

# El Salvador

Population (in millions) (2011)	<b>6.2</b>
Country classification (2012)	<b>Lower-middle-income</b>
Gross national income per capita (PPP int \$) (2011)	<b>\$6630</b>
Total health expenditure as % of GDP (2010)	<b>6.91%</b>
Per capita total health expenditure (PPP int \$) (2010)	<b>\$450.25</b>
Per capita government health expenditure (PPP int \$) (2010)	<b>\$277.82</b>
Life expectancy at birth (in years) (2009)	<b>72</b>
Human Development Index (2011)	<b>0.674</b>
Median age (in years) (2010)	<b>23</b>
Total fertility rate per woman (2010)	<b>2.3</b>

The Government of El Salvador reports as follows.

## National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of hepatitis B. It includes components for surveillance, vaccination, prevention in general and prevention of transmission in health-care settings.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known 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 population: health-care workers (including health-care waste handlers).

## Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 but 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 a national surveillance system for the following types of acute hepatitis: A, B and C, but not for any type of chronic hepatitis.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Fifty per cent of hepatitis cases are reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases are registered nationally. It is not known whether cases with HIV/hepatitis coinfection are registered nationally.

The government does not publish hepatitis disease reports.

It is not known whether hepatitis outbreaks are required to be reported to the government, or whether 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.

It is not known whether the government has established the goal of eliminating hepatitis B.

Nationally, 5% of newborn infants 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 no national policy that specifically targets mother-to-child transmission of hepatitis B.

It is not known whether there is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Information was not provided on whether health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings. Information was

not provided regarding the type of syringes the policy recommends for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas 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.

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, but it is not known whether these are screened for hepatitis C.

It is not known whether there is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

It is not known whether 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).

It is not known whether there are 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; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals and are not compulsory for members of any specific group.

It is not known whether publicly funded treatment is available for hepatitis B or hepatitis C.

No drug for treating hepatitis B or hepatitis C is on the national essential medicines list or subsidized by the government.

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