

Kuwait Hepatitis Country profile 2017

Epidemiology

% Estimated prevalence of chronic Hepatitis B infection (HBsAg+)ⁱ
 Estimated prevalence of chronic HCV infectionⁱⁱ (%)ⁱⁱⁱ
 Estimated prevalence of chronic HCV infection (N)ⁱⁱⁱ
 HCV prevalence among PWID [mean[95% CI]]^{iv}
 Hepatitis specific mortality rate per 100 000^v (2013)
 Liver cancer incidence (ASR^{vi}) per 100 000^{vii} (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 | Yes |
| Fund available for the NSP | Yes |
| 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, 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 | No |
| Training and supervisory needs of health workers been defined | No |
| An investment case for an enhanced viral hepatitis response been developed ** | Yes |
| 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

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| National surveillance system for viral hepatitis | Yes |
| An inventory of existing data and sources of data on viral hepatitis been made | No |

Testing policies and guidelines

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|---|-----|
| 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 | Yes |
| Official guidance or protocols for all people diagnosed with HBV and/or HCV to be routinely referred for treatment and care | Yes |

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| National coverage targets been set for the following indicators | Hepatitis B testing coverage of selected populations | Yes |
| | Hepatitis C testing coverage of selected populations | Yes |

| | | |
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| Presence of national policies and guidelines for priority interventions available and in line with global standards for the following | 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 |

| | | |
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| 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) |
| 40 | 30 | 0 | 40 |

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Treatment policies and guidelines

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|--|-----|
| Tenofovir or Entecavir as the first line of treatment for HBV | Yes |
| 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 | Yes |
| Current treatment policy for people with chronic HCV | Yes |
| Current situation in terms of registration of Tenofovir or Entecavir specifically for HBV infection | Yes |
| 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 | Yes |
| Hepatitis C treatment coverage | Yes |
| 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

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|--|-----|
| Estimate of the total number of people on antiviral treatment for HBV for the years 2013 | 100 |
| Estimate of the total number of people on antiviral treatment for HBV for the years 2015 | 120 |
| Estimate of the total number of people initiated on antiviral treatment for HCV for the years 2013 | 100 |
| Estimate of the total number of people initiated on antiviral treatment for HCV for the years 2015 | 50 |
| Estimate of the total number of people planned and budgeted for treatment of HBV infection in 2017 | 150 |
| Estimate of the total number of people planned and budgeted for treatment of HCV infection in 2017 | 600 |

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

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| National coverage targets been set for the following indicators | 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 |
| Presence of national policies and guidelines for priority interventions available and in line with global standards for the following | 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 |
| Baseline values been determined for the following global indicators | Coverage of hepatitis B vaccination of health workers, | Yes |
| | For countries with significant PWID populations, coverage of needles-syringe distribution | No |
| | For countries with significant PWID populations, HBV vaccination | Yes |

HCV Elimination Targets

| | 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 | | | |

ⁱ Schweitzer et al. (2015) Estimations of worldwide prevalence of chronic hepatitis B virus infection: a systematic review of data published between 1965 and 2013

ⁱⁱ Tested positive for anti-HCV and HCV RNA tests

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

^{iv} Characterizing hepatitis C virus infection levels and transmission in the World Health Organization Eastern Mediterranean Region: Implications for strategic action

^v 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)

^{vi} ASR= Age-standardised ratio

^{vii} Global Cancer Observatory 2012