

Country progress report - Lebanon

Global AIDS Monitoring 2020



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- XI. 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

Overall

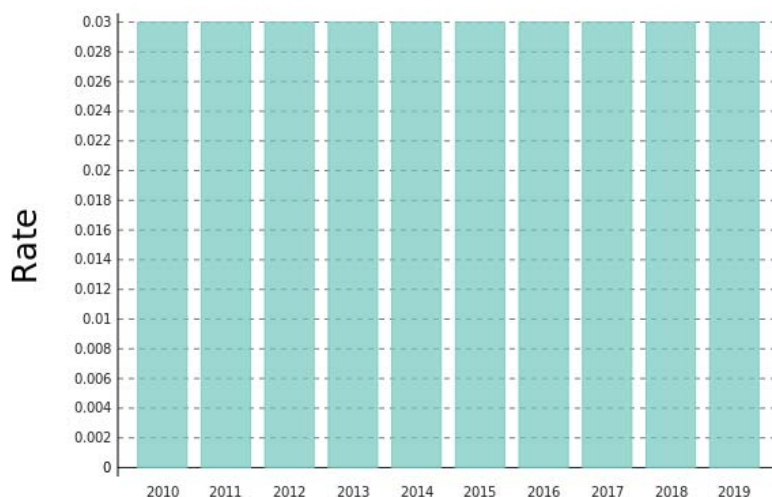
Fast-track targets

Progress summary

Lebanon has a concentrated HIV epidemic among MSM (12%) confirmed through the most recent IBBS conducted in 2018. 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 NACP 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.

3.1 HIV incidence rate per 1000, Lebanon (2010-2019)

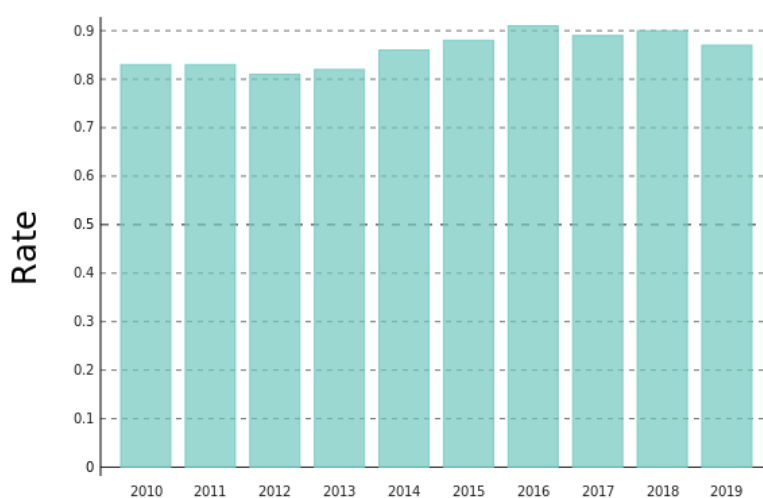
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, Lebanon (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

HIV testing and treatment cascade

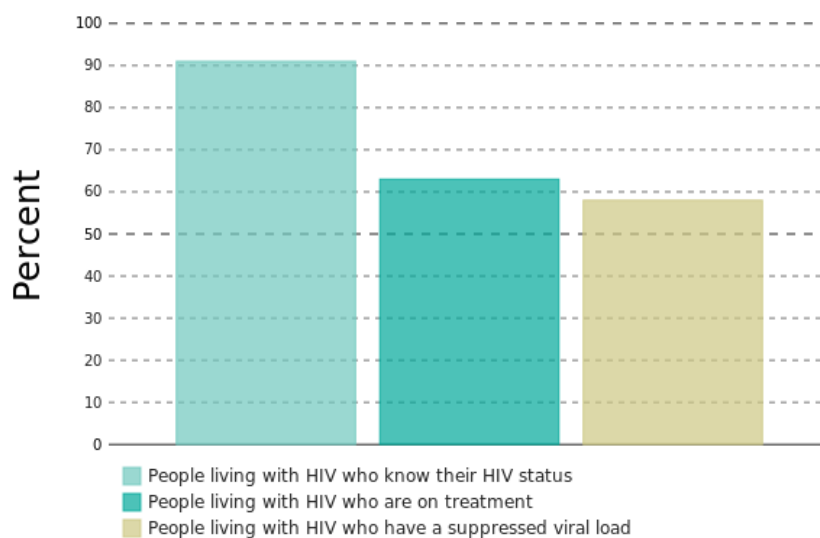
Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

Under the treatment for all strategy, Lebanon is providing treatment to more than 60% 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.

