REPUBLIC OF THE GAMBIA

NATIONAL VIRAL HEPATITIS STRATEGIC PLAN

2018-2022

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Table of Contents

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Hon. Minister of Health and Social Welfare

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Executive Summary

Viral hepatitis affects millions of people globally, causing illness and deaths from acute hepatitis infections, complications from liver cirrhosis and liver cancers. Although prevention methods and new efficacious and more tolerable antiviral drugs have been available for decades, the prevention and control of viral hepatitis has been limited in The Gambia like many low and middle income countries. This is mainly due to low awareness and knowledge of viral hepatitis among the general population, minimal access to diagnosis and treatment with the use of the available lifesaving and effective antivirals.

The Ministry of Health and Social Welfare through the support of the WHO country office produced the National Viral Hepatitis Strategic plan in response to resolution WHA 63.18 by the World Health Assembly which calls for countries to develop national viral hepatitis policies and strategic plans for the prevention and control of viral hepatitis. This strategy is the output of a collaborative and consultative endeavor by various programs and directorates under the Ministry of Health and Social Welfare and key stakeholders such as WHO, UNICEF, Medical Research Council The Gambia, Staff of WHO-IARC including PROLIFICA, Civil Society Organizations, Academia and NGO such as Hands on Care.

The strategic plan is developed in line with the national health strategy to address the challenges identified and serve as a guide for the execution and implementation of the activities required for the control and prevention of viral hepatitis. It also sets out the framework for the prevention, diagnosis, treatment, care and support for individuals infected by viral hepatitis at all levels of the health service delivery system.

The implementation of this strategic plan will apply a multi-sectoral approach guided by the principles of the National Health Sector Strategic plan. It will require strong partnership and close collaboration with local and international stakeholders including policy makers,

donors, CSOs and NGOs. To achieve the strategic objectives outlined in this plan, key stakeholders and policy makers will be engaged and actively involved to ensure that the national viral hepatitis program is funded and implemented.

Finally, the Ministry of Health and Social Welfare through the National AIDS Control Program shall lead the implementation and be responsible for the coordination, monitoring and evaluation of this policy.

List of Abbreviations and Acronyms

ADR	Adverse Drug Reaction
AEFI	Adverse Events Following Immunization
ARVs	Antiretrovirals
CAC	Catchment Area Committee
CBC	Community Birth Companion
CHN	Community Health Worker
CSO	Civil Society Organization
CSW	Commercial Sex Work
DHPE	Directorate of Health Promotion and Education
DNA	Deoxyribonucleic Acid
EFSTH	Edward Francis Small Teaching Hospital
EPI	Expanded Programme on Immunization
FBO	Faith Based Organization
GHIS	Gambia Hepatitis Intervention Study
HCC	Hepatocellular Carcinoma
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HOC	Hands On Care
HBeAg	Hepatitis B envelop Antigen

HBsAg	Hepatitis B surface Antigen
IARC	International Agency for Research on Cancer
IDSR	Integrated Disease Surveillance and Response
IDU	Injection Drug Use
MDFT	Multi-Disciplinary Facilitation Team
MOH&SW	Ministry of Health and Social Welfare
MSM	Men who Sex with Men
MRC	Medical Research Council
NACP	National AIDS Control Program
NAHA	National Hepatitis Patients Association
NAS	National AIDS Secretariat
NGO	Non-Governmental Organization
NLTP	National Leprosy and Tuberculosis Program
NVHCP	National Viral Hepatitis Control Program
NPHRL	National Public Health and Reference Laboratory
OST	Opioid Substitution Therapy
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PROLIFICA	Prevention of Liver Fibrosis and Cancer in Africa
RCH	Reproductive and Child Health
SBCC	Social and Behavior Change Communication
SIAs	Supplementary Immunization Activities
SOP	Standard Operating Procedure
TB	Tuberculosis
TC	Traditional Communicators
TDF	Tenofovir Drug
UNICEF	United Nations Children Fund
VDC	Village Development Committee
VHW	Village Health Workers
WHA	World Health Assembly
WHO	World Health Organization

Introduction

Hepatitis is an inflammation of the liver that can be caused by infectious or non-infectious agents and other substances such as viruses, bacteria, toxins, drugs, and alcohol. Viral hepatitis is caused by one or more of the five main unrelated hepatotropic (viruses that infect the liver) viruses: A, B, C, D and E.

Hepatitis A and E viruses are transmitted by faecal-oral route, through ingestion of contaminated food or water in communities with poor sanitation as well as by direct contact with an infectious person. These infections may result in acute hepatitis, but most cases are mild and self-limiting with only a few cases presenting with severe life threatening disease. The disease may however lead to significant adverse economic and social consequences in communities due to delayed recovery that may last from weeks to months. Progression to chronic liver disease is rare. A safe and effective vaccine is available for HAV but HEV vaccine is not widely available. Prevention is the most effective approach against HEV infection.

Hepatitis B, C and D viruses are transmitted through infectious blood, semen, vaginal fluid and other body fluids. Viral hepatitis B and C are mostly blood-borne infections with significant transmission occurring in early life and through unsafe injections and medical procedures and less commonly through sexual contact[1]**.** Mother to child transmission of hepatitis B is a major mode of transmission in high prevalence settings and 40-90% of infected infants and children develop chronic infection with a resultant high risk of liver cirrhosis and cancer in adulthood. In contrast, less than 10% of new HBV infections in adult progress to chronic infection. In Hepatitis C, 60-70% of all infections result in chronic hepatitis. Unsafe health care procedures and injection drug use (IDU) are the leading causes of new HCV infections.

Persons with HIV are also disproportionately affected by viral hepatitis and related adverse health conditions. Because HIV, HBV, and HCV share common modes of transmission, up to one fifth (2% to 20%) of HIV infected persons are co-infected with HBV or HCV[2]*.* The

[1] **Global Hepatitis Report. (2017).** ***Global Hepatitis Report.*** **Geneva: WHO**
[2] **Global Hepatitis Report. (2017).** ***Global Hepatitis Report.*** **Geneva: WHO**

progression of viral hepatitis is accelerated among persons with HIV; therefore, persons who are co-infected experience greater liver-related problems than non-HIV infected persons. Also recipients of organs, blood and tissue, along with persons working or receiving care in health settings continue to be at risk of viral hepatitis infection.

Viral hepatitis is an international public health challenge, comparable to other major communicable diseases, including HIV, Tuberculosis and Malaria. It takes a heavy toll on lives, communities and health systems.

In 2015, nearly 325 million people (4.4% of the world's population) were living with chronic viral hepatitis. Hepatitis B viruses accounted for 257 million (79%) of these cases. In the same year, Hepatitis B and C viruses were the cause of 1.34 million deaths globally, a large number of which were due to chronic liver disease and liver cancer[3] .This number far exceeds the number of deaths worldwide related to HIV and tuberculosis (TB) in 2015. Although the number of HIV and TB-related deaths seems to be decreasing, the number of deaths due to viral hepatitis is increasing over time.

The proportion of persons living with viral hepatitis is greatest in Asia and Sub-Saharan Africa. However, some key subpopulations such as men who have sex with men (MSM) and injection drug users (IDUs), have high risk of viral hepatitis infection.

