

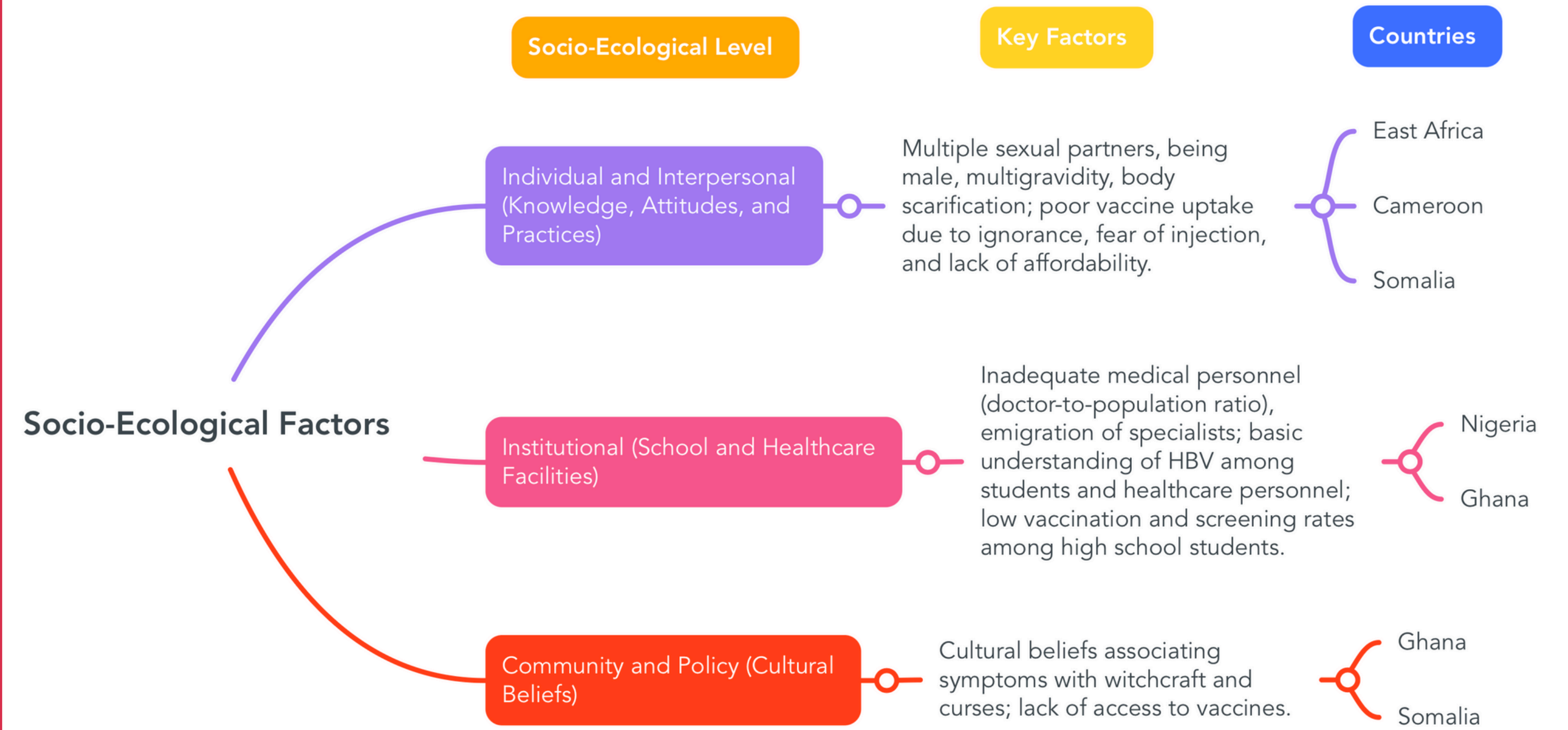
# COMPARATIVE MINI-REVIEW OF CONFLICT AND NON-CONFLICT INFLUENCES ON HEPATITIS B PREVALENCE IN SUB-SAHARAN AFRICA USING THE SOCIO-ECOLOGICAL MODEL.

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## INTRODUCTION:

