumondo and Dr. Jamiyu as keynote speakers, with a focus on hepatitis B elimination in HIV patients, particularly in Rwanda. Dr. Janvier stresses the silent nature of hepatitis B in low to middle-income countries, highlighting the risk of co-infection with HIV and the associated complications. The symposium emphasizes the importance of widespread testing in decentralized settings, introducing Abbott's HBsAg2 rapid testing solution as a cost-effective and user-friendly screening tool. Dr. Serumondo shares Rwanda's successful elimination journey, attributing it to guideline development, mass screening campaigns, and the integration of services. The presentation

underscores the need to address the gap in hepatitis B diagnosis and treatment rates in Africa, advocating for a coordinated approach and the use of triple elimination testing panels among people living with HIV.

Dr. Jamiyu, Director of Nigeria's National HIV and AIDS Hepatitis and STI Control Program, addresses the high prevalence of hepatitis B and C in Nigeria, particularly in the northern regions. The presentation focuses on scaling up the response to viral hepatitis among vulnerable groups. Strategies include integrating services into antenatal care, micro-elimination efforts for people living with HIV, comprehensive services for people who inject drugs, and the introduction of Medication Assisted Therapy (MATs). Challenges such as limited resources, healthcare worker capacity, stigma, and data inadequacy are acknowledged. Opportunities like leveraging existing HIV programs and donor support are discussed. Dr. Jamiyu advocates for screening and treatment services for pregnant women, people with HIV, and people who inject drugs, citing achievements and plans to address gaps and increase coverage. The presentation concludes by emphasizing the integration of viral hepatitis into various program areas and expressing gratitude for the audience's attention.

### **8.3.1 Highlights from Discussions (Q & A)**

- ▶ The need for political will, commitment, dedication, and resources to succeed is recommended for countries that have not yet initiated hepatitis elimination efforts and testing.
- ▶ Suggestion to seeking domestic funding through fundraising systems, training healthcare providers, negotiating for lower procurement prices, making services free of charge or enrolling people in health insurance, and implementing a data management system.
- ▶ Pertaining to the availability of rapid diagnostic tests for hepatitis e-antigen and Delta, as well as a multi-panel test that includes HIV, hepatitis B, syphilis, and malaria, the commitment to expanding the hepatitis portfolio was expressed.
- ▶ Dr. Janvier from Rwanda confirms their intention to support other countries in collaboration with WHO and other organizations to share their experiences and help establish hepatitis elimination programs in other African nations.
- ▶ Comprehensive services including counseling and education, at every stage, from prevention to treatment is important to eliminating viral hepatitis.
- ▶ The role of gastroenterologists and national guidelines is pivotal in promoting comprehensive care.
- ▶ The importance of addressing environmental sanitation in the context of hepatitis A and E is recognized however the discussion has mainly been on hepatitis B and C, which are primarily transmitted through blood contact.

The importance of approaching hepatitis prevention and control holistically, considering different modes of transmission and tailoring messages to the audience, is emphasized. The panelists stress that the approach may vary based on the specific context and disease type, ensuring that awareness campaigns and interventions are well-rounded. The role of environmental sanitation in hepatitis A and E prevention is acknowledged, though it was not the primary focus of the discussion.

## **8.4 Hepatitis resource toolkit: Helping countries request funds from the Global Fund**

The Clinton Health Access Initiative introduces a hepatitis resource toolkit designed to assist countries in requesting funds from the Global Fund. The toolkit focuses on integrating hepatitis programs and positioning hepatitis as a model for disease programs under universal health coverage. It provides resources and examples for seeking funds in various aspects of hepatitis care, including integration with existing efforts for key populations, people living with HIV, harm reduction settings, pregnant and breastfeeding women, and health system strengthening.

Lessons learned from countries that successfully secured Global Fund financing for hepatitis programs, emphasized the importance of involving advocates and submitting detailed grant proposals. Looking ahead, there is an opportunity to advocate for underspend and mentions the finalization of Global Fund's GC7, providing a chance for countries to secure funding for hepatitis programs in the upcoming cycle. The toolkit, available for free on the CHAI website, serves as a guide for countries seeking to enhance their hepatitis initiatives through Global Fund support.

## **8.5 Panel: Fostering Collaborations towards increasing PMTCT among people with chronic viral hepatitis**

Professor Dennis Ndububa presented on the importance of fostering collaboration among various healthcare professionals, including pathologists, obstetricians, pediatricians, community physicians, and midwives, to reduce mother-to-child transmission (PMTCT) of hepatitis B. His presentation focuses on efforts at the Obafemi Awolowo University Teaching Hospital in Nigeria.