The elimination of viral hepatitis is now achievable with the advent of new highly effective suppressive anti-viral therapy for HBV and curative therapy for HCV in combination with innovative diagnostic tools and a new global political landscape. Elimination of viral hepatitis required strengthening HBV vaccination and infection control. Screening for identification of persons with HBV and HCV infection and widespread provision of effective anti-viral therapy are also needed to prevent HBV disease progression and cure HCV infection.

[3] Global Hepatitis Report. (2017). *Global Hepatitis Report.* Geneva: W H O

Background Information of The Gambia

Demographic and Health Profile

The Gambia is located on the West Coast of Africa and covers a land area of 10,689 square kilometers ($KM^{2)}$. The country has a tropical climate characterized by two seasons: rainy season (June – October) and dry season (November-May).

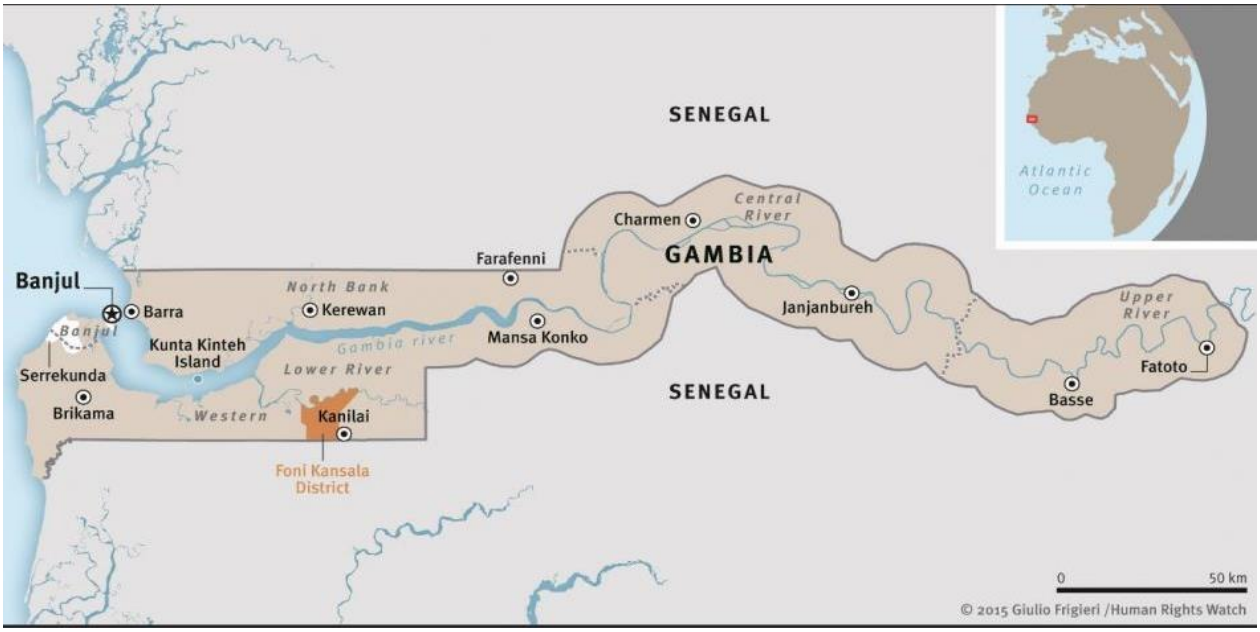

Figure 1: Map of The Gambia

The country's population is approximately 1.9 million with an annual growth rate of 3.3%. About 50% of Gambian population lives in rural areas. Women represent 51% of the total population and 66% of the population are below age of 24 years. By educational level, 40% and 31% of women and men respectively have no formal education[4] .

The Gambia is a low income country with estimated per capita Gross National Income (GNI) of US$ 510. According to the World Bank Human Development Index Report 2012(HDI), the

[4] **The Gambia Bureau of Statistics. (2013). *The Gambia Demographic and Health Survey 2013.* Banjul: The Gambia Government.**

country is classified in the low human development category and ranked 173 out of 188 countries[5].

The Gambia has a market-based economy characterized by traditional subsistence agriculture with heavy dependence on rain-fed crops for production, a significant tourism industry and imports for food security.

The Infant Mortality Rate is at 34/1000 live births while the under-5 mortality rate is 109/1000 live births (The Gambia Bureau of Statistics, 2013) . Maternal mortality rate in the Gambia has reduced from 730/ 100000 live births in 2003 to 433/ 100000 live births in 2013[6].

Health Care Delivery System of The Gambia

The Gambia's public health delivery system is organized into a hierarchical three-tier system: Village Health Services (VHS) providing primary health care, Major and Minor Health centres providing secondary health services, and Hospitals at the tertiary level.

The **Village Health Service** consists of Community Birth Companions (CBC) and Village Health Workers (VHW) who are often the first point of contact with individuals, families and communities within the health system. These community health workers supervised by trained Community Health Nurses (CHN), provide services such as care pregnant women, health promotion and prevention measures and treatment of minor ailments. The village health services are complemented by the Reproductive and Child Health (RCH) outreach services from the health centres.

The **Secondary level** consists of minor and major health centres. The minor health centre is to provide up to 70 percent of the Basic Health Care Package need of the population.. The national standard for a minor health centre is 20-40 beds per 15,000 populations. The major health centre serves as the referral point for minor health centres for services such as comprehensive emergency obstetric care (surgical, blood transfusion services, etc), infant

[5] World Bank Economic Data. (2016). *Facts on The Gambia.* Washington DC: World Bank
[6] The Gambia Bureau of Statistics. (2013). *The Gambia Demographic and Health Survey 2013.* Banjul: The Gambia Governmen

welfare and antenatal care, surveillance and dental services. The standard bed capacity for major health centres range from 110-150 beds per 150,000 - 200,000 population.

The **Tertiary level** includes general hospitals and teaching hospitals. While the general hospitals serve as referral points for the Major health centres, the teaching hospital serves as the main referral hospital.

The public health system is complemented by the private health sector and traditional medicine.

The Private Health Sector includes the private for profit and private for non-profit. The majority are located urban area, making choice in health services delivery point in the rural community very limited. The traditional healing system includes bone setters, herbalists, and spiritualists.

Viral hepatitis situation in the Gambia

The prevalence of Hepatitis B infection in The Gambia is about 10%[7] which is five times more than that of HIV which is at 1.4%[8]**.** Liver cancer is the most common cancer in The Gambia affecting men and the 2nd most common in women affecting predominantly individuals in their most productive age groups with male to female ratio of 3:1[9]**.** There is also a strong association between Hepatitis B infection and aflatoxin exposure in the occurrence of liver cancer. The prevalence of Hepatitis B infection among the vaccinated persons in the country is less than 1**%[10].** This low prevalence is attributable to high coverage of routine HepB vaccination by the Expanded Program on Immunization. Therefore, to eliminate viral hepatitis, there is need to improve coverage of HepB immunization especially the

[7] Lemoine M., e. a. (2016). Accepatability and Feasibility of a screen and treat program for hepatitis B virus infection in The Gambia: PROLIFICA study. *Lancet Global Health*

[8] NSS 2015/2016-NACP (2016). *National HIV Sentinal Surveillance 2015-2016.* Banjul: Ministry of Health and Social Welfare

[9] Bah, E., Carrieri, M., Hainaut, P., Bah, Y., Nyan, O., & al., e. (2013). 20-Years of Population-Based Cancer Registration in Hepatitis B and Liver Cancer Prevention in The Gambia, West Africa. *PLoS ONE*, e75775. doi:10.1371/journal.pone.0075775

[10] Viviani, S., Carrieri, P., Bah, E., Hall, A., Kirk, G., Mendy, M., Hainaut, P. (2008). 20 years into the Gambia Hepatitis Intervention Study: assessment of initial hypotheses and prospects for evaluation of protective effectiveness against liver cancer. *Cancer Epidemiol Biomarkers Prev.* , Nov;17(11):3216-23

administration of the birth dose within 24 hours and expand diagnosis, treatment, care and support services countrywide.

