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)

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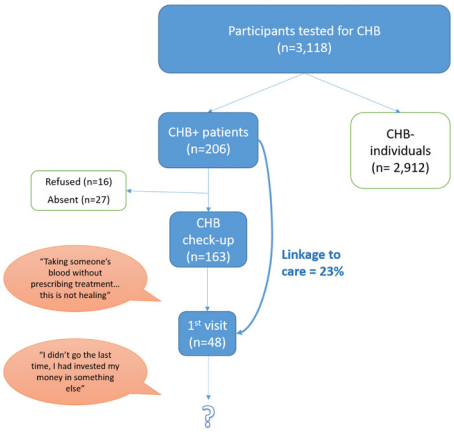
Background and aims: Worldwide, the burden of chronic hepatitis B (CHB) infection is estimated to reach 800, 000 deaths annually, with highest CHB prevalence found in Western Pacific and Africa. In Senegal, where up to 10% of the adult population lives with CHB, the government aims to treat 30, 000 patients 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.