## Pakistan Hepatitis Country profile 2017

## **Epidemiology**

% Estimated prevalence of chronic
Hepatitis B infection (HBsAg+)<sup>i</sup>
Estimated prevalence of chronic HCV
infection<sup>ii</sup> (%)<sup>iii</sup>
Estimated prevalence of chronic HCV
infection (N)<sup>iii</sup>
HCV prevalence among PWID [mean[95% CI]]<sup>iv</sup>
Hepatitis specific mortality rate per 100
000<sup>v</sup> (2013)
Liver cancer incidence (ASR<sup>vi</sup>) per 100 000<sup>vii</sup>

Governance	
Presence of a focal point	Yes
Presence of STAG	Yes
Involvement of civil society	Yes
Units to implement national response	Yes
NSP (published or drafted)	Yes
Estimating cost to implement the NSP	No
Fund available for the NSP	No
Impact targets set	Yes
Service coverage targets set	Yes
Policies for stigma and discrimination	Yes
A system for Hepatitis prevention, testing, care and	
treatment services integrated at community, primary,	Yes
secondary and tertiary care levels has been defined	
Core hepatitis competencies of different cadres of	
health workers at different levels of the health system	No
been defined considering task shifting options	
Training and supervisory needs of health workers been defined	No
An investment case for an enhanced viral hepatitis	Yes
response been developed **	res
A specific portion of National health budget had been	
allocated to viral hepatitis prevention, care and	Yes
treatment?	
A set of essential viral hepatitis interventions been	
defined to be included in the national social / health	Yes
insurance package	

Surveillance	
National surveillance system for viral hepatitis	Yes
An inventory of existing data and sources of data on	Yes
viral hepatitis been made	

FP\*: Future plans

(i.e. health	Secondary level/Tertiary level (i.e.	Primary level (i.e. health centers,	Secondary level/Tertiary level (i.e.
Infrastructure for testing Number of facilities that are able to offer serological testing for both HBV (i.e. HBsAg) and HCV (i.e. Anti- HCV) Number of facilities that are able to offer nucleic acid testing (NAT) for both HBV (i.e. HBV DNA) and HCV (i.e. HCV RNA)			
Baseline values been determine for the following global indicator	s screened f d Percentag g that impl s 100% sii engineere	for Hepatitis B ge of health fac ement the poli ngle use (or sa ed) injection de	and C  illities  cy of  No  fety
	fo	for diagnostic r Hepatitis C ge of blood do	- NO
standards for th following	e m Guidelines fo	anagement for diagnostic r Hepatitis B	testing No
for priority interventions available and ir line with globa	A policy fo donors wit results fo	r referral of all th positive scre or Hepatitis B a ory testing and	blood eening nd C <b>No</b>
Presence of national policie and guidelines	A polic s screening o	creased risk by for mandato of all blood dor epatitis B and (	nations No
	selected p	s for screening opulation grou	
been set for the following indicators	Hepatitis (	testing coversed ted population	YPS
National coverage targets	•	B testing cover ted population	age of
Official guidance (PWID) for HCV Official guidance diagnosed with I referred for trea	Yes		
Official guidance on testing pregnant women for HBV			HCV) for No
Official guidance on which test to use for diagnosing HBV and/or HCV (Only			
<b>Testing polici</b>	es and guide	lines	

NA

outreach)

hospitals)

182 facilities

community

outreach) NA hospitals)

NA

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Treatment policies and guidelines	
Tenofovir or Entecavir as the first line of treatment for HBV	Yes
Anti-nucleoside/nucleotide analogues are available for the treatment of hepatitis B	BGP
interferon-free (INF-free) direct-acting antiviral (DAA) are the regimens considered the first line of	Yes
treatment for patients with chronic hepatitis C	res
Current treatment policy for people with chronic HCV	Yes
Current situation in terms of registration of	Yes
Tenofovir or Entecavir specifically for HBV infection Current situation in terms of registration of	
medicines used in IFN-free DAA regimens for HCV infection	Yes
Tender (national or multinational) to launch	
price negotiations with pharmaceutical companies	Yes
for HBV and/or HCV treatment	
Hepatitis B treatment coverage	Yes
Hepatitis C treatment coverage	Yes
Guidelines for Hepatitis B treatment	No
Guidelines for Hepatitis C treatment	Yes
A strategy for achieving the best price for medicines	No
and diagnostics been formulated and pursued  Treatment Estimates	
Estimate of the total number of people on antiviral treatment for HBV for the years 2013	NA
Estimate of the total number of people on antiviral treatment for HBV for the years 2015	NA
Estimate of the total number of people initiated on	55,164
antiviral treatment for HCV for the years 2013	33,104
Estimate of the total number of people initiated on antiviral treatment for HCV for the years 2015	61,084
Estimate of the total number of people planned and	In
budgeted for treatment of HBV infection in 2017	progress
Estimate of the total number of people planned and	In
budgeted for treatment of HCV infection in 2017	progress
FP*: Policy not established, but plan is to establish on	-
Yes**: One or more of these medicines have been reg	gistered

Prevention		
National coverage targets been set for the following indicators	Hepatitis B vaccination of health workers Safe injections in health care settings Targets for number of needlessyringes distributed to PWID per year	Yes Yes No
Presence of national policies and guidelines for priority interventions	A policy for Hepatitis B vaccination of health workers A policy to integrate Hepatitis B vaccination in services targeting people who inject drugs, men who have sex with men and sex workers	No
available and in line with global standards for the following	A policy for use of safe injections (or safety engineered devices) in health care settings to prevent transmission of blood borne infections	No
Baseline values been determined for the following	Coverage of hepatitis B vaccination of health workers, For countries with significant PWID populations, coverage of needlessyringe distribution	No No
global indicators	For countries with significant PWID populations, HBV vaccination	No

<b>HCV Elimination Targets</b>			
	2017	2019	2020
Prevalence of Chronic HCV			
(%)			
Chronic HCV (N)			
Diagnosed with HCV (%)			
Diagnosed with HCV (N)			
HCV patients treated (%)			
HCV patients treated (N)			
Number of new infections			

but only for HCV

<sup>&</sup>lt;sup>1</sup> Schweitzer et al. (2015) Estimations of worldwide prevalence of chronic hepatitis B virus infection: a systematic review of data published between 1965 and 2013

<sup>&</sup>quot; Tested positive for anti-HCV and HCV RNA tests

iii Polaris Observatory: <a href="http://polarisobservatory.org/polaris/datasheet.htm">http://polarisobservatory.org/polaris/datasheet.htm</a> (accessed 9 February 2017)

<sup>&</sup>lt;sup>iv</sup> Characterizing hepatitis C virus infection levels and transmission in the World Health Organization Eastern Mediterranean Region: Implications for strategic action <sup>v</sup> Dividing number of deaths in 2013 (from Stanaway 2016) by World Bank total country population in 2013 Stanaway 2016:

 $<sup>\</sup>underline{\text{http://www.thelancet.com/journals/lancet/article/PIISO140-6736(16)30579-7/abstract}}$ 

vi ASR= Age-standardised ratio

vii Global Cancer Observatory 2012