

EDITORIAL**EVIDENCE GENERATION IN PRIORITY HEALTH CHALLENGE RECEIVED ROBUST SUPPORT FROM THE GOVERNMENT**

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Globally, there is a growing gap between evidence and public health and clinical practice. This gap is more amplified in low-income countries like Ethiopia. Lack of high-quality evidence poses difficulties in meeting some health challenges. The Federal Ministry of Health of Ethiopia has identified hepatitis B and C virus infections as major public health threats. The Ministry acknowledged that the evidence-base in this priority area is inadequate to drive sound interventions and intelligent investment. Thus, the Ministry supported clinical research to generate evidence in hepatitis B and C virus infections in Ethiopia. In the process, new entrants into the health research system were able to conduct their theses under substantially improved mentorship.

The World Health Organization has acknowledged viral hepatitis as a global challenge, but largely overlooked recognizing it as a priority health problem (1). In 2015, the Ministry of Health developed a National Hepatitis Strategy to combat the rising challenges of viral hepatitis and its attendant complication, chronic liver disease (2). The national strategy highlights the crucial role of enhancing preventive interventions and, as a result, some concrete steps have been taken. In particular, the vaccination programme against hepatitis B virus has been introduced for population groups with increased risk of getting infected, including health care workers. The national immunization programme against hepatitis B virus for under-five children and pregnant women has been running well for the past few years. A few tertiary hospitals have recently initiated treatment for hepatitis C virus infection. Whereas these generic interventions are imperative, more scientific evidence sourced from different geographic settings and population groups in the country could help us to understand the challenges better and design strategies with potential impact.

In this supplement, researchers have attempted to identify the magnitude of hepatitis B and C virus infections in Ethiopia. The studies revealed high prevalence of both hepatitis B and C virus infections in a various population groups. The risk factors that have been identified include unsafe sexual practices, concomitant infection with HIV, and a contact history with patients who have the disease. Whereas the coverage of vaccination against hepatitis B, mainly among children under five years of age, is adequately high, the heterogeneity of findings with regard to vaccine efficacy warrants further, tailored research.

With a long-range goal of eliminating viral hepatitis, an aggressive rollout of hepatitis prevention program and improved diagnostics and treatment services needs to be implemented across the spectrum of the health care delivery system, including in the community. This clinical research can also serve as a best practice whereby the Government supports evidence generation on priority health challenges and builds the research capacity of young health professionals. A similar model of funding and supporting clinical research needs to be promoted as a norm in the health sector.

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