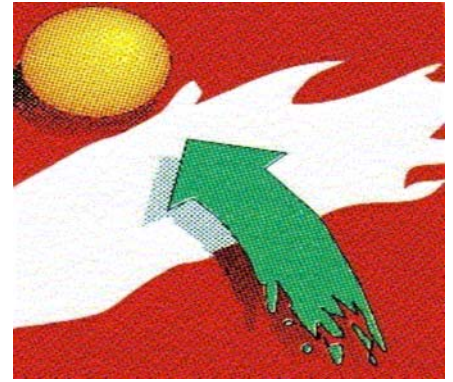




Lebanese Republic  
Ministry of Public Health



National AIDS Control Program

# **UNGASS Country Progress Report**

## **Lebanon**

### **March 2010**

#### **Prepared by the National AIDS**

#### **Control Program**

#### **Ministry of Public Health**

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## **List of Acronyms**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>HIV</b>	Human Immunodeficiency Virus
<b>NGO</b>	Non Governmental Organization
<b>MSM</b>	Men who have sex with men
<b>IDU</b>	Injecting drug users
<b>SW</b>	Sex workers
<b>UNICEF</b>	United Nations Children's Fund
<b>NAP</b>	National Aids Control Program
<b>WHO</b>	World Health Organization
<b>UNRWA</b>	United Nations Relief and Works Agency
<b>VCT</b>	Voluntary counseling and Testing
<b>UNFPA</b>	United Nations Population Funds
<b>LGBT</b>	Lesbian, Gay, Bisexual, Transsexual/ Transgender
<b>PLHIV</b>	People living with HIV
<b>MARPS</b>	Most at risk population
<b>MENA</b>	Middle East and North Africa Region
<b>MoPH</b>	Ministry of Public Health
<b>MoE</b>	Ministry of Education
<b>OST</b>	Opioid substitution therapy

## **I- Status at a glance**

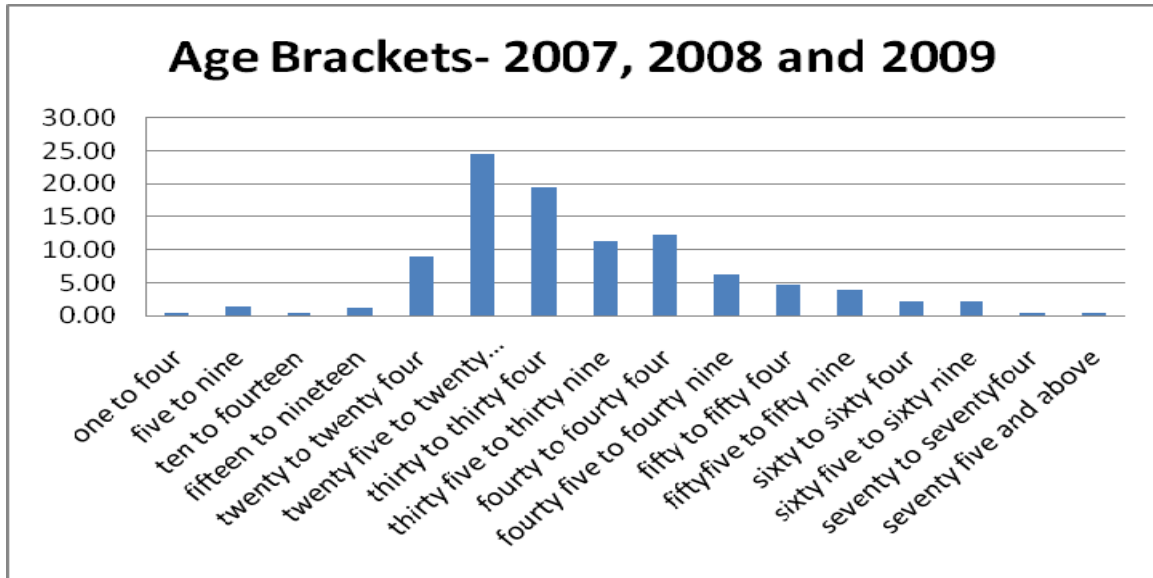
The unavailability of timely and reliable epidemiological data hinders the understanding of HIV-related dynamics and trends in the Middle East and North Africa. There are various theories and estimates about the prevalence of the disease in the region in general and Lebanon in specific where passive reporting is the only mechanism for attaining information about the new epidemiological trends. According to the UNAIDS 2009 epidemic update, the number of people estimated to be living with HIV in Lebanon is 3760 where figures vary between 1700 and 7200.

