

# Nigeria

## Beacon Youth Movement\*

NGO – direct service provider

Lafia, Nasarawa State, Nigeria

www.bymngo.com.weebly

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Nigeria reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **36.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 3.4, 4.1, 4.2, 4.4, 4.7, 4.10 and 5.5

✗ The government information was thought to not be accurate for **4.0%** of items.

Survey points marked "not accurate":  
4.6.

— The respondent took no position on the government information for **60.0%** of items.

Survey points marked "take no position":  
1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.5, 4.3, 4.5, 4.8, 4.9, 5.1, 5.2, 5.3 and 5.4.

### Survey comments from Beacon Youth Movement:

#### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

1.1 There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

1.2 There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

3.4 Hepatitis outbreaks are required to be reported to the government and are further investigated. There is inadequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

4.4 There is no national policy that specifically targets mother-to-child transmission of hepatitis B.

#### Civil society respondent comments (2014)

*There is no national strategy or plan available to civil society organization working in Nigeria yet. But information going round is that government has set up a committee but no feedback on this matter yet to the various CSOs working on Hepatitis.*

*To my knowledge, this data is right because the government has not been involving the various stakeholders working on hepatitis like CSOs. Thereby not knowing those staff or various departments working to confront viral hepatitis in Nigeria.*

*The information is correct. Despite the fact that we are not actively involved in the whole process.*

*The information is accurate information on this matter but involvement of CSOs is poor.*

\* World Hepatitis Alliance member.

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

4.7 Official government estimates of the number and percentage of unnecessary injections administered annually in healthcare settings were not known.

*This information is correct because no research has been carried out to ascertain the number of unnecessary injections administered but involvement of the various stakeholders will help to give more accurate data.*

✗ To our knowledge, this information is not accurate.

4.6 There is a national policy on injection safety in health-care settings, which recommends auto-disable syringes for therapeutic injections. It is not known whether single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

*The majority of health care settings lack most of the materials listed by the Nigerian Government.*

— We take no position regarding this statement.

1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers (including health-care waste handlers).

*Records and research available to our organisation indicate that many health care personnel are not benefitting from this programme due to a lack of vaccines in the various departments or units.*

2.1 Information was not provided on whether the government held events for World Hepatitis Day 2012 or funded other viral hepatitis public awareness campaigns since January 2011.

*Not one single time has the government ever involved the various CSOs working on hepatitis in any activities to mark World Hepatitis Day or any programme to confront hepatitis in Nigeria either through partnership or funding.*

2.2 Information was not provided on whether the government collaborates with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

*Because they know the area they are lacking – that is why no information was provided.*

# Nigeria

## Beacon Youth Movement *continued*

— *We take no position regarding this statement.*

### Information reported by government (2012–2013)

**3.1** There is routine surveillance for viral hepatitis. Information was not provided about which specific types of acute and chronic hepatitis are monitored by surveillance systems.

**3.2** There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as “undifferentiated” or “unknown” hepatitis.

**3.3** Liver cancer cases are registered nationally. Information was not provided on whether cases with HIV/hepatitis coinfection are registered nationally. The government publishes hepatitis disease reports monthly.

**3.5** Information was not provided on whether there is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

**4.3** Information was not provided regarding the percentage of newborn infants nationally in a given recent year who had received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who had received three doses of hepatitis B vaccine.

### Civil society respondent comments (2014)

*The CSOs were not involved in this whole process. Therefore, making it sound new to us.*

*We are so ignorant of these matters.*

*We are not actively involved nor has data on this been provided to CSOs.*

*No response from the government because the CSOs are not actively involved.*

*No government policy is in place regarding the prevention of new cases of infected mothers to their babies through the administration of the first dose, thereby fuelling the rate at which infection is increasing.*

— We take no position regarding this statement.

#### Information reported by government (2012–2013)

**4.5** There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. It is not known whether health care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

**4.8** There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B. It is not known whether all donated blood units (including family donations) and blood products nationwide are screened for hepatitis C.

