BUILDING THROUGH THE PANDEMIC

VIRAL HEPATITIS ELIMINATION PROGRAM

Newsletter | Volume 2 | May 2022

Highlights of the 1st Edition

With an estimated seroprevalence of 13.2%, Nasarawa state exhibits a disproportionately high prevalence of hepatitis C as compared to the national average of 1.1%. Since 2016, the Nasarawa State Ministry of Health with support from Clinton Health Access Initiative established the State's viral hepatitis program by creating an enabling policy environment to drive access to HCV diagnostic and treatment services. Key policy decisions to institute the public health approach include 1) task shifting of uncomplicated case management to trained general practitioners 2) institution of the Provider Initiated Testing and Counselling (PITC) strategy 3) diagnostics integration, providing HCV viral load confirmatory testing on GeneXpert devices, and 4) commodity integration into facility Drug Revolving Fund (DRF).

Pronouncement of HCV Elimination by His Excellency

Building off these efforts, Nasarawa State Government led by his Excellency, Engineer Abdullahi Sule, in February 2020 committed to the elimination of viral hepatitis through the implementation of a five-year strategic plan with an ambitious target of treating ~124K persons in 5 years; an initiative in line with the Nasarawa Economic Empowerment Development Strategy (NEEDS) targeted at improving human capacity development.

The State further inaugurated a Technical Working Group (TWG) charged with designing and implementing strategies aimed at achieving elimination. The implementation strategy defined by the TWG adopts a phased regional approach to elimination, prioritizing micro-elimination in a defined high-risk population – People Living with HIV (PLHIV); with service delivery strategically scaled across the 3 senatorial districts (regions).

Deploying HCV Services Amidst the COVID-19 Pandemic

Despite COVID-19 related setbacks, the elimination program has delivered multiple successes. In 2020, by designating viral hepatitis as an essential service amid the prioritization of COVID-19 cases, the State ensured the kick-off of the elimination program, albeit HCV screenings only, to limit patient duration at the health facility. Additionally, the initial regional approach was jettisoned, with precedence given to the COVID-19 response, healthcare worker and patient safety informed site selection for integration of HCV services.

Cessation of lockdowns and gradually stabilizing supply chains provided the opportunity for program growth in 2021. With due attention to scientific and ethical considerations, the TWG elected to link already waitlisted patients to care and achieve HCV micro-elimination in the 13 activated ART clinics before reverting to the region-based strategy. As such, tracking and linking waitlisted seropositive patients to diagnostics and treatment services, and scaling screening services to unreached patients via integration of HCV screening into HIV program Differentiated Service Delivery (DSD) models and community-level strategies have formed a key aspect of program implementation.

First patient to receive State funded therapy

Governance Structure: Viral Hepatitis TWG

Resource Mobilization Subcommittee

The viral hepatitis landscape has been plagued by poor donor appetite, requiring countries to allocate domestic resources for viral hepatitis programming. This necessitated a Resource Mobilization arm of the TWG charged with the responsibility of leading domestic advocacy.

The committee, acting as a bridge between the TWG and state leadership, catalyzed the release of an initial N9.8m in domestic seed funding utilized to procure 5,000 HCV RTKs, 400 VL tests, and 70 treatment courses. In Q2 2022, the committee further secured the release of N14.5m which financed the procurement of 2,000 HCV RTKs, 300 VL tests, 250 ancillary tests, 1300 units of consumables, and 250 treatment courses.

Viatris & Healthline engagement with CHAI and Nasarawa State Ministry of Health Officials

However, there remains a critical financing gap to support scale-up efforts required to screen ~2.5m persons, and treat ~141k. Budgetary forecasts estimate a requirement of $34m to achieve elimination in the next 4 years.

Through continuous engagements and via support from partners like CHAI and the World Hepatitis Alliance (WHA), the TWG successfully negotiated the global benchmark pricing of **$60 per treatment course for SOF/DCV from Viatris pharmaceuticals**. This translates to a 32% reduction in the 5-year commodity costs and 24% reduction in total program costs while providing an instant 57% reduction in cost to cure.

In-country, the program has enjoyed a cumulative donation of 7,000 HCV RTKs from Healthline pharmaceuticals.

Prevention and Awareness Generation Subcommittee

Unawareness poses a major barrier to early case detection and the asymptomatic nature of the disease amongst other factors plays a significant role. The Prevention and awareness generation subcommittee, saddled with the responsibility of improving awareness and deploying strategies to prevent transmission activities, is determined to identify the key driver of disease transmission and has developed a research protocol to this effect.