The Ministry of Public Health declared HIV as a national threat in 1989 establishing the National AIDS Control Program (NAP) and entailed mandatory reporting of HIV/AIDS. A standardized HIV/Advanced HIV reporting form was developed, circulated and adopted by the physicians, hospitals and laboratories upon diagnosing and confirming new HIV infections.

The NAP has revised its National Strategic Plan NSP (2004- 2009) and in the process of developing a focused NSP (2010- 2012) that is evidenced based and grounded in human rights. After a comprehensive review that aimed at “knowing our epidemic” and the use of our “strategic information” NAP has identified the key populations, drivers of the epidemic and the key issues that are hindering universal access to prevention, treatment, care and support. With the collaboration and participation of the UN agencies, Ministries, Universities, Target groups, PLHIV and the Civil society, NAP developed and had a consensus on four costed operational plans targeting the MARPs; the same process was followed for the development of the National Youth Operational Plan and the National Operational Plan for PLHIV. The NAP is also in the process of devising a National Policy to Prevent Mother to Child Transmission.

Up to December 2009, 1271 HIV/AIDS cases were reported since 1989. 45.70% of these cases are HIV positive, 39.5% are advanced HIV cases and 14.80% were unspecified. Infections occur mostly in males (82%) through sexual transmission.

Data analysis of the reported cases in the past three years (07, 08 and 09) has revealed that 36% of the cases are below thirty years of age (1% between 15 and 19 yrs old, 9% between 20 and 24, 25% between 25 and 29 yrs old). Sexual transmission accounts to 87% of the cases. Out of those 42% among heterosexuals, 32% are among Males who have sex with Males (MSMs), 4% among bisexuals and 22% unspecified. It is worth noting that 12 mother to child cases were reported in 2007, 2008 and 2009.



Lebanon undertook a bio behavioral survey amongst the most at risk populations in 2008 which revealed that despite the high knowledge on HIV transmission, these populations still engage in risky behaviors.

**Analyses of Prisoners’ data**

N=608 (consent missing for 8 subjects). The age range of prisoners was 17-70 with a mean of 31.5 years and a standard deviation of 9.8 years. The majority were Lebanese (65.3%) and single (57.9%). There was only one positive (.16%) case of HIV (that person was selected from the cell where all HIV positive cases are assigned). That person was negative for both hepatitis B and C.

Almost all prisoners (97.5%) have heard about HIV but only a third of them (29.1%) have been ever tested for it.

A quarter of the prisoners perceived themselves at a risk of HIV because they exchanged sex partners (22.8%), did not always use condoms during sex (55.0%), injected drugs (8.1%) or engaged in anal sex (1.3%). As for the other three quarters who perceived themselves at not being at risk of HIV, their reasons were that they had clean partner (24.4%), always used condoms (21.9%), did not engage in anal sex (0.4%), had sex with wife only (21.7%), always took precautions (4.5%) or were not sexually active (11.2%).

Prisoners' knowledge on prevention methods was high on the following: sharing needles (89.8%), using condoms during vaginal sex (86.1%), having one partner (88.3%), and using condoms during anal sex (76.4%). However, a large proportion of the prisoners thought that mosquitoes (64%) and using public toilets (42.6%) pose risks of transmission of HIV.

Finally, only one third of the prisoners had received information on HIV in the last year.

### **Analysis of Female Sex Worker (FSW)**

N = 107. No cases of HIV were identified in the sample of FSWs, for an overall sample prevalence rate of 0%. The majority of the sample of SWs was ever-married, at 55%. Less than a fifth (18%) of the sample was found to be Lebanese citizens, although all reside in Lebanon.

Concerning risk behaviors, there are several worrying findings. Firstly, over half of the sample (57%) reported a relatively low age at first sexual intercourse, being between the ages of 11 and 18. Secondly, the overwhelming majority of the sample (97%) had had more than 5 clients within the last month.

Reported condom use, however, was generally high, with 100% of respondents reporting they used a condom during the last time they had anal sex with a client, 98% the last time they had sexual intercourse with a non-regular client and 94% the last time they had sexual intercourse with a regular client. An exception to this trend was for the last time they had sexual intercourse with a regular client, when condom use drops to 43%.

A clear majority (79%) of FSWs had been tested for HIV, and 88% of these had been tested within the last year and 99% of these had obtained their HIV results.