**4.9** It is not known whether there is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

**5.1** Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training. There are national clinical guidelines for the management of viral hepatitis, but information was not provided on whether these guidelines include recommendations for cases with HIV coinfection. Information was not provided on whether there are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

**5.2** It is not known whether the government has national policies relating to screening and referral to care for hepatitis B or hepatitis C.

#### Civil society respondent comments (2014)

*The CSOs working on viral hepatitis in Nigeria are not aware of this strategy because the government has not involved CSOs in this process.*

*Just a few of the blood banks screen for Hepatitis B and hepatitis C. Most of them only screen for HIV and syphilis.*

*No information as it relates to the policies of those who inject drugs.*

*In order to effectively combat this viral infection, all stakeholders like the CSOs working on hepatitis need to be trained alongside the medical personnel because health workers alone cannot combat hepatitis.*

*Non-involvement of CSOs has caused a delay in referrals thereby making the infected most at times confused as to the next step to take toward the management of viral hepatitis in Nigeria. Thereby increasing the complications of this infection.*

# Nigeria

## Beacon Youth Movement *continued*

— *We take no position regarding this statement.*

### Information reported by government (2012–2013)

**5.3** People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge. Information was not provided on whether hepatitis B or hepatitis C tests are compulsory for members of any specific group.

**5.4** Publicly funded treatment is not available for hepatitis B or hepatitis C.

### Civil society respondent comments (2014)

*Testing for hepatitis B and hepatitis C is not free in Nigeria. A database is in place but no action has been taken to implement the data at hand.*

*Not aware because we are not involved in the process.*

### Statement from Beacon Youth Movement regarding key hepatitis policy issues in Nigeria:

Hepatitis-related issues have raised a lot of concern when it comes to awareness, sensitization, partnership and resources mobilisation in Nigeria.

The Nigerian Government has turned deaf ears to the rate at which hepatitis is spreading by not identifying and mobilising resources at both the federal and state level to tackle hepatitis through budgeting a specific percentage of the yearly budget to fight viral hepatitis in Nigeria.

Over the years, the issue of partnership has become so problematic that there is no recognition of other relevant stakeholders: the various CSOs working to tackle the infection at the local and regional levels.

Awareness is very key to the reduction of any infectious disease in the world. Here in Nigeria, awareness is very low, which has helped to fuel the spread of the virus. Policies on hepatitis are not in place and therefore there is no implementation of any kind to fight the high burden in Nigeria.

Partnership is a very important issue when it comes to tackling hepatitis and other health-related problems because of the huge burden it has in the society. Partnership of various stakeholders will be very key because it will help to confront the burden of viral hepatitis within a short period of time. But the issue here in Nigeria has a lot of devastating effects because of lack of partnership between the Nigerian Government and other relevant shareholders have slowed down progress on awareness and reduction of viral hepatitis in Nigeria.

Resource mobilisation has been another burden to the actualization of free hepatitis generation due to funding issues. World Hepatitis Day has not been celebrated by most CSOs because no monetary assistance is being offered in helping to fight hepatitis in Nigeria.

## Nigeria

Chagro-Care Trust\*

NGO – direct service provider and hepatitis patient group  
Jalingo, Nigeria

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Nigeria reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **84.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 2.1, 2.2, 3.1, 3.4, 3.5, 4.1, 4.2, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **16.0%** of items.

Survey points marked "not accurate":  
1.3, 3.2, 3.3 and 4.3.

## Survey comments from Chagro-Care Trust:

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

**2.1** Information was not provided on whether the government held events for World Hepatitis Day 2012 or funded other viral hepatitis public awareness campaigns since January 2011.

*Most World Hepatitis Day events are organized by patient groups, professional groups and NGOs.*

**2.2** Information was not provided on whether the government collaborates with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

*There is little or no government collaboration with civil society, especially at the national level. At the state level, some state governments have engaged civil society on creating awareness, like Taraba State and few other states in the country.*

**3.1** There is routine surveillance for viral hepatitis. Information was not provided about which specific types of acute and chronic hepatitis are monitored by surveillance systems.

*There is no deliberate effort by government to conduct surveillance activities on viral hepatitis.*

**3.5** Information was not provided on whether there is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

*Most data on viral hepatitis are obtained from NGOs, patients groups and academic studies.*

\* World Hepatitis Alliance member.

