THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

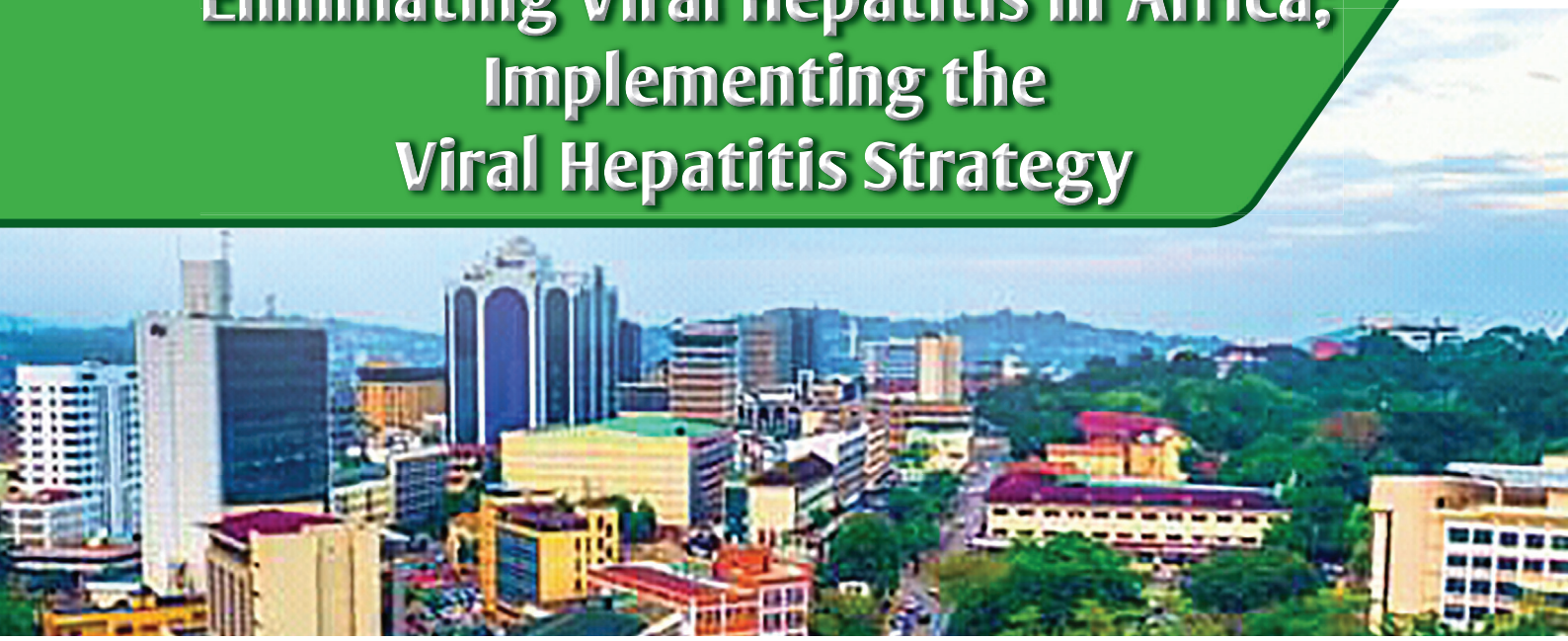
PROGRAM BOOK

The Summit is convened by Ministry of Health (Uganda) & hosted by NOPLHB.

African Hepatitis Summit 2019

KAMPALA, UGANDA 18-20 JUNE

Eliminating Viral Hepatitis in Africa; Implementing the Viral Hepatitis Strategy



18-20 June 2019 Speke Resort Munyonyo, Kampala - Uganda

World Health Organization Africa
World Hepatitis Alliance
NOPLHB
Abbott
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Welcome... Karibu!

Welcome from the Chairperson NOC

Dear esteemed delegates,

On behalf of the National Organizing Committee, I warmly welcome you to the first ever African Hepatitis Summit hosted in the Pearl of Africa, Uganda. This is the first of its kind on the African continent and it gives us as the Ministry of Health great pleasure to host a summit of this magnitude.

Premised on the theme "Eliminating Viral Hepatitis in Africa, Implementing the Viral Hepatitis Strategy," the summit 25th anniversary of POMS, and so the conference also provides us with the opportunity to celebrate the 25th year of the founding of POMS.
I am privileged to be the chair of this significant summit.

