

# Country progress report - Lebanon

Global AIDS Monitoring 2019





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# Overall

## **Fast-track targets**

## **Progress summary**

Although low in HIV prevalence, Lebanon has a concentrated HIV epidemic among MSMs confirmed through the most recent IBBS conducted in 2018 that showed a rate of 12% HIV among Lebanese MSMs. The NACP continues to condense its efforts to access key and vulnerable populations through engagement with thematic NGOs. This model has proven to be successful in recent years with improved preventive and testing HIV health services, as well as through the detection of previously hidden HIV cases. Under MER1, the NAP was able to increase geographical coverage of HIV services through civic engagement, and provide comprehensive treatment coverage free of charge to patients of all nationalities without discrimination. Through MER2, Lebanon continues to offer the same services and activities, and commits an additional focus on the quality of life of PLHIV.

# HIV testing and treatment cascade

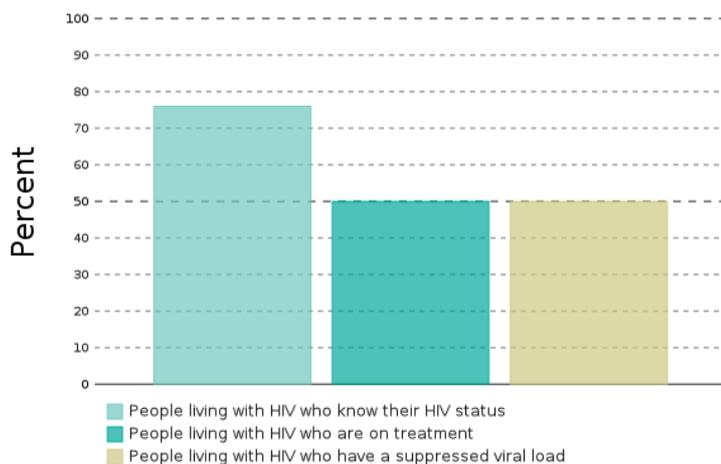
**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## Progress summary

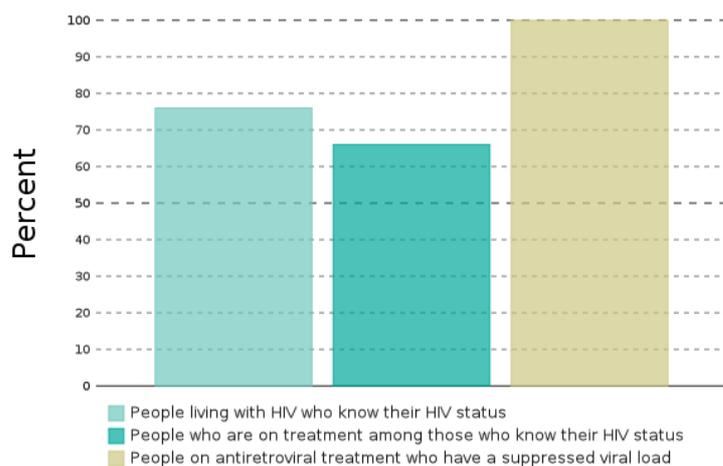
Under the treatment for all strategy, Lebanon is providing treatment to 64% of people who know their status.

Though this is only an estimate, the reality on the ground that not only the MOPH is providing high quality, 100% free of charge treatment to all the Lebanese PLWHA but also it is providing the same quality of treatment and free of charge to all HIV patients residing in Lebanon, being Syrian, Palestinian or other settled refugees in the countries and for those on temporary status awaiting their resettlement in other countries.