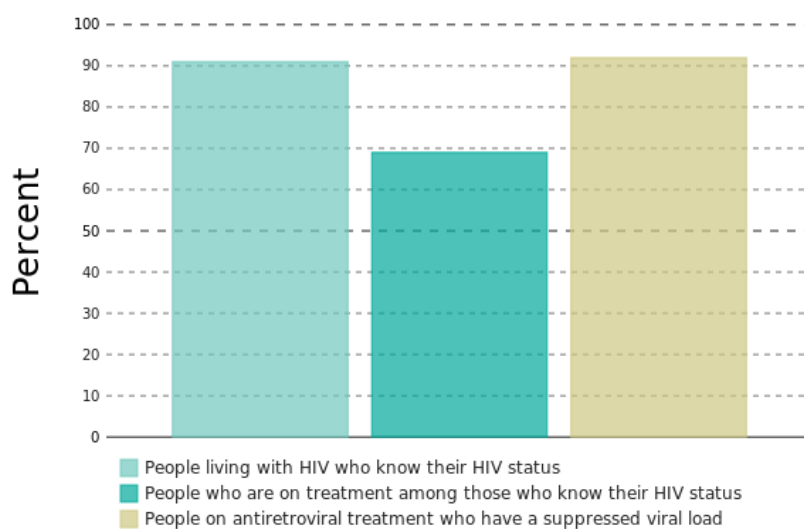
This government policy has been instituted since the late nineties and progressed to include the vast majority of the PLWHA in the country, with the beginning of the Syrian conflict crisis and the unprecedented influx of Syrian refugees into Lebanon the government included all the Syrian living with HIV into its public coverage with ART, until the development of the MER I project supported by the GFTAM the government was providing treatment for all, nowadays MER II is supporting treatment for Syrian and Palestinian refugees in Lebanon, nevertheless the MOPH is still covering other refugees who are in temporary asylum in Lebanon awaiting their departure to their final asylum country.

HIV testing and treatment cascade, Lebanon (2019)



Source: Spectrum file

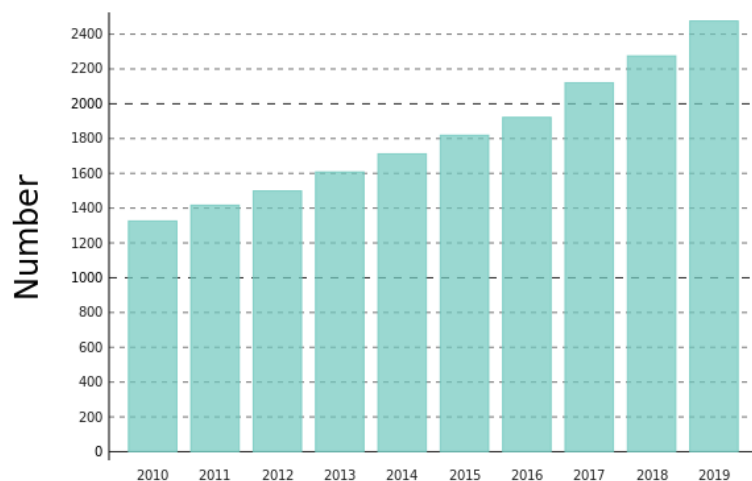
Progress towards 90-90-90 target, Lebanon (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, Lebanon (2010-2019)

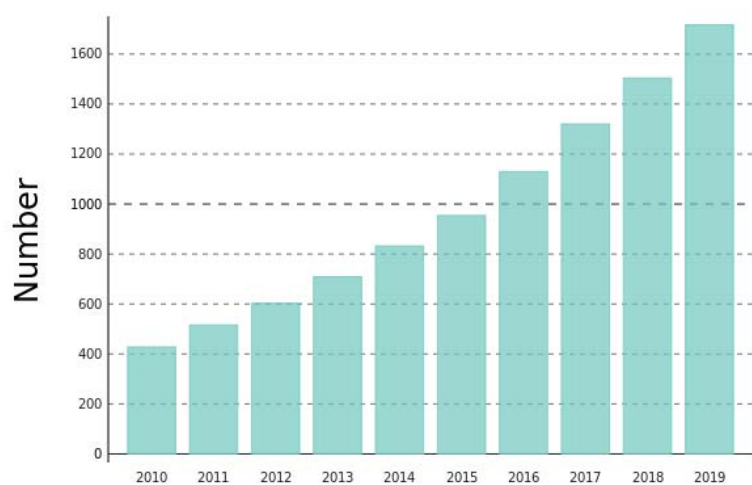
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, Lebanon (2010-2019)

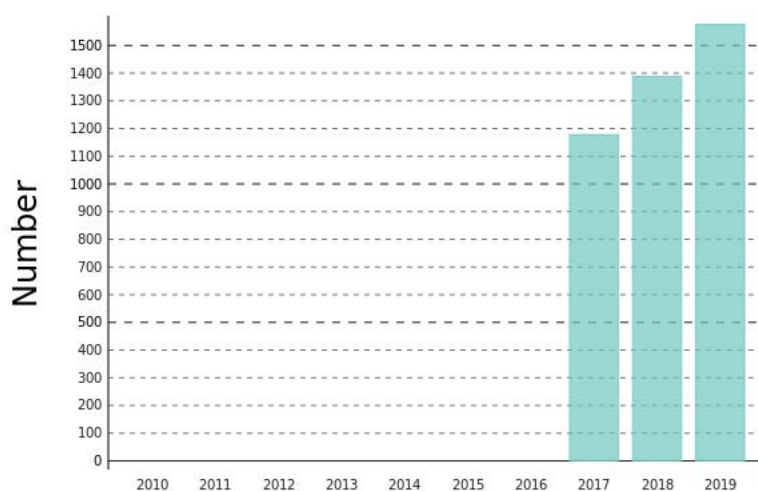
Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Lebanon (2010-2019)