Professor Ndububa highlights the need to interrupt vertical transmission and hospital transmission of the hepatitis B virus to break the cycle of ongoing infections. He emphasizes the importance of early initiation of the HBV birth-dose vaccination and post-exposure prophylaxis. His team developed an algorithm and posters for clinics to encourage the implementation of these interventions.

He shares key results from their study, which screened almost 11,000 pregnant women, found a 3.64% surface antigen positivity rate, and effectively prevented mother-to-child transmission using the birth-dose vaccine. Challenges included institutional constraints, funding issues, and the need for enhanced counseling services.

### 8.5.1 Highlights from Discussions (Q &A session)

- ▶ Encouraging joint planning and integration of services especially counselling between healthcare programs to enhance the effectiveness of hepatitis B elimination efforts.
- ▶ Collaboration between different departments within hospitals, such as HIV, ANC, infectious disease units, and maternal and child health, to work together and align policies for better patient care.
- ▶ The importance of training traditional midwives to provide appropriate care and education about hepatitis B, emphasizing the need for hospital delivery when required.
- ▶ Careful consideration of testing and treating pregnant women based on individual circumstances, cost-effectiveness, and public health approach versus clinical setup.
- ▶ Strong advocacy for the birth dose vaccination, as it plays a crucial role in preventing vertical transmission of hepatitis B.
- ▶ Continual monitoring and follow-up of hepatitis B-positive pregnant women for appropriate treatment and care, taking into account the results of DNA testing.  
Addressing challenges related to healthcare accessibility and terrain-specific issues in certain regions that hinder hospital deliveries.

# Session 9: Panel Debate

## 9.1 Country Debate

A debate session on the possibility of viral elimination in countries involving country representatives discussed the possibility of eliminating viral hepatitis in Africa and shared their lessons learned and future steps. Here are the key points by country:

S/N	Country	Lessons learned and future steps
1.	<b>Chad:</b>	<ul style="list-style-type: none"><li>▶ Acknowledged the importance of the summit and the commitment of all actors.</li><li>▶ Emphasized the need for political commitment and integration of hepatitis services into existing structures, particularly with HIV.</li><li>▶ Highlighted the importance of data, infrastructure, and governmental support for achieving elimination.</li><li>▶ Discussed decentralization of services and the creation of hepatitis treatment centers.</li><li>▶ Advocated for free treatment to facilitate elimination.</li></ul>
2	<b>Cameroon:</b>	<ul style="list-style-type: none"><li>▶ Recognized the high prevalence of hepatitis B and C in Cameroon.</li><li>▶ Discussed changes in the national strategic plan for 2022-2027.</li><li>▶ Emphasized the importance of advocacy, risk communication, and integration into existing programs.</li><li>▶ Highlighted challenges in testing, treatment, and surveillance.</li><li>▶ Called for support in vaccine provision, data collection, and capacity building.</li></ul>
3	<b>Uganda</b>	<ul style="list-style-type: none"><li>▶ Discussed efforts to introduce the birth dose and challenges in adult testing and vaccination.</li><li>▶ Acknowledged the high prevalence in certain regions.</li><li>▶ Highlighted the need for advocacy, risk communication, and support for vertical transmission prevention.</li><li>▶ Called for policy recognition and implementation by African countries.</li><li>▶ Stressed the importance of monitoring, capacity building, and positive communication.</li></ul>
4	<b>Rwanda</b>	<ul style="list-style-type: none"><li>▶ Proposed a timeline for the elimination of viral hepatitis (2022-2030).</li><li>▶ Emphasized the role of political will in mobilizing resources.</li><li>▶ Suggested using available resources and the commitment of stakeholders.</li><li>▶ Challenged others to look within themselves for solutions.</li><li>▶ Advocated for interdisciplinary partnerships and community involvement.</li></ul>

The key messages included the importance of political will, integration, advocacy, risk communication, community engagement, and the utilization of available resources for the successful elimination of viral hepatitis. Additionally, the speakers stressed the need for data, capacity building, and monitoring, and called for support from partners and other African countries in implementing elimination plans.

## 9.2 Partners panel

The Partners panelists discussed the possibility of eliminating viral hepatitis, focusing on their key points:

S/N	Organization	Key highlights
1	CGHE	Elimination is possible, and his coalition, the Coalition for Global Hepatitis Elimination, is committed to this goal. He stressed the importance of scaling up hepatitis B birth dose vaccination in Africa to save lives and reduce the cost of biologic testing. He also highlighted the need for increased national commitment.
2	CHAI	Elimination is feasible based on the progress made in Egypt and Rwanda. He stressed the importance of increased collaboration among partners, sharing country learnings, improving data systems, and mobilizing political champions.
3	WHA	A more realistic perspective, highlighting the challenges Africa faces in achieving hepatitis elimination by 2030. He raised concerns about the low number of people on treatment and the barriers, such as public health awareness, stigma, and limited financing.