Logistics and Supply Chain Subcommittee

Strong supply chains and effective last-mile delivery systems are critical to program success. The Logistics and Supply Chain subcommittee provides oversight on issues relating to the selection, quantification, and procurement of viral hepatitis commodities by the government. Additionally, the committee oversees all activities related to the warehousing and timely distribution of viral hepatitis commodities at the state, LGA, and facility levels, ensuring zero stockouts.

Employing a patient-centered approach to HCV service integration, the subcommittee ensured effective demand generation by building the capacity of triage officers, nurses, adherence counsellors and patient trackers on effective counselling, in addition to integrating HCV messages into routine HIV clinic health talks. All enrolled PLHIV across activated facilities are counselled and enrolled into the program via an opt-out approach.

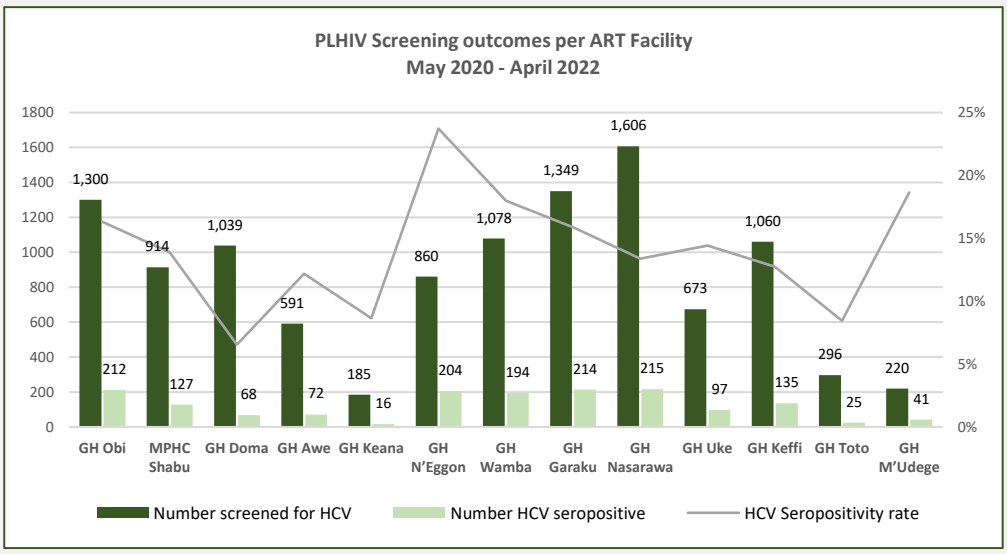
Service Delivery Subcommittee

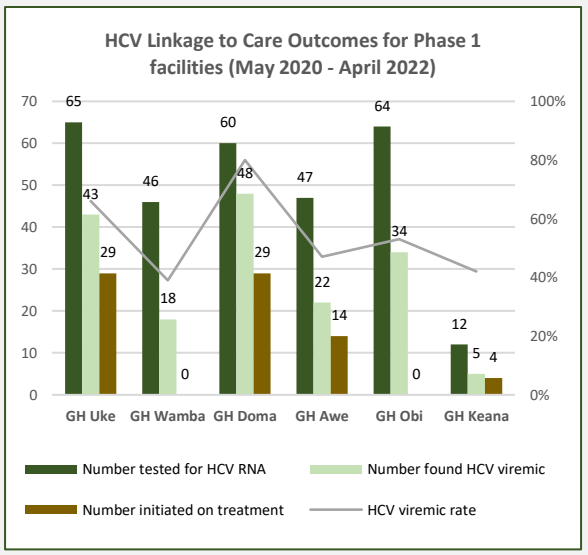
The Nasarawa State elimination program is guided by four overarching principles that will deliver HCV elimination – plan wisely, test smart, cure-all, and prevent new cases. With testing and treatment at its core, the TWG strategy focuses on the optimal deployment of resources for case finding, ensuring treatment of identified patients, identifying targeted prevention strategies in hotbeds of transmission, and delivering a data-driven coordinated response.

The operationalization of this strategy is guided by the ethos of service integration and patient-centered care. With over 115 ART trained care providers across 19 secondary health facilities and one primary health facility, viral hepatitis screening, diagnostics, and treatment services are provided at ART service delivery points with minimal-to-no adjustments to normal clinic patient flows. Despite having conducted HCW training across 20 health facilities, the COVID-19 pandemic however necessitated a phased roll-out with an initial 2 ART clinics in May 2020 to 13 ART clinics by October 2020. In March 2021, the TWG elected to achieve micro-elimination in the activated sites, a reversal of its initial regional approach.