At this summit, we shall share our respective achievements, best practices, lessons learnt as professionals and as countries to allow us create even greater value to all corners of the globe.
We have an exciting program at this summit as you will witness to allow participants to reflect upon and celebrate our past accomplishments, renew friendships and extend our networks, and jointly explore current and future research directions.

We hope that you will have a productive and fun-filled time at this inaugural summit. To put a summit of this magnitude together is not a small task. In a special way, I would like to thank the secretariat of the National Organizing Committee for their tireless efforts in making this summit a success.
I fervently appreciate all of the sponsoring organizations for providing their generous financial support. Lastly, we would like to thank all of the participants for their contributions which are the foundation of this summit.

I wish you fruitful engagements.

Thank you.

Dr. Charles Olaro
Director Clinical Services, Chair - African Hepatitis Summit 2019

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Welcome note by the Hon. Minister

Dear Ladies and Gentlemen

I am pleased to welcome you to this landmark summit on Viral Hepatitis.

I am more delighted to welcome H.E Gen. Yoweri K Museveni, who is the Guest of honor; delegates from African civil society groups, WHO member states, CDC, patient organizations, policy makers, public health scientists, African Union, East African Community, Academia, politicians, World Hepatitis Alliance Scientists and pharmaceutical Industries.

Through this summit we would like to engage with you all in an open and constructive dialogue about strengthening the broader Hepatitis response by sharing ideas, experiences and the best practices in addressing the many challenges towards elimination of Viral Hepatitis in Africa.

In response to the 2014 World Health Assembly resolution on Hepatitis and 2016 WHO Global Hepatitis Strategy, the Government of Uganda and Ministry of Health joined the rest of the world to implement the Sustainable Development Goals (SDGs) framework which calls for elimination of viral hepatitis as a global public health problem by 2030 under goal 3.3.

The theme for this summit is "Eliminating viral hepatitis in Africa". In line with this, the Ministry of Health Uganda developed a National Strategy for the control of hepatitis B in Uganda: National Hepatitis B strategy, 2015/2019 and National plan for vaccination of Adolescents and Adults against Hepatitis B in Uganda, 2015/2020.

In addition, the Ministry of Health embarked on various interventions towards elimination of Hepatitis B and C in Uganda and more interventions are in the pipeline.
These interventions include;

1. Sensitization of the public on Hepatitis B, its mode of transmission, how it can be prevented and treated.
2. Vaccination of adolescents and adults.
3. Screening for Hepatitis B.
4. Enrollment on treatment for life.

The prevalence of Hepatitis B in Uganda stands at 4.1% with a regional vaccination. The prevalence being higher in North at 4.6% and lowest in south western region at 0.8%.

The government of Uganda therefore recognizes this burden and efforts have been put in place by the Ministry of Health to accelerate the fight against Hepatitis B which include among others; High level Political commitment in the form of prioritization for Hepatitis B by mobilization of internal funding towards the implementation of Hepatitis control activities such as; procurement of testing kits, vaccines, laboratory reagents and antiviral drugs. The introduction of routine childhood vaccination against Hepatitis into the routine National Expanded Program on Immunization, general population testing and mass vaccination programme: This is being carried out in a phased-based manner from regions of high prevalence to those of low prevalence. A total of 69 districts in both the Northern and Eastern regions have so far been covered.

We expect that during this summit priority actions and interventions required for all member states to achieve the Global Viral Hepatitis strategy targets will be well articulated.
I want to once again welcome you to this first African Hepatitis Summit wish you a nice stay and nice deliberations.

For God and my Country

Hon. Dr. Jane Ruth Aceng
Minister of Health, Uganda

Welcome note by the Permanent Secretary

Ladies and Gentlemen

It is my pleasure to welcome you to this first African Hepatitis summit. We are glad to host delegates from different parts of the world.

I acknowledge efforts of the National Organizing Committee, our partners, sponsors and everyone who supported this summit both financially and technically. We couldn't have made it to a successful summit without your hard work and dedication.
Viral hepatitis has been declared a disease of public health concern both globally and in Uganda.