In the panel poll, the majority of the partners believed that elimination is possible with dedication and commitment. The panelists emphasized the importance of partnerships, collaborations, and community engagement in achieving this goal and urged faster progress to make elimination a reality in Africa.

# Session 10: Hepatitis and Liver Cancer control in Africa: Closing gaps in Liver Cancer Care in Africa

## 10.1: Setting the scene

In this session, the speakers delved into different facets of liver cancer treatment and care in Africa. Ibrahima Gueye, the President d'honneur of Association Saafara Hepatites, and a survivor of liver cancer, shared his personal journey. He recounted his experience living with Hepatitis B and ultimately surviving liver cancer, crediting his daughter who selflessly donated her liver to save him. Other presentations include treatment opportunities and palliative care, Sentinel Surveillance for advanced cirrhosis and HCC-IARC, preventing vaccine-preventable diseases, including hepatitis B. The highlights of the presentations include

## 10.2 Presentation Highlights

**(Prof. Edith Okeke)** *Treatment opportunities and palliative care*

- ▶ There's a need to improve early detection and diagnosis of liver cancer, given that a majority of African patients present at intermediate or late stages.
- ▶ Encourage and support the development of surgical skills and centers that can perform liver resections and liver transplantations.
- ▶ Advocate for and promote palliative care as an essential part of liver cancer management to enhance the quality of life for patients.

**(WHO)** *(Sentinel surveillance for advanced cirrhosis and HCC-IARC)*

- ▶ Death certificates may not accurately capture the underlying causes of death due to hepatitis B and C
- ▶ Mortality monitoring is a key indicator for validating the elimination of viral hepatitis
- ▶ Surveillance can be done in a two-pronged approach, involving both death certificates and tracking patients with cirrhosis and HCC within hospitals to determine the proportion of cases related to hepatitis B and C.
- ▶ ICD-11 coding is a more accurate cause-of-death reporting
- ▶ Adopt surveillance protocols to improve monitoring of hepatitis-related mortality.

**(Inoculate)** *(Preventing vaccine-preventable diseases, including hepatitis B)*

- ▶ Inoculate employs three main approaches: Technology, vaccination clinics and access points, and vaccine distribution.
- ▶ A vaccine management system, CalVar includes features like appointment scheduling, SMS reminders, and documentation and reporting capabilities.
- ▶ CalVar also integrates with existing electronic health records, facilitating data management and patient follow-up.
- ▶ Emphasis on the need for education and capacity building for healthcare professionals and the importance of mass vaccination programs and corporate testing to increase awareness and vaccination coverage.

### 10.2.1 Discussion Highlights (Q & A)

During the question and answer session, various topics related to hepatitis and healthcare in Nigeria were discussed. Notable points and recommendations included:

- ▶ **Need for Consent:** Dr. Aragbayi Fawzat shared her experience of conducting free hepatitis screening in schools and communities. She emphasized the importance of obtaining consent from parents, especially in school settings. Lack of parental consent can hinder the screening efforts, and it's essential to follow ethical guidelines when dealing with children.
- ▶ **Prognosis of Liver Transplantation:** A question was raised about the prognosis of patients with liver cancer after successful liver transplantation. The response highlighted that liver transplantation offers a curative solution with long-term survival. However, patients must continue with immunosuppressive medications, and there's a risk of developing other cancers in the new liver.
- ▶ **Technology for Rural Areas:** Dr. Ebroco discussed how technology can be used to improve healthcare access in rural areas. He emphasized that their technology, CalVar, uses SMS-based systems, making it accessible to those without smartphones. This technology helps in appointment scheduling, reminders, and documentation, facilitating healthcare even in remote regions.
- ▶ **Community Sensitization:** A healthcare worker shared her experiences with community sensitization programs. She highlighted the need to continue advocacy and education in remote villages where women are not permitted to access healthcare services. Engaging with traditional rulers, religious leaders, and peers was suggested as a way to break down barriers and encourage attendance at clinics.
- ▶ **Public Awareness:** One comment stressed the importance of raising awareness about hepatitis, as there is limited public knowledge compared to diseases like HIV and tuberculosis. Advocacy and education should be a primary focus, and it was suggested that Nigeria should take proactive steps in this regard.

In summary, the session highlighted the need for informed consent in healthcare interventions, the potential of liver transplantation for liver cancer, the importance of accessible technology for healthcare in rural areas, and the urgent need for hepatitis awareness and advocacy in Nigeria.