# Nigeria

## Chagro-Care Trust continued

### Information reported by government (2012–2013)

### Civil society respondent comments (2014)

✓ *To our knowledge, this information is accurate.*

4.2 The government has not established the goal of eliminating hepatitis B.

*There is no strategic framework, guidelines or tools available.*

4.4 There is no national policy that specifically targets mother-to-child transmission of hepatitis B.

*This is sad to note – despite interventions to prevent mother-to-child transmission of HIV, nothing is being done regarding viral hepatitis.*

✗ *To our knowledge, this information is not accurate.*

1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers (including health-care waste handlers).

*Although this is a global policy, it is not being practised in our country. Health workers or other vulnerable groups are not protected by any policy like post-exposure prophylaxis.*

3.2 There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as “undifferentiated” or “unknown” hepatitis.

*No standard case definitions exist as a national protocol, except at some hospitals that choose to document such cases.*

3.3 Liver cancer cases are registered nationally. Information was not provided on whether cases with HIV/hepatitis co-infection are registered nationally. The government publishes hepatitis disease reports monthly.

*This does not exist in the country. If any at all, they are mostly academic studies of individuals.*

4.3 Information was not provided regarding the percentage of newborn infants nationally in a given recent year who had received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who had received three doses of hepatitis B vaccine.

*The government has a policy for infant vaccination and these are documented in all designated health facilities across the nation.*

### Statement from Chagro-Care Trust regarding key hepatitis policy issues in Nigeria:

**National coordination.** There is no system in place in Nigeria for coordination of activities either by government or civil organisations working on viral hepatitis. Until two years ago, when a group of NGOs initiated the formation of a national coordinating body for all civil society groups and patients groups working on viral hepatitis in Nigeria. A structure and framework for a national network was recently set up and strengthened in Abidjan during the first Pan African hepatitis workshop. Civil Society Alliance Against Viral Hepatitis (CiSAVHiN) was formed to coordinate all patients groups and NGOs working on viral hepatitis in the country. An interim leadership comprising of the National Coordinator, Deputy National Coordinator, General Secretary and four other portfolios were appointed to steer the leadership of the organisation and to coordinate actions leading up to registration with relevant government agencies and the World Hepatitis Alliance.

At the government level, there is no policy in place to guide coordination of actions and activities on viral hepatitis in the country.

**Awareness-raising, partnerships and resource mobilisation.** There is no clear policy or guideline on awareness-raising on viral hepatitis in Nigeria. Most awareness-raising events are left in the hands of patients groups, NGOs, and professional associations such as the Society of Gastroenterologists. Most awareness activities are uncoordinated and lack depth and focus, due largely to lack of resources and poor support from government and donors.

Partnerships are rare, except for a few instances where some pharmaceuticals offer support to organisations on awareness-raising.

Resource mobilisation is a big challenge. Only in a few instances do patients groups or professional associations receive support on their activities.

Support from individuals on awareness-raising is not very common in the country.

**Evidence-based policy and data for action.** There is no evidence-based policy from government on data. There is no framework of action on sentinel or prevalence studies available in the country. Most data on hepatitis in the country are obtained from NGOs, patients groups or academic studies from individuals.

**Prevention of transmission.** There are no government protocols, guidelines or standard operating procedures on prevention of transmission for any target population or group. Even health workers with all the risks and job hazards are not protected by any government policy on post-exposure prophylaxis.

**Screening, care and treatment.** There are no protocols from government on screening, care and treatment of viral or chronic hepatitis. This is posing a big challenge, as it allows room for all manner of unethical practices and sharp practices by all and sundry in the name of hepatitis treatment, which is detrimental to the health and well-being of people living with chronic hepatitis in the country.

#### Other comments:

The absence or lack of a framework on national coordination, standard operating procedures or guidelines on prevention of transmission, guidelines on treatment and care on viral hepatitis, leaves much to be desired. A lot of activities are going on but mostly uncoordinated and as a result are not in most cases evidence-based, or in line with best practices.

Civil society has risen to the challenge recently by setting up a national alliance that would be responsible for coordinating all NGOs and patients groups working on hepatitis in the country. The network is named "Civil Society Alliance on Viral Hepatitis in Nigeria."

