



ZIDKIYAH MEDICAL CENTER

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IT IS POSSIBLE: HEPATITIS B SCREENING, CARE AND TREATMENT INTEGRATION INTO PRIMARY CARE SETTING

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AFFILIATION

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It is possible: Hepatitis b screening, care and treatment integration
into primary care setting

OBJECTIVES

- About Zidkijah Medical Center [ZMC]
 - Vision
 - Mission
 - Objective
 - Scope
 - ZMC Hep B Care Continuum
- Introduction
- What do we know about Hep B?
- WHO 2022 Estimates
- Is there still a problem?
- Our approach
- Results/lessons learnt
- Conclusion
- Recommendations



ABOUT ZIDKIJAH MEDICAL CENTER

- **A level 2 private out patient health facility, founded in February 2019, based in Rongo Sub County, Migori County, Kenya**
- **Duly registered by Kenya Medical Practitioners Dentist Council (KMPDC - Registration certificate number 016141)**



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ABOUT ZIDKIJAH MEDICAL CENTER

Operations guided by key Christian values of fear of God, honesty, love for God (*The first and greatest commandment – Matthew 22: 37-38*) **and love for our neighbors** (*The second commandment – Matthew 22: 39*)

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ABOUT ZIDKIJAH MEDICAL CENTER

- **Zidkijah is a Hebrew word meaning - The Lord is righteous**
- **The Lord is righteous, one who sealed the covenant with [Nehemiah 10:1](#) KJV)**



VISION

- **Universal access to highest attainable quality health care**

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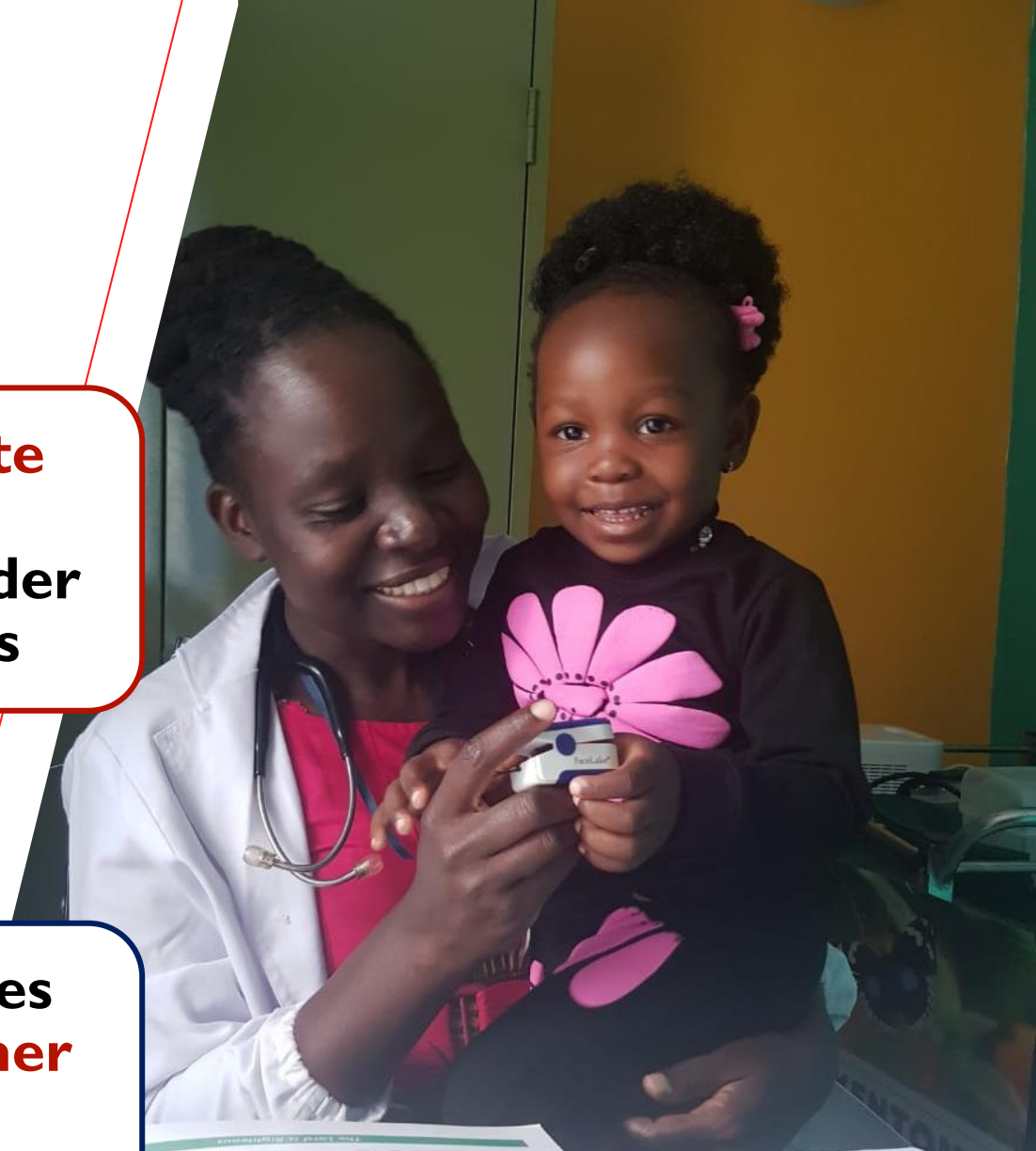
MISSION

