## Lebanon Hepatitis Country profile 2017

## **Epidemiology**

% Estimated prevalence of chronic Hepatitis B infection (HBsAg+)i Estimated prevalence of chronic HCV infection" (%)" Estimated prevalence of chronic HCV infection (N)iii HCV prevalence among PWID [mean[95% CI]]iv Hepatitis specific mortality rate per 100 000° (2013) Liver cancer incidence (ASRvi) per 100 000vii

Governance	
Presence of a focal point	Yes
Presence of STAG	Yes
Involvement of civil society	No
Units to implement national response	Yes
NSP (published or drafted)	Yes
Estimating cost to implement the NSP	Yes
Fund available for the NSP	Yes
Impact targets set	Yes
Service coverage targets set	Yes
Policies for stigma and discrimination	Yes
A system for Hepatitis prevention, testing, care and	
treatment services integrated at community, primary,	No
secondary and tertiary care levels has been defined	
Core hepatitis competencies of different cadres of	
health workers at different levels of the health system	Yes
been defined considering task shifting options	
Training and supervisory needs of health workers been defined	No
An investment case for an enhanced viral hepatitis	
response been developed **	Yes
A specific portion of National health budget had been	
allocated to viral hepatitis prevention, care and	Yes
treatment?	
A set of essential viral hepatitis interventions been	
defined to be included in the national social / health	No
insurance package	
FP*: Future plans	
ir . i uture pians	

Surveillance	
National surveillance system for viral hepatitis	Yes
An inventory of existing data and sources of data on	Yes
viral hepatitis been made	

Testing policies Official guidance or			gnosing	Yes
HBV and/or HCV Official guidance or HBV	n testing pre	gnant womer	for	Yes
Official guidance on testing people who inject drugs			Yes	
Official guidance or diagnosed with HB' referred for treatm	V and/or HC	V to be routin	ely	Yes
National coverage targets		B testing cove ted population	_	Yes
been set for the following indicators		C testing cove ted population		Yes
		s for screenin	_	
Presence of	ir	oopulation gro icreased risk cy for mandat		Yes
national policies and guidelines for priority	for H	of all blood do epatitis B and or referral of a	l C	Yes
interventions available and in line with global standards for the	donors wi results fo confirmat	th positive sc or Hepatitis B cory testing an	reening and C	Yes
following	Guidelines	for diagnosti or Hepatitis B	c testing	Yes
	fo	for diagnosti or Hepatitis C		Yes
Baseline values been determined	screened	nge of blood of for Hepatitis ge of health fa	B and C	Yes
for the following global indicators	that impl 100% si	ement the pongle use (or seed) injection (	olicy of afety	Yes
Infrastructure for	or testing			
Number of facilities that are able to offer serological testing for both HBV (i.e. HBsAg) and HCV (i.e. Anti-HCV)  Number of facilities that are able to offer nucleic acid testing (NAT) for both HBV (i.e. HBV DNA) and HCV (i.e. HCV RNA)				
(i.e. health	condary rel/Tertiary rel (i.e.	Primary level (i.e. health centers,	Second level/Te level (i.	ertiary

community

None

outreach)

hospitals)

ΑII

All the centers

can offer

outreach)

hospitals)

**All Centers** 

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Treatment policies and guidelines	
Tenofovir or Entecavir as the first line of treatment	Yes
for HBV	
Anti-nucleoside/nucleotide analogues are available	BGP
for the treatment of hepatitis B	
interferon-free (INF-free) direct-acting antiviral (DAA) are the regimens considered the first line of	Yes**
treatment for patients with chronic hepatitis C	163
Current treatment policy for people with chronic	.,
HCV	Yes
Current situation in terms of registration of	Yes
Tenofovir or Entecavir specifically for HBV infection	103
Current situation in terms of registration of	.,
medicines used in IFN-free DAA regimens for HCV infection	Yes
Tender (national or multinational) to launch	
price negotiations with pharmaceutical companies	Yes
for HBV and/or HCV treatment	
Hepatitis B treatment coverage	Yes
Hepatitis C treatment coverage	Yes
Guidelines for Hepatitis B treatment	Yes
Guidelines for Hepatitis C treatment A strategy for achieving the best price for medicines	Yes
and diagnostics been formulated and pursued	Yes
Treatment Estimates	
Estimate of the total number of people on antiviral	
treatment for HBV for the years 2013	600
Estimate of the total number of people on antiviral	650
treatment for HBV for the years 2015	030
Estimate of the total number of people initiated on	300
antiviral treatment for HCV for the years 2013	
Estimate of the total number of people initiated on antiviral treatment for HCV for the years 2015	150
Estimate of the total number of people planned and	
budgeted for treatment of HBV infection in 2017	>650
Estimate of the total number of people planned and budgeted for treatment of HCV infection in 2017	200-250
	- h., 2047
FP*: Policy not established, but plan is to establish on Yes**: One or more of these medicines have been reg	
but only for HCV	jistereu

Prevention		
National coverage targets been set for the following indicators	Hepatitis B vaccination of health workers Safe injections in health care settings Targets for number of needles- syringes distributed to PWID per	Yes Yes
Presence of national policies and guidelines for priority	A policy for Hepatitis B vaccination of health workers A policy to integrate Hepatitis B vaccination in services targeting people who inject drugs, men who have sex with men and sex workers	Yes
interventions available and in line with global standards for the following	A policy for use of safe injections (or safety engineered devices) in health care settings to prevent transmission of blood borne infections	Yes
Baseline values been determined for the following global	Coverage of hepatitis B vaccination of health workers, For countries with significant PWID populations, coverage of needlessyringe distribution	Yes
indicators	For countries with significant PWID populations, HBV vaccination	No

<b>HCV Elimination Targets</b>			
	2017	2019	2020
Prevalence of Chronic HCV			
(%)			
Chronic HCV (N)			
Diagnosed with HCV (%)			
Diagnosed with HCV (N)			
HCV patients treated (%)			
HCV patients treated (N)			
Number of new infections			

<sup>&</sup>lt;sup>1</sup> Schweitzer et al. (2015) Estimations of worldwide prevalence of chronic hepatitis B virus infection: a systematic review of data published between 1965 and 2013

<sup>&</sup>quot; Tested positive for anti-HCV and HCV RNA tests

iii Polaris Observatory: <a href="http://polarisobservatory.org/polaris/datasheet.htm">http://polarisobservatory.org/polaris/datasheet.htm</a> (accessed 9 February 2017)

<sup>&</sup>lt;sup>iv</sup> Characterizing hepatitis C virus infection levels and transmission in the World Health Organization Eastern Mediterranean Region: Implications for strategic action <sup>v</sup> Dividing number of deaths in 2013 (from Stanaway 2016) by World Bank total country population in 2013 Stanaway 2016:

 $<sup>\</sup>underline{\text{http://www.thelancet.com/journals/lancet/article/PIISO140-6736(16)30579-7/abstract}}$ 

vi ASR= Age-standardised ratio

vii Global Cancer Observatory 2012