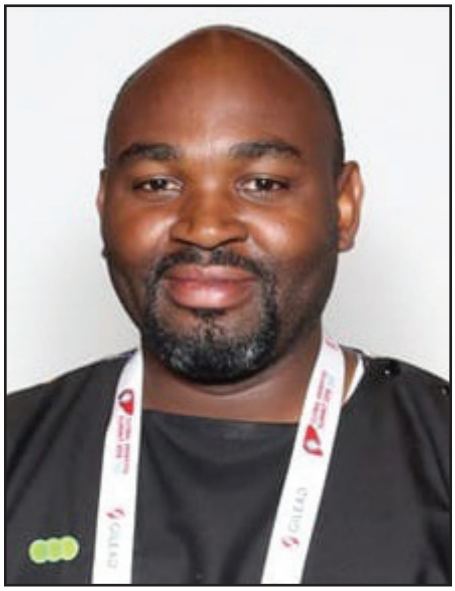
Since 2015, every year, Parliament of Uganda allocates 10 billion Shillings (USD $3million) towards supporting implementation activities in the fight against Hepatitis B such as procurement of hepatitis B vaccines, laboratory reagents, medical equipment and antiviral drugs for treatment of hepatitis B and program activities like trainings of health workers, community sensitization and advocacy coordination supervision
We are grateful to our partners who continue to demonstrate strong commitment, leadership and mobilization of resources in the fight against other infectious diseases such as Malaria, TB and HIV/AIDS. We also urge you to have the same zeal towards the fight against viral Hepatitis.

I urge you all to use this platform to provide more practical and financially sustainable options as we fight Hepatitis in our respective countries.
I want to once again appreciate all your efforts to eliminate Viral Hepatitis in Africa.

For God and my Country

Dr. Diana Atwine
Permanent Secretary
Ministry of Health, Uganda.

African Hepatitis Summit Host's word



Dear honorable delegates, on behalf of the African Hepatitis Summit secretariat, I am profoundly honored to welcome you for the 1st African Hepatitis Summit. I want to extend my sincere appreciation to the Ministry of Health, WHO-A, The Uganda Gastroenterology Society (UGES), World Hepatitis Alliance represented by The National Organisation of People Living with Hepatitis B, for the kind technical support rendered towards the planning and development of the Summit program in a special way.

I want to extend my sincere gratitude to our Platinum sponsors ROSH, ABBOTT, GILEAD and CIPLA QUALITY CHEMICALS. I hope that this meeting will help African Member states in developing National Plans for viral Hepatitis and put the patients at the center of these plans. I can't thank you so much… enjoy the Pearl of Africa.

The African Hepatitis Summit is an Annual Event. And the next summit will be held in West Africa.

For God and my Country

Kenneth Kabagambe
African Hepatitis Summit Secretariat

Message from the Chair, Scientific Committee

I would like to welcome you all to this summit that has been organized to help us look back and forwrad on impacts of viral hepatitis in Africa. It has been organized especially enable member states share their experiences on what they are doing to achieve the desired WHO goal of eliminating viral Hepatitis by 2030. To this effect, the Scienfic commitee put together the program which is mainly based on Policy bringng together many stakeholders including Governements, WHO, funders, African Union, civil society oragizations and many others to think together thorugh the Startegic directions towards elimination of these deadly viruses. In addition, we invited abstracts, some of which will be oral presentations, and others posters.

I hope you will enjoy the meeting.

Thank you all for coming.

Prof Ponsiano Ocama
Chair, Scientific committee

ABOUT US

Cipla Quality Chemical Industries (CQCIL) is East Africa's largest Pharmaceutical manufacturer and one of the largest in sub-Saharan Africa (SSA).

It is one of the few Pharmaceutical manufacturers in SSA to operate a World Health Organization (WHO) certified cGMP compliant facility that manufactures a range of WHO pre-qualified medicines; in CQCIL's case ARV's for the treatment of HIV/AIDs and malaria treatments.

Since its establishment in 2005 CQCIL has undertaken multiple capacity expansion programs and has expanded its portfolio of medicines considerably, QCIL now manufactures the two first line WHO recommended therapies for Hepatitis B Tenofovir 300mg and Entecavir, and the new first line triple combination ARV therapy; Dolutegravir Sodium, Lamivudine Tenofovir Disoproxil Fumarate.

CQCIL can now manufacture 130 million tablets a month on a two shift basis in its manufacturing facility which operates under world class standards of minimal/Zero enviromental impact, strict adherence to CGMP, good laboratory standards (GLP) and international regulatory standards.

CQCIL's Plant is now approved for supply in 13 SSA with exports to 11countries in Africa and two in South East Asia. CQCIL's intent is to be registered in 20 SSA countries by the end of 2020.

CQCIL is an African Pharmaceutical company fulfilling its commitment to making the highest quality affordable, lifesaving medicines available to African patients manufactured in Africa.