## HIV testing and treatment cascade, Lebanon (2018)

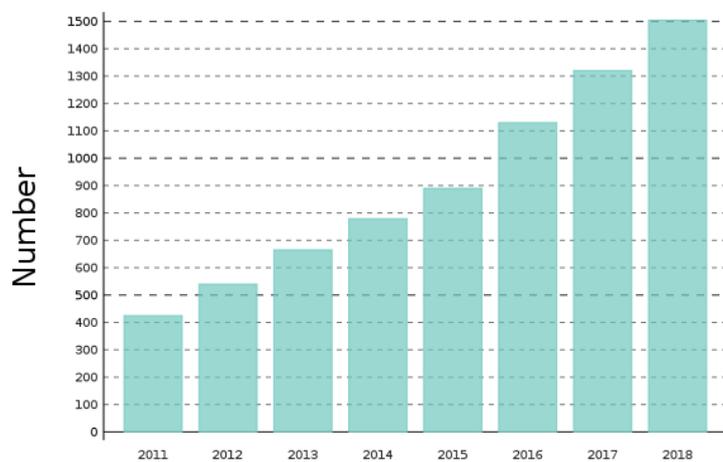


## Progress towards 90-90-90 target, Lebanon (2018)



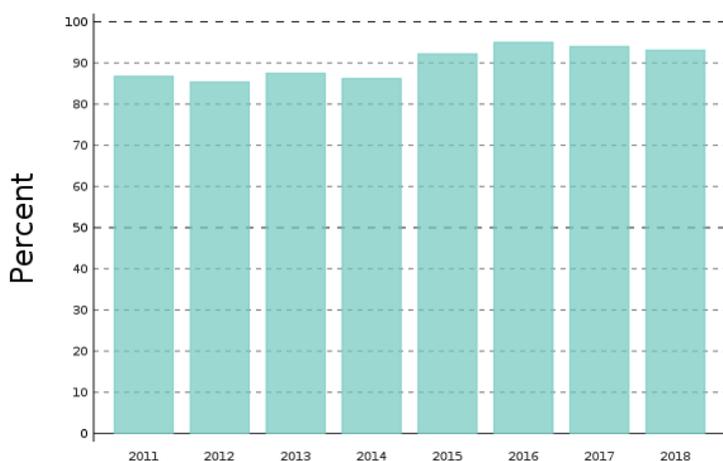
## 1.2 People living with HIV on antiretroviral therapy, Lebanon (2011-2018)

Number of people on antiretroviral therapy at the end of the reporting period



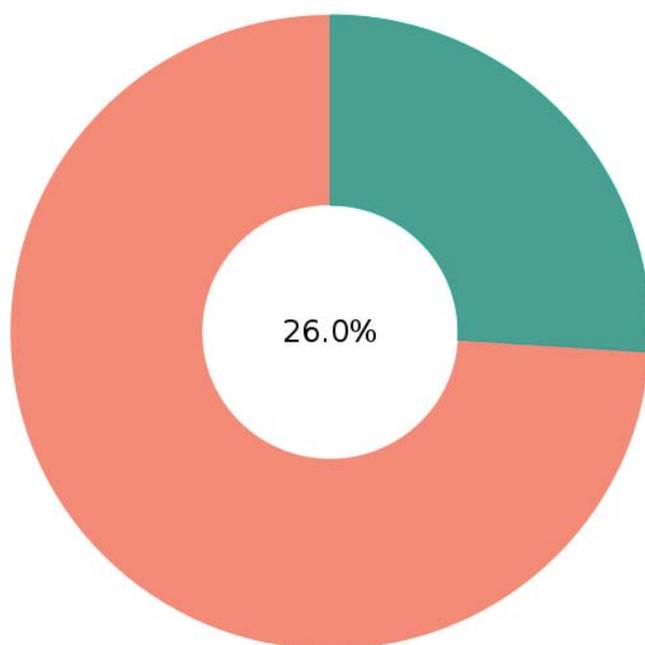
### 1.3 Retention on antiretroviral therapy at 12 months, Lebanon (2011-2018)

Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting



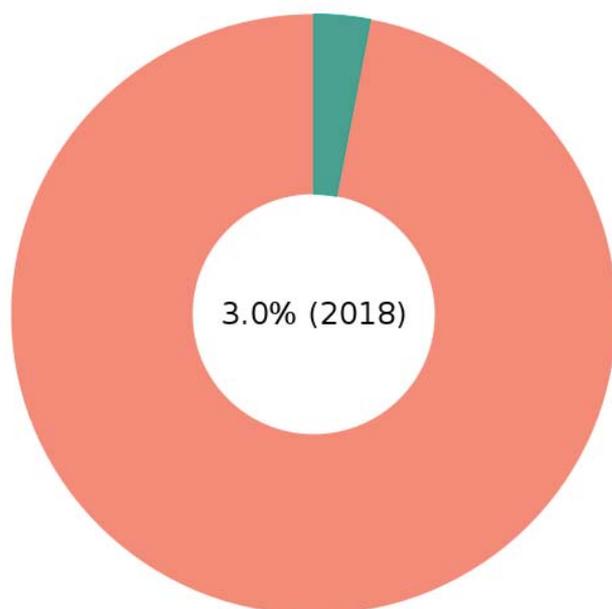
### 1.5 Late HIV diagnosis, Lebanon (2018)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm<sup>3</sup> during the reporting period



## 1.8 HIV testing volume and positivity, Lebanon

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 5 350

# Prevention of mother-to-child transmission

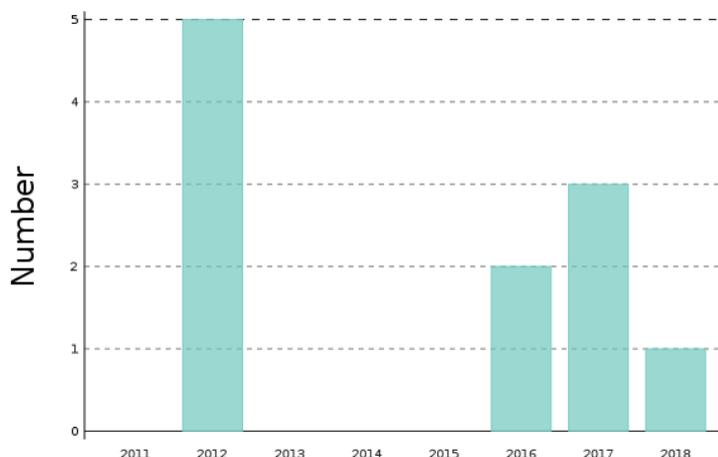
**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## Progress summary

In 2018, the National figures are showing zero new HIV infection among newborns. A robust PMTCT is present and especially at the private ante natal clinics where most of the deliveries take place with a close follow up from the NACP and its partners.

## 2.1 Early infant diagnosis, Lebanon (2011-2018)

**Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth**



# HIV prevention; Key populations

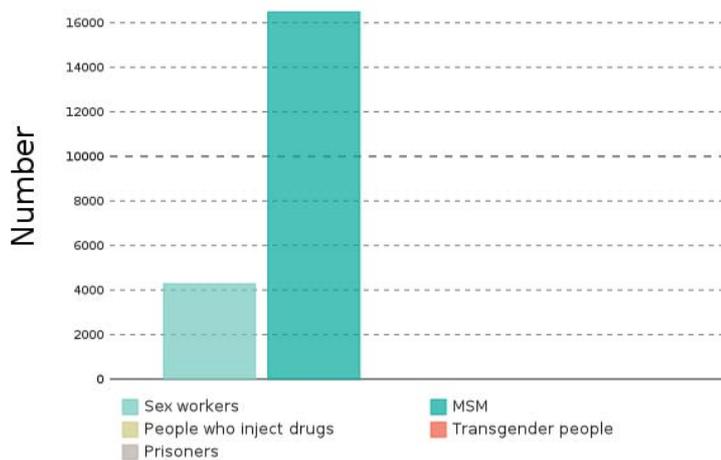
**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

Lebanon being an HIV concentrated epidemic in MSM is designing plans and activities targeting MSM and other Key population groups and their communities: several thematic NGOs are working closely with the NACP to reach these groups offering them all kind of prevention tools such as condoms, education materials, PEP, PrEP (for specific cases) and ART as well as NEP and OST as part of a comprehensive Harm reduction program are essential prevention methods adopted in the country also male circumcision is widely practiced.