It is our belief that the network will strengthen civil society capacity to deliver more evidence-based and sustainable interventions that meet the needs of the populace. However, government too has a role to play, as recently done by the setting up of a technical working group on viral hepatitis in the country. But this effort should go beyond rhetoric to action.

Government's engagement with civil society and patient groups working on viral hepatitis is very weak and poor at best. The government needs to engage civil society in a more pragmatic manner, devoid of any sentiments or bias, in developing a national framework of action on viral hepatitis.

What needs to change is the government's approach, especially at the national level. Until recently, the government has not shown any commitment to the fight against viral hepatitis in the country. Most government policies exist only on paper, but are not working documents, despite the government signing the World Health Assembly 2010 Hepatitis Resolution.

Due to the lack of funding on viral hepatitis activities in the country, most NGOs and patients groups are incapacitated in carrying out activities to mitigate the scourge of viral hepatitis across the country, despite the seemingly very high incidence and prevalence of the disease in the country.

# Nigeria

## Elohim Foundation\*

NGO – direct service provider and hepatitis patient group

Abuja FCT, Nigeria  
www.elohimfoundation.org

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Nigeria reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **84.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 2.1, 2.2, 3.1, 3.4, 3.5, 4.1, 4.2, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **16.0%** of items.

Survey points marked "not accurate":  
1.3, 3.2, 3.3 and 4.3.

#### Survey comments from Elohim Foundation:

##### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

**2.1** Information was not provided on whether the government held events for World Hepatitis Day 2012 or funded other viral hepatitis public awareness campaigns since January 2011.

**2.2** Information was not provided on whether the government collaborates with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

**3.1** There is routine surveillance for viral hepatitis. Information was not provided about which specific types of acute and chronic hepatitis are monitored by surveillance systems.

**3.5** Information was not provided on whether there is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

##### Civil society respondent comments (2014)

**Most World Hepatitis Day events are organized by patient groups, professional groups and NGOs.**

**There is little or no government collaboration with civil society, especially at the national level. At the state level, some state governments have engaged civil society on creating awareness, like Abuja FCT and few other states in the country.**

**There is no deliberate effort by government to conduct surveillance activities on viral hepatitis.**

**Most data on viral hepatitis are obtained from NGOs, patients groups and academic studies.**

\* World Hepatitis Alliance member.

✓ *To our knowledge, this information is accurate.*

#### Information reported by government (2012–2013)

**4.2** The government has not established the goal of eliminating hepatitis B.

#### Civil society respondent comments (2014)

*There is no strategic framework, guidelines or tools available.*

**4.4** There is no national policy that specifically targets mother-to-child transmission of hepatitis B.

*This is sad to note – despite interventions to prevent mother-to-child transmission of HIV, nothing is being done regarding viral hepatitis.*

✗ *To our knowledge, this information is not accurate.*

**1.3** The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers (including health-care waste handlers).

*This policy though shown in the Global Policy, but is not existing or being practiced. Health workers or other vulnerable groups are not protected by any policy like post-exposure prophylaxis.*

**3.2** There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as “undifferentiated” or “unknown” hepatitis.

*No standard case definitions exist, as a national protocol, except at some hospitals that choose to document such cases.*

**3.3** Liver cancer cases are registered nationally. Information was not provided on whether cases with HIV/hepatitis co-infection are registered nationally. The government publishes hepatitis disease reports monthly.

*This does not exist in the country. If any at all, they are mostly academic studies of individuals.*

**4.3** Information was not provided regarding the percentage of newborn infants nationally in a given recent year who had received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23months) in a given recent year who had received three doses of hepatitis B vaccine.