Abbott

Agenda

Symposium Title: Expanding patient access to testing and enhancing the care pathway

Date: 19 June, 2019

Time: 08h00 – 09h30

Venue: Meera Hall, Speke Conference Centre, Wavamunno Road, Kampala

TIME	AGENDA ITEM	NAME
08:00 – 08:10	01. Introduction and moderator	Mr Kenneth Kapagambe, *NOPLHB*
08:10 – 08:25	02. Approaching the global hepatitis epidemic: Road to 2030	Ms Jessica Hicks, *World Hepatitis Alliance*
08:25 – 08:40	03. Experience using HBsAg 2 in Uganda	Dr Robert Downing, *UVRI Laboratory*
08:40 – 08:55	04. Increase case finding for HCV diagnosis and link to treatment for cure	Dr Christopher K. Opio, *Gastroenterologist*
08:55 – 09:10	05. Global Surveillance Program for the hepatitis epidemic	Mr Michael Berg, *Abbott*
09:10 – 09:30	06. Q & A	

For further information, please contact Luis Gonzalez | luis.gonzalez@abbott.com

Pooled Procurement and Innovative Financing Models to Support Expanded Access to Hepatitis Treatment

THE PROBLEM

Today, an estimated 71 million individuals globally are infected with Hepatitis C, a curable disease that can lead to cirrhosis and liver death. Approximately 400,000 people die each year from causes related to Hep C, which can be eliminated through coordinated efforts for prevention and treatment. Unfortunately, as of 2017, only 20% of those infected patients have ever been diagnosed, and, currently, only 2% of total infected patients are being treated for the disease annually. Only 9 countries are currently on track to achieve the WHO HCV elimination targets by 2030.

Treatment is a cost-effective and efficient way of eliminating the disease, but for low-and-middle income countries, the initial investment can be significant. Just like buying a house, there is often a large upfront cost. But over time, the expense proves to be economical and more reasonable than the alternative. When a country decides to eliminate hepatitis, the end-result is a healthier population more informed about prevention and treatment, for a fraction of the cost.

WHO WE ARE

The CDA Foundation (CDAF) founded the non-profit Global Procurement Fund (GPRO) in 2017 to improve access to medicines and diagnostics, and to develop a viable, scalable and sustainable funding mechanism to help countries eliminate hepatitis.

HOW WE WORK

GPRO works with participating countries to provide the following benefits:

- **Competitive prices through economies of scale:** GPRO pools orders from member countries and uses international competitive bidding to purchase products at negotiated prices. The pooled procurement results in lower prices than most countries can negotiate on their own.
- **Assured quality:** All products available through GRPO are authorized for use by:
    - WHO pre-qualification or FDA tentative approval
    - Stringent Regulatory Authority (SRA)
    - Independent Expert Review Panel (ERP) when pre-qualification, FDA tentative approval, or SRA is not available

GPRO only works with manufacturers that have freedom to operate – either with a license from the originator-companies or those with a license from the Medicines Patent Pool.

GPRO is also working to develop innovative financing models that further reduce or eliminate countries' upfront investment required to fund treatment programs. Unlike HIV/AIDS funding, global donors will not solely fund hepatitis elimination. Instead, catalytic funding – where donors take an active role in addressing change – combined with patient-subsidized treatment models will lead to viable, scalable and self-funded hepatitis elimination.

Working Globally to Eliminate Hepatitis by 2030

THE PROBLEM

Today, an estimated 71 million individuals globally are infected with Hepatitis C, a curable disease that can lead to **cirrhosis** and liver death. Approximately 400,000 people die each year from causes related to Hep C, which can be eliminated through coordinated efforts for prevention and treatment. Unfortunately, as of 2017, only 20% of those infected patients have ever been diagnosed, and, currently, only 2% of total infected patients are being treated for the disease annually. Only 9 countries are currently on track to achieve the WHO HCV elimination targets by 2030.

CDA FOUNDATION'S MISSION

CDA Foundation seeks to eliminate Hepatitis B and C globally by 2030. We provide countries across the world with verified epidemiological data, disease burden and economic impact modeling, smart intervention strategies, access to affordable diagnostics and treatments, innovative financing models and knowledge-sharing partnerships to eliminate this deadly disease. We accomplish our mission through two foundation initiatives: The Polaris Observatory and the Global Procurement Fund (GPRO).

WHO WE ARE

CDA Foundation (CDAF) is a non-profit organization that specializes in the study of complex and poorly-understood diseases in order to provide countries with the data and information to create and implement successful elimination strategies.

