



INAUGURAL HEPBRIDGE BOARD MEETING

10 October 2025, Inanda Club

Present

- Mr Adam Molai
- Prof Chris Kassianides
- Mrs Bini Seale
- H E Ambassador Minaté Samaté Cessouma
- Prof Anna Kramvis
- Dr John Rwegasha (Virtual)
- Dr Michael Vinikoor
- Dr Bilal Bobat

Introduction

The meeting began with a presentation by Chris Kassianides introducing the GastroHepatology Foundation of SSA and GHASSA and the role that GHASSA has played in the education of the screening and treatment of viral hepatitis and liver cancer in SSA.

Following the success of the Viral Hepatitis Summit in May 2024 hosted by GHASSA in Cape Town the need to continue this challenge was emphasized.

At the summit The African Viral Hepatitis Convention Declaration was drawn up emphasizing:

1. The immediate prioritization of national elimination plans (National Strategic Plans) for the screening and treatment of viral hepatitis B and C.
2. Assistance in the policy of Vaccinate, Prevent, Screen and Treat.
3. Assistance in the education of health care workers
4. The simplification of the management of chronic viral hepatitis in Africa and to be brought to a primary health care level and to assist in remote community-based initiatives to reach populations with no access to centralized, tertiary health care.

HepBridge was announced as a bridge to those that require assistance in this challenge.



A summary of the discussion at the inaugural board meeting is presented here.

HEPATITIS B VACCINATION STRATEGY AND POLICY

The meeting confirmed **universal** birth dose vaccination as the primary most feasible strategy to combat hepatitis B in SSA with **targeted** vaccination deemed costly and ineffective.

A cost study comparing universal birth dose vaccine versus targeted vaccine patient is required by policy makers with ongoing modelling efforts providing data for policy change.

The World Bank is pledged to cover funding short falls for universal vaccination if South African authorities accept external financial support. Bureaucratic resistance and 'pride' concerns impede engagement.

The lack of support for hepatitis B prioritization at senior government levels is a major barrier to engagement with the Department of Health DG.

Adam Molai emphasised starting with universal birth dose vaccinations as the low hanging fruit and building towards broader triple elimination goals

TRIPLE ELIMINATION AND INTEGRATION WITH HIV PROGRAMS

Triple elimination combining hepatitis B, HIV and syphilis screening and treatment was recognised as the broader ambition with universal birth dose vaccination as the immediate focus.

A point-of-care triple test delivering results in 25 minutes was presented as a practical tool for identifying mothers needing treatment.

Engagement with HIV leaders has opened doors to leveraging HIV program experiences and infrastructure for accelerating hepatitis B implementation.

The meeting recognises the importance of a political will and collaboration across disease programs with HIV success serving as a model for mobilisation and execution.

Triple elimination efforts require intensified community and health system integration when compared to universal maternal birth dose vaccination that provides a straightforward entry point.



BUSINESS ENGAGEMENT AND ECONOMIC IMPACT

Business leaders have framed hepatitis B as a major economic threat due to the impact on young Africans and the productive work force urging business involvement to protect human capital markets.

Adam Molai stressed that hepatitis kills more Africans than HIV TB or malaria mainly affecting people in their prime working age thus threatening economic growth.

The low maternal birth dose vaccine uptake of less than 20% of newborns receiving maternal birth dose vaccine exacerbates the risk especially in rural and underserved areas.

Business can contribute by supporting scalable, efficient platforms that integrate existing interventions and improved **executional discipline**.

Parties in industry are presently involved identifying local opinion leaders and implementation offices for country specific targets.

The meeting highlighted the need to quantify the economic impact rigorously to persuade business and government stakeholders focusing on workforce productivity loss and marked shrinkage.

SCIENTIFIC RESEARCH AND ACADEMIC CONTRIBUTIONS

The scientific community presented detailed research on hepatitis B immunity gaps, diagnostics and treatment criteria to guide evidence-based interventions.

Professor Anna Kramvis shared a study of health science student showing that 7% of vaccinated individuals did not seroconvert following hepatitis B vaccination highlighting the risks of assuming immunity without testing.



Lack of central vaccination records and limited knowledge on hepatitis B vaccination reduces protection in healthcare workers in the community.