*The government has a policy for infant vaccination and these are documented in all designated health facilities across the nation.*

# Nigeria

## Elohim Foundation *continued*

### Statement from Elohim Foundation regarding key hepatitis policy issues in Nigeria:

**National coordination.** There is no system in place in Nigeria for coordination of activities either by government or civil organisations working on viral hepatitis. Until two years ago, when a group of NGOs initiated the formation of a national coordinating body for all civil society groups and patients groups working on viral hepatitis in Nigeria. A structure and framework for a national network was recently set up and strengthened in Abidjan during the first Pan African hepatitis workshop. Civil Society Alliance Against Viral Hepatitis (CiSAVHiN) was formed to coordinate all patients groups and NGOs working on viral hepatitis in the country. An interim leadership comprising of the National Coordinator, Deputy National Coordinator, General Secretary and four other portfolios were appointed to steer the leadership of the organisation and to coordinate actions leading up to registration with relevant government agencies and the World Hepatitis Alliance.

At the government level, there is no policy in place to guide coordination of actions and activities on viral hepatitis in the country.

**Awareness-raising, partnerships and resource mobilisation.** There is no clear policy or guideline on awareness-raising on viral hepatitis in Nigeria. Most awareness-raising events are left in the hands of patients groups, NGOs, and professional associations such as the Society of Gastroenterologists. Most awareness activities are uncoordinated and lack depth and focus, due largely to lack of resources and poor support from government and donors.

Partnerships are rare, except for a few instances where some pharmaceuticals offer support to organisations on awareness-raising.

Resource mobilisation is a big challenge. Only in a few instances do patients groups or professional associations receive support on their activities.

Support from individuals on awareness-raising is not very common in the country.

**Evidence-based policy and data for action.** There is no evidence-based policy from government on data. There is no framework of action on sentinel or prevalence studies available in the country. Most data on hepatitis in the country are obtained from NGOs, patients groups or academic studies from individuals.

**Prevention of transmission.** There are no government protocols, guidelines or standard operating procedures on prevention of transmission for any target population or group. Even health workers with all the risks and job hazards are not protected by any government policy on post-exposure prophylaxis.

**Screening, care and treatment.** There are no protocols from government on screening, care and treatment of viral or chronic hepatitis. This is posing a big challenge, as it allows room for all manner of unethical practices and sharp practices by all and sundry in the name of hepatitis treatment, which is detrimental to the health and well-being of people living with chronic hepatitis in the country.

### Other comments:

The absence or lack of a framework on national coordination, standard operating procedures or guidelines on prevention of transmission, guidelines on treatment and care on viral hepatitis, leaves much to be desired. A lot of activities are going on but mostly uncoordinated and as a result are not in most cases evidence-based, or in line with best practices.

Civil society has risen to the challenge recently by setting up a national alliance that would be responsible for coordinating all NGOs and patients groups working on hepatitis in the country. The network is named "Civil Society Alliance on Viral Hepatitis in Nigeria."

It is our belief that the network will strengthen civil society capacity to deliver more evidence-based and sustainable interventions that meet the needs of the populace. However, government too has a role to play, as recently done by the setting up of a technical working group on viral hepatitis in the country. But this effort should go beyond rhetoric to action.

Government's engagement with civil society and patient groups working on viral hepatitis is very weak and poor at best. The government needs to engage civil society in a more pragmatic manner, devoid of any sentiments or bias, in developing a national framework of action on viral hepatitis.

What needs to change is the government's approach, especially at the national level. Until recently, the government has not shown any commitment to the fight against viral hepatitis in the country. Most government policies exist only on paper, but are not working documents, despite the government signing the World Health Assembly 2010 Hepatitis Resolution.

Due to the lack of funding on viral hepatitis activities in the country, most NGOs and patients groups are incapacitated in carrying out activities to mitigate the scourge of viral hepatitis across the country, despite the seemingly very high incidence and prevalence of the disease in the country.

## Nigeria

## GAMMUN Centre for Care and Development Nigeria\*

NGO – direct service provider  
Akwinga, Nigeria

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Nigeria reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **84.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 2.1, 2.2, 3.1, 3.4, 3.5, 4.1, 4.2, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **4.0%** of items.

Survey points marked "not accurate":  
3.3.

— The respondent took no position on the government information for **12.0%** of items.

Survey points marked "take no position":  
1.3, 3.2 and 4.3.

Survey comments from GAMMUN Centre for Care and Development Nigeria:

## Information reported by government (2012–2013)

— We take no position regarding this statement.

1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers (including health-care waste handlers).