### 10.3 Closing Session: Highlights of the event, Next steps for accountability, Civil society Declaration for action: Requires an agenda

The Summit on viral hepatitis in Africa concluded by acknowledging the valuable contributions of the planning committee, sponsors, and stakeholders who played a pivotal role in its success. Several speakers expressed their deep appreciation, enthusiasm, and unwavering commitment to the cause of eliminating hepatitis. They emphasized that the eradication of hepatitis in Africa is not only possible but also within reach. The participants were recognized as champions for this vital cause.



The importance of engaging political leaders and fostering continued collaboration was underscored as essential strategies for achieving the ambitious goal of eliminating hepatitis by 2030. It was announced that the next summit is scheduled for 2025, with the location yet to be disclosed.

The summit declaration, referred to as a communique, outlined the disproportionate impact of viral hepatitis in Africa, the adoption of a global strategy to eliminate hepatitis by 2030, and the dedication of African heads of state to catalyze action toward achieving this goal. The document emphasized the feasibility of hepatitis elimination in Africa and highlighted the responsibility of all participants as champions in this endeavor. Attendees were urged to join forces, raise their voices, and collaborate to make viral hepatitis elimination a reality.

# Appendix

## Appendix 1: Summit Partners and Sponsors

### PARTNERS:



### SPONSORS

#### Gold Sponsor



#### Other Sponsors





## Appendix 2: Summit Agenda



### AFRICAN HEPATITIS SUMMIT 2023 PROGRAMME

**Theme:**

Putting Africa on track towards Viral Hepatitis Elimination

SESSION Time	ACTIVITY	SPEAKER
23 /10/ 2023	World Health Organization Afro Pre-summit	<b>Moderator:</b> WHO (Daniel Beer, Diana Faina, Casimir Manzengo)
<b>DAY 1, Tuesday October 24</b>		
07:00-8:55	<b>REGISTRATION</b>	
07:30-9:40am	WHA members capacity building event	World Hepatitis Alliance (WHA) AFRO
09:45-10:00	<b>Tea Break</b>	
10-11am	<b>Session 1: Opening Session</b>	<b>Moderator:</b> Professional MC
10:00	10:05 Lived experience	<b>Prince Okinedo,</b> Founder, Hepatitis B Advocacy Initiative, Nigeria
10:05	10:10 AHS 2023 Welcome remarks by the conference organizing committee	<b>Danjuma Adda,</b> President, World Hepatitis Alliance (WHA)
10:10	10:20 Opening remarks	Federal MoH, Coordinating Minister of Health and Social Welfare, Nigeria, <b>Prof. Muhammed Ali Pate</b>
<b>REMARKS</b>		
10:20	10:25	<b>H.E Prof Dr Khaled Abdel Ghaffar,</b> Minister of Health and Population of Egypt
10:25	10:30	<b>H.E. Ambassador Minata Cessoouma Samate,</b> Commissioner AUC, HHS
10:35	10:40	<b>Dr Mohammed Abdulaziz,</b> Head of Division of Disease Control and Prevention on behalf of H.E. Dr Jean Kaseya, Director-General Africa CDC
10:40	10:45	<b>Dr Walter Kazadi Mulombo</b> WHO Country Representative to Nigeria
10:45	10:50	<b>Dr Walid Rashid Elashi El Saadi,</b> Central African Regional Director, Muslim World League
10:50	11:00	<b>Charles Gore,</b> Executive Director Medicines Patent Pool

