Eastern Mediterranean Region

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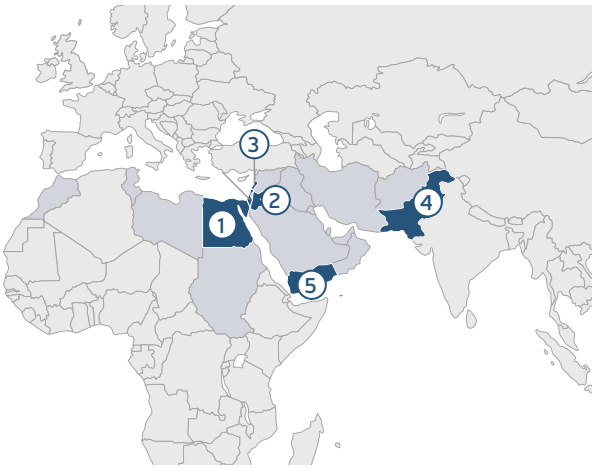
6 Eastern Mediterranean Region



1. **Egypt**
   - Egyptian Liver Research Institute and Hospital
2. **Jordan**
   - Friends of Liver Disease Patients Society
3. **Lebanon**
   - Soins Infirmiers et Développement Communautaire
4. **Pakistan**
   - Pakistan Society for Study of Liver Diseases
   - The Health Foundation
5. **Yemen**
   - Yemen Gastroenterology and Hepatology Society

This chapter presents Eastern Mediterranean region findings from the World Hepatitis Alliance's 2014 civil society survey in two sections.

The first section provides an overview of respondents. The second section describes the extent to which respondents agreed or disagreed with what their governments reported about hepatitis policies and programmes for the 2013 World Health Organization (WHO) Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States. It also notes the issues associated with the greatest amount of agreement and disagreement.

6.1. Respondents

Six organisations from five countries in the Eastern Mediterranean region responded to the World Hepatitis Alliance's 2014 civil society survey. The governments of all of those countries provided information for the 2013 WHO global policy report, and thus all respondents were able to comment on the accuracy of their governments' responses. Additional information about respondents is presented in **Table 6.1**.

Table 6.1 Eastern Mediterranean region respondents to the World Hepatitis Alliance's 2014 civil society survey (N=6)

Country	Civil society survey respondents (#)	Type of respondent (#)					
		NGO – hepatitis patient group	NGO – direct service provider	NGO – other	Medical society	Private foundation	Other
Egypt	1						1
Jordan	1	1					
Lebanon	1			1			
Pakistan	2		1		1		
Yemen	1					1	

Eastern Mediterranean Region continued

Figure 6.1. Types of organisations submitting survey responses, Eastern Mediterranean region (N=6)

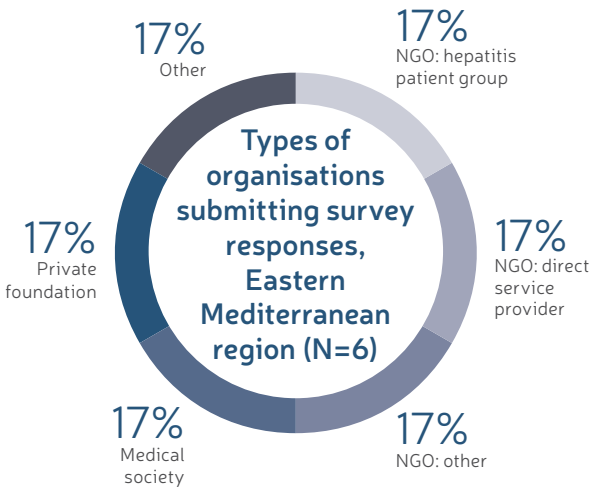
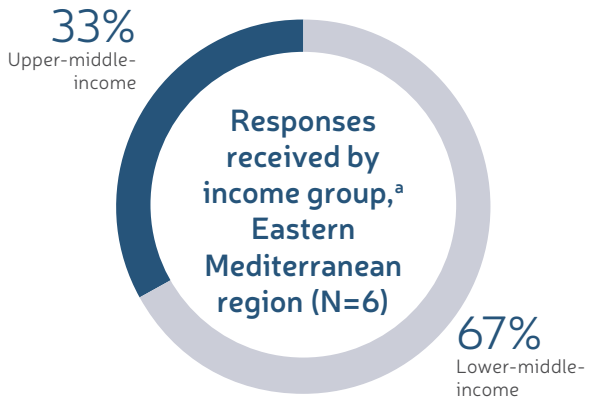


Figure 6.2. Responses received by income group,[a] Eastern Mediterranean region (N=6)



[a] Source for income group classifications: World Bank 2013 data (http://data.worldbank.org/about/country-and-lending-groups).

Half of respondents identified themselves as nongovernmental organisations (**Figure 6.1**). Among the remaining respondents, one identified itself as a medical society and another as a private foundation.

One-third of respondents were either voting or non-voting members of the World Hepatitis Alliance at the time they submitted their surveys (data not shown).