Knowledge about HIV was highest about the HIV risks associated with sharing needles for injecting drugs (91%), using condoms during vaginal sex (88%) and having only sexual partner (77%). Two-thirds of respondents knew that one cannot tell if someone has HIV by looking at

them and slightly less than that knew that using condoms during anal sex prevents HIV transmission. Lower figures (under 50%) were obtained about whether mosquitoes can transmit HIV (47%) and whether one can get HIV from using public toilet seats (35%).

### **Analysis of Injecting Drug Users**

N = 109. As shown in the table below, a preliminary analysis was conducted of socio-demographic, risk behaviors and HIV, Hepatitis B and C prevalence for the sample of IDUs recruited through respondent-driven sampling (RDS) in Lebanon.

One IDU was found to be HIV-positive, but this person was a seed who did not know their HIV serostatus before the study. Among those recruited by RDS no HIV cases were identified, so the overall HIV population prevalence rate among IDUs is estimated to be 0%.

There were 56 cases of Hepatitis C identified, for an overall Hepatitis C sample prevalence of 51% but adjusting for RDS the population prevalence rate is estimated to be 49%.

Three Hepatitis B cases were identified, for an overall Hepatitis B sample prevalence of 2.8% but adjusting for RDS the population prevalence rate is estimated to be 6%.

Less than a third of the sample reported being ever-married (31%), with 8% having been divorced, 3% separated and 3% widowed.

The overwhelming majority of the IDU sample consisted of Lebanese nationals (93%).

Less than a fifth of IDUs (17%) reported sharing needles during their last injection.

More than two-thirds of the sample reported a young age of sexual initiation, being between 12 and 17.

Almost half of IDUs reported having bought sex and 17% reported having sold sex.

About a third of the sample (31%) reported having no regular non-commercial female sex partners, while two-thirds had less than 5 such partners and only 3% had 5 or more such partners.

Less than half of the sample (43%) reported using a condom during the last sexual intercourse with a non-commercial regular sex partner.

A very high percentage of the sample (97%) reported knowing that sharing needles while injecting drugs increases the risk of HIV transmission. Similarly, knowledge about the lower risk associated with having only one partner, using condoms during vaginal sex and during anal sex was high. Less than half of the sample reported knowing that one cannot get HIV from using public toilets (43%) and that mosquito do not transmit HIV (30%).

### **Indicators**

1. National Spending	Total Expenditures ( \$ )	2007	2008	2009
	Government	3,200,000	3,200,000	3,200,000
	NGOs/ donors	750,000	850,000	1,000,000
	UN Agencies	450,000	3,250,000	250,000
2. National Composite Policy Index	The National Composite Policy Index was completed by representatives of the civil society, relevant ministries and the UN theme Group in Lebanon			
<b>INDICATORS OF NATIONAL PROGRAMS</b>				
3. Percentage of donated blood units screened for HIV in a quality assured manner	100% out of the total 41140 blood units donated in 2009 are screened in a quality assured manner All the blood in Lebanon are screened and follow the two conditions:			



	<p>They follow documented standard operating procedures and They participate in an external assurance scheme.</p> <p>Hence for the year 2009, 100% of all donated blood units have been screened for HIV in a quality assured manner.</p>
<p>4. Percentage of Adults and Children with advanced HIV Infection receiving ART</p>	<p>In 2009, the percentage of adults and children with advanced HIV infection and receiving ART is 30.23%</p> <p>In 2008, the percentage of adults and children with advanced HIV infection and receiving ART was 25.9%</p>
<p>5. Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission</p>	<p>Indicator relevant to our country but no data available</p>
<p>6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV</p>	<p>Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV: In Lebanon, there is no estimated number of TB cases for people living with HIV. The NAP collects data pertinent to this indicator from the TB center of the MoPH. In a meeting with the center director, it was noted that 23 sero-positive individuals were receiving TB treatment. Of those, 5 individuals were receiving curative TB treatment (3 pulmonary infections, 1 meningitis case and 1 military case) and 18 HIV positive patients were receiving prophylaxis/preventive TB treatment. The center does not disaggregate between HIV and advanced HIV cases hence we cannot retrieve data by stage of disease.</p>

