

Pakistan

The Health Foundation*

NGO – direct service provider
Karachi, Pakistan
<http://thehealthfoundation.org/>

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Pakistan 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 **60.0%** of items.

Survey points marked "accurate":
1.2, 1.3, 3.2, 3.3, 3.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.9, 5.2, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **40.0%** of items.

Survey points marked "not accurate":
1.1, 2.1, 2.2, 3.1, 3.4, 4.4, 4.5, 4.8, 4.10 and 5.1.

Survey comments from The Health Foundation:

Information reported by government (2012–2013)

Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, prisoners and people living with HIV.

The provincial government is working in collaboration with other NGOs and civil society organisations (CSOs) for the said activity. These NGOs/CSOs cater to different target groups including the ones mentioned in the statement.

3.1 There is routine surveillance for viral hepatitis. There is a national surveillance system for acute hepatitis A, but not for any type of chronic hepatitis.

There is no surveillance for any type of Hepatitis done be it hepatitis A, hepatitis B, hepatitis C or hepatitis E.

3.3 Liver cancer cases are not registered nationally, but cases with HIV/hepatitis coinfection are. The government has published one hepatitis disease report that described a national hepatitis prevalence study conducted in 2008.

The first statement is not correct but the government has published one hepatitis disease report that described a national hepatitis prevalence study conducted in 2008.

5.3 People testing for both hepatitis B and hepatitis C register by name, and there is open access to their names. Hepatitis B and hepatitis C tests are not free of charge and not compulsory for members of any specific group.

There is no open access to their names. The rest I agree with.

✗ To our knowledge, this information is not accurate.

1.1 There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is a national strategy exclusively for hepatitis B and hepatitis C in Pakistan at all provincial levels.

2.1 The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The provincial hepatitis programmes do celebrate World Hepatitis Day but they do not fund any other viral hepatitis public awareness.

Information reported by government (2012–2013)

Civil society respondent comments (2014)

X *To our knowledge, this information is not accurate.*

2.2 The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Since we are working in Sindh at the moment the Hepatitis Chief Minister Programme has signed a memorandum of understanding to provide us with treatment for hepatitis C (conventional interferon 3MIU+ribavirin) and hepatitis B (tab entacavir 0.5mg) as well as hepatitis B vaccine (both adult and paediatric dose). We have a strong partnership with this provincial government initiative (the Hepatitis Prevention and Control Program, Sindh) since 2011 and every month we submit our reports to them regarding the stock provided.

4.8 There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis C, but not for hepatitis B.

There are many small blood banks selling blood which has never been screened. Only reputable labs screen blood for both hepatitis B and hepatitis C.

4.10 The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

If there are guidelines, they have never been implemented and we have never heard of them.

Statement from The Health Foundation regarding key hepatitis policy issues in Pakistan:

National coordination. There is no national coordination. NGOs/CSOs are not being recognised for the work being done in any field. There is always a factor of mistrust among us CSOs and the government.

Awareness-raising, partnerships and resource mobilisation. The media does not play any role in awareness-raising, even though it can be the best source to raise awareness among the masses.

Evidence-based policy and data for action. No such data exists.

Screening, care and treatment. Screening is not encouraged in public-sector hospitals due to a lack of funds. Our routine immunisation is well below the standard percentage. So many children miss their pentavalent vaccine which has hepatitis B vaccine in it. Birth dose and administration of HBIG (in case the mother has hepatitis B) at the time of birth is not given in public as well as many private hospitals. Treatment guidelines are not followed in the majority of the cases.

Responses to questions:

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

- ▶ *The greatest problem is the mind-set of the people. The majority of Pakistanis are from a low socio-economic background and they think that getting an injection will make them better at a fast pace and they can in turn not miss a single day as they are on daily wages.*

What needs to change?

- ▶ *Injection practices, the role of the media to create awareness, behaviour change communication of the general population.*

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

- ▶ *The government can play a vital role by providing us with reliable data and conducting hepatitis surveys nationwide. It can also make a central hepatitis data repository that would be a good resource and free for all NGOs and civil society organisations (CSOs) to access.*

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

- ▶ NGOs/CSOs can help in raising awareness and mobilisation of the communities.
- ▶ Government can ensure that standards are met for supply/demand for vaccination, treatment and cold-chain maintenance.
- ▶ Media can play a vital role in ensuring viral hepatitis awareness (small TVCs every few hours on all channels)

What evidence exists to support your organisation's viewpoint?

- ▶ [WHO EMRO | Prevention and control of hepatitis](#)
- ▶ [A review of hepatitis viral infections in Pakistan](#)
- ▶ [18m hepatitis patients in Pakistan](#)
- ▶ [A Silent Storm: Hepatitis C in Pakistan](#)
- ▶ [Prevalence of Hepatitis B & C in Pakistan](#)

Pakistan

Pakistan Society for Study of Liver Diseases

Medical society
Karachi, Pakistan
www.psssid.org.pk

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Pakistan 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 **56.0%** of items.

Survey points marked "accurate":
1.2, 2.2, 3.1, 3.2, 3.3, 3.5, 4.1, 4.5, 4.6, 4.7, 4.9, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **44.0%** of items.

Survey points marked "not accurate":
1.1, 1.3, 2.1, 3.4, 4.2, 4.3, 4.4, 4.8, 4.10, 5.1 and 5.2.

Survey comments from the Pakistan Society for Study of Liver Diseases:

Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

4.5 There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

✗ To our knowledge, this information is not accurate.

1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, prisoners and people living with HIV.

2.1 The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

3.1 There is routine surveillance for viral hepatitis. There is a national surveillance system for acute hepatitis A, but not for any type of chronic hepatitis.

4.2 The government has not established the goal of eliminating hepatitis B.

4.8 There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis C, but not for hepatitis B.

Civil society respondent comments (2014)

There is vaccination of health workers, but not before starting work. Also, vaccination is not carried out uniformly.

Special population groups like the ones mentioned are specifically not taken care of in the national hepatitis control programmes.

In general such events are held and sponsored mostly by civil society organisations like medical societies.

There are some surveillance programs run by concerned organisations but not by the government itself.

There has been a reasonably robust national programme for hepatitis B vaccination for many years.

There is a national policy for blood banks, which is poorly implemented. There is more routine testing of blood donations for hepatitis B rather than hepatitis C.

Statement from the Pakistan Society for Study of Liver Diseases regarding key hepatitis policy issues in Pakistan:

National Coordination. With devolution of health as a provincial subject, the central coordination of programs has suffered. To some extent these issues of national coordination are being addressed by the formation of a technical advisory group for viral hepatitis at the national level, with the involvement of all provincial programme managers ensured.

Awareness-raising. Very little direct governmental effort and resource is being spent in public awareness. More governmental and NGO partnerships need to be developed.

Evidence-based policy. The need for further evidence is critical. There are very few surveillance programs to calculate the true ongoing impact of these infections.

Prevention of transmission. The area of hepatitis B vaccination is going well. However a birth dose needs to be introduced as soon as possible.

Screening, care and treatment. A good number of patients are being treated. However, record-keeping is poor and therefore outcomes of treatment are not accurately measured.