Two-thirds of respondents were based in lower-middle-income countries. The remainder were based in upper-middle-income countries (**Figure 6.2**).

6.2. Highlights relating to civil society agreement or disagreement with what governments reported

The civil society survey contained 25 items based on the information that governments provided for the 2013 WHO global policy report. For each item, civil society stakeholders were asked to consider the government response to one or more questions about national hepatitis policies and programmes, and to select one of the following three statements: *To our knowledge, this information is accurate; To our knowledge, this information is not accurate;* or *We take no position regarding this statement*.

Detailed findings for all civil society survey items are presented in Annex C. In sum, half of all civil society respondents thought that the information from their governments was accurate for 19 or more of the 25 items. Regarding the proportions of respondents who marked items as "not accurate," one-third thought that the information from their governments was not accurate for at least 10 items.

The following survey items were most commonly identified as points on which civil society respondents in the Eastern Mediterranean region agreed with their governments' responses: item 1.2, regarding the existence of a designated governmental unit/department responsible for viral hepatitis-related activities and the number of government staff working on hepatitis-related activities; item 3.2, regarding hepatitis case definitions and the reporting of deaths; item 3.3, regarding disease registration and reporting; item 3.4, regarding the reporting and investigation of hepatitis outbreaks; and item 3.5, regarding a national viral hepatitis research agenda and viral hepatitis serosurveys. Further details are presented in **Table 6.2**.

The following survey items were most commonly identified as points on which civil society respondents in the Eastern Mediterranean region disagreed with their governments' responses: item 1.1, regarding the existence of a national strategy or plan for the prevention and control of viral hepatitis; item 2.1, regarding World Hepatitis Day activities and viral hepatitis awareness campaigns; item 2.2, regarding government collaboration with civil society groups; and item 3.1, regarding viral hepatitis surveillance. Further details are presented in **Table 6.3**.

Table 6.2. Survey items eliciting the highest levels of agreement from civil society respondents, Eastern Mediterranean region (N=6)

Survey item	Question(s) addressed by governments for 2013 WHO global policy report	# (%) of respondents who indicated agreement with their governments' response(s) by selecting "to our knowledge, this information is accurate"
1.2	Is there a designated governmental unit/department responsible only for coordinating and/or carrying out viral hepatitis-related activities? If yes, what is its name? How many people work full-time (or how many full-time equivalent staff) on hepatitis-related activities in all government agencies/bodies?	6 (100%)
3.2	Are there standard case definitions for hepatitis infections? Are deaths, including from hepatitis, reported to a central registry? What percentage of hepatitis cases are reported as "undifferentiated" or "unclassified" hepatitis?	6 (100%)
3.3	Are liver cancer cases registered nationally? Are cases of HIV/hepatitis co-infection registered nationally? How often are hepatitis disease reports published?	6 (100%)
3.4	Are hepatitis outbreaks required to be reported to the government? If yes, are they further investigated? Is there adequate laboratory capacity nationally to support viral hepatitis outbreak investigations and other surveillance activities?	6 (100%)
3.5	Is there a national public health research agenda for viral hepatitis? Are viral hepatitis serosurveys conducted regularly? If yes, how often? When was the last one carried out? Please specify the target populations.	6 (100%)

Table 6.3. Survey items eliciting the highest levels of disagreement from civil society respondents, Eastern Mediterranean region (N=6)

Survey item	Question(s) addressed by governments for 2013 WHO global policy report	# (%) of respondents who indicated disagreement with their governments' response(s) by selecting "to our knowledge, this information is not accurate"
1.1	In your country, is there a written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis? If yes, is it exclusive for viral hepatitis or does it also address other diseases? Please indicate components of the strategy or plan.	2 (33.3%)
2.1	Did your government hold events for World Hepatitis Day 2012? Has your government funded any public viral hepatitis awareness campaigns since January 2011, other than World Hepatitis Day?	3 (50.0%)
2.2	Does your government collaborate with any civil society group within your country (such as patient groups or national or local nongovernmental organisations) to develop and implement its viral hepatitis prevention and control programme? If yes, please name major partners.	2 (33.3%)
3.1	Is there routine surveillance for viral hepatitis? If yes, is there a national surveillance system for the following types of acute hepatitis? *A, B, C.* Is there a national surveillance system for the following types of chronic hepatitis? *B, C.*	4 (66.7%)

Egypt

Egyptian Liver Research Institute and Hospital

NGO – direct patient services, social awareness and continuing medical education
Dakahlia, Egypt
www.liver-ri.org.eg

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Egypt 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 **88.0%** of items.*

Survey points marked "accurate": 1.1, 1.2, 1.3, 2.1, 2.2, 3.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.3, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1, 5.3, 5.4 and 5.5.

*The government information was thought to not be accurate for **8.0%** of items.*

Survey points marked "not accurate": 3.1 and 5.2.

*The respondent took no position on the government information for **4.0%** of items.*

Survey points marked "take no position": 4.4.