- To improve access to **highest attainable evidence based quality health care** with an objective to deliver **timely, affordable and compassionate quality** health care services to patients and families

OBJECTIVE

To deliver timely, **affordable and compassionate quality health care services** to patients and families irrespective of their social status, gender and age, ethnic, religious or political affiliations

While paying keen attention to our 8 key values of: **Fear for God, integrity, compassion, customer focus, leadership, empathy, respect and moral courage**



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SCOPE

We support access to comprehensive high quality primary health care services

- **General outpatient, Pharmacy, Maternal Neonatal Child Health (MNCH), laboratory, adolescent health services, sexual reproductive health services including Hepatitis B Virus screening and follow up services**
 - as we strive to meet the growing demand for high quality integrated health care services with **special attention to access, affordability, clinical and service excellence** in Rongo Sub County, Migori County in Rural Kenya



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ZMC POPULATION



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ZMC serves ALL irrespective of their social status, gender, age, ethnic, religious or political affiliations



PAEDIATRICS
[0-9YRS]

ADOLESCENTS
[10-19YRS]
YOUNG
PERSONS
[20-24YRS]

HCPS
PREGNANT
WOMEN

PLHIV
PLHEPB





OUR TARGET POPULATION

Infants born to mothers with chronic HBV

- Risk if MTCT is 5 to 90% in the absence of maternal antiviral treatment or neonatal immunoprophylaxis
- Approximately 90% of perinatal HBV infections becoming chronic
- The use of antiviral therapy for mothers with high HBV viral loads—in addition to standard immunoprophylaxis—can further reduce the risk of perinatal HBV transmission

Household contacts

- The CDC estimates that among persons living in the same household as an individual with chronic HBV infection, **16% have evidence of current infection and 45% have evidence of past infection**
- This risk is highest among unvaccinated children and sex partners of persons chronically infected with HBV



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OUR TARGET POPULATION

Injection-drug users

Most at Risk Populations (MARPs)

Developmentally disabled persons in long-term care facilities

Persons from correctional facilities

Persons at risk for occupational exposure to HBV – HCWs



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OUR TARGET POPULATION

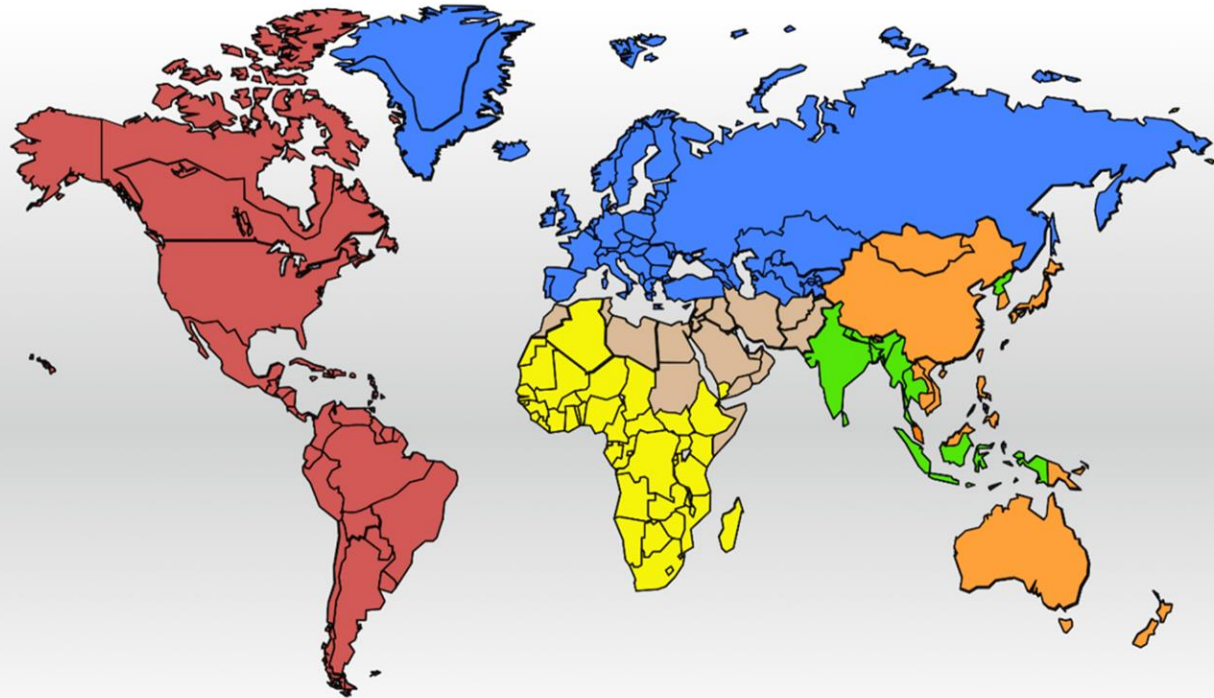
- **Persons receiving haemodialysis**
- **Persons with HCV**
 - Due to co-occurring modes of transmission, higher rates of HBV infection have been reported in persons infected with hepatitis C virus (HCV), likely due to overlapping risk factors for acquisition of these two hepatitis viruses
- **Persons with HIV**
 - Owing to similar modes of transmission, the global prevalence of chronic HBV among persons with HIV is approximately 10%
- **Travelers visiting Kenya**
- **Persons with diabetes**
- **Persons with history of transfusion history**
- **Transplant recipients**



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INTRODUCTION



■ Africa Region ■ South-East Asia Region ■ Eastern Mediterranean Region
■ Region of the Americas ■ European Region ■ Western Pacific Region