## Civil society respondent comments (2014)

We are not aware of this position by government.

### Statement from GAMMUN Centre for Care and Development Nigeria regarding key hepatitis policy issues in Nigeria:

The government of Nigeria just like other governments gives little priority to viral hepatitis. This situation, like HIV during its early phase, will sooner or later become endemic, killing many people and placing a greater burden on orphans before the government's attention is drawn to it.

The government's attitude to viral hepatitis would need to change to prioritise this as important as other infections like HIV, tuberculosis and malaria.

The government should show serious political will in ensuring that all line ministries have a desk officer in charge of Hepatitis. At the national, state and local government levels, there should be a National Agency for the Control of Hepatitis, State Agency for the Control of Hepatitis and Local Action Committee for the Control of Hepatitis respectively.

National Agency: will coordinate national interventions.

State Agency: will coordinate state-level interventions.

Local Action Committee: will coordinate local/grassroots interventions.

Civil society organisations at all levels should be involved as they are closer to the people and have different ways of encouraging community involvement and participation in activities.

\* World Hepatitis Alliance member.

# Nigeria

## LiveWell Initiative\*

NGO – direct service provider

Lagos, Nigeria  
www.livewellng.org

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Nigeria reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **60.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 3.3, 3.5, 4.1, 4.2, 4.4, 4.6, 4.7, 4.9, 4.10, 5.1, 5.2, 5.3 and 5.4.

✗ The government information was thought to not be accurate for **12.0%** of items.

Survey points marked "not accurate":  
1.3, 3.1 and 3.4.

— The respondent took no position on the government information for **28.0%** of items.

Survey points marked "take no position":  
2.1, 2.2, 3.2, 4.3, 4.5, 4.8 and 5.5.

LiveWell Initiative provided no comments about survey items.

#### Statement from LiveWell Initiative regarding key hepatitis policy issues in Nigeria:

**National coordination.** The greatest problems with coordination have to do with funding and the huge size of the population. Having been recently appointed the Deputy National Coordinator for the Hepatitis Alliance in Nigeria<sup>1</sup>; however it is a herculean task amalgamating the organisations. Government needs to throw its weight behind organisations; however the first thing is for government to put in place a policy on hepatitis, and thereafter to put in place a monitoring and evaluation body, to ensure that programme targets are met and exceeded. In addition, for sustainability, local and international communities need to support the initiatives.

**Awareness-raising, partnerships and resource mobilisation.** There is a strong need to raise awareness on hepatitis through the sensitisation of communities, health talks, screening and care. The greatest problems with creating awareness have to do with high levels of illiteracy, poor use of pictorials and

other communication tools, poor funding and the high level of poverty among the people. Government and stakeholders can help by generating awareness through electronic and print media, and by improving on policy. Thereafter, the health system can implement based on policy. As is being done here at LiveWell Initiative, community leaders should be recognised as major stakeholders and they should be carried along, to facilitate stakeholder engagement and ownership.

**Evidence-based policy and data for action.** This is essential for informing and driving the direction of policy. To build up evidence-based data for hepatitis, strict guidelines need to be followed, with algorithms and organisations which work on hepatitis should work together in unison. Data gathering should be ethical, and a quarterly data analysis should be conducted. Hepatitis disease sufferers should form cohort groups where they will benefit from a win-win hepatitis study.

**Prevention of transmission.** Condom social marketing and coinfection with HIV should be foremost on the mind.

**Screening, care and treatment.** Screening is a very important component of hepatitis detection, treatment and care, and this should be done among high-risk populations and the general population at large. The major challenges with screening have to do with cost, since there is little or no availability of free screening tests. Government should provide funding and should work in partnership with organisations like LWI, which provide all of the above services in an ethical and process-driven manner. Communities should surrender themselves for screening, for early detection, prevention and treatment where necessary while government should formulate policy, ensure the strengthening of such policy and facilitate implementation thereof through regulation, and should generate awareness through the use of the electronic and print media.

\* World Hepatitis Alliance member.

1. This statement refers to the director of LiveWell Initiative serving as deputy national coordinator of the Hepatitis Alliance in Nigeria.