7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	Indicator not relevant to our country
8. Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results	<p>From the IBBS Study</p> <p>69.3% ( 104/150) of the Sex workers received an HIV test in the last 12 months and who know their results</p> <p>30% of the MSM ( 36/120) received an HIV test in the last 12 months and who know their results</p> <p>In the IBBS the question concerning the percentage of injecting drug users who received an HIV test in the last 12 months and who know their result were asked for IDU, however we do not have the result.</p>
9. Percentage of most-at-risk populations who reached with HIV prevention programs	No data available
10. Percentage of orphans and vulnerable children aged 0-17 whose households received free basic external support in caring for the child	Subject matter not relevant
11. Percentage of schools that provided life-skills based HIV education within the last academic year	Indicator relevant to our country but no data is available
<b>INDICATORS FOR KNOWLEDGE AND BEHAVIOURS</b>	
12. Current school attendance among orphans and non-orphans aged 10–14	Subject matter not relevant

<p>13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</p>	<p>Indicator relevant to our country but no data available</p>
<p>14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</p>	<p>In the IBBS, only two questions out of the five were asked:</p> <p><b>For sex workers:</b>  <i>66 % (99/150)</i> of the sex workers gave correct answer to the question Can a healthy-looking person have HIV?  <i>46.67 % (70/150)</i> of sex workers who gave correct answer to the question: Can a person get HIV from mosquito bites? (or country specific question)</p> <p><b>For MSM:</b>  <i>92.08% (93/101)</i> of MSM gave correct answer to the question: Can a healthy-looking person have HIV?  <i>85.15% ( 86/101)</i> of MSM gave correct answer to the question: Can a person get HIV from mosquito bites ( or country specific question)</p> <p><b>For IDU's:</b>  <i>77.98% (85/109)</i> of IDU's gave correct answer to question: Can a healthy-looking person have HIV?  <i>29.36% (32/109)</i> Can a person get HIV from mosquito bites?</p>
<p>15. Percentage of young women and men who have had sexual intercourse before the age of 15</p>	<p>From KABP Study  3.56% ( 37/1040)</p>
<p>16. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months</p>	<p>In KABP Study  16.84% ( 360/2138)</p>

<p>17. Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last sexual intercourse</p>	<p>From the KABP Study 71.67 % (258/360)</p>
<p>18. Percentage of female and male sex workers reporting the use of a condom with their most recent client</p>	<p>In the IBBS, questions concerning condom use among sex workers, were as follows:</p> <p>Used a condom the last time had sexual intercourse with a non regular client. 98%</p> <p>Used a condom the last time you had sexual intercourse with a regular partner (non-client).94%</p> <p>Used a condom the last time had sexual intercourse with a regular client 43%</p>
<p>19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner</p>	<p>From the IBBS STUDY:</p> <p>47% MSM, (N=48) used condoms during their last anal sex with non commercial sex partner,</p> <p>66% (N=67) of MSM used condoms during the last anal sex with a non commercial occasional partner</p>
<p>20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse</p>	<p>43.12% ( 47/102) of injecting drug users report the use of a condom the last time they had sexual intercourse</p>
<p>21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected</p>	<p>No questions have been asked concerning the usage of sterile equipment during the last time they injected drugs. However we have only a question concerning needle sharing. The IBBS showed that 17% of the IDUs shared needles during their last injection.</p>
<p><b>IMPACT INDICATORS</b></p>	

22. Percentage of young people aged 15-24 who are HIV-infected	Indicator relevant to our country but no data available
23. Percentage of most at risk populations who are HIV-infected	<p><b>For sex workers:</b></p> <p>0% of the sex workers are HIV-infected</p> <p><b>For MSM:</b></p> <p>0.99% (n=1) of MSM are HIV- infected</p> <p><b>For IDU':</b></p> <p>0% of the IDUs are HIV-infected</p>
24. Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of ART	The percentage of adults and children with HIV known to be on treatment 12 months after initiating ARTs is 19.21%
25. Percentage of infants who are born to HIV-infected mothers who are infected	Indicator relevant to our country but no data available

## **II- Overview of the epidemic**

1271 cases were detected in Lebanon till December 2009. Six hundred and thirty- two cases were reported since 2000. UNAIDS estimates of the number of people living with HIV in Lebanon is 3760 individuals.