The Egyptian Liver Research Institute and Hospital (ELRIAH) did not provide any comments about survey items.

Statement from ELRIAH regarding key hepatitis policy issues in Egypt:

Awareness-raising faces many obstacles, some of them due to social factors such as illiteracy, poverty, and ignorance spread in many rural areas in Egypt which leads to wrong practices causing the transmission of hepatitis and increasing its prevalence in Egypt. Other obstacles are governmental, like budgetary issues, and coordination among NGOs as partners in raising community awareness. On a national scale, lack of health awareness among people of the rural areas, and their overestimating or underestimating such diseases, as many consequences such as the withdrawal of the patient, social trend to ignore the periodical examination, this resulting in the quick silent spread of infection.

What needs to change?

- Increasing the number of awareness campaigns all over Egypt, especially rural poor areas.
- Implementation of strict rules on health care units and practitioners not applying infection control guidelines, to eliminate infection prevalence.
- Increasing the budget for treatment and awareness.
- Establishing more partnerships with national NGOs under organised governmental coordination to share duties and responsibilities.

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

- Increasing the budget set for prevention and treatment.
- Increasing the number of health care organisations providing awareness, treatment, screening, and care.
- Establishing more partnerships with NGO organisation and sharing duties and responsibilities with them.
- Focusing mainly on rural underserved communities.
- Improving awareness through all means of media and communications.

The roles and responsibilities of other stakeholders in the community should be the implementation of the governmental strategies and guidelines side-by-side with supervision and monitoring the wrong practices of health practitioners or organisations or the individuals to take preventive actions, continual improvement, less infection prevalence as a long-term result.

Evidence:

A study was conducted through a project titled "Changing Behavioural Aspects Leading to Hepatitis C Endemicity through Developing Educational and Multi-media Tools, Grant No. 1774," that was supported financially by the Science and Technology Development Fund, Egypt.

This study aimed to assess the level of behavioural development in order to create a positive environment for the adoption of the recommended behaviours. The study was conducted over one year from Jan. 2011 until Jan. 2012. Knowledge, attitude and behaviour of 540 hepatitis C patients and 102 of their contacts were assessed and the level of behavioural development was determined. The study revealed that the majority of patients and contacts knew that hepatitis C infection is dangerous with perceived concern for early diagnosis and treatment. More than 75% knew the correct modes of transmission. The assessment showed positive attitudes towards the recommended practices with intention to adopt those practices. Strategies of creating opportunities to continue the recommended behaviours should be adopted together with the reinforcement of social support. (World Academy of Science, Engineering and Technology International Journal of Medical Science and Engineering Vol:7 No:12, 2013.)

Jordan

Friends Of Liver Disease Patients Society*

NGO – hepatitis patient group
Amman, Jordan
https://www.facebook.com/pages/Friends-of-liver-disease-patients-society/273264735076

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Jordan 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 **76.0%** of items.*

Survey points marked "accurate": 1.1, 1.2, 3.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.3, 4.4, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1, 5.2, 5.4 and 5.5.

*The government information was thought to not be accurate for **16.0%** of items.*

Survey points marked "not accurate": 2.1, 2.2, 3.1 and 4.5.

*The respondent took no position on the government information for **8.0%** of items.*

Survey points marked "take no position": 1.3 and 5.3.

The Friends of Liver Disease Patients Society did not provide any comments about survey items. The respondent also did not provide a statement regarding key hepatitis policy issues in Jordan.

* World Hepatitis Alliance member.

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
www.idc-lebanon.org

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)	Civil society respondent comments (2014)
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.	***This collaboration needs to be strengthened.***
	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.	***It is not only for hepatitis prevention. All hospitals and medical settings are implementing universal precautions.***
	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.	***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.***
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.	***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.

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.***

* World Hepatitis Alliance member.

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
✕ *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 date 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)	Civil society respondent comments (2014)
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.	***There is vaccination of health workers, but not before starting work. Also, vaccination is not carried out uniformly.***
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.	***Special population groups like the ones mentioned are specifically not taken care of in the national hepatitis control programmes.***
	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).	***In general such events are held and sponsored mostly by civil society organisations like medical societies.***
	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 are some surveillance programs run by concerned organisations but not by the government itself.***
	4.2 The government has not established the goal of eliminating hepatitis B.	***There has been a reasonably robust national programme for hepatitis B vaccination for many years.***
	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 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 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.

Yemen

Yemen Gastroenterology and Hepatology Society

Private foundation
Sanaa City, Yemen

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Yemen 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 **88.0%** of items.*

Survey points marked "accurate": 1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5, 4.2, 4.3, 4.4, 4.5, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

*The government information was thought to not be accurate for **8.0%** of items.*

Survey points marked "not accurate": 4.1 and 4.7.

*The respondent took no position on the government information for **4.0%** of items.*

Survey points marked "take no position": 4.6.

The Yemen Gastroenterology and Hepatology Society did not provide any comments about survey items. The respondent also did not provide a statement regarding key hepatitis policy issues in Yemen.