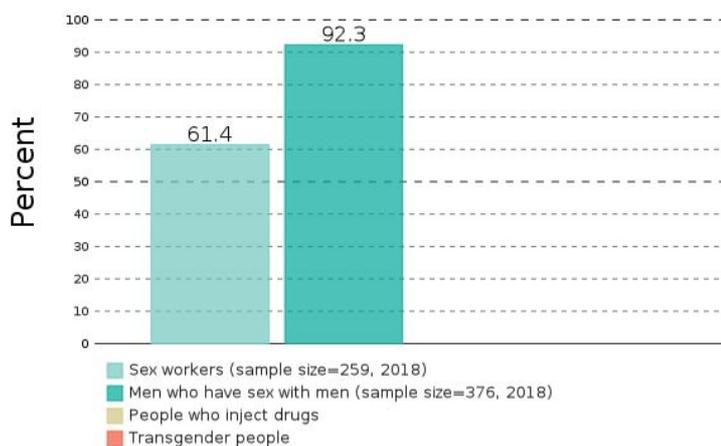
A consultant (ID physician) goes regularly to prisons to offer treatment (from NACP), and testing for HIV, Hepatitis B and C, and TB. The consultant also provides regular follow up to PLHIV with periodical CD4 and Viral Load tests.

### 3.2 Estimates of the size of key populations, Lebanon



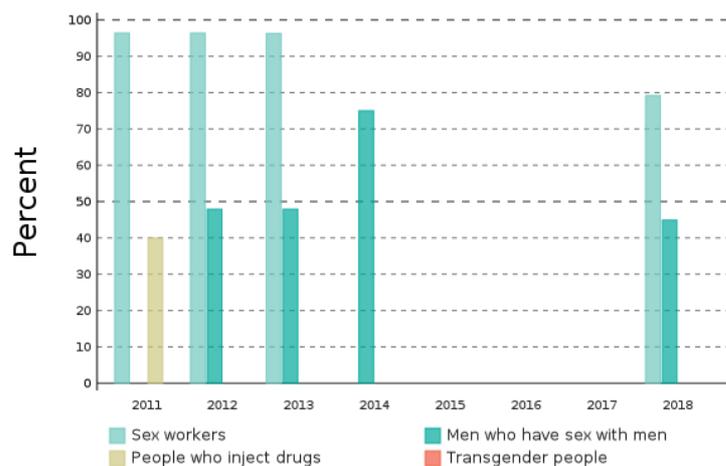
### 3.4 HIV testing among key populations, Lebanon

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



### 3.6 Condom use among key populations, Lebanon (2011-2018)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



# Gender; Stigma and discrimination

**Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

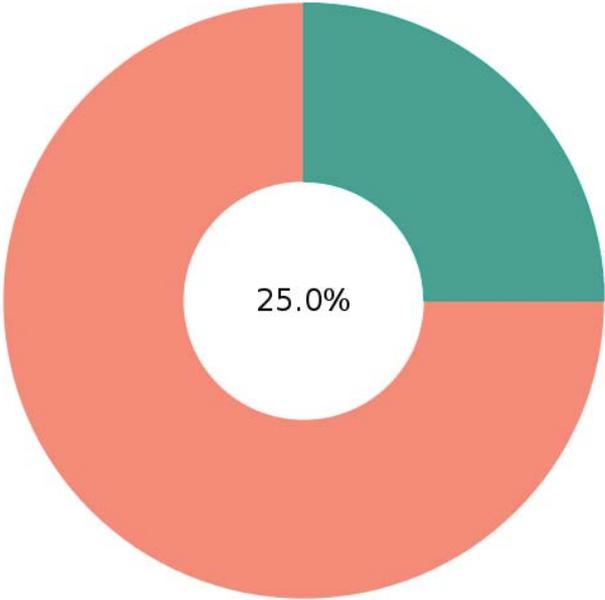
## **Progress summary**

Multiple seminars and conferences are delivered in universities and schools to target young population who are at high risk of HIV. These sessions and workshops deliver messages to end gender inequalities and all forms of violence and discrimination against women, PLHIV and LGBT groups.