SESSION Time		ACTIVITY	SPEAKER
<b>Session 2: Building political will for viral hepatitis elimination in Africa</b>			<b>Moderator:</b> Dr. Anyaika Chukwuma/ Cary James
11:10	11:25	Setting the Scene: Viral Hepatitis in Africa & path to hepatitis elimination	<b>Dr Olufunmilayo Lesi,</b> Hepatitis Lead, Global Hepatitis Programme, WHO HQ
11:25	11:35	The cost of Hepatitis Elimination in Africa- investment case	<b>Homie Razavi,</b> Founder and Managing Director, CDA foundation
11:35	11:45	AU Declaration on Viral Hepatitis Elimination/ opportunities to kick start regional approach	<b>Dr Hiba Boujnah,</b> Senior Technical Officer, AUC
11:45	11:55	Africa CDC Continental Viral Hepatitis Prevention and Control Programme	<b>Dr Nafisah Chotun,</b> Programme Lead Endemic and NTDs, Africa CDC
11:55	12:05	UN Group of Friends	<b>Dr John Ward,</b> Director, Coalition for Global Hepatitis Elimination (CGHE)
12: 05	12:30	<b>Panel discussion</b> Mobilizing National Resources and Political will discussion	<b>Prof Wael Abdel-Razek,</b> Deputy Executive Director of the National Committee for Control of Viral Hepatitis (NCCVH), MoHP
			<b>Dr Janvier Serumondo,</b> Director of Sexually Transmitted Infections and Other Blood Borne Infections Unit, Rwanda Biomedical Centre
			<b>Engr. Abdullahi A. Sule,</b> Governor, Nasarawa State Governor
<b>12.30</b>	<b>12.40</b>	<b>Q&amp;A/Discussion</b>	
<b>12.40</b>	<b>13.00</b>	<b>Tea Break</b>	
13:00	13:15	Award Presentation Spotlight on the success and presentation of awards to <ul style="list-style-type: none"> <li>• Egypt,</li> <li>• Rwanda and</li> <li>• Nasarawa State</li> </ul>	<b>Moderator:</b> Danjuma Adda/Cary James/Theobald Owusu-Ansah
<b>Session 3: Synergizing Resources Towards Viral Hepatitis Elimination</b>			<b>Moderator:</b> Prof. A.A Samaila/Governor of Nasarawa State
13:15	13:25	Civil Society and hepatitis resource mobilization	<b>Jessica Hicks,</b> Director, World Hepatitis Alliance
13:25	13:50	<b>Presentation and panel discussion</b> leveraging regional and international fundraising towards viral hepatitis elimination	<b>Finn Jarle Rode,</b> Executive Director, The Hepatitis Fund
			<b>Dr Walid Rashid Elashi El Saadi,</b> Central African Regional Director, Muslim World League
			<b>Ms Susie McLean,</b> Global Fund
			<b>Dr. Ugo Okoli,</b> TY Danjuma Foundation

SESSION Time		ACTIVITY	SPEAKER
13: 50	14:10	Country experiences in leveraging Global Fund, PEPFAR and other resources (eg HIV) for viral hepatitis programming, South Africa National HIV Program	<b>Prof. WD Francois Venter</b> , Executive Director, Ezintsha, Wits University - Virtual
			<b>Judith Kyokushaba</b> , Technical Advisor, Laboratory Supply Chain, Ministry of Health, Uganda
			<b>Dr Jamiyu Ganiyu</b> , Deputy Director, Viral Hepatitis Desk, National AIDS and STIs Control Programme
<b>14.15</b>	<b>15.15</b>	<b>LUNCH BREAK</b>	
15:15	16:00	<b>Lightening Symposium I</b> Hepatitis B Stigma and Discrimination (Hepatitis B Foundation): Addressing Hepatitis B Stigma and Discrimination in Africa	<b>Moderator:</b> Catherine Freeland/Cibril Ndow
		Panel discussion	<b>Arafat Bwambale and Antony Abuhaira, Nathaniel Rabo, Ejindu Ola Sylvia</b>
<b>Session 4: Optimizing Health Systems: The Role of Integration in Advancing the Viral Hepatitis Response</b>			<b>Moderator:</b> Dr. Ruth Bello/ Prof. Manal El-Sayed
16:00	16:10	Scene Setting: Integration Opportunities with existing Systems	<b>Oriel Fernandes</b> , Senior Director, Viral Hepatitis, Global Program, CHAI
16:10	16:20	Integration of HBV care into HIV and other Infectious Disease clinic -Uganda	<b>Prof. Ponsiano Ocama</b> , Senior lecturer, Makerere University College of Health Sciences, Uganda
16:20	16:30	Integration of viral hepatitis into Primary Health and Private Sector services>Ethiopia	<b>Prof. Hailemichael</b> , St. Paul's Hospital Millennium Medical College, Ethiopia
16:30	16:40	Role Sharing for Enhanced Hepatitis B Care in Africa: Leveraging Technology for Better Patient Outcomes	<b>Dr Nimzing Ladep</b> , Consultant Hepatologist, UK
<b>16:40</b>	<b>16:55</b>	<b>General discussion /Q &amp; A</b>	
<b>17:00</b>	<b>18:00</b>	<b>Abbott Sponsored Symposia</b>	
<b>18:15</b>	<b>20:00</b>	<b>WELCOME RECEPTION / CONFERENCE COCKTAILS</b>	

