Country Progress Report

I. Status at a Glance in Lebanon:

HIV/AIDS in Lebanon is a preventable infection declared by the Ministry Of Public Health, as a consequence the Government decided to create the National AIDS Control Program in partnership with the WHO.

The National AIDS Program , became a program at the prevention department of the MOPH and administered by the WHO, its structural built was made in a way to coordinate and partner with all stake holders on the ground concerned with the national response against the epidemic.

Those stake holders belong to a wide spectrum of organizations being private or public in addition to other ministries , UN agencies ,academia and NGO's, a list describing these organization by name and responsible person can be found below.

A. Stakeholders

The information gathered in this report and for all appendices related to the GARPR was obtained from the National AIDS Program, Lebanese NGOs, international NGOs, UN agencies, ministries, academic institutions, data banks, researchers, health care providers, religious stakeholders working with HIV/AIDS . Those included the following: KAFA (NGO on women's rights and gender-based violence), ABAAD (NGO for human rights including with a focus on women and refugees), the American University of Beirut, the Lebanese American University, the Lebanese AIDS Society, MARSA (NGO- sexual and reproductive health center for the general population with a focus on LGBT), HELEM (NGO- LGBT with a focus on MSM and Transgendered), AFE (NGO- human rights), Vivre Positive (NGO- with a focus on people living with HIV), Think Positive (NGO- with a focus on PLHIV and close persons to PLHIV), KOUN (NGO- special focus IDUs), Oum –el-Nour (NGO-special focus IDUs), Dar-el-Amal (special focus youth and SWs), SIDC (NGO- with a focus on MARPs and PLHIV), Anwar-el-Mahaba (NGO working with the general population and PLHIV), Dar el Fatwa (NGO- all populations), TB Center, JAD (NGO- working with IDUs), JCD (NGO- focus on IDUs and youth), Caritas (NGO-focus on vulnerable groups), AMEL (NGO), AJEM (NGO-focus on prisoners), LFPA, Lebanese Red Cross, ARC (Armenian Red Cross), Oui pour la vie (NGO-general population, refugees), Escal (NGO- youth and IDUs), Mouvement Social (NGO- general population), NGO platform in Saida (southern Lebanon), NGO platform in Tripoli (Northern Lebanon), the Hariri Foundation (NGO- general population), the Ministry of Labor (MOL), the Ministry of Social Affairs (MOSA), the Ministry of Education (MOE), the Ministry of Health

(MOH), the prisons representatives, the internal security forces representatives, the police representatives, primary health care centers representatives, WHO, UNODC, UNHCR, UNRWA, UNDP, UNICEF, UNIFIL, ILO.

A complete list of names can be found here below:

Agency/Organization	Name
Lebanese AIDS Society	Dr. Jack Mokhbat
MOSA	Ms. Joumana El Kade
MOL	Dr. Ghassan Awar
MOH-TB	Dr. Hyam Yaccoub
MOH-	Dr. Marie Therese Matar
UNDP	Ms. Mirna Sabbagh
UNFPA	Ms. Nada Aghar
UNICEF	Ms. Amal Obeid
UNODC	Ms. Elvire Merheb
UNESCO	Ms. Rana Abdu-Latif
UNRWA	Ms. Nazira Darwich
UNHCR	Ms. Marie Akiki
MENHARA	Mr. Elie Araj
RANAA	Ms. Golda Eid
Lebanese Red Cross	Ms. Jaceline Nicolas
AJEM	Pere Hadi Aya
SIDC	Ms. Nadia Badran
Anwar El Mahaba	Mr. Akram Saybeh
Dar El Amal	Ms. Hoda Kara

SKOUN	Ms. Nadia Mikdashi
Oum El Nour	Ms. Samira Tanoury
Marsa	Ms. Diana Abbas
Oui Pour La Vie	Mr. Rabih Maher
Vivre Positive	Ms. Rita Wahab
Helem	Mr. Rabih Maher
Rima Ferzli	ARV center
Johny Tohme	AFE
George Azzi	AFE

B. The Status of Epidemic in Lebanon

Lebanon is a small middle-income country with an estimated 4 million Lebanese and today more than 2 million refugees and paperless persons. It is a low-prevalence HIV country with a prevalence rate estimated at 0.1% but there are indications of clearly defined pockets of concentrated epidemic with MARPs especially among the MSM population.