Difference in Regional HBV Prevalence and Prevalence Rates exists [WHO 2019]

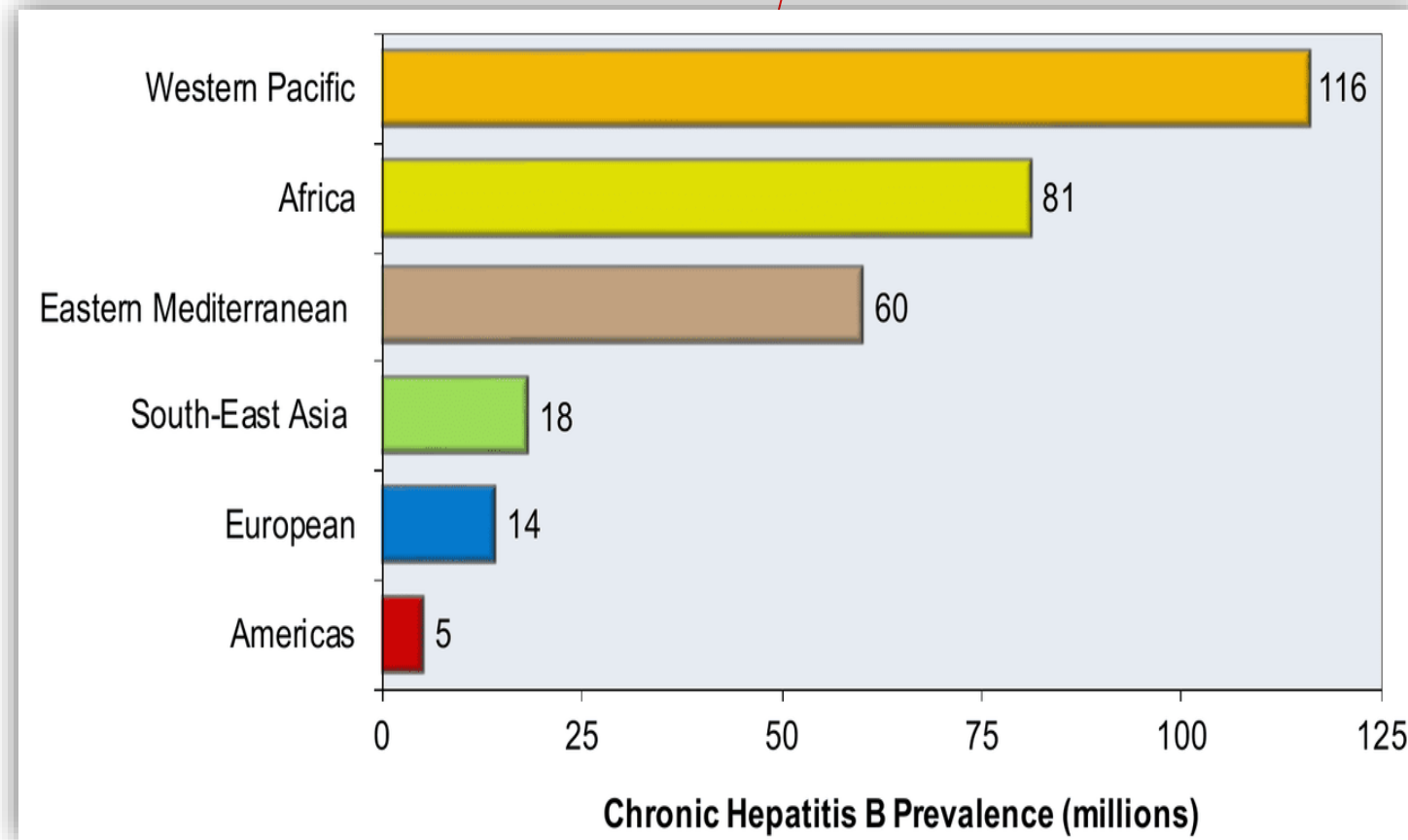
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INTRODUCTION



By 2019, Africa was a home to 81 million PLHepB

Chronic Hepatitis B Virus: Global Prevalence Estimates, by World Health Organization Regions, 2019

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Global Prevalence of Chronic HBV Infection, by Country

