Rethinking the management of chronic hepatitis B in the context of rural sub-saharan Africa: results from a social justice mixed methods study in rural Senegal (the AmBASS-PeC Sen study)

Marion Coste, Cilor Ndong, Aldiouma Diallo, Assane Diouf, Sylvie Boyer, Jennifer Prah

To cite this version:
Marion Coste, Cilor Ndong, Aldiouma Diallo, Assane Diouf, Sylvie Boyer, et al.. Rethinking the management of chronic hepatitis B in the context of rural sub-saharan Africa: results from a social justice mixed methods study in rural Senegal (the AmBASS-PeC Sen study). Journal of Hepatology, 2022, 77, pp.S202-S203. 10.1016/S0168-8278(22)00778-4. hal-03777059

HAL Id: hal-03777059
https://amu.hal.science/hal-03777059
Submitted on 14 Sep 2022

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L’archive ouverte pluridisciplinaire HAL, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d’enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.
THU221
Rethinking the management of chronic hepatitis B in the context of rural sub-saharan Africa: results from a social justice mixed methods study in rural Senegal (the AmBASS-PeCSen study)
Marion Coste1,2, Cilor Ndong3, Aldiouma Diallo4, Assane Diouf4, Sylvie Boyer2, Jennifer Prah5. 1Aix Marseille University, CNRS, AMSE, Aix-Marseille School of Economics, Marseille, France; 2Aix Marseille Univ, INSERM, IRD, SESSTIM, Sciences Économiques et Sociales de la Santé et Traitement de l’Information Médicale, Marseille, France; 3Cheikh Anta Diop University, Anthropology, Dakar, Senegal; 4Campus International IRD-UCAD de l’IRD, UMR VITROME, IRD-Université Aix Marseille, AP-HM, SSA, IHHU-Méditerranée Infection, Dakar, Senegal; 5University of Pennsylvania, School of Social Policy and Practice and Perelman School of Medicine, Philadelphia, United States
Email: marion.coste@univ-amu.fr

Background and aims: Worldwide, the burden of chronic hepatitis B (CHB) infection is estimated to reach 800,000 deaths annually, with highest CHB prevalence found in Western Pacific and Africa. In Senegal, where up to 10% of the adult population lives with CHB, the government aims to treat 30,000 patients by 2023. In this context, the Ministry of Health is piloting the decentralization of CHB care to rural populations in the Fatick region drawing from the 2017 EASL Clinical Practice Guidelines on the management of CHB. This study documents the CHB cascade of care in rural Senegal after community-based testing.

Method: All residents of households randomly selected in the rural area of Niakhar (Senegal) were offered at-home hepatitis B testing using dried blood sampling and administered socio-economic questionnaires (ANRS12356 AmBASS survey). Following a free CHB initial check-up, patients were referred to local healthcare facilities—or invited to join a cohort in Dakar if eligible—for CHB management as per the Senegalese national recommendations adapted from the 2017 EASL guidelines. A few months after referral, purposeful sampling of one-on-one qualitative interviews based on an adaptation of the health capability profile were conducted to document perceptions, obstacles and levers in CHB participants linked to care and those who were not (A*Midex PeCSen study).

Results: In 2018–2019, 3,118 participants representative of the Niakhar area’s population undertook hepatitis B testing. 206 participants tested positive, and among them, 163 patients (79%) performed the initial CHB check-up. By September 30 2021, 48 patients had gone to at least one visit for CHB management—a 23% linkage to care. Interviews (n = 34) revealed complex CHB-related health capability profiles, starring high health-related motivation, skills, and self-efficacy despite low CHB-related knowledge. Gendered social norms, shared decision-making, reluctance towards blood sampling in the absence of treatment prescription, and limited ability to pay are among the main obstacles to linkage to care, and retention in CHB follow-up.

Conclusion: As the first mixed-methods study of the cascade of CHB care in rural Sub-Saharan Africa, our results call for action in rethinking CHB management to make it acceptable, accessible, and affordable to rural populations.