According to the NAP, the total cumulative number of reported cases in Lebanon at the end of 2013 was 1671, with 119 newly reported cases in 2013, and mostly through sexual transmission. Till the first of December 2013 there were 119 new reported cases to the National AIDS program through the regular reporting channels using the HIV reporting form.

C. Policy and Programmatic Response

In 1989, as a follow-up to the Lebanese government's declaration that HIV is a serious public health threat, the National AIDS Program (NAP) was founded. Currently, the NAP operates through a joint project between the Ministry of Public Health and the World Health Organization. It is responsible for every aspect of the HIV epidemic in Lebanon, including prevention of HIV, education about the disease, raising awareness, fighting stigma and discrimination, epidemiological surveillance and research, as well as M & E. Furthermore, in

1997 the NAP became responsible for ARV treatment and for coordination activities for care and support.

Throughout the years, Lebanon stayed a low prevalence country for HIV, with a cumulative number of cases reaching 1617 in December 2013. Unfortunately, it is important to keep in mind that a lack of timely and consistent epidemiological data in Lebanon and the region exists and hence, hinders the comprehensive understanding of HIV-related dynamics and trends. From that end, passive reporting is considered the only reporting mechanism for acquiring the latest epidemiological trends in Lebanon (NAP, 2010). Therefore, despite all efforts, the surveillance system for HIV remains unsatisfactory if not poor, the level of stigma and discrimination is still high and members of the MARPS (Most At Risk Population) refrain from seeking medical advice or test for HIV as a result of this existing stigma.

Furthermore, although Lebanon is considered a low prevalence country for HIV/AIDS, still there are indications of clearly defined pockets of concentrated epidemic with MARPs (UNFPA, 2011). Also, most KABP studies (2004) were showing that awareness about HIV is almost universal among the general population, but that high risk behaviors and practices prevail mostly among the MSM, drug users and the young. In 2013, 119 reported cases were new and out of these cases, 90 % were sexually transmitted with a majority of them being MSM. Another occurrence was observed among the new reported cases with lower age groups being increasingly affected.

The NAP, in its efforts to improve surveillance, reviewed the international impact of Voluntary Counseling and Testing (VCT) which considers VCT as an efficient tool to improve surveillance, as it enforces confidentiality and decreases stigma. Today, more than 60 VCT centers are available and dispersed all over the country. As a result, today, centers offering VCT services can be accessed by the entire population living in Lebanon. This specifically includes areas in which Iraqi and Syrian refugees are located.

D. Indicator Data

Area	Key Indicators
In-School Education	Percentage of schools that provided life skills-based HIV education in the last academic year
Prevention/ Treatment at work	Percentage of most at risk group who were reached by the prevention program Total number of individuals (including peer educators) trained to provide HIV prevention services Percentage of large enterprises/companies which have HIV and AIDS workplace policies and programs (by type of enterprise – public/private

Testing	Percentage of most at risk group who were tested for HIV in the last 12 month and who know th results Percentage of clients that attend clinics offering counselling and voluntary testing for HIV by trained staff such as VCT Percentage of district that have at least one center (VCT) with trained staff providing HIV testing and counselling Total number of individuals trained in counseling and testing according to national or international standards
STI	Percentage of patients with STI at selected health care who are appropriately diagnosed and treated
Blood Safety	Percentage of donated blood units screened for HIV, syphilis, Hepatitis B and C in a quality- assured manner before transfusion. Percentage of unsafe practices of blood transfusion
PMTCT	Percentage of HIV infected women who receive anti-retrovirals to reduce the risk of mother-to-child transmission Percentage of children born from an HIV infected women who are infected
ARV	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy Percentage of health facilities offering