The Gambia became the first country in sub-Saharan Africa to achieve mass infant vaccination against hepatitis B infection since February 1990. This was made possible as a result of the fruitful tripartite partnership of The Gambia Government, MRC Unit and WHO-IARC in the implementation of Gambia Hepatitis Intervention Study (GHIS). The main goal of this study was to evaluate the effectiveness of infant hepatitis B vaccine in the prevention of HBV infection leading to chronic liver disease and HCC. This endeavor subsequently led to the implementation of various recommendations including the introduction of mass infant hepatitis B vaccination in 15 African states. Another intervention study done in The Gambia was PROLIFICA (Prevention of Liver Fibrosis and Cancer in Africa) . This was based on HBV-screening and treatment with objectives that include the enumeration of the proportion of the HBV-infected adult population in Senegal and Gambia, evaluating the feasibility and efficacy of a population based screening using a point of care test and demonstrate the effectiveness of Tenofovir in the treatment (by suppression of viral replication) of HBV.

Chronic viral hepatitis is a major public health problem in The Gambia with serious socioeconomic consequences from the high levels of morbidity and mortality associated with chronic liver disease, liver cirrhosis and cancer.

The prevalence of HCV in Gambia is 1.6%-3% and HCV infection contributes significantly to liver cirrhosis and cancer in the Gambia[11],[12].

Rationale for the National Viral Hepatitis Strategic Plan Development

[11] Mboto; et al -HBV-HCV-HCC-(2005). Hepatocellular Carcinoma in The Gambia and the role of Hepatitis B and Hepatitis C

[12] Kirk; et al-Gambia Liver Cancer-CCS-(2004). The Gambia Liver Cancer Study: Infection with Hepatitis B and C and the Risk of Hepatocellular Carcinoma in West Africa

In May 2016, the World Health Assembly adopted the first-ever Global Health Sector Strategy on viral hepatitis including a target to treat 80% of eligible person with chronic hepatitis B or C infection by 2030. The aim of which is to reduce new viral hepatitis infection by 90% and deaths by 65%. Furthermore, member states adopted resolution WHA 126.R16 which mandates countries to establish a National Viral Hepatitis Control Program (NVHCP) as part of their National HIV/ AIDS Control Program under their various Ministries of Health in order to coordinate and lead the prevention and control of viral hepatitis.

Sub Saharan Africa has one of the highest prevalence rates of viral hepatitis infection and yet very few member countries report the existence of a written national policy, strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. Therefore, without an expanded and accelerated response the number of people living with viral hepatitis, liver cirrhosis and liver cancer is projected to remain at the current high levels.

In order to eliminate viral hepatitis in The Gambia, there is need to address the following challenges:

- Lack of a policy and a strategic plan to guide the implementation of viral hepatitis prevention and control services,
- Weak coordination of viral hepatitis services
- Inadequate surveillance, diagnostic, treatment care and support services for viral hepatitis,
- Inadequate number of trained and skilled personnel on viral hepatitis prevention and control,
- Absence of Government budget line to support viral hepatitis program,
- Limited knowledge among health personnel and general population on viral hepatitis,
- Lack of a research agenda under the Ministry of Health to inform viral hepatitis response,
- Low Hepatitis B birth dose coverage within 24 hours after birth,
- Lack of appropriate treatment guidelines for chronic hepatitis infection
- Lack of Prevention of Mother-To-Child Transmission services for Viral Hepatitis.

These factors, coupled with an ever increasing demand for improved access to comprehensive services by the population, provide a logical basis for the development of this strategic plan to guide the implementation of viral hepatitis prevention, treatment, care and support services in The Gambia.

The aforementioned challenges will be addressed through partnership and collaboration among local and international stakeholders. The National AIDS Control Program (NACP) will utilize proven interventions derived from research projects such as GHIS and PROLIFICA to streamline, scale up and integrate viral hepatitis prevention, treatment, care and support services into routine health services in The Gambia.

Guiding Principles

The implementation of this strategic plan will be based on a public health approach guided by the principles outlined in the National Viral Hepatitis Policy. This policy is aligned with The Gambia National Health Policy 2012-2020 which advocates for the acceleration of quality health services and universal health coverage as well as integration into the general health services.

National Viral Hepatitis Strategic Plan Development Process

In 2010, The World Health Assembly (WHA) adopted resolution WHA 63.18 emphasizing the need for countries to prioritize the development of their national policies, strategy and guidelines for the control of viral hepatitis considering country specific needs and available resources.

The government of The Gambia through Ministry of Health established the viral hepatitis control program within the National AIDS Control Program (NACP) in 2016. Using the experience gained from the HIV program, the National Viral Hepatitis Steering Committee and Viral Hepatitis Technical working group comprising of relevant stakeholders were inaugurated on July 14, 2016. This group consists of officials from the Ministry of Health and Social Welfare, WHO country office, Medical Research Council-The Gambia, International Agency for Research on Cancer, (IARC), UNICEF, patient representation and other key stakeholders. The Viral Hepatitis Technical Working Group in May 2017 led the process of

developing the National Viral Hepatitis Policy and Strategy Plan for the prevention and control of viral hepatitis in the Gambia.

Strategic Framework

Vision

To eliminate viral hepatitis infections as a Public Health problem in The Gambia

Mission

Reduce the burden of viral hepatitis in the Gambia through evidence-based integrated prevention, diagnosis, treatment, care and support services

Goal

Reduce the transmission of viral hepatitis and its related morbidity and mortality by 50%, and mitigate the socioeconomic impact of the disease in the Gambia by 2022

Strategic Objectives

- Reduce the incidence of new cases of viral hepatitis by 50%
- Improve access to reliable, affordable and sustainable diagnostics, treatment, care and support services for viral hepatitis
- Document national trends and determinants of viral hepatitis through surveillance, research, monitoring and evaluation
- Ensure effective coordination, partnership and resource mobilization for the implementation of the plan

Strategic Intervention Areas

- Prevention and control of Viral Hepatitis infections
- Laboratory diagnosis, treatment, care and support services
- Surveillance, Research, Monitoring and Evaluation

- Coordination, partnership and Resource Mobilization

Strategies

To achieve these strategic objectives, the following strategies and activities shall be implemented:

Strategic Objective 1: Reduce the incidence of new cases of viral hepatitis by 50% by end of 2022

The knowledge and utilization of viral hepatitis services is generally low. Therefore, creating viral hepatitis sensitization and media events, developing targeted local campaigns to promote these events will raise awareness among the general and key populations and thereby encouraging people to opt for preventive services.