Prevalence Category	Country
High >8%	Angola, Cabo Verde, Central African Republic, Chad, Eswatini, Ghana, Guinea, Guinea-Bissau, Kiribati, Lesotho, Liberia, Mali, Mauritania, Niger, Nigeria, Philippines, Sao Tome and Principe, Sierra Leone, Solomon Islands, Taiwan, Timor-Leste, Togo, Tonga, Turkmenistan, Tuvalu, and Zimbabwe.
Intermediate (5.0-7.9%)	Albania, Benin, Burkina Faso, Cameroon, China, Côte d'Ivoire, Democratic People's Republic of Korea, Djibouti, Eritrea, Ethiopia, Federated States of Micronesia, Gabon, Indonesia, Kyrgyzstan, Moldova, Mongolia, Mozambique, Myanmar, Papua New Guinea, Senegal, Somalia, South Sudan, Syria, Tajikistan, Uzbekistan, Vanuatu, and Vietnam.
Low Intermediate (2.0-4.9%)	Afghanistan, Azerbaijan, Bangladesh, Belarus, Bosnia and Herzegovina, Bulgaria, Burundi, Cambodia, Comoros, Congo, Democratic Republic of Congo, Gambia, Georgia, Guyana, Haiti, Hong Kong, India, Iraq, Jamaica, Jordan, Kazakhstan, South Korea, Laos, Madagascar, Malawi, Malaysia, Marshall Islands, Oman, Pakistan, Romania, Rwanda, Samoa, Singapore, South Africa, Sri Lanka, Sudan, Tanzania, Thailand, Trinidad and Tobago, Tunisia, Turkey, Uganda, Yemen, and Zambia.
Low ($\leq 1.9\%$)	Algeria, Argentina, Armenia, Australia, Austria, Bahrain, Belgium, Belize, Bhutan, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Croatia, Cuba, Czechia, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Estonia, Fiji, Finland, France, Germany, Greece, Guatemala, Honduras, Hungary, Iran, Ireland, Israel, Italy, Japan, Kenya , Kosovo, Kuwait, Lebanon, Libya, Mexico, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Norway, Palestine, Panama, Paraguay, Peru, Poland, Portugal, Qatar, Russia, Saudi Arabia, Slovakia, Slovenia, Spain, Suriname, Sweden, Switzerland, Ukraine, United Arab Emirates, United Kingdom, United States, and Venezuela.
Unknown prevalence (data not available)	American Samoa, Andorra, Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, Bonaire Sint Eustatius and Saba, Botswana, British Virgin Islands, Brunei, Cayman Islands, Cook Islands, Curaçao, Cyprus, Dominica, Equatorial Guinea, Falkland Islands, Faroe Islands, French Guiana, French Polynesia, Gibraltar, Greenland, Grenada, Guadeloupe, Guam, Holy See, Iceland, Isle of Man, Latvia, Liechtenstein, Lithuania, Luxembourg, Macao, Macedonia, Maldives, Malta, Martinique, Mauritius, Mayotte, Monaco, Montenegro, Montserrat, Namibia, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Puerto Rico, Réunion, Saint Barthélemy, Saint Helena, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Pierre and Miquelon, Saint Vincent and the Grenadines, San Marino, Serbia, Seychelles, Sint Maarten, Tokelau, Turks and Caicos Islands, U.S. Virgin Islands, Uruguay, Wallis and Futuna, and Western Sahara.

Centers for Disease Control and Prevention (CDC) Data

Source: Connors EE, Panagiotakopoulos L, Hofmeister MG, et al. Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations - United States, 2023. MMWR Recomm Rep. 2023;72:1-

25. [\[PubMed Abstract\]](#)

HEPATITIS

Hepatitis can affect anyone

It disproportionately affects people and communities most under served by healthcare systems

Every 30 seconds, someone dies from a viral hepatitis related illness

New Viral Hepatitis infections: over 6 000 people daily

Globally, perinatal transmission remains the predominant mode of HBV transmission

Hepatitis B is preventable with a vaccine

It is possible: Hepatitis B screening, care and treatment integration into primary care setting



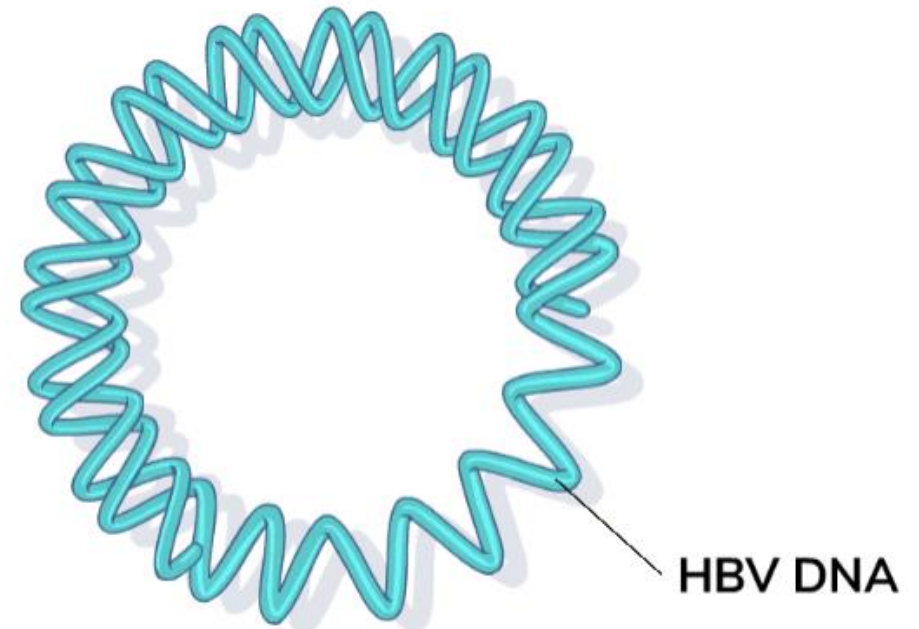
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WHAT
DO WE
KNOW

HEPATITIS B

- **Hepatitis B virus (HBV) is an enveloped, partially double-stranded DNA virus**
- **Transmitted via infected blood and bodily fluids**



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**IS THERE STILL A
PROBLEM?**



HEPATITIS B WHO ESTIMATES 2022

254
Million

PEOPLE
LIVING WITH
CHRONIC
HEPATITIS B
INFECTION

1.2
Million

NEW
INFECTIONS
EACH YEAR

1.1
Million

DEATHS
MOSTLY FROM
CIRRHOSIS
AND HCC

2.7
Million (1%)

HBV/HIV
COINFECTION

33
Million (13%)

HBV
INFECTION
AWARENESS
AMONG
PLHEPB

Only 3% (7 million) of the people living with chronic hepatitis B were on treatment