	ARV (i.e., prescribe and/or provide clinical follow up
Communication for Behavior Change	Percentage of FSW who used a condom the last time they had sex with a client Percentage of men who report using a condom on the last occasion when they had anal sex with a male partner Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected Percentage of drug users reporting using condoms the last time they had sex
Opportunistic Infections	Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months without using condoms
Nutrition	Ration of the proportion of OVC compared to non OVC who are malnourished (underweight)
OVC	Percentage of orphans and vulnerable children whose households receive free basic external support in caring for the child
HIV Prevalence	Percentage of men and women between the age of 15-49 who were tested for HIV in the last 12 month and know their result
Co- infection HIV TB	Percentage of estimated HIV- positive incident TB cases that receive treatment for TB and HIV

II. Overview of the AIDS Epidemic

Until December 2013, the total reported cases in Lebanon totaled 1671, including those from January 2013 to December 2013 which totaled 119.

The distribution of cases came as follows:

HIV 60%, AIDS 12%, not specified 28%.

Out of this number 88% were males and 12% were females.

As for the age bracket distribution of cases they came as follows:

Age: 0 - 14 year : 1.70 %

15 - 29 year : 29.0 %

30 - 59 year : 46.3 %

> 50 year : 9 %

Unspecified : 14 %

The mode of transmission was mainly sexual reaching up to 90 % , prenatal transmission follows with 1,6 % then IDU 1 % there were 7.5 % with unspecified mode of transmission and as every year transmission through blood was nil.

Nevertheless, if we look further into sub classification among the sexual transmission mode we notice that Homosexual transmission was the dominant with 44.6 %, then comes the heterosexual with 30.2 % and 25.2 % were unspecified , for this year there were no cases under bisexual behavior.

Studies conducted in 1996 and 2004 on the knowledge, attitudes and beliefs of HIV amongst the Lebanese population indicated that knowledge on the subject improved as awareness became universal. Surprisingly by 2010, however, the percentage of people endorsing appropriate and effective protection measures decreased from 93% to 87%. Also, evidence from literature shows that that MARPs still engage in risky behavior despite the high knowledge of HIV transmission with 43% of FSWs, 47% of MSM, and 43% of IDUs reported using condoms during their last sexual encounter.

III. National Response to the AIDS Epidemic:

In 2012 the National AIDS Program developed a multisectoral National Strategic Plan (NSP) adapted to the current situation of the country. The 2012 NSP is a scale-up in provisions detailed by the NSP of 2003. It includes an increased commitment by the government in terms of support in areas as policy, visibility, and resource mobilization; increased commitment by employers' and workers' organizations; increased commitment by professional groups such as media, lawyers, and educators as facilitating agents of change; increased collaboration between government and civil society; and increased research. In addition to an ambitious scale up of VCT activities to include the most remote and underserved geographical areas of the country.

With the new NSP, in 2012, reaffirmation and a renewed commitment in the fight against HIV/AIDS was felt amongst all concerned parties in Lebanon.

Furthermore, the mobilization of non-governmental organizations around preventive programs has had a significant impact on the fight against HIV. Partnerships and collaborative projects with the NAP have become very frequent and have led to successful results; those include interventions in the following areas:

-prevention campaigns about sexual transmission of HIV with more than 2.5 million brochures, TV spots, public announcements, awareness sessions in blood banks, medical health care centers, hospitals, universities, buses, schools, etc…

-prevention of HIV among MARPs; prisoners today are all tested upon entry with everyone infected placed in a special section of the prison. Outreach, interventions, and research have greatly influenced the prisoners, MSM, SWs, and IDUs.

-prevention initiatives among other vulnerable groups, including women, youth, migrants, refugees…

-prevention of mother to child HIV transmission with development and integration of PMTCT guidelines.

-Establishment of more than 60 Voluntary Counseling and Testing Centers (VCT) with hundreds of people trained across the country to benefit all persons. So far, 40% of the beneficiaries belong to the MARPs and most are young males between the ages of 16 to 25 years of age.

-ensuring safety of blood supply; with reinforced protective measures and mandatory testing for blood donors, no new cases of HIV infection due to blood transfusion have been detected in more than 3 years.

-confronting and mitigating HIV related stigma and discrimination with several NGOs established in Lebanon with a special focus on the at risk populations.