Our team of epidemiologists has analyzed the impact of HBV and HCV in over 100 countries. We actively collaborate with more than 650 country experts – including NGOs, economists, Ministries of Health and Finance and key opinion leaders – to develop national strategies for Hepatitis elimination. We are highly collaborative, fully transparent and have over 65 peer-reviewed journal articles on hepatitis epidemiology and economic impact in publications such as The Lancet, the Journal of Viral Hepatitis, and the Journal of Medical Economics.

INITIATIVES OF CDAF

To share its findings more broadly, CDAF founded the non-profit **Polaris Observatory**, an online database of epidemiological and disease-burden data for hepatitis B and C. Polaris Observatory has become the authoritative resource for epidemiological data, modeling tools, training and decision analytics to support elimination of hepatitis B and C globally by 2030.

Polaris Observatory also maintains the largest global database of HCV-related publications, including scientific articles, government reports, international agencies' studies, theses, posters and unpublished reports. We work on the ground in direct collaboration with ministries of health, key opinion leaders (KOLs) and other country experts to verify data in more than 80 of the countries in which we work. We continually verify and update our models to reflect local expert input and collaboration.

Programme

Theme: Eliminating Viral Hepatitis in Africa; Implementing the Viral Hepatitis Strategy

DAY ONE: TUESDAY 18 JUNE, 2019

Victoria Ballroom

08:00-08.55 Registration

09:00–09:30 **SESSION 1:**
Introduction

- Introduction - Director of Ceremonies
- Welcome remarks - Director General Health services
- Security and Protocol - Hotel Representative
- Patient Group Presentation

9:30–10:30 **SESSION 2:**
The Global and Regional Viral Hepatitis Response

- African Regional Hepatitis response-WHO, Pr. Funmi Lesi
- Global progress towards Hepatitis elimination under Universal Health Coverage-WHO, Dr. Mark Bulterys
- The African Investment case for Viral Hepatitis-Dr. Homie Razavi

Q/A Session

10:30–11:00 **Tea Break:**

11:00-12:30 **SESSION 3:**
Opening Ceremony
Keynote address; MOH Egypt

- Remarks:
- World Hepatitis Alliance - Michael Nimburg
- World Health Organization – WCO/AFRO
- African Union- Commissioner for Social Affairs
- United States Ambassador to Uganda
- Address by the Minister of Health, Uganda
- Official Opening – H.E. The President of the Republic of Uganda

Tour of the Exhibitions

12:30–13:30

SESSION 3:
Viral Hepatitis Response in Africa – Economic and Funding implication
Panel discussion

- Representative- Nigeria, Tanzania, Egypt, Cameroon
- World Bank/African Development Bank-
- Medicines Patent pool- Esteban Burrone
- National Health Insurance - Hon. Dr. Michael Iga Bukenya- Chair-person Health Committee of Parliament of Uganda
- Cost of implementation- Dr Homie Razavi

13:30–14:30 **Lunch break and Networking**

14:30–15:45
PLENARY

SESSION 3:
Lessons Learned in the Global Viral Hepatitis Response

Keynote: Dr Philippa Easterbrook, WHO Geneva (15 min)
Presentation: Country experiences (10 min)

- The Gambia - Dr Ramou Njie
- Ethiopia - Dr. Hailemicheal Desalegn
- Egypt – Representative from MoH
- Uganda-Prof. Ponsiano Ocama
- Nigeria- Dr Segilola Araoye

Q/A & Panel Discussion

15.45-16.00 **Tea Break**

16:00–17:15
PLENARY

SESSION 4:
Hepatitis B Prevention of mother-to-child transmission (PMTCT in Africa
Presentations: -

- Hepatitis vaccination response in Africa WHO-- Dr Julien Kabore (15 min)
- Prevention of MTCT of HBV - Dr Yusuke Shimakawa– (15 min) Institute Pasteur

Panel discussion; Country experiences, Lessons learned

- Algeria
- Nigeria
- Sao-tome & Principe
- UNEPI - Uganda

18:00 **Welcome reception/ Conference Cocktails**

Entertainment

DAY TWO: WEDNESDAY 19 JUNE, 2019

8.00-9.00am — **Breakfast**

Session 1

Meera Hall — Expanding patient access to testing and enhancing the care pathway - ***Abbott Symposium***