SESSION Time		ACTIVITY	SPEAKER
<b>DAY 2, Wednesday October 25</b>			
<b>Session 5: Improving Access to Viral Hepatitis Commodities</b>			<b>Moderator:</b> Homie Razavi / Dr. Nafisah Chotun
9:00	9:15	Scene Setting: Access to Viral Hepatitis Commodities; African Context	<b>Charles Gore,</b> Executive Director, Medicines Patent Pool
9:15	9:25	CHAI Market highlights for Hepatitis C and B Diagnostics and Treatment in the African region	<b>Amy Azania,</b> Senior Associate, Hepatitis Country Support, CHAI
9:25	9:55	<b>Presentation and Panel discussion 1</b> Addressing Access and Regulations: Panel Discussion I-Regional Challenges and opportunities for pharmaceuticals and diagnostic companies to support national elimination programs.	<b>Wisam Haddadin,</b> Director, Market Access, Abbott
			<b>Dr Gabriel Muthuri,</b> Assistant General Manager - Medical Affairs, Viabris
			<b>Nduku Ndunda,</b> Director Global Access Virology & STIs, Cepheid
9:55	10:25	<b>Panel Discussion II</b> Increasing access to low-cost generic drugs	<b>Uche Chidi-Anene,</b> Managing Director, AMSP
			<b>Chimwemwe Chamdimba,</b> AMA, AUDA-NEPAD (virtual)
			NAFDAC
<b>Session 6 A: Access for All I: Scaling Up the Hepatitis C Response in Africa</b>			<b>Moderator:</b> Dr. Adebobola Bashorun /Daniel Low-Beer
10:30	10:50	History of viral Hepatitis. A call to action -Virtual	<b>Dr. Harvey Alter,</b> The Nobel Prize in Physiology or Medicine 2020 Dr Harvey Alter, The Nobel Prize in Physiology or Medicine 2020 (virtual)
10:50	11:00	Scene setting- HCV access and strategic information	<b>Daniel Low-Beer,</b> HQ WHO
11:00	11:10	The Egyptian Presidential Initiative to Treat 1 million Africans	<b>Prof Wael Abdel-Razek,</b> Deputy Executive Director of the National Committee for Control of Viral Hepatitis (NCCVH), MoHP
11:30	11:45	Country Experience/lessons learned through the Egyptian-Africa Initiative	<b>Dr Atsu Seake-Kwawu,</b> Program Manager, Ghana Health Service, Ghana
			<b>Prof AS Mahamat,</b> Chad
11:45	11:55	Collaborations that work – Africa CDC-MoHP experience	<b>Dr Nafisah Chotun,</b> Programme Lead Endemic and NTDs, Africa CDC
<b>12:00</b>	<b>12:30</b>	<b>TEA BREAK</b>	
<b>Session 6B: Access for All I: Scaling Up the Hepatitis C Response in Africa</b>			<b>Moderator:</b> Dr John Ward / Prof Haillemichael
12:30	12:40	Village free Hepatitis Model in Africa	<b>Dr Ahmed Hamdy,</b> Executive Director, AU STRC

SESSION Time		ACTIVITY	SPEAKER
12:40	12:50	Providing comprehensive service delivery for people living with viral hepatitis	<b>Chukwuemeka Agwuocha</b> , Program Manager, Hepatitis and COVID-19 Therapeutics, CHAI
12:50	13:00	Exploration of the acceptability and feasibility of Hepatitis C self-testing (HCYST) in Nasarawa state Nigeria	<b>Dr Victor Abiola Adepoju</b> , Project Director, HIV and Infectious Diseases, Jhpiego
13:00	14:10	One-stop shop for Key and other risk populations, including PWID	<b>Mercy Nyakowa Kenya</b> , Viral Hepatitis lead for the People Who Use/ Inject Drugs at the National AIDS and STI Control Program (NASCOPI), Ministry of Health, Kenya
<b>14:10</b>	<b>14:10</b>	<b>Discussion/Q &amp; A</b>	
<b>14:15</b>	<b>15:15</b>	<b>LUNCH BREAK AND NETWORKING</b>	
<b>Session 7: Access to All: Scaling Up Hepatitis B Response in Africa</b>			<b>Moderator: Philippa Easterbrook / Prof Ponsiano</b>
15:15	15:30	Directions/WHO Guidelines on Hepatitis B programming	<b>Philippa Easterbrook</b> , Senior Scientist, Global Hepatitis Programme, HIV Department, WHO HQ
15:30	15:45	Country perspectives on implementation of new HBV guidelines	<b>Dr Wongani Mzumura</b> - Malawi <b>Dr Suleiman Lakoh</b> - Sierra Leone
15:45	15:50	Opportunities and Barriers in Accessing HBV Care in Africa	<b>Prof. Uchenna Ijoma</b> , Society for Gastroenterology and Hepatology in Nigeria
15:50	16:00	The role of community organization in shaping service delivery	<b>Richard Nii Laryea</b> , Secretary, Hepatitis Foundation of Ghana
16:00	16:10	Hepatitis Evaluation to Amplify Testing and Treatment (HEAT) project West African Centre for Public Health and Development	<b>Dr Kalada Green</b> , Country Director, West African Centre For Public Health And Development, Nigeria
<b>16:10</b>	<b>16:30</b>	<b>DISCUSSION/Q &amp; A</b>	
<b>Lightening symposium II</b>			<b>Moderator: Dr. Veronica Miller / Mr. Danjuma Adda</b>
16:30	17:15	<b>HBV Forum: Multi-Stakeholder Discussion on Bringing HBV Clinical Research to Africa</b>	<b>Dr. Nicaise Ndembé</b> , Africa CDC
			<b>Dr. Wendy Spearman</b> , University of Cape town
			<b>Dr. Peter Ramge</b> , Roche Diagnostics
			<b>Dr. John Ward</b> , Task Force for Global Health, Coalition for Global Hepatitis Elimination
			<b>Dr Philippa Easterbrook</b> -WHO HQ
			<b>Mr. Philip Kwame Yeboah</b> , Hepatitis B Foundation Community Advisory Board / Hepatitis Foundation of Ghana