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HEPATITIS B

Lack of Hepatitis B related education and information contributes to the stigma that PLHepB face

Ignorance

Myths

Misconceptions about
Hepatitis B



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OUR APPROACH



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ZMC HEP B CARE CONTINUUM



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- **Hep B Awareness/health education/IEC materials** [*Mostly from Hep B foundation but customised*]
- **Hep B screening/testing**

Prevention

- **Hep B Vaccination**
- **PMTCT**
 - **Maternal Prophylaxis**
 - **Birth Dose**



- **Real time –** [*Same day*]
- **Feasible** because of integration



- **Treatment Eligibility Assessment**
- **Pre treatment Follow up care**
- **Treatment initiation for the eligible**
- **Post initiation follow up**



- **DSD** [*Well spaced follow up visits*]
- **Mostly Bi Annually**
- **Individualized approach** [*Off work, weekends*]



- **DNA VL**
- **Imaging**
- **Staging Studies**

Psychosocial support

- [*patient and family counselling and support*]
- **Patient support groups**
- **Expert patient meaningful engagement**



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IMPLEMENTATION STRATEGIES

Prevention

- Facility based Health talks
- Awareness Outreaches [*Leveraging on Church based events, medical camps*]
- Facility based one on one

Identification

- HepB Testing
- Opt out approach
- Provider Initiated
- Family Testing approach to identification
- Linkage to care and treatment

Diagnosis and Treatment

- Integration into routine out patient care [*Stigma reduction*]
- Robust sample networking system
- Robust imaging networking system
- Leveraging on partnership with MoH to provide Free Medication [3TC/TDF]
- Implementation of the primary care guidance [*Hep B online*] and now the 2024 WHO guidelines

Sound Clinical Mentorship program/structure



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ZMC'S INITIAL EVALUATION OF THE HBSAG(+) PATIENT

History/Examination	Routine Laboratory Tests	Serology/Virology	Imaging/Staging Studies
<input type="checkbox"/> Symptoms/signs of cirrhosis	<input type="checkbox"/> Full Hemogram	<input type="checkbox"/> HBeAg/anti-HBe	<input type="checkbox"/> Abdominal ultrasound
<input type="checkbox"/> Alcohol and metabolic risk factors	<input type="checkbox"/> Comprehensive metabolic panel including:	<input type="checkbox"/> HBV DNA	<input type="checkbox"/> Elastography (e.g. FibroScan) or
<input type="checkbox"/> Family history of hepatocellular carcinoma (HCC)	<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Anti-HAV (total or IgG) to determine need for vaccination if none documented	<input type="checkbox"/> Serum fibrosis assessment I (e.g. APRI, FibroSure, FIB-4)
<input type="checkbox"/> Hepatitis A vaccination status	<input type="checkbox"/> Total bilirubin	<input type="checkbox"/> Anti-HCV	
	<input type="checkbox"/> Alkaline phosphatase	<input type="checkbox"/> Anti-HDV	
	<input type="checkbox"/> Albumin	<input type="checkbox"/> Anti-HIV	
	<input type="checkbox"/> Creatinine		
	<input type="checkbox"/> International Normalised Ratio [INR]		



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HEALTH EDUCATION AND COUNSELLING FOR PERSONS WITH CHRONIC HBV

It's time for action!

Zidkijah Medical Center pledges to contribute to early identification of HEPATITIS B through HEPATITIS B Screening and Testing.

worldhepatitisday.org
#WorldHepatitisDay



World
Hepatitis
Day, 28 July

1. Give a plan for follow-up care:

Patients need regular (minimum every 6 months) follow-up and monitoring for disease progression

2. Educate and counsel on the long-term implications of chronic HBV infection (e.g., cirrhosis and hepatocellular carcinoma)

3. Advise and empower patient to inform all current and future medical providers of their HBsAg-positive status, especially if they ever need treatment for cancer or any immunologic condition such as rheumatoid arthritis or other immune disorders

4. Counsel to avoid or substantially limit alcohol use

5. Advise to optimize body weight and address metabolic complications, including control of diabetes and dyslipidaemia (*to prevent concurrent development of metabolic syndrome and fatty liver*)

6. Provide education on how to prevent transmission of HBV to others

HBV TRANSMISSION PREVENTION EDUCATION FOR PLHBV



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It's time for action!

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worldhepatitisday.org
#WorldHepatitisDay



World
Hepatitis
Day, 28 July



World
Hepatitis
Day, 28 July (faded)

PR

Health Education for Persons with chronic HBV

Should:

- Verify that sexual contacts, household contacts, family members, or injection partners are screened and vaccinated
- Cover open cuts and scratches**
- Clean blood spills with diluted bleach (1:10)**
- Use condoms to prevent HBV transmission during sexual intercourse with partners who are susceptible to HBV infection.**

Should NOT:

- Share toothbrushes, razors, nail clippers, or earrings**
- Share injection equipment**
- Share glucose testing equipment**
- Donate blood, organs, or sperm**

Can:

- Participate in all activities, including contact sports**
- Share food and utensils, or kiss others**
- Pursue educational or career opportunities without limitations, including work as a health care professional**