Number of people living with HIV with suppressed viral loads



Source: Spectrum file

1.6 AIDS mortality rate per 100 000, Lebanon (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, Lebanon (2010-2019)

Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

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

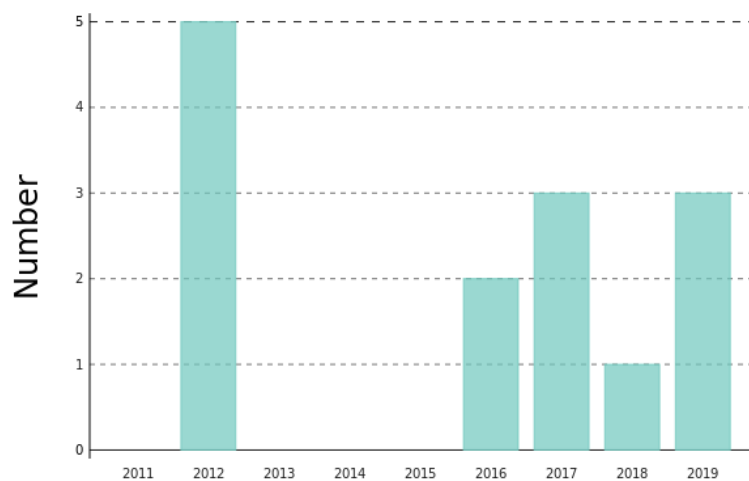
Progress summary

In 2019, 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.

Ensuring a Zero infection among the new nates is one important target for the NACP, strict adherence to the PMTCT WHO guidelines is adopted and ART pediatric formulations are always available despite the hardship to get them from distributors due their marketing low profit.

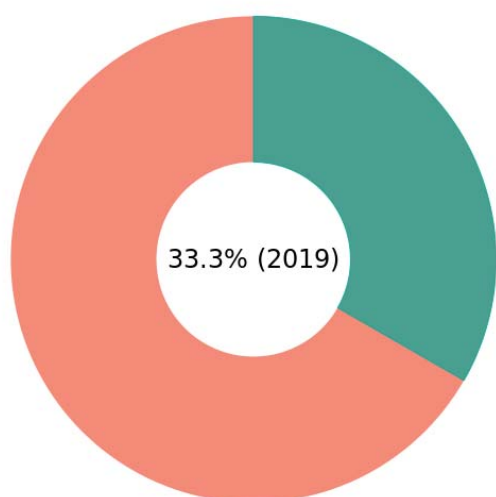
2.1 Early infant diagnosis, Lebanon (2011-2019)

Number of infants who received an HIV test within two months of birth



2.1 Early infant diagnosis, Lebanon (2018-2019)

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

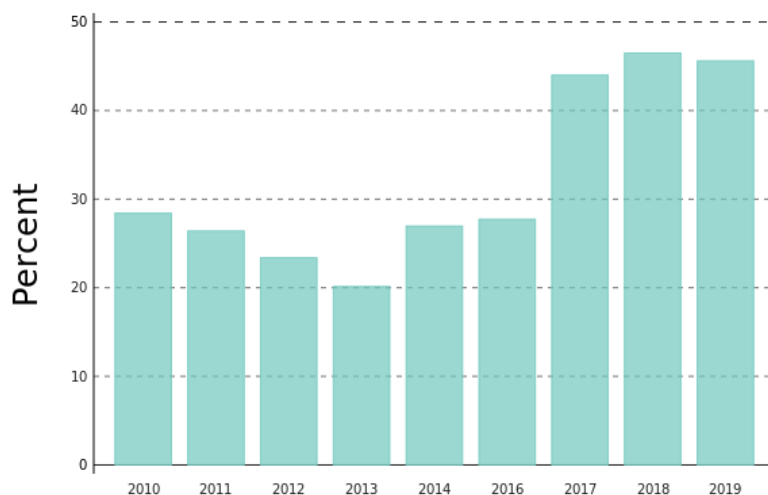


↑ 10.0% (2018)

Source: Spectrum file

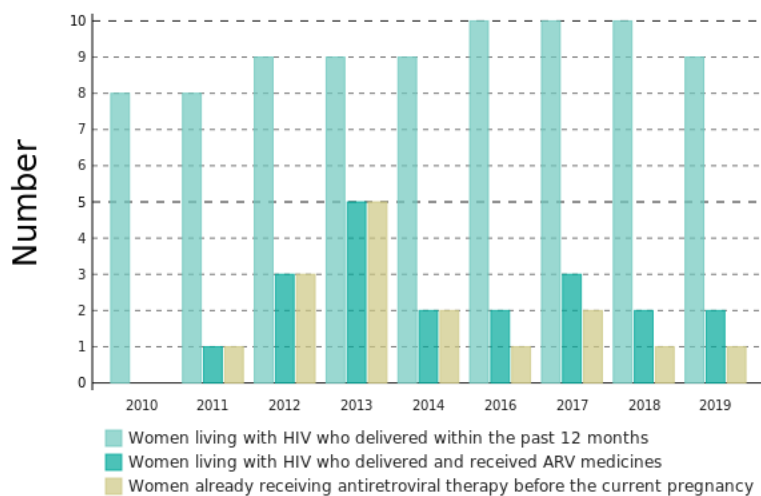
2.2 Mother-to-child transmission of HIV, Lebanon (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