SESSION Time		ACTIVITY	SPEAKER
17:30	18:00	CEPHEID/ Sponsored Symposia	
18:00	18:30	OTHER Sponsored Symposia	

### DAY 3- Wednesday October 25

<b>Session 8: A Generation free from HBV Infection: Eliminating HBV mother to child transmission in Africa</b>		<b>Moderator: Prof Wendy Spearman/ Oriol Fernandes</b>	
9:00	9:10	Setting the scene on HBV PMTCT	<b>Prof. Wendy Spearman,</b> University of Cape town
9:10	9:15	Lived experience	<b>Mrs. Nchinda Confidence</b> Maternal and Child Prevention
9:15	9:25	Improving access to hepatitis care for pediatrics and adolescents in Africa	<b>Prof. Manal El-Sayed,</b> Professor of Pediatrics at Ain Shams University, Egypt
9:25	9:35	Gavi: The next steps in Birth dose implementation virtual	<b>Dr Simbarashe Mabaya,</b> Senior Technical Advisor, Primary Health Care, Gavi
9:35	9:45	The role of National Immunization Programs in providing access to HepB-BD	National Primary Health Care Development Agency
9:45	9:55	Best practices when introducing HepB-BD	<b>Dr Hadley Ikwe,</b> Senior Immunization Specialist, US-CDC
9:55	10:05	Strategies towards triple elimination in Africa	<b>Dr Adwoa Afrakoma Agyei-Nkansah,</b> Consultant Physician at the Korle Bu Teaching Hospital, Ghana
10:05	10:15	Integration of Hepatitis B screening and management in Antenatal services: A Comprehensive Approach to prevent Mother to child Transmission. Improving Access to HBV PMTCT	<b>Mrs. Rijimra Ande,</b> Senior Program Officer, Centre for Initiative and Development (CID), Nigeria <b>Mr. Obed Tiwah John,</b> Head of Research and Statistics
<b>10.15</b>	<b>10.30</b>	<b>Discussion/QA</b>	
10.30	11.00	Panel: Fostering collaborations towards increasing PMCTC among people with chronic viral hepatitis	
		Gynecologist/Hepatologist	<b>Prof Edith Okeke/ Prof. Dennis A. Ndububa,</b> Consultant Gastroenterologist, Obafemi Awolowo University Teaching Hospital, Ile-ife, Osun state
		Pediatricians	<b>Prof. Manal El-Sayed,</b> Professor of Pediatrics at Ain Shams University, Egypt /Dr Funmi Adeniyi
		Midwives	<b>Mrs. Patience Timbah</b> Gen. Hospital Gembu, Taraba State
		National immunization programmes	

SESSION Time		ACTIVITY	SPEAKER
11:00	11:15	Discussion Q/A	
11:15	11:45	Tea Break	
<b>Session 9: Panel Debate</b>			<b>Moderator: Homie Razavi / Frank Lule</b>
11:45	12:30	<p>Is viral elimination possible in Africa?            Egypt: Yes, it is possible, and we have done it (5-8 min)            Country MOH: How do we get there. What are the lessons learned and what specific action is a feasible next step for your country? (2-3 min for countries)            Partners: We can achieve together: what can partners do to support African countries towards elimination.</p>	<p>Rwanda, Uganda, Kenya, Cameroon            Mauritania, Others            WHA, CGHE, CDA, CHAI, MPP, WHO, ACDC,            Other partners (3-4 minutes for partners to highlight specific contribution)</p>
12:30	12:45	Discussion and Q & A	
<b>Session 10: Hepatitis and liver cancer control in Africa: Closing gaps in in Liver Cancer care in Africa</b>			<b>Moderator: Prof Dennis Ndububa/ Dr. Adwoa Adjei Nkansah</b>
12:45	12:50	Patient Story on liver cancer	<b>Ibrahima Cweye,</b> d'honneur Association Saafara Hépatites
12:50	13:00	Preventing Liver cancer in Africa	<b>Prof Malu, Abraham Orkurga,</b> Physician (Gastroenterologist), Makurdi, Benue, Nigeria
13:00	13:10	Advocating for hepatitis to be included in cancer plans	Cary James, Chief Executive Officer, World Hepatitis Alliance
13:10	13:20	Treatment opportunities and palliative care	Prof. Edith Okeke, Head of Gastroenterology and Hepatology Unit, Jos University
13:20	13:30	Sentinel surveillance for advanced cirrhosis and HCC- IARC	Dr Diana Faini, Technical Officer, Strategic Information Analysis and Use, WHO
13:30	13:40	Q & A	
13:40	14:00	<b>CLOSING Session: Highlights of the event, Next steps for accountability, Civil society Declaration for action: Requires an agenda</b>	
14:00	15:00	<b>LUNCH BREAK AND NETWORKING</b>	

