

SURVEY HIGHLIGHTS

The Government of Ghana did not respond to the World Health Organization survey for the 2013 [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#), and therefore Comfort Foundation Ghana could not comment on government information for this report.

The organisation provided the following general statement regarding key hepatitis policy issues in Ghana:

Prevention of transmission

Current situation:

Ghana has a National Health Insurance Scheme (NHIS). Hepatitis B vaccination of babies is part of the Expanded Programme of Immunization. Babies from 6 weeks onwards receive the pentavalent vaccine (diphtheria, polio, tetanus, hepatitis B, influenza type B). The coverage of this programme is good in all regions of the country.

Unfortunately, hepatitis B screening and vaccination outside this programme is not covered by the health insurance. Screenings are only covered and prescribed at hospitals for patients suspected to be reactive to hepatitis B and/or C. Hepatitis B immunoglobulin G and hepatitis B monovalent vaccine for babies born to hepatitis B reactive mothers are also not covered by NHIS.

The hepatitis B vaccine is available in most hospitals, although the accessibility and availability of this vaccine in the rural areas is poor. Another challenge is the vaccination schedule (0,1,6), which makes follow-up difficult for clients. There is a general lack of knowledge about mother-to-child transmission of hepatitis B and its prevention among care providers (administration of immunoglobulin and monovalent vaccine immediately after birth).

There are a lot of misconceptions about hepatitis B among the public. Unfortunately, civil society organisations (CSOs) and other health professionals often give varied information about the causes and transmission of viral hepatitis, thus causing fear and panic among patients and the public, leading to stigmatization.

Little work is done on research and statistics on prevalence of hepatitis B and C infections in the country. In general, the government and CSOs/NGOs are less active in the area of viral hepatitis, because of the limited funds available for its prevention.

What needs to change?

- ▶ Everyone should have access to hepatitis B and C screening under the nation's health insurance scheme.
- ▶ Hepatitis B vaccination should be covered by the nation's insurance, preferably for every citizen. If this is not realistic, it should be open to at least all family members/close contacts of the person with hepatitis B.
- ▶ Although major international funds for prevention of viral hepatitis are not available, the government should take the initiative to develop a strong agenda for the prevention of viral hepatitis.
- ▶ The risk of getting hepatitis B and C could be reduced if proper education campaigns are carried out. Collaboration of government and civil society organisations is required
- ▶ On a national and international level the prevention of viral hepatitis should be given the same attention and funds as that of malaria, HIV, tuberculosis, etc.
- ▶ Stakeholders should form hepatitis alliances on a national level, to be able to have more impact on the national hepatitis agenda.

Screening, care and treatment

Current situation:

National Health Insurance is available for consultations and basic care, but most of the medications for viral hepatitis are not covered. The treatment options and outcomes are not well explained to patients by care providers or prescribers. One of the consequences of this is that many chronic hepatitis B patients receive treatment thinking they will be cured. Due to misconceptions about viral hepatitis, patients and their relatives need a lot of counselling in order to be able to know and accept their condition. Counsellors are often not available.

There is a lack of detailed knowledge about hepatitis B and C among caregivers in local hospitals. In many cases, equipment for further investigations is not available to them. The country as a whole only has a very small number of specialists in hepatology. Due to stigmatization, viral hepatitis patients sometimes do not find their way to proper care. The formation of patient groups remains a challenge for the same reason. In Ghana, the preference for local herbal treatment by the public for various sicknesses is high. This is also the case for viral hepatitis. This exposes patients to further liver damage.

What needs to change?

- ▶ In-service trainings and workshops should be organized periodically on viral hepatitis for caregivers and CSOs by government and other alliances.

* World Hepatitis Alliance member.

Ghana

Long Life Africa*

type of organisation unknown

Accra, Ghana

www.longlifeafrica.com

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The Government of Ghana did not respond to the World Health Organization survey for the 2013 [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#), and therefore Long Life Africa could not comment on government information for this report.

The organisation provided the following general statement regarding key hepatitis policy issues in Ghana:

According to the Ghana demographic health survey, hepatitis B virus is very endemic in Ghana particularly in the Upper East Region where it is believed that about 21% of the population is hepatitis-B positive. Currently it is circulated in the media and many other places that about four million Ghanaians are hepatitis-B positive. This information could be quite true since there are inadequate data on this condition in the country.