Improved sanitation and food safety is required to prevent faecal oral transmission of hepatitis A and E. Vaccination services should be strengthened further to ensure that HepB birth dose and subsequent vaccines are given on time to all eligible persons including key populations. Furthermore improved screening of blood products, prevention of transmission in health care settings and safer injection and sexual practices are required to prevent chronic HBC and HCV.

Strategy 1.1: Strengthen advocacy, communication and social mobilization (Social and Behavioural Change Communication (SBCC)/in the prevention of viral hepatitis among all stakeholders, including the general and key populations.

Activities

1.1 Advocacy and education of key stake holders on viral hepatitis prevention and control (including VDC, FBOs, TCs, CACs, MDFTs, traditional healers, health journalists, NAHA etc)

1.2 Develop and distribute standardized SBCC tools on Viral Hepatitis prevention and control

1.3 Commemorate World Hepatitis Day annually

1.4 Conduct open field days on viral hepatitis prevention and control.

1.5 Produce radio and television programs and spots on viral hepatitis.

1.6 Produce bi-annual media and print briefings (bulletins) on viral hepatitis

1.7 Conduct annual advocacy meetings with policy makers and other relevant stakeholders on viral hepatitis

Strategy 1.2 **Ensure 80% of new-born receive hepatitis B birth dose within 24 hours by end 2022**

Activities

1.2.1 Conduct community sensitization targeting women of child bearing age, their partners, traditional birth companions and CHNs on the importance of HepB birth dose

1.2.2 Review immunization policy to ensure timely administration of hepatitis B birth dose at health facilities

1.2.3 Provide HepB-Birth dose vaccination services in all health facilities

1.2.4 Orient health care workers including administrators and supervisors on importance of administering HepB birth dose within 24 hours

1.2.5 Develop and disseminate posters with messages on the importance of administering HepB birth dose within 24 hours

Strategy 1.3: **Ensure all eligible healthcare workers and 50% of unimmunized adults receive 3 doses of HepB vaccine**

Screening for HBsAg is required prior to immunization to ensure identification of infected subjects and also to provide immunization for susceptible subjects

Activities

1.3.1 Sensitize health care workers on the importance of HepB vaccination.

1.3.2 Ensure screening of all HCW for hepatitis B and C and provide free HepB vaccination services to all eligible health care workers including trainees.

1.3.3 Create a database on HepB vaccination for healthcare workers including trainees

1.3.4 Equip the lab to be able to conduct various HepB testing)

1.3.5 Conduct SIAs targeting adults born before the start of routine HepB vaccination services

Strategy 1.4 Ensure screening of all blood donors, pregnant mothers and key populations for Hepatitis B and C

Ensure blood safety at all blood banks. It is important to identify infected subjects at all antenatal clinics, HIV treatment programs, prison populations and other key populations to identify infected persons and ensure effective linkage to care and treatment services.

Activities

1.4.1 Screen all blood donors for Hep B and C

1.4.2 Offer Hep B and C testing for pregnant women in ante-natal clinics and key populations including all HIV infected persons

1.4.3 Train laboratory personnel and health workers on viral hepatitis testing (rapid test kits/ELIZA)

1.4.5 Procure rapid test kits for viral hepatitis testing

Strategy 1.5: Ensure prevention of viral hepatitis transmission in the healthcare settings

Activities

1.5.1Provide free post- exposure prophylaxis (PEP) to exposed health care workers

1.5.2 Strengthen and sustain routine infection prevention and control practices including provision of Personal Protective Equipment to healthcare providers, and injection safety.

1.5.3 Establish HBV post exposure prophylaxis and incorporate into existing HIV-PEP guidelines

1.5.4 Print and disseminate the revised PEP guidelines to all health facilities

1.5.5 Sensitize health facility staff on the revised PEP guidelines

1.5.6 Provide equipment, facilities and materials for healthcare waste management

Strategy 1.6: Establish viral hepatitis prevention services for key populations.

Activities

1.6.1 Pilot needle exchange program and opioid substitution therapy (OST) in selected sites across the country

1.6.2 Sensitize key populations on viral hepatitis prevention and control

1.6.3 Train Peer Educators on viral hepatitis prevention and control

1.6. 4 Sensitize gatekeepers and brothel owners annually on VH prevention and control

Strategic Objective 2: To improve access to reliable, affordable and sustainable diagnosis, treatment, care and support services for viral hepatitis by end of 2022

Diagnosis and treatment of viral hepatitis needs to be strategized to ensure early detection and prevent further infection. Routine laboratory screening of blood donors, antenatal mothers, key populations and other eligible persons for viral hepatitis will improve early diagnosis and prompt treatment. This will help the country attain the global target of treating 80% of eligible person with chronic hepatitis B or C infection by 2030, thereby reducing new viral hepatitis infection and death by 90% and 65% respectively.

Strategy 2.1: Ensure screening and prompt diagnosis of persons infected with Hepatitis B and C

Implementation of screening methods such as mass screening of the population, screening of health workers, donated blood and antenatal mothers will significantly reduce the transmission of viral hepatitis.

Activities

2.1 Procure ELISA analyzers ,test kits, reagents and consumables for viral hepatitis

2.2 Review national HIV guidelines to incorporate viral hepatitis counselling and testing

2.3 Print & disseminate revised HIV/Viral hepatitis Counseling and testing guidelines

2.4 Train biomedical engineers on the maintenance of biomedical equipment

2.5 Assess health facilities for integrating viral hepatitis counseling and testing into routine health services

2.6 Integrate viral hepatitis counseling and testing into HIV/TB/STI and other preventive and routine health services

2.7 Conduct national and external quality control service for HIV/viral hepatitis testing

2.8 Develop biovigilance systems for blood, organs, and tissues to reduce iatrogenic transmission of HIV/viral hepatitis.

2.9 Develop Standard Operating Procedures (SOPs) for viral hepatitis testing

2.10 Conduct integrated HIV/viral hepatitis counseling and testing outreach services

2.11 Train clinical and laboratory health care personnel on viral hepatitis counseling, testing and clinical evaluation

2.12 Conduct viral hepatitis counseling and testing at health facilities

Strategy 2.2 Ensure 50% of eligible Hepatitis B and/or C infected persons receive treatment. Care and support by end 2022

Treatment eligibility requires the mandatory diagnosis of viraemic infections in HCV (HCV RNA) infection. In Hepatitis B infection, the use of HBV DNA testing is recommended to identify 15-40% of patients who may require treatment or to monitor treatment response. Clinical evaluation is required in all patients to detect and assess severity of liver disease and assess need for follow up and Hepatocellular carcinoma (HCC) surveillance.

Activities

2.2.1 Assess health facilities for integration of viral hepatitis screening and linkages into various levels of health service delivery.