Women and youth are actively involved in the fight against HIV, their role is now crucial in every plan and activity implemented by all HIV stake holders being government or private.

More insight is now put in the country on all laws that have discriminatory gender aspects including the one concerning naturalization.

**Percentage of Global AIDS Monitoring indicators with data disaggregated by gender**



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# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

Although the promotion of sexual and reproductive health in schools and universities is still an uncommon approach in Lebanon, many NGO's and other civil society groups work intensely in promoting prevention and awareness about HIV and other STIs. Through educational materials and prevention tools (condoms, HIV tests, rapid HIV tests,...), these NGOs (or the NACP directly) promote and educate about the access to SRH services in Lebanon. In addition, the NAP engages with school focal points to organize awareness sessions to school children. Condoms and other prevention tools are now distributed more openly and parents acceptance to change is more prominent even among the conservative environment.

# Social protection

**Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

## **Progress summary**

Social protection in Lebanon is under developed at population level, especially PLHIV. The economic situation and refugee crisis are hindering the prioritization of this topic by decision makers. However, there have been notable successful attempts by the civil society in coordination with the NACP to improve the socioeconomic status of individuals affected by HIV. The use of MER I resources and now MER II are used to alleviate some financial burden with heavy impact on those on treatment when it comes to testing and follow up monitoring of progress of treatment, the NACP is pushing hardy with the concerned department at the MOPH and with the donors like the GFTAM for a more coverage and support.

# Community-led service delivery

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Progress summary**

Most health services of the HIV programmatic cycle in Lebanon are NACP designed and supported but almost 90% of prevention -education activities are community-led. Testing and prevention services are decentralized through thematic NGOs that have better access to key and vulnerable populations. While treatment is generally centralized at the NAP drug dispensary center, though a large number of PLWHA on treatment are receiving their medication through community or NGO based focal points. These community focal points receive the medications from the NAP dispensing center while acting as facilitators in certain cases for logistic purposes and practicalities.

# HIV expenditure

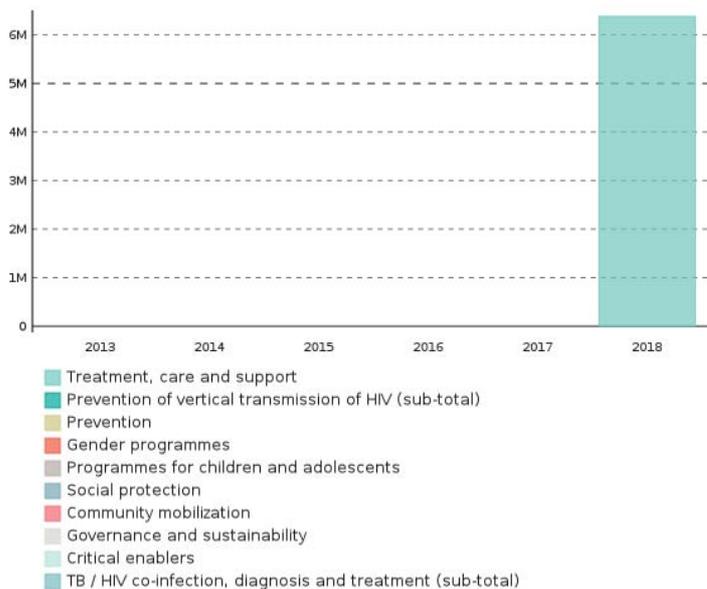
**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers**

## Progress summary

In recent years, there have been many advances in HIV prevention and treatment at national level through the introduction of innovative testing and preventive methods as well as new generations of ART medications. However, investments in the field of HIV continue to be suboptimal due to the inability of the NAP to push HIV as a priority on the government agenda. Amid a deteriorating economy, the country is still responding through a multi-sectorial approach to the refugee crisis and heavy burden of war in neighboring countries.

Not to forget the investment in man power that is substantially increasing where we find every instant new human resources acting in the field of HIV increasing in number and capacity.

