

# Iraq Hepatitis Country profile 2017

## Epidemiology

% Estimated prevalence of chronic Hepatitis B infection (HBsAg<sup>+</sup>)<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> (2012)

## Governance

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

FP\*: Future plans

## Surveillance

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

## Testing policies and guidelines

Official guidance on which test to use for diagnosing HBV and/or HCV	Yes
Official guidance on testing pregnant women for HBV	Yes
Official guidance on testing people who inject drugs (PWID) for HCV	No
Official guidance or protocols for all people diagnosed with HBV and/or HCV to be routinely referred for treatment and care	Yes

<b>National coverage targets been set for the following indicators</b>	Hepatitis B testing coverage of selected populations	Yes
	Hepatitis C testing coverage of selected populations	Yes

<b>Presence of national policies and guidelines for priority interventions available and in line with global standards for the following</b>	Policies for screening of selected population groups at increased risk	Yes
	A policy for mandatory screening of all blood donations for Hepatitis B and C	Yes
	A policy for referral of all blood donors with positive screening results for Hepatitis B and C confirmatory testing and case management	Yes
	Guidelines for diagnostic testing for Hepatitis B	Yes
	Guidelines for diagnostic testing for Hepatitis C	Yes

Baseline values been determined for the following global indicators	Percentage of blood donors screened for Hepatitis B and C	Yes
	Percentage of health facilities that implement the policy of 100% single use (or safety engineered) injection devices	Yes

## 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)	
Primary level (i.e. health centers, community outreach)	Secondary level/Tertiary level (i.e. hospitals)	Primary level (i.e. health centers, community outreach)	Secondary level/Tertiary level (i.e. hospitals)
123	150	0	9

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## Treatment policies and guidelines

Tenofovir or Entecavir as the first line of treatment for HBV	No
Anti-nucleoside/nucleotide analogues are available for the treatment of hepatitis B	Bp
interferon-free (INF-free) direct-acting antiviral (DAA) are the regimens considered the first line of treatment for patients with chronic hepatitis C	No
Current treatment policy for people with chronic HCV	LA
Current situation in terms of registration of Tenofovir or Entecavir specifically for HBV infection	No
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 for HBV and/or HCV treatment	Yes
Hepatitis B treatment coverage	No
Hepatitis C treatment coverage	No
Guidelines for Hepatitis B treatment	Yes
Guidelines for Hepatitis C treatment	Yes
A strategy for achieving the best price for medicines and diagnostics been formulated and pursued	Yes

## 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 antiviral treatment for HCV for the years 2013	NA
Estimate of the total number of people initiated on antiviral treatment for HCV for the years 2015	NA
Estimate of the total number of people planned and budgeted for treatment of HBV infection in 2017	NA
Estimate of the total number of people planned and budgeted for treatment of HCV infection in 2017	NA

**FP\*:** Policy not established, but plan is to establish one by 2017

**Yes\*\*:** One or more of these medicines have been registered but only for HCV

## Prevention

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

## HCV Elimination Targets

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

<sup>i</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>ii</sup> Tested positive for anti-HCV and HCV RNA tests

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

<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:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30579-7/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30579-7/abstract)

<sup>vi</sup> ASR= Age-standardised ratio

<sup>vii</sup> Global Cancer Observatory 2012