**WE
Believe**

HEPATITIS B

**With the existing
prevention, testing and
treatment services available,
every hepatitis related death
is preventable**



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RESULTS/LESSONS LEARNT



JULY 2019 CHURCH OUTREACH

DID YOU KNOW THAT 2 BILLION PEOPLE
HAVE BEEN INFECTED
BY HEPATITIS B WORLD WIDE?
KNOW YOUR HEPATITIS B STATUS TODAY

**FREE HEPATITIS B TESTING SERVICES
NOW AVAILABLE**

HEPATITIS B SCREENING SERVICES -WOMEN'S CONFERENCE OUTREACH

SERVICE	<25YRS	25-49YRS	50YRS Plus	TOTAL
Previously vaccinated against Hep B	0	0	0	0
Eligible	1	14	3	18
Tested for Hep B	1	14	3	18
Hep B Positive	0	2	1	3
Hep B Negative	1	12	2	15
Hep B Positivity	0%	14.20%	33%	16.60%
Vaccination Status	0%	0%	0%	0%

3 [16.6%] out of 18 women tested positive for Hep B
2/3rds being 50yrs plus
2 out of the 3 are on follow up



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JUNE 2024 OUTREACH RESULTS



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PHOTO CREDIT: SPRING OF HOPE
INTERNATIONAL



JUNE 2024 OUTREACH RESULTS

HEPATITIS B SCREENING AND TESTING SERVICES

Gender	0-9yrs	10-19yrs	20-49yrs	50- 82yrs	Total
Females	0	0	56	44	100
Males	1	4	12	18	35
Total	1	4	68	62	135



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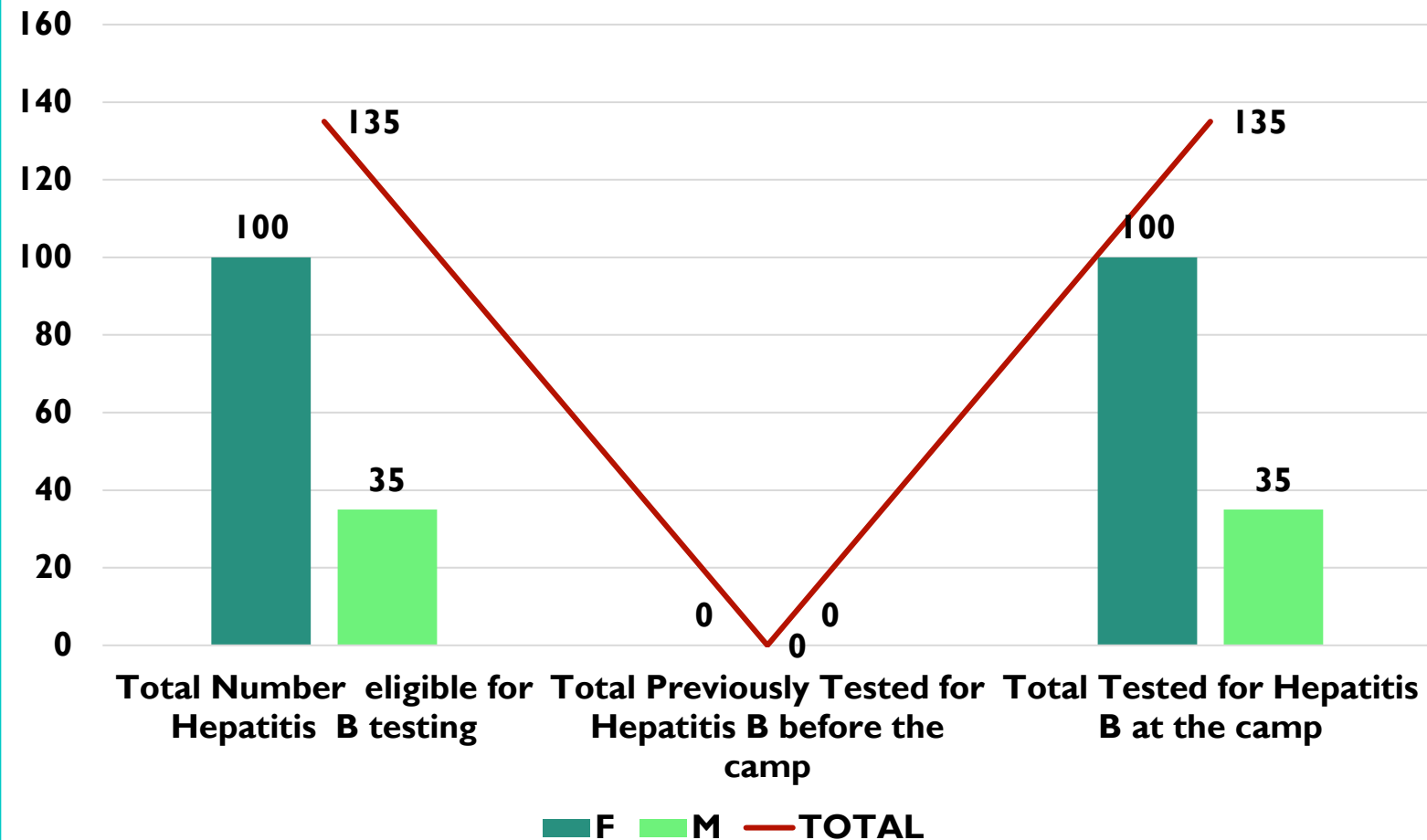
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JUNE 2024 OUTREACH RESULTS

HEPATITIS B TESTING BEFORE AND DURING THE CAMP



100% of those tested for Hepatitis B at the camp were testing for the very first time – they had never been tested for Hepatitis B