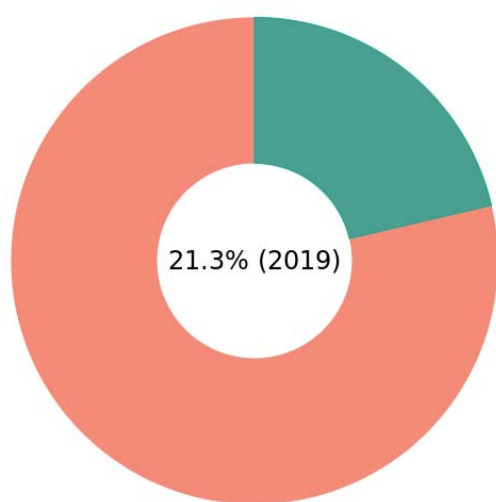
2.3 Preventing mother-to-child transmission of HIV, Lebanon (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Lebanon (2018-2019)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



↑ 20.9% (2018)

Source: Spectrum file

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

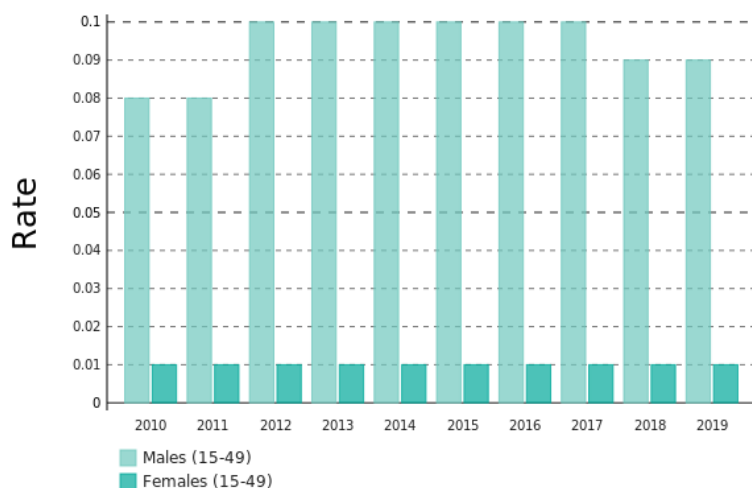
Progress summary

Lebanon being an HIV concentrated epidemic in MSM is designing plans and activities targeting MSM and other Key population groups and their communities. In fact, 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 now under piloting to study its feasibility among MSM as far as cost-effectiveness) 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 NAP), and testing for HIV, Hepatitis B and C, and TB. The consultant also provides regular follow up to PLWHA with periodical CD4 and Viral Load tests.

3.1 HIV incidence rate per 1000, Lebanon (2010-2019)

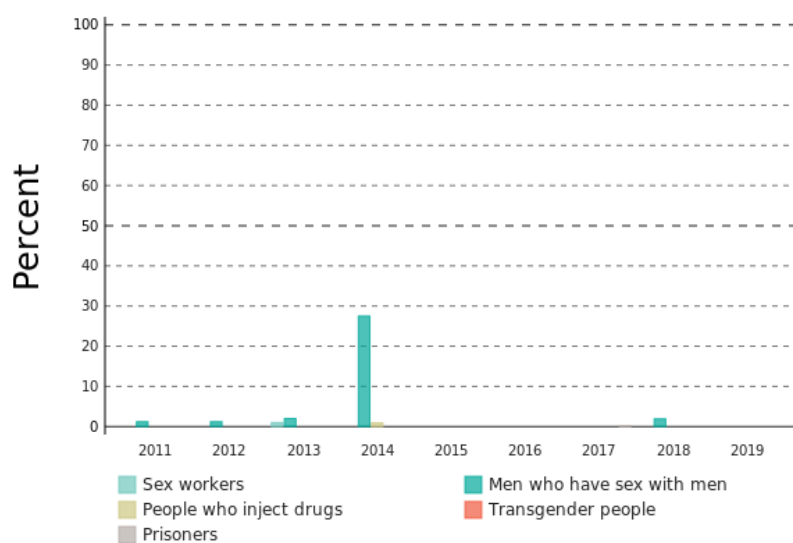
New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