## 8.1 Domestic and international HIV expenditure by programme categories and financing sources, Lebanon (2013-2018)



# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Progress summary**

The NACP continues to exert pressure on decision makers and law enforcement agencies to empower and create a safe space for people living or affected by HIV. The complaint system that was created in recent years continues to serve its purpose of documenting and disseminating to the proper authorities human right violations as well as discrimination incidents. Now with the HIV people and others from Key populations becoming strongly vocal, many rights are being recaptured in every field , especially those that are related to human rights and social protection.

# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Progress summary**

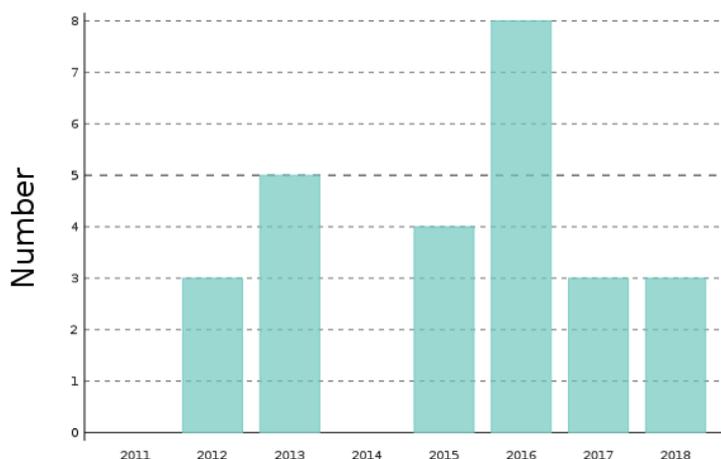
HIV in Lebanon is now being accepted as a chronic disease. VCT rapid testing is performed in TB centers as well as in prisons. Hepatitis B and C as well as other STIs are screened together with HIV. Thus, there is a more comprehensive approach for testing. As for treatment, HIV treatment and follow up (including co-infections) are being done routinely for all. Comprehensive care is now widely adopted and it is well documented in the national HIV treatment guidelines.

Moreover, HIV prevention and treatment are now planned to be integrated in the general PHC plans and activities. The introduction of self testing represents now a new tool to be used by those still under the feeling of being oppressed and stigmatized, the advocacy for self testing is becoming public and the tool is provided by the NAP for free for every individual who feels he was exposed to the virus, the NAP as well is providing adequate quantities for thematic NGO's for distribution.

HIV/TB programs partnership is well established and there is an improving cooperation with the Hepatitis and antenatal programs.

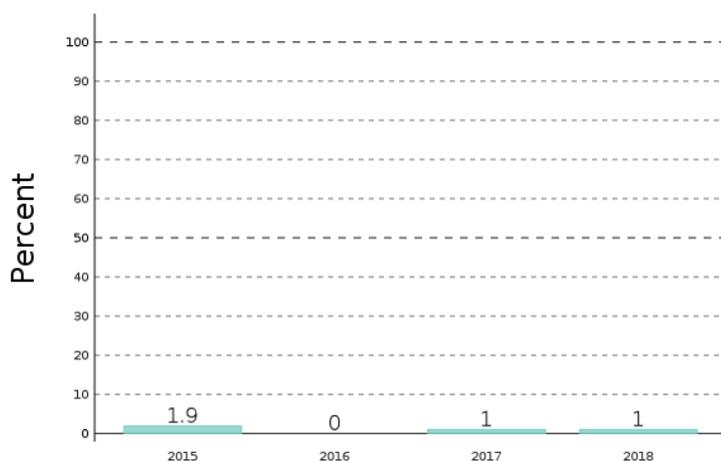
## 10.1 Co-managing TB and HIV treatment, Lebanon (2011-2018)

Percentage of estimated HIV-positive incident tuberculosis (TB) cases (new and relapse TB patients) that received treatment for both TB and HIV



## 10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Lebanon (2015-2018)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



### 10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Lebanon (2015-2018)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period

