Advancing Hepatitis B Elimination through Community-Led Advocacy: *2025 Outcomes from the African Hepatitis B Advocacy Coalition (ABAC) Community Grants*

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Background

Achieving HBV elimination requires implementation strategies that **extend beyond facility-based care** by addressing upstream determinants of prevention and diagnosis.

Community-led interventions represent a promising implementation model for HBV elimination by leveraging local knowledge, trusted community networks, culturally and linguistically appropriate communication approaches, and patient-centered advocacy to **improve engagement across the HBV care cascade in Africa**.

Despite increasing recognition of community-based approaches in HIV and other infectious disease programs, evidence describing the reach, operational characteristics, and ***measurable outcomes of community-driven HBV initiatives in African settings remains limited***.

Methods

In 2025, the **Hepatitis B Foundation's ABAC** supported grassroots organizations across 4 countries and 7 partners with almost $50,000 USD in Nigeria, Mali, Tanzania, and Uganda – through the Community Catalyst Grant Program to implement integrated HBV awareness, screening, vaccination, and referral activities. This analysis showcases their reach and implementation characteristics to characterize their contribution to decentralized HBV elimination efforts. This report highlights select projects from Nigeria, Tanzania and Uganda.



Rabo Hepatitis B Initiative
Benue and Plateau States, Nigeria

Results

- **RHBI-Nigeria reached >2,300 individuals** across Benue and Plateau States through the Know Hep B Project and community education, increasing HBV awareness from 31% to 90% among university students and 10% to 75% among secondary school students.
- **Screening outcomes:** 567 individuals were screened across community and institutional outreaches, identifying 42 HBV and 4 HCV infections; all positive participants were referred for confirmatory testing and clinical follow-up.
- **High HBV burden among university students:** At Joseph Sarwuan Tarka University, 25/206 students (12.1%) tested HBsAg-positive. Despite this burden, 88.4% were unaware of the hepatitis B vaccine and only 7.3% reported prior vaccination.
- **Persistent vaccination gaps:** In the Jos Screen Project, 14/191 participants (7.3%) were HBsAg-positive; 40.3% were unaware of vaccine availability, and only 49.1% of previously vaccinated participants reported completing the full vaccine series.
- **Linkage to prevention and care:** RHBI-Nigeria facilitated vaccination referral for HBV-negative participants and, with the Police Clinic in Jos, administered >130 first-dose hepatitis B vaccines; HBV/HCV-positive participants were linked to confirmatory testing and clinical care.
- **Government partnership:** In collaboration with the Benue State Ministry of Health, 170 individuals were screened during World Hepatitis Day 2025, identifying 3 HBV and 4 HCV infections, while 200 educational materials were distributed to strengthen community awareness.



Demographic characteristics of hepatitis screening/awareness campaign participants at Kilimanjaro Christian Medical Centre (N=592)

Demographic	n (%)
Mean Age (SD)	42.56 (14.9)
Sex	
Male	386 (65.2)
Female	206 (34.8)
Marital status	
Married	392 (66.2)
Single	154 (26.0)
Separated	18 (3.0)
Widow/er	16 (2.7)
Cohabiting	12 (2.0)
Education Level	
Primary	184 (31.1)
Secondary	171 (28.9)
University	120 (20.3)
College	101 (17.1)
No formal	8 (1.4)
Vocational	8 (1.4)
Area of residence	
Urban	375 (63.3)
Rural	217 (36.7)
Health Insurance Status	
Insured	297 (50.2)
Uninsured	295 (49.8)
Location	
KCMC	281 (47.5)
Bonite	311 (52.5)

Kilimanjaro Christian Medical Centre
Moshi, Tanzania

- Screening was conducted at KCMC (47.5%; n=281) and Bonite Bottlers Ltd. (52.5%; n=311)
- Overall **HBsAg positivity was 2.2%** (13/592), with similar prevalence at KCMC (2.1%) and Bonite (2.3%)
- >97% of participants tested HBsAg-negative and were eligible for prevention services.
- On-site hepatitis B vaccination was provided to eligible participants who tested negative and were unvaccinated.
- All HBsAg-positive participants received post-test counseling and referral for clinical evaluation and ongoing care at KCMC.
- **400 Kiswahili hepatitis B educational books** were distributed to strengthen community awareness.
- Community engagement was expanded through a 26-week **live radio education series** (August 2025–January 2026) reaching an estimated four regions with a combined population of **approximately 15 million**, with weekly interactive question-and-answer sessions.







Jeneso Development Initiative
Adamawa State, Nigeria

- >500 individuals reached through school-based education, community outreach, and **Hausa-language radio engagement** focused on HBV prevention, testing, and stigma reduction.
- 373 individuals screened; 16 HBsAg-positive (4.29%) across Limawa and Kofare, with positive participants referred for **further evaluation and care**.
- Strengthened state-level advocacy, engaging the Adamawa State Ministry of Health and State House of Assembly to **institutionalize World Hepatitis Day** on the state calendar.

Bekwarra Hepatitis B Support Intiative
Cross River State, Nigeria

- 993 individuals screened for hepatitis B across 8 community outreaches and 12 screening events
- 51 newly identified HBV cases requiring follow-up care
- **>70 healthcare providers trained** in HBV prevention, screening, counseling, and referral
- 100% of identified cases referred to General Hospital Ogoja or University of Calabar Teaching Hospital for treatment and follow-up
- 5 local partnerships established, alongside strengthened collaboration with government agencies and health facilities
- Beten **Primary Health Centre activated** as an additional site for ongoing HBV counseling and point-of-care testing
- Integrated HBV screening expanded to antenatal/postnatal services for pregnant women and nursing mothers

National Org for People Living with Hep B
Kasese Municipality, Uganda

- **Assessed 7 health facilities** across facility readiness, service delivery, and health worker knowledge, attitudes, and practices
- Of 922 births documented, 630 infants (68.3%) received HepB birth dose within 24 hours, with substantial facility-level variation
- **Weekend birth dose coverage** was only 33.3%
- 70+ health workers/facility staff assessed, with 6/7 (86%) reporting prior HepB/HepB-BD training, but 0/7 facilities had HepB-BD IEC materials and only 1/7 had a written, displayed SOP

Conclusions

1. **Community-led models** reached underserved populations and expanded HBV awareness, screening, vaccination, and linkage to care.
2. **Local partnerships** strengthened the HBV care cascade, connecting community case-finding with vaccination, referral, provider training, and policy advocacy.
3. **ABAC Community Grants** demonstrate the potential of grassroots organizations to accelerate decentralized, equitable HBV elimination in Africa. Sustained investment and scale-up of community-led approaches are needed to close persistent gaps in prevention, diagnosis, and care.