

# Pakistan

Population (in millions) (2011)	<b>176.7</b>
Country classification (2012)	<b>Lower-middle-income</b>
Gross national income per capita (PPP int \$) (2011)	<b>\$2870</b>
Total health expenditure as % of GDP (2010)	<b>2.20%</b>
Per capita total health expenditure (PPP int \$) (2010)	<b>\$58.72</b>
Per capita government health expenditure (PPP int \$) (2010)	<b>\$22.59</b>
Life expectancy at birth (in years) (2009)	<b>63</b>
Human Development Index (2011)	<b>0.504</b>
Median age (in years) (2010)	<b>22</b>
Total fertility rate per woman (2010)	<b>3.4</b>

The Government of Pakistan reports as follows.

## National coordination

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

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: Provincial Hepatitis Control Programs. It is not known how many staff members this office has, or how many people work full-time on hepatitis-related activities in all government agencies/bodies.

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.

## Awareness-raising and partnerships

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

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

## Evidence-based policy and data for action

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 are standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. Information was not provided regarding the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

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.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

## Prevention of transmission

There is no national policy on hepatitis A vaccination.

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

Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 56% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

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.

There is no national policy on injection safety in health-care settings. Single-use or auto-disable syringes, needles and canulas are not always available in all health-care facilities.

Twenty per cent of injections administered annually in health-care settings are unnecessary, according to official government estimates.

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 is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

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

## Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training.

There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

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.

Publicly funded treatment for hepatitis B and hepatitis C is available to patients who cannot pay for treatment. The government spends PRs 200–300 million (US\$ 2.1–3.2 million) per province annually on publicly funded treatment for hepatitis B and hepatitis C.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: interferon alpha, pegylated interferon, lamivudine and entecavir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: interferon alpha, pegylated interferon and ribavirin.

The Government of Pakistan welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).