09:00–10.30
PLENARY

Victoria Ballroom

SESSION 5:
Delivering Hepatitis interventions and ensuring Equity

Key note: Prof Brian McMahon (Alaska)-20 min
Other Presentations (10 min)
Comprehensive testing and diagnosis in the context of UHC- Dr Mosha Fausta
Integration and strategic collaboration- Dr Mosoba Nelson/ Program Manager ACP,
Epidemiology of Hepatitis B in DRC- Dr. Peyton Thompson
Scaling up HCV treatment in Cameroon using an innovative financing model- Prof Oudou Njoy
Hepatitis E Characterization in Displaced Populations of South Sudan, 2017-2019.
FibroscanR as a non-invasive tool of liver fibrosis assessment in sub-Saharan Africa

Q/A Session

10:30–10.55 — **Tea break**

11.00-12.30

PLENARY
Victoria Ballroom

SESSION 6:
Collaboration & Partnerships for improved Coordination, impact and Equity

Keynote;-Dr John Ward (USA/CDC)
Panellists (Country level experiences, lessons learned, best practices)-presentations (10 min)
CHAI- Clinton Health Access Initiative-Jessica Alilison Tebor
Inter-regional collaboration - African Union/Egypt
Partnerships (Civil Society, Academia- etc) – World Hepatitis Alliance
Rotarian Action Group – (RAG) -
World Health Organization (WHO): Dr. Marc Bulterys

Q/A &/or Panel Discussion

12:30–13:30

Lunch break and Networking
World Hepatitis Alliance AFRO Members' Luncheon- ***Regal Hall***
MoH Representatives/Programme Managers from all countries – ***Majestic***

13.30-14.30

Short Plenary
Victoria Ballroom

SESSION 7:

Access to anti-viral medicines, tests and therapy for HBV and HCV
Key notes: Pr Jean Baptiste NIKIEMA (WHO, Health technologies coordinator
Panellists (experiences, lessons learned, way forward)- presentations (15 min)
Access to Hepatitis treatment- Medicines Patent pool- Esteban Burrone
Prices, Procurement and Negotiation for better access to hepatitis treatment, Global Fund- Dr Martin Auton
Current and future diagnostics for HBV and HCV- Sonjelle Shilton-FIND
Patient perspective on barriers to accessing HCV Services-Dr. Taha Brahni (ALCS/ Coalition Plus)

14.30 -15.30
Short Plenary
Majestic Hall

SESSION 8:

Regional Hepatitis Advocacy for Action and impact
The unique role of civil society - World Hepatitis Alliance
NOhep in action: presentations by Beacon Youth Initiative and SOS Hépatites Burkina
The role of civil society in the HIV response – Coalition Plus
Panel discussion

15.30-16.30

Short Plenary
Royal Hall

SESSION 9:

Opportunities for Support of Viral Hepatitis
Keynote Speaker: The role of CDC in viral hepatitis elimination globally (DVH)- Averhoff
Strategies to introduce and improve hepatitis B birth dose vaccination in Africa:
Lessons learned from the Asia Pacific Region- Tohme
BASIIN: PMTCT in Uganda ---Teshale
Care and Treatment of persons with HBV infection in Tanzania: a pilot project (DVH)- Beckett
Opportunities and Challenges of integration of HBV/HCV Care and Treatment in Uganda- Nelson
Suspected Hepatitis B outbreak investigation in Baringo and Marakwet counties, Kenya, 2019- Dr. Caren Nyagaka

16:30-18:00
Royal Hall

Behind every test is a story - a Symposium hosted by Roche Diagnostics,

Cipla Session - Majestic Hall

DAY THREE: THURSDAY 20 JUNE 2019

8.00-9.00am **Breakfast**

Session 2
Academic/ Abstract session
Chairman/ Moderator

- Analysis of the National Hepatitis B Viral load testing programme in Uganda (2017-2019)
- Evaluation of the clinical performance of Genedrive point-of-care test for qualitative detection of hepatitis C virus in Senegalese setting.
- Estimation of undetected transfusion transmissible infections at Nakasero Blood Bank Uganda

09:00–12:00
PLENARY

SESSION 10: Parallel Sessions

1. Find the missing millions: Interactive workshop for civil society focusing on enhancing advocacy activities for diagnosis and linkage to care - Victoria Ballroom
2. Side Meetings; - MoH Programme Managers meeting - Regal Hall
3. Hepatology/ Specialist meetings: - Majestic Hall
4. Cipla Quality Chemicals Side meeting attendance only by invite- Royal Hall
5. Norvik & Pilar Pharma joint side meeting
6. Other networking events