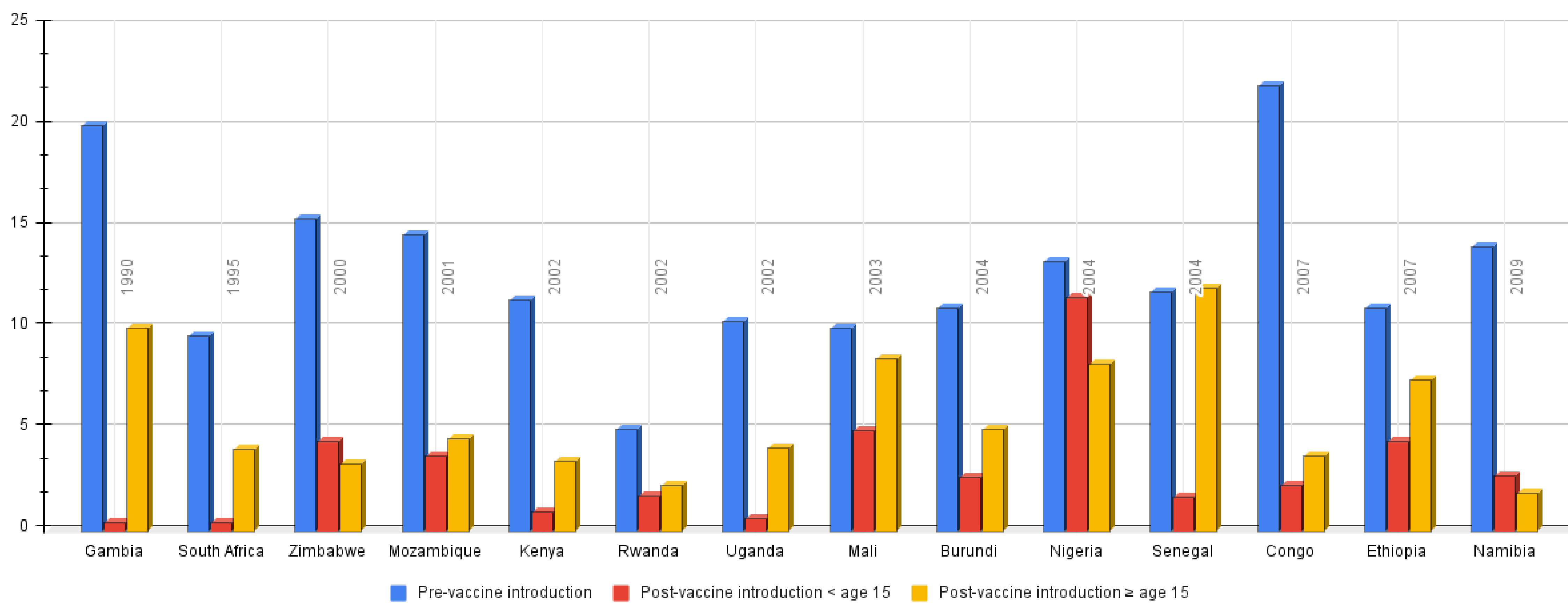
- Hepatitis B is a vaccine-preventable human viral infection caused by the Hepatitis B virus (HBV) that affects the liver, presenting as an acute infection of the liver [1][2].
- The WHO regions with the highest burden of Hepatitis B are the WHO Western Pacific region and the WHO sub-Saharan African region with 116 million and 81 million chronically infected individuals respectively.
- In 2016 the World Health Assembly (WHA) endorsed the “Global Health Sector Strategy (GHSS) on viral hepatitis 2016 – 2021” for the elimination of Viral Hepatitis by 2030. However, Sub-Saharan African countries have experienced various forms of violent conflicts and this is one of the greatest risks and challenges faced by the populations.
- The socio-ecological model, also called the ecological model, shows the relationship and interactions between individual behaviour and environmental factors.

## Socio-Ecological Factors Influencing Hepatitis B Prevalence in Sub-Saharan Africa.



This visualization shows the key factors findings in specific Sub-Saharan African countries and regions using the socio-ecological model.

Prevalence of hepatitis B surface antigen among selected sub-Saharan African countries pre- and post-introduction of universal hepatitis B vaccination.



The graph below shows the prevalence of Hepatitis B surface antigen among selected Sub-Saharan African countries pre-and post-introduction of hepatitis B vaccination.

From the bar chart below, we can see that the introduction of Hepatitis B vaccine in the selected Sub-Saharan African countries caused a decrease in the prevalence of Hepatitis B surface antigen.

There is also a correlation between the year of vaccine introduction and a higher prevalence of Hepatitis B. Countries such as Zimbabwe, South Africa, Uganda, Kenya, Gambia and Mozambique who had earlier years of vaccine introduction between 1990 -2001 had the highest prevalence of HBsAg.

Countries such as Burundi, Congo, Ethiopia, Mali, Namibia, Nigeria, Rwanda and Senegal who had years of introduction between 2000- 2009 had a lower prevalence of HBsAg. This could be possibly due to pre-existing precautions in these countries.

## Socio-Ecological Factors Influencing Hepatitis B Prevalence in Sub-Saharan Africa.



Key Factors Influencing Hepatitis B Dynamics in Conflict-Affected Sub-Saharan Africa Using the Socio-Ecological Model.

## CONCLUSION:

- The conflict-influenced model shows that conflicts exacerbate risky behaviours and lead to the destruction of healthcare infrastructure, resulting in increased Hepatitis B transmission through heightened instances of transactional sex, sexual violence, and displacement.
- In contrast, the general socio-ecological model identifies stable societal factors such as multiple sexual partners, cultural practices, and general healthcare inadequacies that persist regardless of conflict but are not necessarily intensified by it.
- By differentiating the approaches based on the specific socio-ecological contexts, public health interventions can be more effective in reducing Hepatitis B prevalence and improving overall health outcomes in Sub-Saharan Africa.