2.2.2 Train health care personnel on viral hepatitis treatment, care and support services

2.2.3 Procure appropriate medical equipment and furniture to integrated HIV/Viral hepatitis treatment, care and support facilities

2.2.4 Ensure the inclusion of DAA for HCV therapy and tenofovir & Entecavir into country essential drug list

2.2.5 Procure medicines and consumables for the treatment care and support of viral hepatitis

2.2.6 Integrate viral hepatitis treatment ,care and support services including home-based care into routine health services

2.2.7 Strengthen regional labs to provide nucleic acid testing for HBV and HCV viral load by integrating into existing platforms for TB (GeneXpert), M2000 RT-PCR and HIV viral load respectively

2.2.8 Strengthen regional labs to support peripheral lab for HIV/viral hepatitis services

2.2.9 Develop and disseminate guidelines on viral hepatitis treatment , care and Support

2.2.10 Review tools for monitoring adherence and adverse reactions

2.2.11 Print and disseminate the revised monitoring tools for adherence and adverse reactions

2.2.12 Conduct clinical mentorship for HIV/viral hepatitis services

Strategic Objective 3: To document national trends and determinants of viral hepatitis through surveillance, research, monitoring and evaluation by end of 2022.

The Implementation of the National Viral Hepatitis strategic plan requires strengthening of the country's Health Management Information System (HMIS) to ensure quality, reliable, consistent and accurate data at all levels. The routine monitoring and evaluation systems of the Ministry of Health and Social Welfare (HMIS) including the National Cancer Registry will be strengthened and used as primary data sources for this strategic plan.

The strategic objective is intended to provide information for evidence-based national programs to effectively respond to the HIV and viral hepatitis disease burden in The Gambia. In addition, specific surveys will be used to complement routine monitoring and evaluation data.

Strategy 3.1 Strengthen the existing national surveillance to incorporate viral hepatitis.

Activities

3.1 Develop guidelines on Viral Hepatitis surveillance

3.2 Train health care workers on the Viral Hepatitis surveillance

3.3 Sensitize traditional healers and community leaders on Viral Hepatitis surveillance

3.4 Integrate viral hepatitis surveillance into the existing national HIV surveillance system (National Sentinel Survey, Integrated Bio-behavioral Sentinel Survey, IDSR, Demographic and Health Survey)

3.5 Harmonize systems for monitoring and responding to adverse drug/vaccine reactions (ADR/AEFI)

Strategy 3.2 **Promote national HIV /Viral hepatitis research for evidence based planning and decision making.**

Activities

3.2.1 Consultancy to map out key populations (IDUs, CSWs, MSMs, etc) for Viral Hepatitis transmission.

3.2.2 Establish a centre for cancer research and training

3.2.3 Conduct study to determine the association between aflatoxin and Hepatitis B infection

3.2.4 Conduct study to evaluate the efficacy, safety and long term outcomes of TDF containing regimen in the prevention of mother-to-child transmission of Viral Hepatitis B infection

3.2.5 Conduct study to evaluate the efficacy and safety of ARVs in the treatment of HIV and its impact on HBV and HCV co-infections

3.2.6 Consultancy to develop a national harm reduction strategy to reduce the transmission of blood borne pathogens including HIV and viral hepatitis

Strategy 3.3: **Strengthen Monitoring and Evaluation systems at all levels.**

Activities

3.3.1 Conduct quarterly monitoring and supervision of viral hepatitis activities

3.3.2 Conduct bi-annual HIV/Viral Hepatitis review meetings

3.3.3 Consultancy to evaluate viral hepatitis strategic plan implementation

3.3.4 Review HIV monitoring and supervision tools to incorporate viral hepatitis indicators

3.3.5 Consultancy to develop monitoring and evaluation plan for viral hepatitis

3.3.6 Incorporate viral hepatitis indicators into the existing Health Management Information System

3.3.7 Train supervisors at all levels on monitoring and supervision of viral hepatitis services

3.3.8 Incorporate cancer registry into HMIS

Strategic Objective 4: Ensure effective coordination, partnership and resource mobilization for the implementation of the plan by 2022.

The implementation of this strategic plan will apply a multi-sectoral approach guided by the principles of the National Health Sector Strategic plan and aligned to the national HIV and AIDS program.

This will require strong partnership and close collaboration with local and international stakeholders including policy makers, donors, CSOs and NGOs. The established Steering and Technical Committees will meet periodically to review the implementation of the plan. The Government, through MOH&SW, shall ensure adequate resources (finance, human resources, vaccines, diagnostics, commodities, medicines, etc.) for implementation of the plan. To achieve the strategic objectives outlined in this plan, key stakeholders and policy makers will be engaged and actively involved to ensure that the national viral hepatitis program is funded and implemented.

Strategy 4.1: Strengthen coordination and partnership with key stakeholders in viral hepatitis prevention and control.

Activities

4.1 Conduct study tour abroad to learn best practices

4.2 Establish network for emergency stock refill for medicines, test kits and other commodities

4.3 Participate in global fora to promote collaboration with stakeholders

4.4 Organize bi-annual inter- ministerial meetings to boost collaboration

4.5 Train program managers and officers on planning, management and coordination of the national viral hepatitis response.

4.6 Provide short term In-country and Overseas training for viral hepatitis service providers and supervisors

4.7 Conduct study tour abroad to gain experience on the implementation of comprehensive viral hepatitis services for the key populations

4.8 Provide office space, furniture, internet connectivity, computers and accessories for viral hepatitis program

4.9 Conduct bi-annual meetings of the Viral Hepatitis /HIV Steering Committee

4.10 Conduct quarterly and or ad-hoc meetings of the Viral Hepatitis Technical Committee

4.11 Conduct joint bi-annual monitoring and supervision

4.12 Procure vehicles for viral hepatitis/HIV programs implementation

4.13 Provide salaries and/ or incentives to services providers and supervisors

Strategy 4.2: **Mobilize resources for rapid implementation of the National Viral Hepatitis Strategic Plan**

Activities

4.2.1 Consultancy to develop resource mobilization plan for the viral hepatitis program

4.2.2 Conduct partnership forum and fund raising activities to leverage commitment from the private sector, bilateral and multilateral agencies

4.2.3 Advocate for the creation of a budget line for viral hepatitis program from government.

4.3.4 Develop proposals to mobilize resources from external sources to support the national viral hepatitis response

4.3.5 Prepare financial and activity reports to ensure accountability and transparency in the management of viral hepatitis resources.

Appendixes

Table 2: National Viral Hepatitis Strategic Plan Logical Framework

Strategic Objectives	Strategy	Activities	Indicators	Means of verification	Responsible Party	Cost	Timeframe				
							2018	2019	2020	2021	2022
1. Reduce the incidence of new cases of viral hepatitis by 50% by 2022	1.1 Strengthen advocacy, communication and social mobilization	1.1 Develop advocacy tools on Viral Hepatitis prevention and control	Advocacy tools validated and finalized	NACP archives	DHP E/NACP/RHDs		x				
		1.2 Sensitize members of established community structures (VDC, FBOs, TCs, CACs, MDFTs, traditional healers etc) on viral hepatitis prevention and control	Number of community structure member sensitized	Reports	DHP E/NACP/RHDs		x	X	x	x	x
		1.3 Orient health journalists on viral hepatitis prevention and control	Number of Health journalists oriented	Reports	DHP E/NACP/RHDs		x	X	x	x	x
		1.4Commemorate World Hepatitis Day annually	WHD commemorated.	Reports	DHP E/NACP/RHDs		x	X	x	x	x
		1.5 Conduct open field	Number of open	Reports	DHP E/NA		x	X	x	x	x