09:00-12:00

Find the missing millions: Interactive workshop for civil society focusing on enhancing advocacy activities for diagnosis and linkage to care

- Introduction to session – World Hepatitis Alliance
- Expert Q&A – a panel discussion with experts looking at some of the basic issues around diagnostics and access to care within Africa (topics to include registration etc.)
- Presentation: Launch of FMM advocacy resource – World Hepatitis Alliance
- Presentation: The power of partnerships
- Break out session: working groups looking at different barriers to diagnosis and how to overcome them
- Group discussion
- Summary

12.00 -1.00pm ***Closing & Departures***

Posters Flow Plan

Display position	Poster number	Title of proposal
1	AHS-015-2019	Determine™ HBsAg 2: A novel rapid test to detect Hepatitis B virus infection
2	AHS-021-2019	Seroprevalence and Factors Associated with Hepatitis B Virus Infection among Prisoners and Prisons Staff in Uganda Prisons, 2013/2014
3	AHS-024-2019	Determinants of Hepatitis B Co-Infection among HIV Patients Attending Health Care Services in Mungula Health Centre IV Adjumani District, West Nile Region Uganda
4	AHS-027-2019	Knowledge about Hepatitis B Infection and Prevention among Health Care Workers and Trainees in Bushenyi District, Uganda
5	AHS-009-2019	Prevalence of Hepatitis B infection and associated factors among children and adults taking ART in selected districts in Northern Uganda
6	AHS-005-2019	Assessing determinants and Uptake of Hepatitis B Vaccination among Public Health Students at Clarke International University, Kampala, Uganda
7	AHS-020-2019	Hepatitis B vaccination status and associated factors among undergraduate students of Makerere University College of Health Sciences
8	AHS-028-2019	Determinants of Viral Hepatitis B Vaccine Uptake among Individuals 18yrs and above in Soroti Municipality, Soroti District.
9	AHS-006-2019	Uptake of Hepatitis B Services and Its Associated Factors among Female Commercial Sex Workers in Entebbe Municipality, Wakiso District

10	AHS-007-2019	Assessing determinants of health seeking behaviour on uptake of HB vaccine among adults in Koboko Municipality, Koboko district
11	AHS-008-2019	Determinants of Viral Hepatitis B Vaccine Uptake among Individuals 18yrs and above in Soroti Municipality, Soroti District.
12	AHS-004-2019	Determinants of Hepatitis B and C Testing and Uptake of Hepatitis B Vaccination Among Pregnant Women Attending Antenatal Clinic in Jalingo Taraba State
13	AHS-001-2019	The role of host genetic factors in influencing the risk of hepatitis B virus infection: A systematic review and Meta analysis
14	AHS-022-2019	Elimination of hepatitis B virus from Uganda: A mission at hand by 2030?

Brief background about NOPLHB.

Brief Background about our organization: The National Organization for People Living with Hepatitis B is a National non-profit organization, established in 2012 by Ugandans living and affected by Hepatitis B. Since inception, NOPLHB is growing into a household name in Hepatitis B response in Uganda. NOPLHB is the first largest Non-Governmental Organization providing the most comprehensive hepatitis information on prevention, care and support services. NOPLHB has been at the helm of advocating for hepatitis B patients in areas of improving quality diagnostics and clinical services and continues to raise the profile of Hepatitis B through awareness and advocacy programs.

A voting member of the World Hepatitis Alliance, NOPLHB has successfully engaged with government of Uganda to provide domestic funding for Hepatitis activities since 2014. This engagement has seen USD 3M being allocated to Ministry of Health towards Hepatitis programme. More information can be found at www.noplhb.org

Our Role:
We advocate for fundamentally important perspectives and experiences which greatly enhance the effectiveness of strategies and programmes for viral hepatitis elimination in Uganda. We believe that a meaningful partnership with the affected community can, amongst other things:

- Contribute to the delivery of stronger awareness campaigns
- Strengthen innovative approaches to finding the undiagnosed and treating patients through peer support services
- Help identify gaps within action plans which would otherwise be missed
- Offer a platform to address stigma and discrimination, ensuring an equitable response so that the most vulnerable and marginalised are not left behind in the effort to eliminate viral hepatitis

Our Vision: Advocating for a Hepatitis B Free Society and Zero discrimination towards Hepatitis B patients.

Our Mission: To become the largest organising responding towards Hepatitis elimination in Uganda and the region.