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HEPATITIS B ELIGIBILITY, TESTING AND POSITIVITY

	F	M	TOTAL
Total Number Eligible for Hep B Testing at the camp	100	35	135
Total Tested for Hepatitis B at the camp	100	35	135
Number Positive for Hepatitis B	4	2	6

6 out of 135 (4.4%) tested positive for Hepatitis B at the camp, majority being women



HEPATITIS B TESTING CASCADE /HBV HIV COINFECTION:



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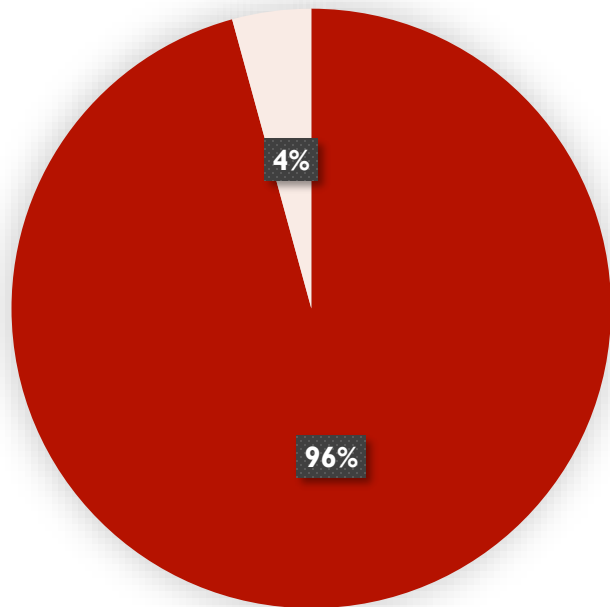
Variable Description	F	M	TOTAL
Total Number seen at the camp	100	35	135
Previously Tested for Hep B	0	0	0
Index Client's Previous Test Result	0	0	0
Total Tested for Hepatitis B at the camp	100	35	135
Number Positive for Hepatitis B	4	2	6
Number Negative for Hepatitis B	96	33	129
Index clients Assessed for knowledge of HIV Status	100	0	100

33%

Number HIV positive	28	5	33
Number HIV Negative	44	16	60
Number with Unknown HIV status	28	14	42
Sexual Partner Hep B status known	0	0	0
Sexual Partner Vaccinated against Hep B	1	1	2

33% of those that opted for Hep B testing were HIV positive

HEPATITIS B TESTING: POSITIVITY



- Total Tested Negative for Hepatitis B at the camp
- Number Positive for Hepatitis B

4.4% positivity

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HOUSEHOLD CONTACTS

- The CDC estimates that **among persons living in the same household** as an individual with chronic HBV infection, **16% have evidence of current infection and 45% have evidence of past infection**
- This **risk is highest among unvaccinated children and sex partners** of persons chronically infected with HBV