		days on viral hepatitis prevention and control	field days conducted		CP/RHDs						
		1.6 Develop standardized IEC/BCC messages on viral hepatitis prevention	IEC messages developed	Copies	DHPE/NACP		**x**				
		1.7 Print and disseminate standardized IEC/BCC messages on viral hepatitis prevention	IEC messages printed and disseminated	Copies	DHPE/NACP		**x**	**X**			
		1.8 Produce radio and television programs and spots on viral hepatitis	Number of radio and television programs produced and aired	Records of programs	DHPE/NACP		**x**	**X**	**x**	**x**	**x**
		1.9 Produce bi-annual bulletins on viral hepatitis	Number of bulletins produced	Copies of bulletins	DHPE/NACP		**x**	**X**	**x**	**x**	**x**
		1.10 Conduct annual advocacy meetings with policy makers and other relevant stakeholders on viral hepatitis	Number of advocacy meetings conducted	Reports	NACP/DHPE/partners		**x**	**X**	**x**	**x**	**x**
		1.11 Orient members of	Number of NAHA	Reports	DHPE/NACP/P		**x**		**x**		**x**

		the National Hepatitis a Association (NAHA) on prevention, treatment, care and support services	members oriented		ROLI FICA						
		1.12 Conduct bi-annual media briefings on viral hepatitis	Number of meetings conducted	Reports	DHP E/NA CP		**x**	**X**	**x**	**x**	**x**
	1.2 Ensure 80% of new-borns receive hepatitis B birth dose within 24 hours by end 2022	1.2.1 Conduct community sensitization targeting women of child bearing age, their partners, traditional birth companions and CHNs on the importance of HepB birth dose	Number of sensitizations conducted	Reports	DHP E/NA CP/R HDs		**x**	**X**	**X**	**x**	**x**
		1.2.2 Review immunization policy to ensure timely administration of hepatitis B birth dose at health facilities	EPI policy reviewed	Copies of revised EPI policy	EPI		**x**				
		1.2.3 Provide HepB-Birth	HepB birth dose	Records	EPI		**x**	**X**	**x**	**x**	**x**

		dose vaccination services in all health facilities	implemented in all health facilities								
		1.2.4 Orient health care workers including administrators and supervisors on importance of administering HepB birth dose within 24 hours	Number of healthcare workers oriented	Reports and attendance registers	EPI/ NACP		**x**	**X**	**x**	**x**	**x**
		1.2.5 Develop posters with messages on the importance of administering HepB birth dose within 24 hours	Number of posters developed	Displayed posters in key locations	EPI/ NACP		**x**	**X**			
		1.2.6 Print and disseminate posters on the importance of administering HepB birth dose within 24 hours	Number of posters produced and disseminated	Displayed posters in key locations	EPI/ NACP		**x**	**X**			
	1.3: Ensure all eligible healthcare workers and 50% of unimmunize	1.3.1 Sensitize health care workers on the importance of	Number of healthcare workers sensitised	Activity reports	EPI/ DHPE/RHDs/NACP		**x**	**x**	**x**	**x**	**x**

	d adults receive 3 doses of HepB vaccine	HepB vaccination									
		1.3.2 Provide free HepB vaccination services to all eligible health care workers including trainees.	Availability of HepB vaccine	Vaccine inventory	EPI/RHDs/NACP		**x**	**X**	**x**	**x**	**x**
		1.3.3 Create a database on HepB vaccination for healthcare workers including trainees	Number of healthcare workers and trainees vaccinated	Database available	EPI/RHDs/NACP		**x**				
		1.3.4 Equip the lab to be able to conduct HepB antibody titre count (anti-HBs)	Number of labs conducting HepB antibody titre count (anti-HBs)	Database	NPHL/EPI/NACP		**x**				
		1.3.5 Conduct SIAs targeting adults born before the commencement of routine HepB vaccination services in The Gambia	Number adults vaccinated	Records	EPI/RHDs/NACP		**x**	**X**	**x**	**x**	**x**

	1.4 Ensure screening of all blood donors, pregnant mothers and key populations for Hepatitis B and C	1.4.1 Screen all blood donors for Hep B and C	Number of blood donors screened	Records	NBTS/NPHL/NACP		**x**	**x**	**x**	**x**	**x**
		1.4.2 Offer Hep B and C testing for pregnant women and key populations	Number of pregnant women and key populations tested	Records	NBTS/NPHL/NACP		**x**	**x**	**x**	**x**	**x**
		1.4.3 Train laboratory personnel and health care workers on viral hepatitis testing using rapid test kits	Number of lab staff trained	Training reports	NBTS/NPHL/NACP		**x**	**x**	**x**	**x**	**x**
		1.4.4 Train laboratory technicians on the use of ELISA for hepatitis screening	Number of lab technicians trained	Training reports	NBTS/NPHL/NACP		**x**	**x**	**x**	**x**	**X**
		1.4.5 Procure rapid test kits for viral hepatitis testing	Number of test kits procured	Inventory	NACP/NPHL		**x**	**x**	**x**	**x**	**X**
	1.5: Ensure prevention of viral hepatitis	1.5.1 Provide free post-exposure prophylaxis	Number of exposed health	Records	Health Facili		**x**	**x**	**x**	**x**	**X**

	transmission in the healthcare settings	(PEP) to exposed health care workers	staff provided with PEP services		ties/RHDS						
		1.5.2 Provide Personal Protective Equipment to healthcare providers	Number and type of PPE's procured	Inventory records	NACP/MOH		**x**	**x**	**x**	**x**	**X**
		1.5.3 Review HIV PEP guidelines to incorporate viral hepatitis	Availability of a revised PEP guidelines at health facilities	Copies of the guidelines	NACP/MOH		**x**				
		1.5.4 Print and disseminate the revised PEP guidelines to all health facilities	Number of the revised PEP guidelines printed and disseminated	Copies of the guidelines at health facilities	EPI/ NACP		**x**	**x**			
		1.5.5 Sensitize health facility staff on the revised PEP guidelines	Number of health facility staff sensitized	Reports	NACP/DHPE		**x**	**x**	**x**	**x**	**x**
		1.5.6 Provide equipment, facilities and materials for healthcare waste management	Number of equipment, facilities and materials for healthcare waste manageme	Inventory	NACP/MoH		**x**	**x**	**x**	**x**	**X**

			nt provided								
	1.6 Establish viral hepatitis prevention services for key populations	1.6.1 Pilot needle exchange program and opioid substitution therapy (OST) in selected sites across the country	Number of selected sites implementing needle exchange program and opioid substitution therapy (OST)	Records/ database	NACP/MoH		**x**	**x**	**x**	**x**	**X**
		1.6.2 Sensitize key populations on viral hepatitis prevention and control	Number of key population sensitized	Reports	NACP/DHPE/ Worldview		**x**	**x**	**x**	**x**	**X**
		1.6.3 Train Peer Educators on viral hepatitis prevention and control	Number of peer educators trained	Report	NACP/DHPE/ Worldview		**x**	**x**	**x**	**x**	**X**
		1.6. 4 Sensitize gatekeepers and brothel owners annually on VH prevention and control	Number of gatekeepers sensitized	Report	NACP/DHPE/ Worldview		**x**	**x**	**x**	**x**	**X**
2: To improve access to reliable, affordable and	*2.1:* Ensure prompt diagnosis of persons infected with HepB and C	2.1 Procure test kits, reagents and consumables for viral hepatitis	Number of test kits, reagents & consumabl	Delivery notes/procurement records	NPS/ NACP/NPHL		x	x	x	x	X