-Outreach, interventions and support groups for people living with HIV (PLHIV). Those have not only enhanced the lives of people affected directly but also indirectly by the HIV epidemic, by providing social support, focus group sessions, peer to peer education for PLHIV, and environments devoid of stigma and discrimination.

-integration of HIV information in different programs; with increased research and lobbying efforts on policy change, the topic of HIV is being integrated in several sectors. The NAP along with various ministries and the Center for Education Development and Research was able to integrate the topic of HIV in all public schools curriculums, as well as including it in reproductive health material in secondary schools and universities.

-Since 1998, the decision to treat HIV patients with ARV was taken. Through the NAP, the MOH distributes and provides ARV treatment free of charge to Lebanese citizens and refugees deemed eligible.

There are major achievements and success stories related to HIV in Lebanon. However, it is important to note that the political situation has greatly impacted efforts on HIV and all other issues. The internal security situation only adds to the hardship of the economic situation of the country. Today, with existing other health concerns and the refugees fleeing from Syria and Iraq, the financial resources for HIV relevant issues have become scarcer due to the re-prioritization of resources.

However, even with the difficult political and economic situation, the different stakeholders on HIV still continue to adopt the NAP's strategy on HIV aimed at advocacy, human rights and coordination; prevention; treatment, care and support; and, monitoring, surveillance and evaluation

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The conflict in the neighboring country Syria started March 2011 and is still ongoing. As a result of the military atrocities against civilians there, most of the populations residing in conflict geographical locations are fleeing the combat either to the parts of Syria where considerable security and peace still exists or to outside into neighboring countries, namely Lebanon, Jordan, Turkey and Iraq. Lebanon being one of the closest and easiest to access countries that border Syria is being nowadays flooded by refugees that are coming at an increased uncontrolled and erratic pace. Up to date they are currently more than 900,000 registered Syrian refugees with UNHCR and there are at least more than 150000 waiting to be registered with an estimated total number of 1,2 Million and expected to reach more than three million by the end of 2014.

This huge number is not only creating a demographic hazard on the already existing mosaic population of Lebanon counting over Four Million, but as well creating a multitude of problems starting from economical to political to social not to forget the most important which is the health and medical problem.

Medical coverage in Lebanon is diversified, the MOPH and other governmental health schemes are responsible for in patients coverage for those Lebanese who do not have any form of health insurance whereas ambulatory coverage is either out of pocket, or through a large number of mainly NGO operated Primary health care centers and dispensaries.

Syrian refugees are not concentrated uniformly in camps or refugees units but dispersed in hundreds of locations that vary in size and accommodate a wide range of people, coming from different backgrounds and ethnicities.

Living in crowded places with poor living conditions and extremely underserved areas put those people at high risk of acquiring diseases, Communicable diseases have been noted to be the most common diseases among the Syrian refugees ranging from influenza, infection (mostly diarrhea and respiratory), measles, typhoid, some of those diseases are related to sexual activities specially when poor hygiene and sanitary conditions are prevalent in addition to the poor socioeconomic background of the refugees not to forget the low education and the lack of necessary awareness on communicable diseases including those that are sexually transmitted.

Recently information about sexual violence, forced early marriages and sex work have been reported in the population of Syrian refugees as well as between these populations and the local population.

The lack of proper protection in all fields and the absence of efficient prevention makes these incidences increase in number and severity, this bring us to a more critical situation specially when we know that the number of refugees will definitely increase.

In the biweekly report of the UNHCR (dated from July 7 till 2013), 8233 patient sough PHC services of which 9% for sexually transmitted diseases. In a rapid assessment done by AMEL International, in their health clinics in the area of Beirut and its suburbs, showed that communicable diseases are the most treated diseases at the clinics, varying from influenza (20.45%) to infections(12%), and all the STD are reported under others and constitutes 4.55 % of the total consultations, which included Hepatitis A&B and syphilis.

Lack of awareness and education on the identification, prevention and treatment of those communicable diseases among the Syrian refugee is one of the major gap to access medical services and treatment and adapt preventable methods.