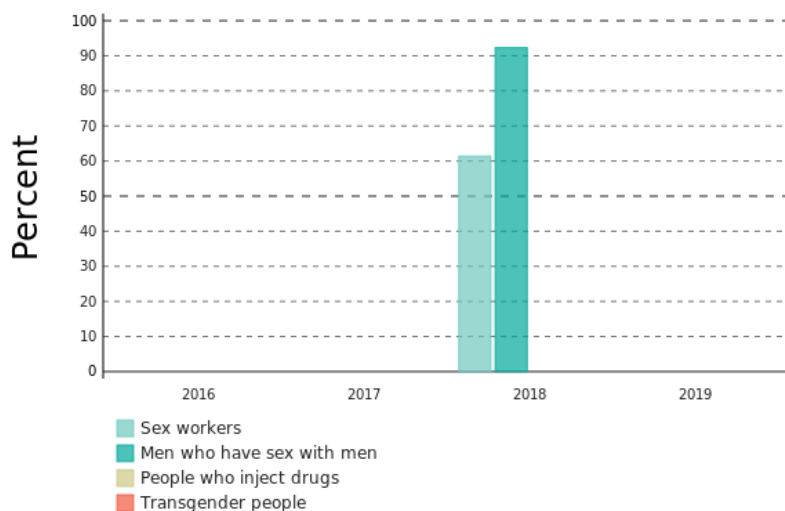
3.3 HIV prevalence among key populations, Lebanon (2011-2019)

Percentage of specific key populations living with HIV



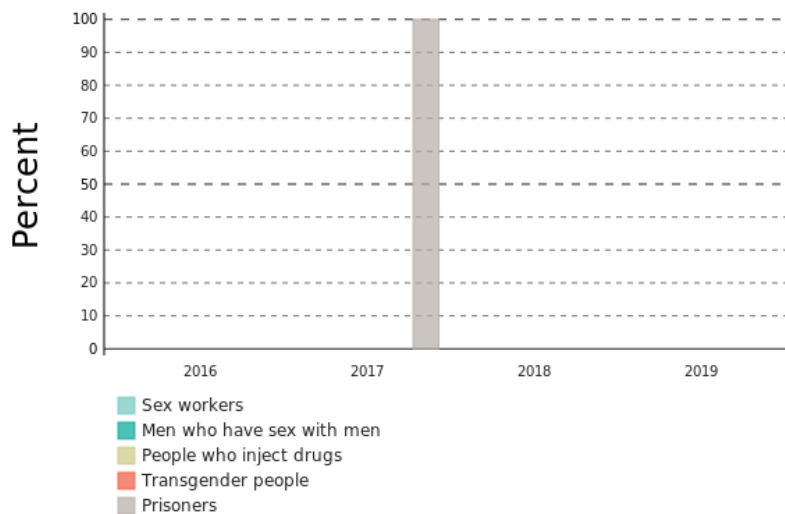
3.4 HIV testing among key populations, Lebanon (2016-2019)

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



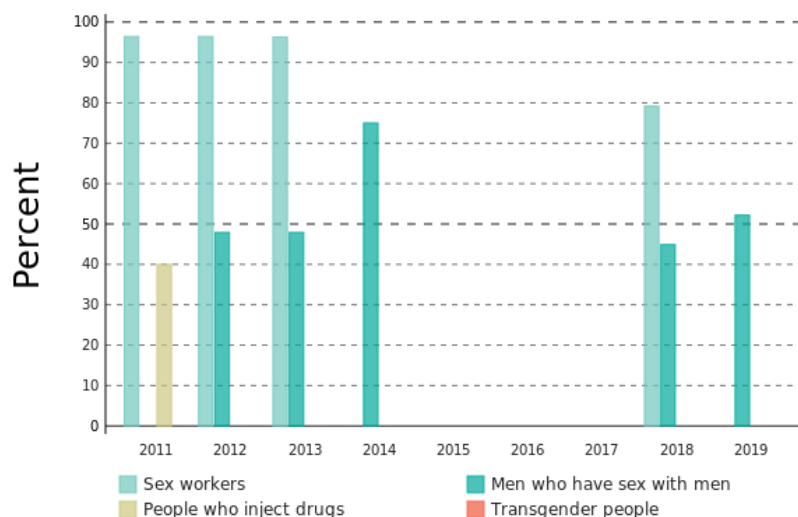
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Lebanon (2016-2019)

Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months



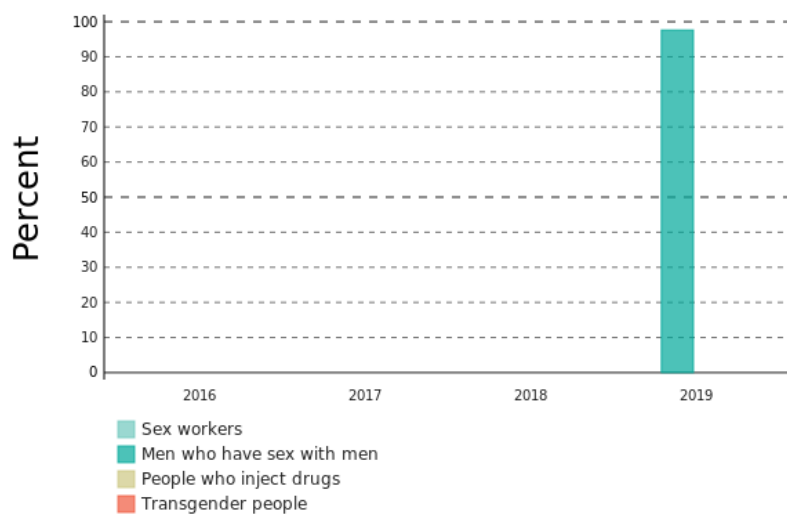
3.6 Condom use among key populations, Lebanon (2011-2019)