sustainable diagnostics, treatment, care and support services for viral hepatitis by end 2022			es procured								
		2.2 Procure ELISA analysers and reagents for viral hepatitis testing	Number of ELISA analysers and reagents procured	Delivery notes/procurement records	NPS/ NACP/NPHL		**x**	**x**	**x**	**x**	**X**
		2.3 Review national HIV guidelines to incorporate viral hepatitis counselling and testing	Revised HIV/VH guidelines produced	Copy of the revised guidelines	NACP/ NPHL/		**x**				
		2.4 Print & disseminate revised HIV/Viral hepatitis Counselling and testing guidelines	Number of revised HIV/Viral hepatitis counselling and testing guidelines printed & shared	Delivery noted	NACP/NPHL/RHDs		**x**	**x**			
		2.5 Train biomedical engineers on the maintenance of biomedical equipment	Number of biomedical engineers trained on the maintenance of equipment	Training report/	NACP/NPHL/		**x**	**x**	**x**	**x**	**X**

		2.6 Assess health facilities for integrating viral hepatitis counselling and testing into routine health services	Number of health facilities assessed for viral hepatitis counsellin g and testing into routine health services	Assessme nt reports	NPS/ NAC P/NP HL/R HDs		x	x	x	x	X
		2.7 Integrate viral hepatitis counselling and testing into routine health services	Viral hepatitis counsellin g and testing services integrated	Registers and							
		2.8 Conduct first follow-up visit to established Viral Hepatitis counselling and testing sites	First follow up visit conducted	Report	NAC P/NP S/NP HL/R HDs		x	x	x	x	X
		2.9 Conduct national quality control service for HIV/viral hepatitis testing	Number of quality control results received by facilities	Facility registers	NPH L/NA CP/R HDs		x	x	x	x	X
		2.10 Conduct external quality control service for	Number of external quality control results	NPHL records	NPH L/NA CP		x	x	x	x	X

		HIV/ viral hepatitis testing	received by NPHL								
		2.11 Develop biovigilance systems for blood, organs, and tissues to reduce iatrogenic transmission of HIV/viral hepatitis	Biovigilance systems for blood, organs, & tissues to reduce iatrogenic transmission of HIV/viral hepatitis developed	Copy of the biovigilance systems for blood, organs, & tissues	NPHL/NACP/NPS/RHDs			x	x		
		2.12 Develop Standard Operating Procedures (SOPs) for viral hepatitis testing	SOPs for viral hepatitis testing developed	Copy of SOPs for viral hepatitis	NACP/NPHL		x				
		2.13 Conduct integrated HIV/viral hepatitis counselling and testing outreach services	Number of HIV/viral hepatitis counselling and testing outreach services conducted	Monthly returns/ report	NACP/HMIS/RHDs		x	x	x	x	X
		2.14 Train health care personnel on viral hepatitis counselling and testing	Number of health care personnel trained on hepatitis counselling and testing	Training reports	NACP/NPHL		x	x	x	x	

		2.15 Conduct viral hepatitis counselling and testing at health facilities	Number of health facilities providing viral hepatitis counselling and testing	Accreditation reports	NACP/NPHL/RHD/NPS		x	x	x	x	X
			Number of people who received post-test counselling for viral hepatitis and know their result	Monthly facility returns	NACP/HMIS/RHDs		x	x	x	x	X
	2.2 Ensure 50% of eligible Hepatitis B and/or C infected persons receive treatment. Care and support by end 2022	2.2.1 Assess health facilities for integrating viral hepatitis into routine health services	Number of health facilities assessed for viral hepatitis services	Assessment reports	NPS/NACP/NPHL/RHDs		x	x	x	x	x
		2.2.2 Train health care personnel on viral hepatitis treatment, care and support services	Number of health facilities offering viral hepatitis treatment	Accreditation reports	NPS/NACP/NPHL/RHDs		x	x	x	x	x
		2.2.3 Procure medical	Number and type of medical	Procurement records	NACP/NPS/		x	x	x	x	x

		equipment and furniture to integrate HIV/Viral hepatitis treatment, care and support facilities	equipment and furniture procured		MOH procurement Unit						
		2.2.4 Procure medicines and consumables for the treatment, care and support of viral hepatitis	Number and types of medicines and consumables procured	Procurement records	NACP/NPS/ MOH procurement		x	x	x	x	x
		2.2.5 Integrate viral hepatitis treatment ,care and support services including home-based care into routine health services	Number of health facilities offering viral hepatitis treatment	Accreditation reports/MOUs	NPS/ NACP/NPHL/RHDs		x	x	x	x	x
		2.2.6 Conduct first follow-up visit to established Viral Hepatitis treatment, care and support health facilities	Number of health facilities visited during first follow up visit	Report	NACP/NPS/NPHL/RHDs		x	x	x	x	x

		2.2.7 Strengthen regional labs to support peripheral lab for HIV/viral hepatitis services	Number of regional labs established	Accreditation report	NPS/ NACP/NP HL/RHDs		x	x	x	x	x
		2.2.8 Develop guidelines on viral hepatitis treatment , care and Support	Guidelines on viral hepatitis treatment , care and Support validated	Copies of Guidelines	NPS/ NACP/NP HL/RHDs		x				
		2.2.9 Print and disseminate Viral Hepatitis treatment, care and support guidelines	Number of guidelines printed and shared	Copies of Guidelines	NPS/ NACP/NP HL/RHDs		x	x	x	x	x
		2.2.10 Review tools for monitoring adherence and adverse reactions	Revised monitoring tools validated	copies of Monitoring tools	NPS/ NACP/NP HL/RHDs		x	x	x	x	X
		2.2.11 Print and disseminate the revised monitoring tools for adherence and adverse reactions	Number of monitoring tools printed and shared	Copies of monitoring tools	NPS/ NACP/NP HL/RHDs		x	x	x	x	x

		2.2.12 Conduct clinical mentorship for HIV/viral hepatitis services	Number of missions conducted	Mentoring reports/Visitors books	NACP/ HOC/ IARC		x	x	x	x	x
		2.2.13 Train health care personnel on medication monitoring	Number of healthcare personnel trained on medication monitoring	Reports	NACP/NPS/RHDs		x	x	x	x	x
3: To document national trends and determinants of viral hepatitis through surveillance, research, monitoring and evaluation by end 2022	*3.1* Strengthen the existing national surveillance to incorporate viral hepatitis	3.1 Develop guidelines on Viral Hepatitis surveillance	Data management tools validated	Copies of Data management tools	NACP/HMIS		x				
		3.2 Train health care workers on the Viral Hepatitis surveillance	Number of health care workers trained on viral hepatitis surveillance	Training reports	NACP/RHDs/EDC		x	x	x	x	x
		3.3 Sensitize traditional healers and community	Number of healers and	Sensitization reports	NACP/RHDs/EDC/DHPE		x	x	x	x	x

		leaders on Viral Hepatitis surveillance	leaders sensitized								
		3.4 Integrate viral hepatitis surveillance into the existing national HIV surveillance system (National Sentinel Survey, Integrated Bio-behavioural Sentinel Survey, IDSR, Demographic and Health Survey)	viral hepatitis surveillance incorporated into the existing national surveillance systems	Revised surveillance tools	NACP/HMIS/RHDs/IARC/DHR/EDC		**x**				
		3.5 Harmonize systems for monitoring and responding to adverse drug/vaccine reactions (ADR/AEFI)	Monitoring systems harmonized	copies of harmonized Monitoring documents	NPS/NACP/NPHL/RHDs/EDC/DHR		x	x	x	x	X
	3.2 Promote national HIV /Viral hepatitis research for evidence based planning and decision making.	3.2.1 Consultancy to map out key populations (IDUs, CSWs, MSMs, etc) for Viral	Mapping of key population conducted	Database on key populations	NACP/NPHL/DHR/World view/WHO			x			