Syria is a low prevalence country for HIV , but as other MENA countries they lack efficient surveillance system and they have a considerable underreporting , stigma is highly prevalent for HIV and other sexually transmitted infections and the population shy from being tested especially when talking about the high Risk Groups.

The problem of the Syrian refugees in Lebanon comes and adds to the already existing vulnerability of the local population, high risk groups are still considered concealed and the country lack population size estimations of these groups. Despite being a low prevalence country, there are data that shows increased incidence of HIV among MSM's ,on the other hand there are a lot of clandestine and in the black market sex work that is poorly if not at all controlled ,where the service of sex being provided by sex workers coming from high HIV prevalence countries.

With the increase number of refugees and the trend towards hosting them in camps the vulnerability towards communicable diseases, Sexually Transmitted disease in particular HIV/AIDS as well as sexual violence will increase, the needs towards working in prevention and awareness raising among this crowd will be mandatory as not only the danger from acquiring these infection become imminent to the refugees themselves but there will an increased risk for transmission to the surrounding population as well.

It is the responsibility of the hosting government as well as the international society with the assistance of the local civil society to help overcoming these situations by protecting that entire

group, foreign and local from this health threatening situation. It is necessary to start planning for activities that help protect people from all communicable diseases starting from the simple influenza to the food born, to the blood born infections including hepatitis, HIV and other STI as well and that in the form of providing counseling, treatment, care and support to all who are affected and their close contacts.

Raising awareness on the most frequent communicable diseases including blood born and HIV is essential in reducing the risk of transmission of these disease among the refugees and their hosting population , this can be achieve through executing several training workshop on raising awareness and increasing knowledge of the health care providers that are serving these population site on how to recognize and prevent the occurrence of these diseases as well as training them or increasing their capacities in performing voluntary counseling and testing for blood born infection including HIV and STI's. The trained health care providers will in turn transmit their knowledge to the target groups they serve and thus improve their ability to recognize infectious diseases symptoms and signs so they can avoid contamination and /or seek for rapid treatment.

On the other hand in order to reach a greater number of the targeted group ,information and education materials that help raising awareness on the communicable disease including those that are blood born , HIV and STI's should be produced and disseminated on a large scale not only at the health care centers but also among the Syrian refugees population as well

IV. Best practices over the past two years:

The most important and remarkable achievements that marked 2012 and 2013 were as follows:

1- Development and implementation of the OST guidelines and SOP's. these guidelines were produced through a long process of external and internal consultations and took into consideration the national situation and the internationally adopted recommendations.

Currently there are over 1000 IDU on OST and being followed up by psychiatrists and thematic NGO's. Buprenorphines are used for replacement , Methadone is being studied for use but yet no decision was taken till nowadays to introduce it into the OST plan yet.

2- Development of the new ART national guidelines in line with the WHO 2103 newly developed guidelines indicating a cut limit of 500 CD4 count to initiate treatment , in addition to few other important recommendations for Pre EP and PMTCT. Currently we have 656 PLWHA on treatment with 102 new cases in 2013.

3- Scale -up of the VCT activities to a higher level of training and implementation that involved new partners and remote geographical distributions. Plans to expand the coverage are being put. Till now we have 60 sites for VCT service provision most of them are actually active whereas effort are being put to advertise for all the centers among the different target groups.

V. Major Challenges and Remedial Actions:

Progress made after the mid-term review of the Political Declaration includes an increase in the number of VCT Centers. In June VCT centers totaled 20 in Lebanon, where by the end of the year, VCT centers with trained personnel increased to 60 and are now widespread throughout the Lebanese territory, also reaching the Syrian refugees.

Furthermore, several new IEC material was developed and distributed, targeting different MARPs. Also, since July, partnerships and collaborations have been increased. The responsibilities of UN theme group for HIV/AIDS were transferred practically to an old new technical group called JUNTA (Joint UN team for HIV) the NAP is a integral part and being a WHO staff the NAP is representing WHO as well in this group and taking the role of the secretariat and mediatory. From now on, this group will be meeting at least two to three times a year and at need, he will be developing the common UN plan for HIV/AIDS.