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



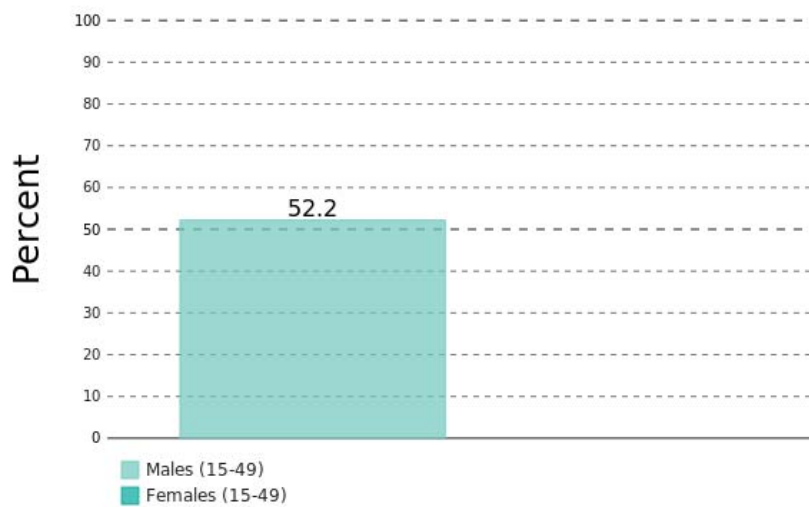
3.7 Coverage of HIV prevention programmes among key populations, Lebanon (2016-2019)

Percentage of people in a key population reporting having received a combined set of HIV prevention interventions



3.18 Condom use at last high-risk sex, Lebanon (2019)

Percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months



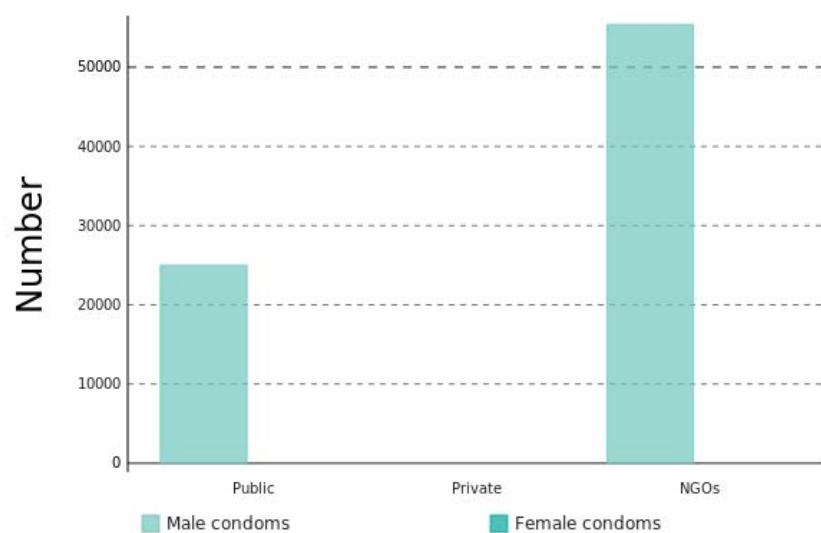
3.19 Annual number of condoms distributed, Lebanon (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, Lebanon (2019)

Number of condoms distributed during the past 12 months



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

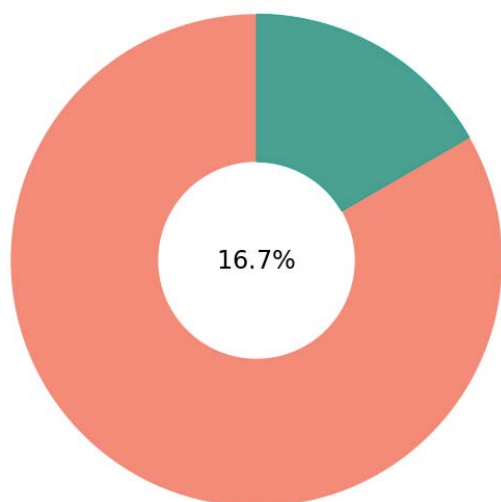
Progress summary

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, PLWHA 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, nevertheless several private and public universities are promoting program for sexual and reproductive health and few of them has incorporated these subjects in their study curricula. In Lebanon, many NGO's and other civil society groups work intensely in promoting prevention and awareness about HIV. Through educational materials and prevention tools (condoms, HIV tests, rapid HIV tests,...) provided by the NACP, these NGOs promote and educate about the access to SRH services. In addition, the NACP 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 PLWHA. 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. Previously 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 hardly 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 NCAP 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 NACP 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 NACP dispensing center while acting as facilitators in certain cases for logistic purposes and practicalities.