WHO has identified ten key action areas for elimination including expanded testing access, equitable treatment, primary care prevention, simplified service delivery and mobilising funding.

Hepatitis B treatment guidelines have been adapted for Africa including lowering treatment threshold and emphasising simplified approaches to reduce loss to follow-up.

HEPCANET an academic network managing data from over 13,000 patients across fifteen sites primarily in West Africa plans to expand and harmonize data to inform policy and practice.

Research focuses include liver cancer prevention, operational research and low-cost diagnostic and treatment strategies and capacity building for local researchers and clinicians.

The complexity of the hepatitis B virus including testing and treatment remains a barrier and requires to be simplified and linked to HIV program models critical for scale -up.

AFRICAN UNION AND GOVERNMENT PERSPECTIVES

The African union (AU) expressed strong commitment to hepatitis B elimination aligned with the 2030 triple elimination goal, emphasising political engagement and systemic strengthening.

Ambassador Samate outlined six priorities including a commitment to elimination, evidence-based policy, integration into existing health platforms, financing, equity and community engagement.

The AU supports leveraging its institutional framework and regional bodies including the African CDC and the African Medicines Agency to sustain political will and resource mobilisation.

Challenges including weak health systems, variable member state commitment, vaccine scepticism and misinformation and fears of sterilisation linked to vaccines.

Only three of fifty three AU member states have committed budgets allocation for hepatitis B, underscoring the need for diplomatic advocacy to increase domestic resource mobilisation.



The AU's memorandum of understanding signing on the November 10th 2025 with the Gastroenterology Foundation of SSA is a key milestone expected to capitalise member state engagement and roadmap development to assist implementation.

Continuous advocacy and the creation of measurable targets with accountability were stressed as critical for sustained momentum.

OPERATIONAL AND IMPLEMENTATION PLANNING

Execution and coordination were identified as the biggest gaps, with an urgent call for a 90-day roadmap focusing on high-impact actions to drive the momentum.

The roadmap should prioritise universal birth dose vaccine rollout supported by costing study data and political engagements.

A dedicated implementation coordinator is needed in each pilot country to liaise with governments industry and local stakeholders, leveraging existing vaccine tracking system.

Integration with established healthcare infrastructure including HIV programs and maternal health services are mandatory for scalability.

The business community can provide diplomatic and financial leveraged to overcome bureaucratic hurdles.

Advocacy efforts must target both policy level decision-makers such as the Department of Health DG's and Treasury and frontline healthcare workers to ensure vaccine availability and administration.

The meeting reinforced the need for collaborative platforms such as HepBridge to unify stakeholders enhancing visibility and for the enforcement of executional discipline.

Fundraising and resource allocation plans will accompany the roadmap development with emphasis on sustainable long-term funding beyond initial pilot studies.



ACTION ITEMS

CK

Follow-up on available costing studies comparing targeted versus universal birth dose vaccine. Coordinate meetings with the Department of Health and ongoing liaison with NAGI

Continue engagement with World Bank representatives and with newly appointed team member to develop a package for faxing financing and policy change.

AM

Leverage business networks including financing and mining industries to secure financial and strategic support for HepBridge initiatives.

Collaborate with the AU and DOH to integrate a business perspective and investment discipline into hepatitis elimination efforts.

MV

Provide clinical and epidemiological data from HEPSANET to support evidence-based refinement of treatment guidelines and hepatitis control strategies.

Support integration efforts between hepatitis C and HIV programs in order to capitalise on existing infrastructure and expertise.

JR

Facilitate AU bureaucratic support and alignment to help implement policies and member state levels following the signing of the MOU.

Assist in mobilising political will and financing at a continental level to provide strategic diplomatic engagement.

AK

Lead academic research to strengthen vaccination policy including immunity assessment amongst healthcare workers.

Develop and promote improved tracking data system for hepatitis B vaccination and immune validation in educational institutions.

HepBridge TEAM

Prepare for the November 2025 Ad board meeting focusing on universal birth dose vaccine implementation and triple elimination strategies.

Develop a 90-day execution plan and roadmap incorporating targeted pilot countries and stakeholder coordination which includes a representative country from each region of SSA.

Determine key opinion leaders in each country together with implementation offices for specific rollout programs in selected countries throughout SSA.