THEY ARE LIKELY TO BE THERE: USING A FAMILY-CENTERED INDEX TESTING APPROACH TO IDENTIFY PLHBV IN RURAL KENYA

SP TO INDEX CLIENT - HBsAg UK/HIV NEG
HAS A SECOND WIFE - HBsAg UK

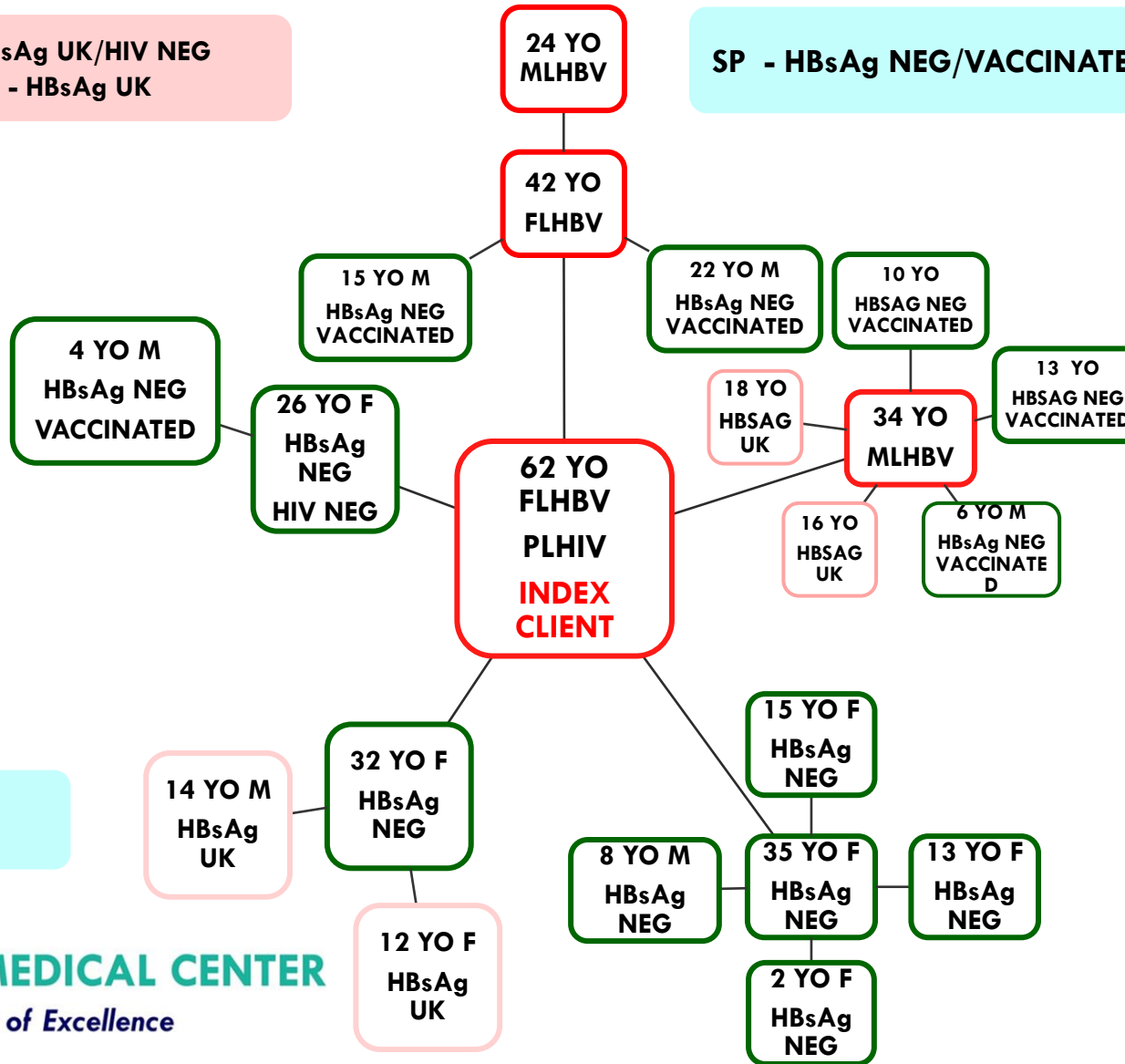
SP - HBsAg NEG/VACCINATED/PLDM

SP 1 - HBsAg UK

SP 1 - HBsAg NEG
SP 2 - HBsAg UK

SP 1 - HBsAg UK
SP 2 - HBsAg UK

SP 1 - HBsAg UK
SP 2 - HBsAg UK



GENERATIONAL HBSAG POSITIVITY VARIANCE

- The Greatest Generation: Born 1901–1927
- The Silent Generation: Born 1928–1945
- Baby Boomers: Born 1946–1964 - **THE 62YO**
- Generation X: Born 1965–1980
- Millennials: Born 1981–1996 - **THE 2 POSITIVES**
- Generation Z: Born 1997–2010 - **ONE MALE**
- Generation Alpha: Born 2010–2024

INDEX PLHBV – 62YO FEMALE

Millennials: Born 1981–1996 N - 5			
HBV STATUS	GENDER		TOTAL
	M	F	
UK	0	0	0
NEG	1	4	5
POS	1	1	2
% POSITIVITY	(2/5) 40%		

Generation Z: Born 1997–2010 N-15			
HBV STATUS	GENDER		TOTAL
	M	F	
UK	2	1	3
NEG	7	4	11
POS	1	0	1
% POSITIVITY	(1/11) 9%		

**ALL PERINATAL INFECTIONS
2 FROM THE INDEX,
1 FROM THE CHILDREN OF THE INDEX**

**NEED TO PRIORITIZE IDENTIFICATION,
LINK PLHBV TO TREATMENT,
VACCINATION**



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DO NOT WAIT FOR AN
OPPORTUNITY, CREATE IT



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FAMILY-CENTERED INDEX TESTING APPROACH TO IDENTIFY PLHBV WORKS



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ONE HEP B POSITIVE TEST
=[EQUALS] 100%
IDENTIFICATION/DIAGNOSIS



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DO NOT POSTPONE TESTING
DO NOT WAIT FOR A CROWD





**PERSONALIZED
FOCUSED
ANTENATAL CARE
AVAILABLE**

**PMTCT OF HEP
B IS FEASIBLE**





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I don't know what I would have done without the support from this facility, I am no longer anxious, I have become a voice and a support system for of my patients

*32year old patient on month 12
HBV treatment*



**YOU HAVE BEEN EMPOWERED TO
EMPOWER, PLAY YOUR PART**

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CHALLENGES

- **Resource limitation** [*Facility solely relies on funds paid in by patients for other services, no external funding*]
- *Which is barely adequate given the economic tough times*



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CONCLUSION

**HEP B SCREENING,
CARE AND TREATMENT
INTEGRATION INTO
PRIMARY CARE SETTING
IS FEASIBLE...**



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RECOMMENDATION

- **Optimize the family unit to increase Hep B testing reach and care cascade entry**
- **Advocate for increased investment in testing, treatment and care for Hepatitis B**
- **Promote greater public and political awareness of hepatitis B**



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RECOMMENDATION

- **Support testing in both community and health facility settings**
- **Commit to delivering high-quality evidence-based, people-centred services**
- **Strengthen community and civil society involvement and create innovative partnerships**
- **Leverage on the existing HIV programs to facilitate free treatment**



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MEET OUR TEAM

NICOLLATE OKOKO

Director – Clinical

Paeds/Adolecent Technical
Lead

IRENE OGOLLA

DD Nursing

DR. OKEL J. O

oCnsultant Physician

MOSES AKUNO

Laboratory Superintendent

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YES WE CAN!



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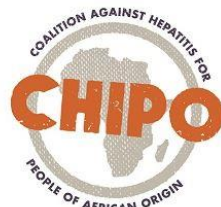
ACKNOWLEDGMENT



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- **Zidkijah Medical Center staff**
- **Zidkijah Medical Center patients and their families**
- **The University of Washington's National Hepatitis Training Center (HTC) and the HBV Primary Care Workgroup**

Thank You



World Health Organization