Viral Hepatitis capacity building for HCWs: A role play on effective viral hepatitis counselling

Based on spare capacity analysis outputs, 7 of 19 GeneXpert devices in Nasarawa are activated for TB/HCV dual testing. The program thus successfully leveraged TB sample transport networks to provide access to HCV diagnostics in facilities without GeneXpert devices. By integrating HCV service delivery into the HIV program DSD models and adopting the Multi-Month Dispensing (MMD-3) strategy to PLHIV classified as stable and adherent to ART, the program has optimized access, reduced patient burden, and minimized Loss-To-Follow-Ups.



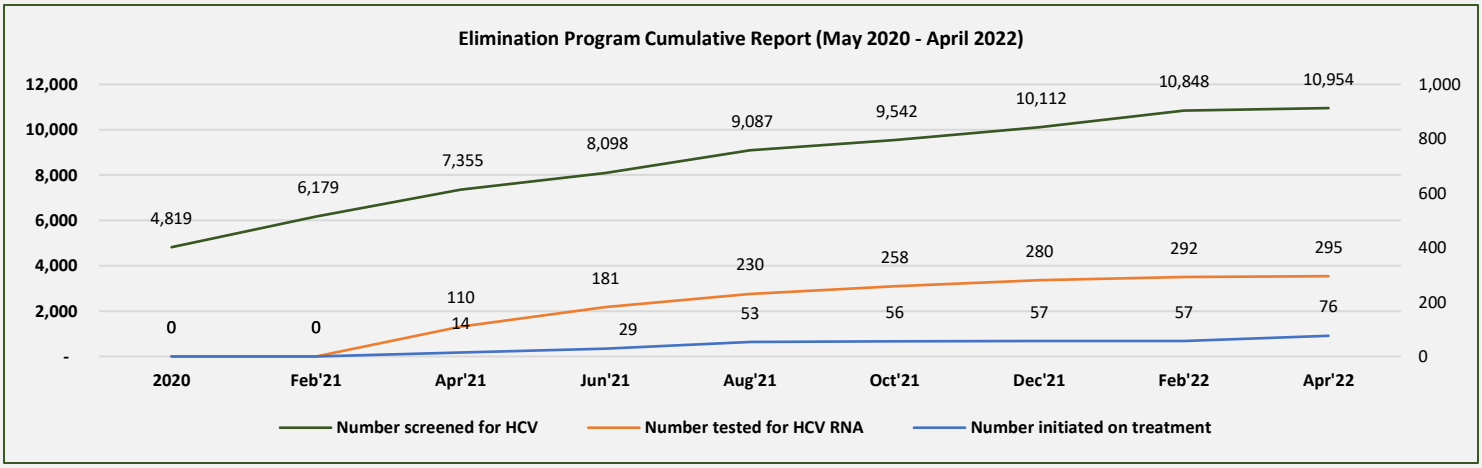


- Over 10,500 PLHIVs screened for HCV (seropositivity rate: 14.5%)
- GHs Uke, Doma, Awe and Keana offer HCV VL and treatment services while GHs Wamba and Obi offer VL services at this time
- 295 VL tests conducted (viremic rate: 58%)
- 76 PLHIV initiated on curative DAAs

Micro-elimination achieved in GH Keana

A note from the Steering Committee

The Steering committee, instituted and led by the Honorable Commissioner for Health, is made up of the chairs of the 4 subcommittees and has driven synergy and cross committee coordination, ensuring all subcommittee activities are in tandem with the program's strategic direction. Despite the multiple programmatic and resource challenges resulting from the COVID-19 pandemic, Nasarawa continues to record wins and meet programmatic milestones, deploying innovative strategies to maximize the use of existing systems and domestic resources. The State remains open to investments, collaborations and partnerships which will improve access to curative HCV therapy and deliver elimination.



"The health of our people in Nasarawa State is my prime concern, and I will leave no one behind in the battle to end viral Hepatitis C, by the year 2025; five years ahead of the global target of 2030".

Dr Emmanuel Akabe
Deputy Governor, Nasarawa State

"Eliminating viral hepatitis is a task that must be accomplished and we are well poised to make that happen in Nasarawa State".

Pharmacist Ahmed Yahaya
Honourable Commissioner for Health, Nasarawa State

In the next edition

Exploring Epidemic Control of HBV

In conjunction with CHAI and the Primary Healthcare Development Agency, the State is piloting approaches to improve coverage of the all-important HBV birth dose vaccine for all newborns.

HIV/HCV Program Integration

The COVID-19 pandemic and related lockdowns necessitated the scale-up of DSD models for HIV care. In Nasarawa, the success of these models have prompted the further scale up of community service delivery in 2022. Learn how the HCV elimination program adapts to the continuously changing landscape.

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