We are established on the core values which are highly upheld by the members and staff;

1. Integrity. We are interested in working so hard within NOPLHB's mission, being honest, accountable and transparent in everything we do and accept responsibility for our collective and individual actions.
2. Commitment. Our focus is to work together effectively to serve individuals living with viral hepatitis and the larger community in the areas of operation.

3. Respect for all. We affirm the potential, dignity and contribution of community participants, development partners, donors and staff as we work for the better of our people living with hepatitis B

4. Nonpartisan, we do not subscribe to any political party since our services are non-selective

WHAT WE DO?

Advocacy:

We have been at the forefront of the advocacy efforts that have seen meaningful engagement with key stakeholders. These have resulted into the allocation of USD 3M towards Hepatitis Response annually to the Ministry of Health. Our focus is to ensure that more fund be availed towards community mobilization and scaling testing to rural communities and linking the diagnosed into care.

Creating Awareness:

We every year join the rest of the world to commemorate World Hepatitis Day on 28th July. This day is very important to us because it is the only opportunity that we use to amplify the profile of hepatitis in Uganda and the region.

Most of Ugandans are still ignorant about hepatitis and our efforts and campaigns in schools, markets worship places and corporate companies is to ensure that we inform the masses about the dangers associated to Hepatitis and informing them to seek early medical services.

Community medical outreaches:

Raising awareness creates demand for hepatitis B testing services. We have been carrying out community outreaches with an aim to find the many Ugandans who are undiagnosed with hepatitis B and linking them to care. We have done this to worship places, markets, corporate companies and some schools have now integrated them into their medical services.

Phyco-social support program;

We believe in a stigma free society. We have always encountered a lot of challenges with communities where one has been diagnosed with Hepatitis B. Cases of domestic violence, termination of employment and also discrimination have been the order of the day in most communities where interventions for hepatitis B testing take place. We believe these should not happen and patients should be treated with dignity. We strive to use our personal experience to educate and sensitize families, homes and communities faced with these challenges.

Capacity building program;

Due to competing priorities, there has not been enough training for the frontline health workers. With support of our partners, we have been able to train over 5000 health workers in highly endemic districts of Uganda together with Uganda Gastroenterology Society.

Networking;

We continue to work closely with all local, national, regional and international partners who have interest in the elimination viral Hepatitis and we are glad to provide leadership and coordination for the African Hepatitis Summit 2019. We are in the process of rebranding and we shall be informing our stakeholders once the general assembly has endorsed the new strategy.

ABBOTT REALTIME HIV-1, HCV, HBV ASSAYS

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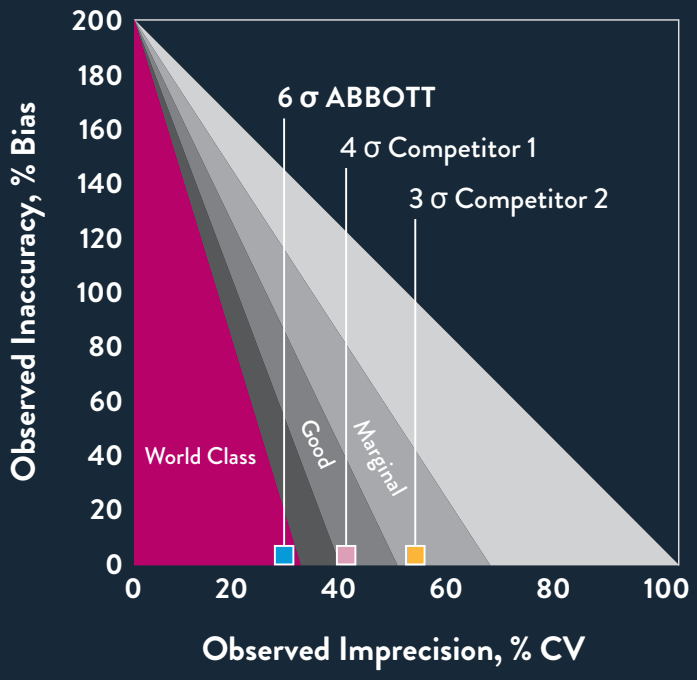
MY LAB SETTLED FOR WORLD CLASS!



WHAT IS SIX SIGMA?

$$\text{Sigma metric} = \frac{Te_a - \text{Bias}}{CV}$$

Te_a = Total allowable error
Bias = Analytical error (inaccuracy)
CV = % coefficient of variation (imprecision)

CHOOSE TRANSFORMATION

AMD.13362

A Special thanks to our Sponsors

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