HIV expenditure

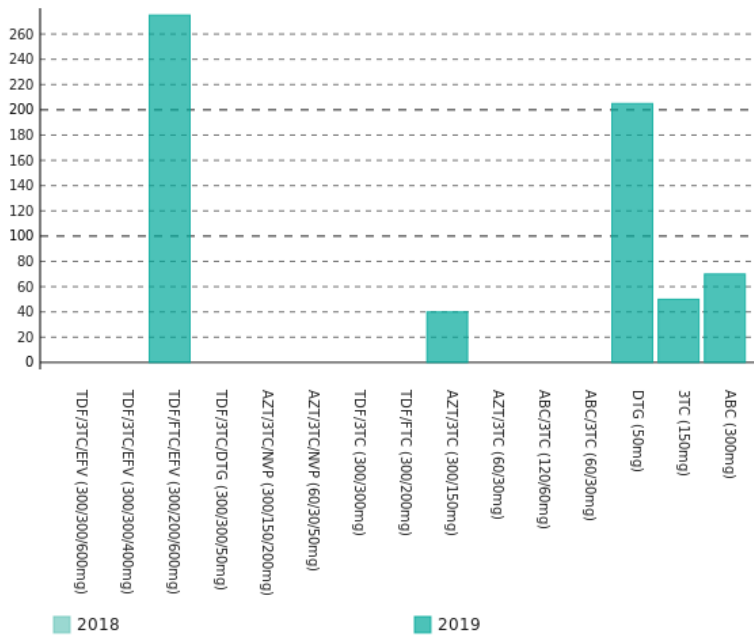
Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

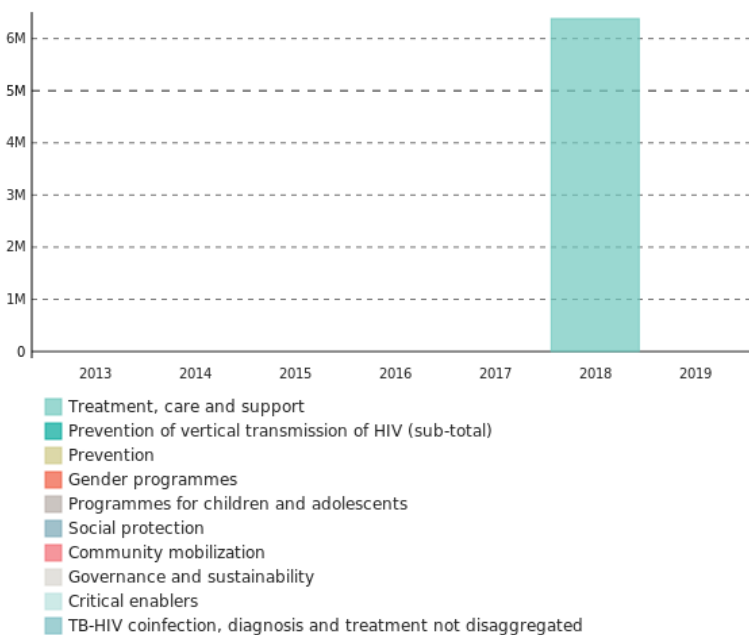
In recent years, there have been many advances in HIV prevention and treatment at national level through the introduction of innovative testing and preventive methods as well as new generations of ART medications. However, investments in the field of HIV continue to be suboptimal due to the inability of the NACP 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.

8.2 The average unit prices of antiretroviral regimens (in US\$), Lebanon (2018-2019)



8.3 HIV expenditure by programme category, Lebanon (2013-2019)



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.

New laws and regulations are being issued or under discussion at the judiciary level, these days LGBT communities are no longer incriminated for their behaviors and their rights to prevention and treatment are highly respected, what remains is to take out all the punitive laws that are discriminatory in terms of gender equality and social behavior from the system as soon as possible.

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

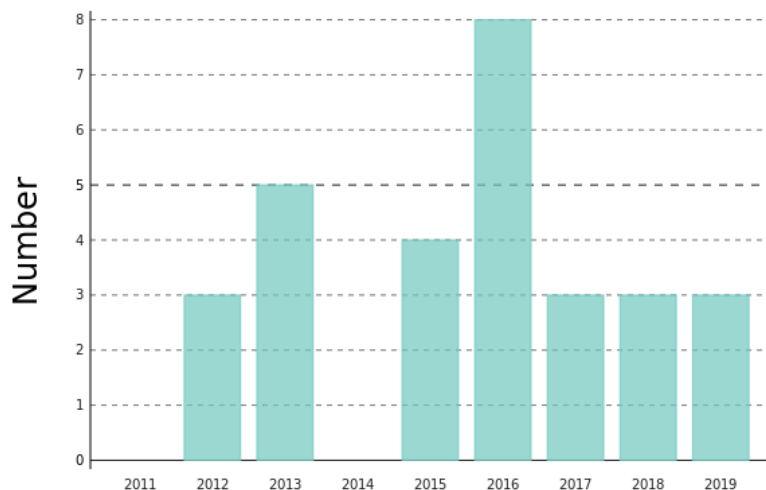
HIV in Lebanon is now being accepted as a chronic disease. VCT rapid testing as well as self testing are performed and/or distributed in TB centers as well as in prisons. Hepatitis B and C as well as other STIs are screened together with HIV. Thus, there is a more comprehensive approach for testing. 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 NACP for free for every individual who feels he was exposed to the virus or he wants more privacy to perform the test. Partner notification is highly enforced and the HIV self test creates an opportunity for partners of Key population groups to get tested without the fear of confidentiality breach, 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.