## Appendix 3. Acronyms and Abbreviations

<b>AMA</b>	<b><i>African Medicines Agency</i></b>
<b>AMSPA</b>	<b><i>African Medical Supplies Platform</i></b>
<b>ART</b>	<b><i>Antiretroviral Therapy</i></b>
<b>AUC</b>	<b><i>African Union Commission</i></b>
<b>AU</b>	<b><i>African Union</i></b>
<b>CDC</b>	<b><i>Centers for Disease Control and Prevention</i></b>
<b>CGHE</b>	<b><i>Coalition for Global Hepatitis Elimination</i></b>
<b>CHAI</b>	<b><i>Clinton Health Access Initiative</i></b>
<b>DAA</b>	<b><i>Direct-acting antiviral</i></b>
<b>DG</b>	<b><i>Director-General</i></b>
<b>DOT</b>	<b><i>Directly Observed Therapy</i></b>
<b>EMTCT</b>	<b><i>Elimination of Mother to Child Transmission</i></b>
<b>GAVI</b>	<b><i>Gavi, the Vaccine Alliance</i></b>
<b>HBsAg</b>	<b><i>Hepatitis B surface antigen</i></b>
<b>HCC</b>	<b><i>Hepatocellular Carcinoma</i></b>
<b>HCVST</b>	<b><i>Hepatitis C self-testing</i></b>
<b>HEAT</b>	<b><i>Hepatitis Evaluation to Amplify Testing and Treatment</i></b>
<b>HIV</b>	<b><i>Human Immunodeficiency Virus</i></b>
<b>MATS</b>	<b><i>Medication Assisted Therapy</i></b>
<b>NAFDAC</b>	<b><i>National Agency for Food and Drug Regulation and Control</i></b>
<b>NGO</b>	<b><i>Non-Governmental Organization</i></b>
<b>NSP</b>	<b><i>Needle and Syringe Programs</i></b>
<b>PEPFAR</b>	<b><i>President's Emergency Plan for AIDS Relief</i></b>
<b>PCR</b>	<b><i>Polymerase Chain Reaction</i></b>
<b>PMTCT</b>	<b><i>Prevention of Mother to Child Transmission</i></b>
<b>PWID</b>	<b><i>People who Inject Drugs</i></b>

<b>RNA PCR</b>	<b><i>Ribonucleic acid Polymerase chain reaction</i></b>
<b>SDGs</b>	<b><i>Sustainable Development Goals</i></b>
<b>SOGHIN</b>	<b><i>Society for Gastroenterology and Hepatology in Nigeria</i></b>
<b>STI</b>	<b><i>Sexually Transmitted Infection</i></b>
<b>STTR</b>	<b><i>Seek, Test, Treat, and Retain</i></b>
<b>SVR</b>	<b><i>Sustained Virological Response</i></b>
<b>TDF</b>	<b><i>Tenofovir Disoproxil Fumarate</i></b>
<b>TB</b>	<b><i>Tuberculosis</i></b>
<b>TWG</b>	<b><i>Technical Working Groups</i></b>
<b>TYDF</b>	<b><i>Theophilus Yakubu Danjuma Foundation</i></b>
<b>UHC</b>	<b><i>Universal Health Coverage</i></b>
<b>UN</b>	<b><i>United Nations</i></b>
<b>UNECA</b>	<b><i>United Nations Economic Commission for Africa</i></b>
<b>UNICEF</b>	<b><i>United Nations International Children's Emergency Fund</i></b>
<b>WHA</b>	<b><i>World Hepatitis Alliance</i></b>
<b>WHO</b>	<b><i>World Health Organization</i></b>