In Ghana the Ministry of Health has a policy that incorporated the condition into the childhood immunization programme in 2002. This is a step in the right direction but woefully inadequate. The inadequacy of this policy is that only children born after 2002 are protected against the disease, while the vast majority of the youth who are the future leaders of this nation are left to die.

Besides, most of these vaccines can only be found in some prestigious hospitals in urban areas, while those hospitals in rural areas do not have access to these vaccines. Records available to us revealed that there is a high prevalence rate among the rural population due to lack of vaccines in these areas coupled with the fact that there are no treatment guidelines for this condition. Patients who are diagnosed with hepatitis B are left with no option other than to buy medications at exorbitant prices, while in contrast HIV treatment is completely free. Long Life Africa has constantly appealed to the Ministry of Health, Ghana AIDS commission and National Health Authority to look into this situation and make an effort to arrest the situation. To date, nothing seems to be happening in this regard.

Furthermore, ignorance about the condition remains a major challenge. Research conducted by Long Life Africa revealed that about 70% of senior high students have no knowledge about this condition and this seems to be the situation among the general population. The Ministry of Health and the Ghana Health Service seem to be doing poorly in this regard. This apathy and lukewarm attitude from government has compelled Long Life Africa to enter into partnership with community radio networks to intensify campaigns in communities and schools.

In addition, Long Life Africa is collaborating with various district assemblies to provide free hepatitis B screening and vaccination for junior high schools in the country. The aim of this exercise is to protect those without the virus and to refer those with the virus for immediate treatment.

* World Hepatitis Alliance member.

Ghana

Theobald Hepatitis B Foundation*

NGO – hepatitis patient group

Accra, Ghana

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The Government of Ghana did not respond to the World Health Organization survey for the 2013 [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#), and therefore Theobald Hepatitis B Foundation could not comment on government information for this report.

The organisation provided the following general statement regarding key hepatitis policy issues in Ghana:

Viral hepatitis, a silent and underestimated public health problem worldwide, is particularly endemic in Sub-Saharan Africa and Ghana. Thousands of Ghanaians live with viral hepatitis. About a third of Ghanaians living with viral hepatitis are unaware of their status and are not receiving care and treatment for the condition.

Raising awareness about hepatitis is crucial to effectively fight social stigma, stem the tide of new infections, and ensure that testing, information, counselling and treatment reach those in need.

We believe that educating the general public regarding hepatitis B, including how it is transmitted, prevented and treated, will result in more people reducing or eliminating their risk, getting screened, diagnosed and vaccinated. By raising awareness about the disease, public education will also reduce the stigma and discrimination associated with hepatitis B.

Knowledge of hepatitis B among health and human service providers promotes the delivery of quality care and vaccination, creates awareness and changes practices and attitudes. The government together with other stakeholders should advocate for stressing the need for education among healthcare providers on viral hepatitis as this disease is just as fatal as other communicable diseases such as HIV, malaria and tuberculosis.

Culturally and linguistically appropriate educational messages and materials are required to make appropriate hepatitis B information available to Ghana's diverse population. Because people access information in different ways, information must be available in a variety of formats through traditional, news media and technology.

Breaches in infection control can result in healthcare-associated transmission of hepatitis B. An increase in awareness, understanding and adherence to proper infection control practices will prevent such transmission.

In addition to becoming knowledgeable regarding hepatitis B, newly diagnosed persons need appropriate information to maintain a healthy lifestyle. Examples include avoiding alcohol and certain medications, proper diet and exercise.

Written educational materials, support groups and peer training programmes are just a few ways to help promote a healthy lifestyle and prevent disease progression.

We believe these things can be achieved through the collaborative efforts of the following:

- Government, ministries and other stakeholders must be involved in the allocation of funds for awareness campaigns.
- Inclusion of co-operate organisations and public and private institutions in the awareness programme.
- Inclusion of health insurance and other stakeholders in the awareness programme.
- Inclusion of awareness campaign programmes at the various community-based health planning services, district health facilities and regional health facilities across the nation.

* World Hepatitis Alliance member.