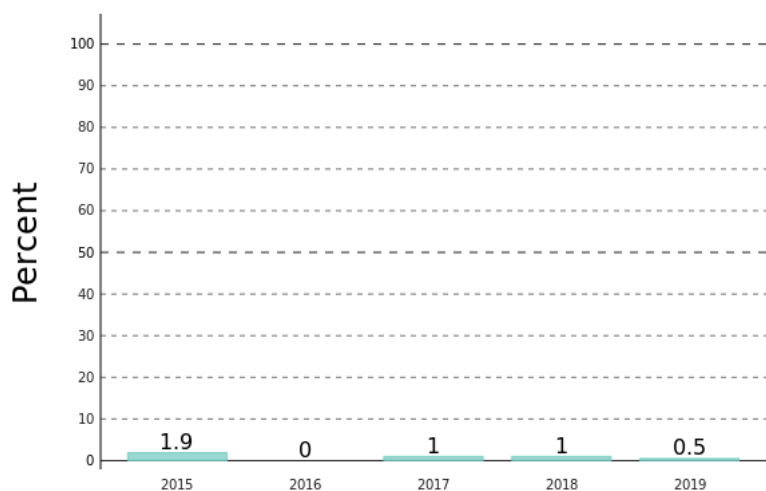
10.1 Co-managing TB and HIV treatment, Lebanon (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



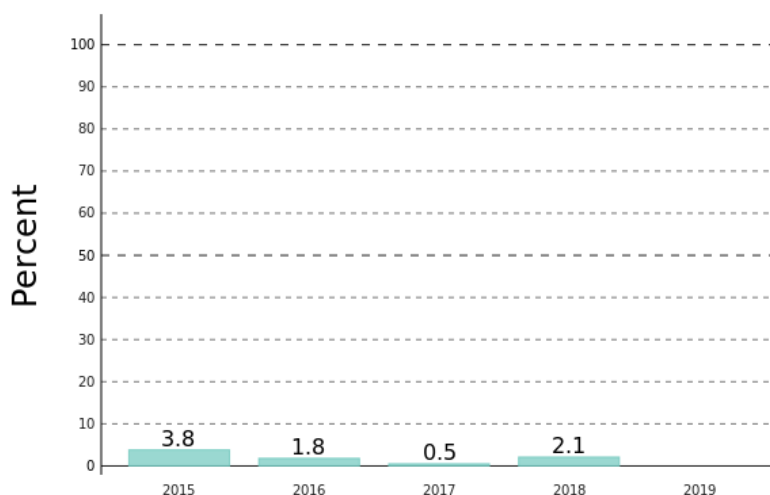
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Lebanon (2015-2019)

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



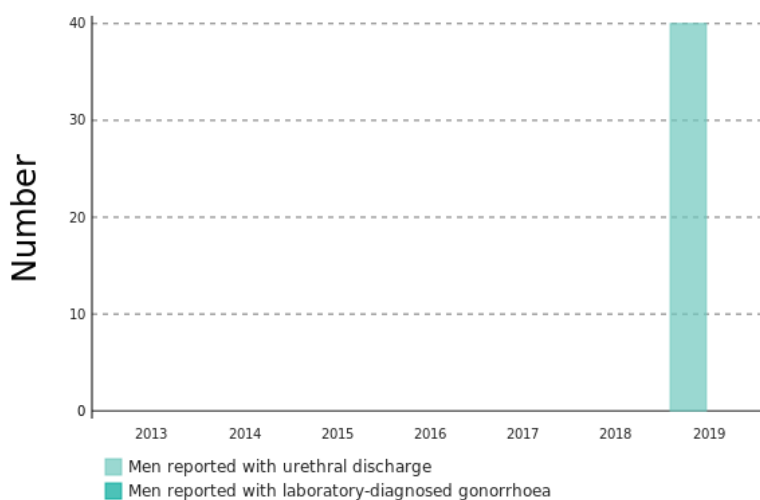
10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Lebanon (2015-2019)

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



10.4/10.5 Sexually transmitted infections, Lebanon (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months



10.7 People coinfectd with HIV and HCV starting HCV treatment, Lebanon (2015-2018)

Proportion of people coinfectd with HIV and HCV starting HCV treatment