Progress has also been made in terms of ARV's and the dispensing center. The post mid-term review period was marked by the development of the new HIV treatment guidelines after the issuing by WHO of the new guidelines , the target set to initiate treatment with the ARV's is now set at less that of 500 CD4 count, this means that more PLWHA will be eligible for treatment and this goes along with this year's slogan (treat more) . Nevertheless this fact will have additional burden on the HIV drug budget and needs to be addressed critically.

The ARV drug list for this year included on additional new drug that is widely used by physicians and combines three drugs together which improves compliance among patients. New drugs are now proposed to be included in the near future.

Yet with major efforts and progress achieved, unfortunately, major challenges hindering the national response in the fight against HIV/AIDS, remain in Lebanon.

Whether discussing research, advocacy, trainings, policy changes, and/or access to treatment, concerns over the political and internal security of the country, shortage of funding, and lack of skilled human resources were high. Resistance from religious leaders and decision makers was also a strong concern from stakeholders in moving forward with achieving the ten targets.

The political situation and internal security of the country are a constant threat to medium and long-term plans. Civil strife, change in government, replacements in decision makers and high-ranked officials, have only poorly affected the stability of the country and its people, thus leading to a decline in the national budgets, and economy in general.

The lack of continuous and stable national financial support, lack of Global Fund support at the national level, added to a shortage of funding from external funds only adds to the difficulty in fighting against HIV/AIDS and/or finding adequate resources for future sustainability.

A general lack of awareness concerning issues related to HIV remains high in the country even amongst health care providers, MARPs, decision makers, religious leaders, academicians and the general population. Subjects such as HIV, PLWHA, the MARPs, or even sexual freedom, drugs, condom use, or alcohol remain "taboo" subjects leading to stigma/discrimination, ignorance, fear, and causing further resistance to change and improvement of the HIV situation.

Lack of effective collaboration and coordination between the key stakeholders in HIV remains an important constraint. Ministries, parliamentarians, decision-makers, NGOs, international agencies and other institutions relevant to HIV lack transparency among each other. Duplication of work, rivalry and competition remain strong drawbacks in the country's effort to fight against HIV/AIDS.

Punitive laws in the country also create a major challenge in improving HIV related issues. Penal Code 534 criminalizing homosexuality has yet to be stricken from the legal books. Obsolete policies and regulations related to drug users, sex workers, prisoners, women, men who have sex with men and other high risk populations, impede the process of change, reinforce stigma/discrimination, and obstruct access to care, treatment and support.

The actions that are planned to effectively and efficiently face all of these challenges can be found in the Mid-Term Review submitted in 2013.

IV. Support from the country's development partners (if applicable)

N.A

VII. Monitoring and Evaluation Environment

The deepened knowledge of the nature of the epidemic is essential. It is thus imperative to obtain more data on the persons who are at higher risk as well as other groups. NAP is the responsible body for the monitoring and evaluation of the disease progress and for collecting data reported by physicians, laboratories and blood banks. The data analyses and projections are performed and reported periodically. Estimations on the number of PLHIV in Lebanon are made based on a model developed by UNAIDS and WHO. The reporting forms were revised and modified to include a follow-up. However, some problems remain that should be taken into account: Data collection, Data reliability, Data nature and quality, Estimation.

A National Monitoring and Evaluation framework with eleven indicators was developed according to the three ones principle yet Lebanon lacks an integrated surveillance system of HIV/AIDS. The monitoring consists of observing on a regular basis the priority information and the results related to the programs fighting HIV/AIDS. The interpretation, combined with data coming from different sources, represents a key element for an effective follow-up system.

Efforts should be made to invest in a better more efficient surveillance system. This will enable us to observe the progress of the disease and monitor trends among specific groups. Accurate indicators will guide us to put new plans with targeted interventions that will have better impact on the National AIDS response.

Plans for population size estimation especially for the MSM's and IVDU's are put now in coordination between the NAP and MENHARA. implementation of these surveillance activities will be starting soon.

ANNEX 1:

1- Desk Review of Existing Data and available literature on HIV/AIDS

2- Interviews with relevant Stakeholders

3- National Validation Workshop with all concerned stakeholders to validate report

ANNEX 2:

NCPI Report- Submitted online