

### Current Health Event

#### HIV

Almost 40 years since the first case was detected and reported, HIV remains a major public health concern at global level with notable disparities in disease progression and modes of transmission across different regions of the world. Three specific targets originally set to be achieved by 2020 continue to help countries measure their programmatic progress: 90% of people living with HIV (PLHIV) should be aware of their status, 90% of those aware should be enrolled on treatment, and 90% of those on treatment should be virally suppressed.

#### Editorial note:

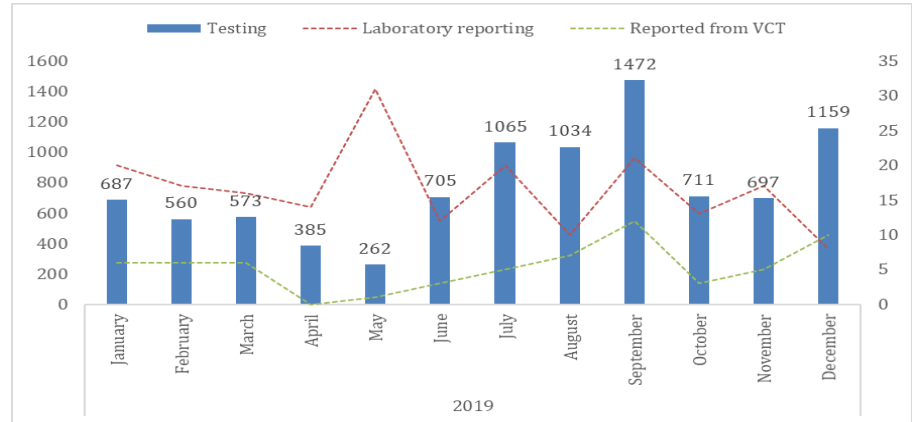
Globally, 37.9 million people were living with HIV in 2018 and only 62% of them were reportedly receiving antiretroviral treatment. In 2018, the Eastern Mediterranean Region (EMR) estimates 400,000 PLHIV representing a 32% increase in new HIV infections since 2010. In Lebanon, the National AIDS Program (NAP) reported 213 new cases of HIV during 2019 with the vast majority of cases (88%) clustered between 15 and 49 years of age. Over the past 10 years, pattern analysis of reported cases in Lebanon shows a clear shift towards homosexual modes of transmission as well as male predominance in contrast with the global 1:1 gender ratio. This is reflective of the concentrated nature of the epidemic among key populations, notably men who have sex with men (MSM).

The number of PLHIV at the end of 2019 is estimated to be 2,708 in Lebanon. In total, 2,579 cumulative cases have ever been registered at the NAP, an indication that the first of three targets has been attained. Figure 1 depicts the volume of testing across 2019, mostly conducted across key populations to increase the efficiency of case detection. The 2019 updated test-treat-retain cascade (TTRC) analysis for Lebanon has helped confirm this progress: 94.7% of PLHIV are aware of their status (compared to 68.6% in 2015); 68.5% are enrolled in care (compared to 61.7% in 2015); and 59.3% are virally suppressed (compared to 35.4% in 2015).

This is a remarkable achievement especially when compared to the 32% reached at regional level for PLHIV aware of their status. In order to sustain this successful rate of case detection, the NAP maintains active case and population surveillance. The first is done through enabling and coordinating the activities of thematic NGO partners and the latter through prevalence and risk factor studies at population level.

Comprehensive access to antiretroviral treatment continues to be delivered free of charge at the dispensing center of the National AIDS Program. With the support of WHO, the NAP has ensured continuous availability of the newest ARV medi-

**Figure 1:** Testing volume and positive HIV case reporting in 2019



cations for the last few years according to international and national guidelines. As per March 2020, almost 1600 Lebanese nationals were on ARV treatment through a continuous budget from the Lebanese MoPH for HIV treatment. Since 2017, and through the Middle East Response (MER) Initiative of the Global fund, antiretroviral therapy was available for non-Lebanese registered refugees, covering 154 PLHIV on treatment until the end of March 2020. Among those on treatment, 92% are virally suppressed, a reflection of the efficient monitoring and follow-up leading to high compliance rates. In addition, the MER covers all laboratory blood tests including HIV PCR and CD4 as well as lipid/ liver tests and kidney tests for non-Lebanese at treatment initiation and on quarterly or annual basis as per the local guidelines. Through MER reprogramming efficiencies, an agreement has been made to have HIV PCR covered for Lebanese PLHIV too at the time of diagnosis. This represents a great improvement in trying to secure an environment that ensures coverage and equity with benefits extending beyond HIV treatment.

Sexual health services have been plagued by a partial paralysis and a difficulty in accessing key populations over the past 9 months in Lebanon due to economic instabilities as well as the recent COVID-19 health crisis where the main challenge is to ensure continuity of regular services. This has translated into notable drops in HIV testing volume, thereby jeopardizing the achieved target at country level. Several strategies in line with WHO guidelines have been applied to adapt to these changes: the introduction of the HIV self-test (HIVST), community engagement through virtual platforms, simplified coordination mechanisms, re-distribution of the health workforce capacity, maintaining availability of essential medications and supplies, optimization of service delivery, and establishing effective patient flow at all levels.

As part of its active community surveillance supported by WHO, the NAP conducted a 2019 study on the prevalence and predictors of sexually transmitted infections (STIs) among MSM. Results indicated a high lifetime prevalence of gonorrhea (21.4%), human papillomavirus (17.4%), and chlamydia (13.4%) across a sample of strikingly low mean age. Participants also reported a high-risk behavioral profile.

#### WHO Response

WHO has prioritized HIV response through a series of guidelines and strategies, the most recent of which an SDG-aligned strategy aiming to end HIV by 2030. ([link](#))

WHO's work in HIV/AIDS includes:

- Updated recommendations related to HIV in COVID-19 times ([link](#))
- Ensuring continuation of sexual health services amid the COVID-19 response ([link](#))
- Q&A: HIV, antiretrovirals and COVID-19 ([link](#))

Notifiable Diseases in Lebanon [Cumulative n° of cases among all residents] as of 27 May 2020				
Disease	2019	2020	April 2020	May 2020
<b>Vaccine Preventable Diseases</b>				
Polio	0	0	0	0
AFP	87	23	0	0
Measles	1070	17	0	0
Mumps	124	12	0	0
Pertussis	78	44	2	1
Rabies	0	0	0	0
Rubella	26	0	0	0
Tetanus	0	0	0	0
Viral Hep. B	278	31	1	1
<b>Water/Food Borne Diseases</b>				
Brucellosis	224	35	9	4
Cholera	0	0	0	0
Hydatid cyst	30	5	0	0
Typhoid fever	257	41	2	4
Viral Hep. A	426	108	5	1
<b>Other Diseases</b>				
Meningitis	448	64	9	0
Viral Hep. C	78	23	1	3