		Hepatitis transmission									
		3.2.2 Establish a centre for cancer research and training	National Centre for Cancer Research and Training established	Memo from the office of MOH	NACP/NPHL/DHR/WHO/IARC/MRC				x		
		3.2.3 Conduct study to determine the association between aflatoxin and Hepatitis B infection	Study conducted	Report	NACP/NPHL/DHR/WHO/IARC			**x**	**x**		
		3.2.4 Conduct study to evaluate the efficacy and safety of ARVs in the prevention of mother-to-child transmission of Viral Hepatitis B infection	Study conducted	Report	NACP/NPHL/DHR/WHO/IARC/NPS					x	
		3.2.5 Conduct study to evaluate the efficacy and safety of ARVs in the treatment of HIV and Viral	Study conducted	Report	NACP/NPHL/DHR/WHO/IARC/NPS				x		

		Hepatitis co-infections									
		3.2.6 Consultancy to develop a national harm reduction strategy to reduce the transmission of blood borne pathogens including HIV and viral hepatitis	National harm reduction strategy developed	Copies	NACP/NPHL/DHR/WHO/IARC/NPS			**x**			
	3.3: Strengthen Monitoring and Evaluation systems at all levels	3.3.1 Conduct quarterly monitoring and supervision of viral hepatitis activities	Number of visits conducted.	Reports	NACP and partners		x	x	x	x	x
		3.3.2 Conduct bi-annual HIV/Viral Hepatitis review meetings	Number of review meetings conducted	Minutes	NACP/partners		**x**	**x**	**x**	**x**	**x**
		3.3.3 Consultancy to evaluate viral hepatitis strategic plan implementation	Consultancy conducted	Consultancy report	NACP/WHO/partners				**x**		**x**
		3.3.4 Review HIV monitoring	Revised monitoring and supervisor	copies of revised Monitoring and	NPS/NACP/NPHL/R		x	x	x	x	x

		and supervision tools to incorporate viral hepatitis indicators	y tools validated	supervisory tools	HDs/ EDC/ DPI-M&E						
		3.3.5 Consultancy to develop monitoring and evaluation plan for viral hepatitis	Consultancy conducted	Consultancy report	NACP/WHO/partners				**x**		**x**
		3.3.6 Incorporate viral hepatitis indicators into the existing Health Management Information System	Viral hepatitis indicators incorporated into the existing HMIS	Revised HMIS indicators	NACP/HMIS/RHDs/IARC/ DHR/ EDC		**x**				
		3.3.7 Train supervisors at all levels on monitoring and supervision of viral hepatitis services	Number of supervisors trained	Reports	DHPE/NACP/DPI-M&E/EDC/HMIS		**x**		**x**		**x**
		3.3.8 Incorporate cancer registry into HMIS	Cancer registry Incorporated into HMIS	Database	NACP/HMIS/RHDs/IARC/ DHR/ EDC		**x**	**x**			
4: Ensure effective	*4.1:* Strengthen	4.1 Conduct study tour	Study tour conducted	Report	NACP and			x	x	x	x

coordination, partnership and resource mobilization for the implementation of the plan by 2022	coordination and partnership with key stakeholders in viral hepatitis prevention and control.	abroad to learn best practices			partners						
		4.2 Establish network for emergency stock refill for medicines, test kits and other commodities	Emergency stock refill network established	List of collaborators	NPS/ NACP/NPHL/ WAHO		x				
		4.3 Participate in global fora to promote collaboration with stakeholders	Global events attended	Reports	NACP and partners		x	x	x	x	x
		4.4 Organize bi-annual inter-ministerial meetings to boost collaboration	Number of meetings conducted	Minutes	NACP and partners		x	x	x	x	x
		4.5 Train program managers and officers on planning, management and coordination of the	Number of personnel trained	Reports/database	NACP and partners		x	x	x	x	x

		national viral hepatitis response									
		4.6 Provide short term overseas training for viral hepatitis service providers and supervisors	Number of personnel trained	Reports/database	NACP and partners		x	x	x	x	x
		4.7 Conduct study tour abroad to gain experience on the implementation of comprehensive viral hepatitis services for the key populations	Study tour conducted	Report	NACP and partners			x	x	x	x
		4.8 Provide office space, furniture, internet connectivity, computers and accessories for viral hepatitis program	Office space provided	Availability of a physical structure	Partners and NACP/MoH			x			
		4.9 Conduct bi-annual meetings of the Viral Hepatitis /HIV	Number of meetings conducted.	Minutes	NACP and partners		x	x	x	x	x

		Steering Committee									
		4.10 Conduct quarterly and or adhoc meetings of the Viral Hepatitis Technical Committee	Number of meetings conducted	Minutes	NACP and partners		x	x	x	x	x
		4.11 Conduct joint annual monitoring and supervision	Number of visits conducted.	Minutes	NACP and partners		x	x	x	x	x
		4.12 Procure vehicles for viral hepatitis/HIV programs implementation	Number of vehicles procured.	Inventory	Partners and NACP/MoH		x	x	x	x	x
		4.13 Provide salaries, allowances and other retention schemes to services providers and supervisors	Number of service providers on salaries, allowances and other retention schemes.	Pay slips	Partners and MoH		x	x	x	x	x
	4.2: Mobilize resources for rapid implementation of the National Viral Hepatitis Strategic Plan	4.2.1 Consultancy to develop resource mobilization plan for the viral hepatitis program	Resource mobilization plan developed	Consultancy report	NACP/WHO/Partners		**x**				

		4.2.2 Conduct partnership forum and fund raising activities to leverage commitment from the private sector, bilateral and multilateral agencies	Number of partnership fora and fund raising activities held	Report	NACP/Partners		**x**	**x**	**x**	**x**	**x**
		4.2.3 Advocate for the creation of a budget line for viral hepatitis program from government	Budget line allocated	Amount allocated	NACP/MoH		**x**	**x**	**x**	**x**	**x**
		4.3.4 Develop proposals to mobilize resources from external sources to support the national viral hepatitis response	Number of proposals developed	Copies of proposals submitted	NACP/Partners		**x**	**x**	**x**	**x**	**x**
		4.3.5 Prepare financial and activity reports to ensure accountability and transparency in the management	Number of periodic financial and activity reports produced	Copies of reports	NACP/partners		**x**	**x**	**x**	**x**	**x**

		of viral hepatitis resources									