

Lebanon

Soins Infirmiers et Développement Communautaire*

NGO – direct service provider for people with HIV, people with hepatitis B, and people who use drugs
Beirut, Lebanon
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SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Lebanon reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **68.0%** of items.

Survey points marked "accurate":
1.2, 1.3, 2.2, 3.1, 3.2, 3.3, 3.5, 4.4,
4.5, 4.6, 4.8, 4.9, 4.10, 5.2, 5.3,
5.4 and 5.5.

✗ The respondent took no position on the government information for **32.0%** of items.

Survey points marked "take no position":
1.1, 2.1, 3.4, 4.1, 4.2, 4.3, 4.7 and 5.1.

Survey comments from Soins Infirmiers et Développement Communautaire:

Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

2.2 The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: the Lebanese Red Cross, SIDC, Hep B and Lebanese Scouts.

4.6 There is a national policy on injection safety in health-care settings. It is not known what types of syringes the policy recommends for therapeutic injections. Single use or auto-disable syringes, needles and cannulas are always available in all healthcare facilities.

5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge and not compulsory for members of any specific group.

— We take no position regarding this statement.

1.1 There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and co-infection with HIV.

Civil society respondent comments (2014)

This collaboration needs to be strengthened.

It is not only for hepatitis prevention. All hospitals and medical settings are implementing universal precautions.


The names are confidential but the patient needs to go monthly to the Ministry of Health to take his medication. He has a card that indicates his status.

There is a National Programme for hepatitis B and hepatitis C, but we do not have the strategic plan and details of it.

* World Hepatitis Alliance member.

Information reported by government (2012–2013)

Civil society respondent comments (2014)

 We take no position regarding this statement.

2.1 The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

To our knowledge, the programme is implementing awareness-raising activities and training workshops. However we cannot tell to what extent it is active or not.

3.4 Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C, but not for hepatitis E.

We have a concern about hepatitis C infection among drug users that is well known by the government even if there is no specific data on that but these cases are reported. However, we cannot say that there is a national response to prevent or to take action with this regards.

Statement from Soins Infirmiers et Développement Communautaire regarding key hepatitis policy issues in Lebanon:

National coordination. For us the coordination should be made differently and an advisory committee should be formed from NGOs and other sectors that are involved in the hepatitis B and hepatitis C field of work.

Awareness-raising, partnerships and resource mobilisation. More activities should be done including awareness-raising for the public and for specific groups and engagement to do activities for vulnerable populations.

Evidence-based policy and data for action. There is a need to conduct integrated bio-behavioural surveillance studies or any other study that can give a real context of hepatitis B and hepatitis C, especially among other hepatitis infections.

Prevention of transmission. We are noticing that among men who have sex with men (MSM) we have hepatitis B patients, and among drug users we have hepatitis C patients.

Screening, care and treatment. The treatment is available by the Ministry of Health however the regular tests PCR and other are not covered and this could be an obstacle for the adherence of the treatment.

Responses to questions:

What are the greatest problems with the national response to viral hepatitis?

- The national programme should be more active and the Ministry of Health should invest more to have a well-established national strategy.

What needs to change?

- An active participation of NGOs among other stakeholders in the response.
- A specific interventions and considerations for vulnerable groups such as people who use drugs and in people in prison and detention settings.
- Sharing of information.

What should be the government's role in bringing about these changes? What responsibilities should the government have?

- The Ministry is responsible to assure a comprehensive package of treatment and care for patients and to activate the national programme.

What should be the roles and responsibilities of other stakeholders at the community, national and international levels?

- Discuss and/or develop a national strategy.
- Involvement in conducting studies to know about the response.
- Developing a referral system.

What evidence exists to support your organisation's viewpoint?

- We do not have documents – what we have is that by observing our patients not able to be adherent to the medications, not able to receive the hepatitis B vaccine free of charge and not able to cover the fees of their CD4 and viral load. All of these issues for us are crucial for reporting and to take action.