

Barbados

Population (in millions) (2011)	0.3
Country classification (2012)	High-income
Gross national income per capita (PPP int \$) (2011)	--
Total health expenditure as % of GDP (2010)	7.97%
Per capita total health expenditure (PPP int \$) (2010)	\$1523.45
Per capita government health expenditure (PPP int \$) (2010)	\$990.36
Life expectancy at birth (in years) (2009)	76
Human Development Index (2011)	0.793
Median age (in years) (2010)	37
Total fertility rate per woman (2010)	1.6

The Government of Barbados 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 no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are no people working full-time on hepatitis-related activities in any government agency/body.

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), soldiers, police officers, sanitary workers, infants and adolescents.

Awareness-raising and partnerships

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

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 the following types of acute hepatitis: B and C, but not for any type of chronic hepatitis.

There are no standard case definitions for hepatitis. It is not known whether deaths, including from hepatitis, are reported to a central registry. The percentage of hepatitis cases reported as "undifferentiated" or "unclassified" hepatitis is not known.

It is not known whether liver cancer cases are registered nationally. Cases with HIV/

hepatitis coinfection are not registered nationally.

The government publishes hepatitis disease reports monthly.

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

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 95% 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 no specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings.

There is no national policy on injection safety in health-care settings. Single-use or auto-disable syringes, needles and canulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

It is not known whether 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 B and hepatitis C.

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

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

It is not known how health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis.

There are no national clinical guidelines for the management of viral hepatitis or for 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; there is open access to their names. Hepatitis B and hepatitis C tests are free of charge for all individuals and are not compulsory for members of any specific group.

Publicly funded treatment is available for hepatitis B and hepatitis C. The following groups are eligible for such treatment for hepatitis B: nationals and residents; and for hepatitis C: nationals. The amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C is not known.

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

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