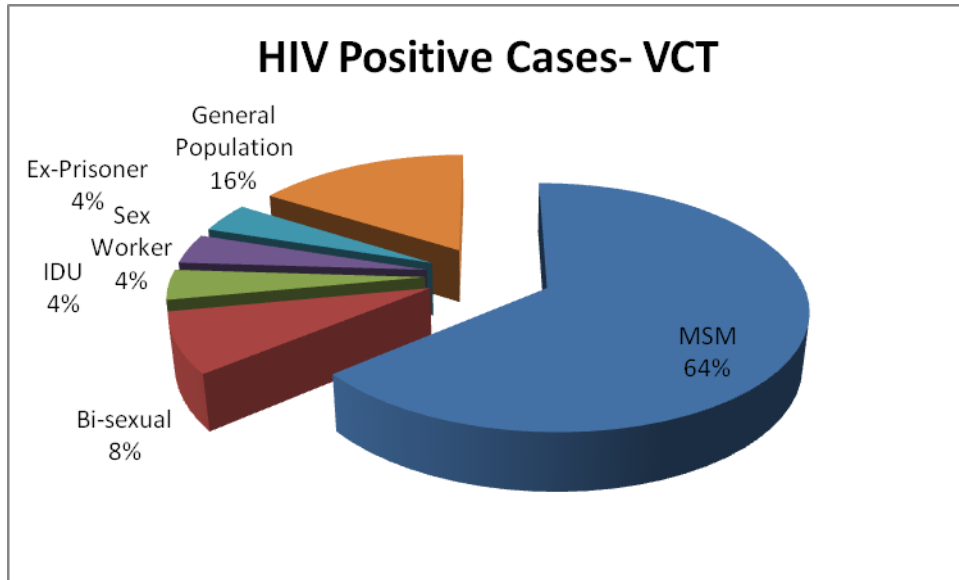
Heterosexual transmission is the main transmission mode for HIV cumulatively and recently. The majority of the infected cases are males (83%) aged between 20 and 34 years old. 55% of

the cases are single men and 39% are married where the majority live/work abroad and engage in extramarital sexual intercourse rendering their wives more susceptible at risk of HIV infection. Males having sex with males along with bisexuals account for 36% of the total reported cases. 15% noted that they have multiple sexual partners and have suffered from sexual transmitted infections.

Two Knowledge, Attitude, Beliefs and Practices studies of the Lebanese population concerning HIV/AIDS were conducted in 1996 and 2004. Knowledge about HIV/AIDS progressed throughout the years as awareness became universal, however, the percentage of people endorsing appropriate and effective protection measures regressed from an average of 93% in 1996 to 87% in 2004. Additionally, the overall rates of misconceptions increased. Despite the availability and accessibility to condoms throughout the country, condom use was relatively low. Currently a joint project between WHO, NAP, UNFPA, UNICEF is being implemented: Survey on the Sexual and Reproductive Health including HSHR/STI/HIVAIDS and related high risk behavior of young people aged between 13 and 29 years old in Lebanon to assess the Knowledge, Attitude, Beliefs and Practices of the youth and the most at risk populations.

In 2008 and 2009, 2700 service beneficiaries visited the VCT centers across Lebanon. The majority of these were males aged between 16 and 25 years old. Most at risk populations who undertook the service account for 40% of the total beneficiaries. 25 service beneficiaries tested positive and undertook a confirmatory test at respective labs/hospitals. Of those:

- 16 MSMs
- 2 Bisexuals
- 1 Ex- prisoner
- 1 IDU
- 1 Sex worker
  
- 4 from the general population
  - 1 married woman infected by her husband
  - 3 males with multiple partners who had unprotected sex



Despite the limited financial and human resources, Lebanon has been responding effectively and efficiently on keeping HIV and AIDS at low prevalence. NAP under the governance of MOH is fulfilling its obligation to the Declaration of Commitment on HIV and AIDS in 2001, the Millennium Developmental Goals and the 2006 Political Declaration that was signed by member states at the United Nations General Assembly High Level Meeting on HIV and AIDS.

### **III- The National Response**

Lebanon has revised its 5 year National Strategic Plan and conducted various studies and research to better understand the drivers of the epidemic and to identify its key populations. Through this revision the key issues that are hindering universal access to prevention, treatment, care and support to its most at risk population and other vulnerable groups were identified: Stigma and discrimination, laws and policies regarding MARPs, gender inequality and vulnerability.

The NAP in collaboration with the civil society, UN agencies, Ministries and target groups and despite the deficiency in human, financial and technical resources is performing within its limited capacity and offering preventive interventions including VCT, Referral, Hotline,

Outreach, awareness raising for targeted population in addition to harm-reduction including OST. In addition to treatment, care and support for PLHIV.

This collaboration with NGOs in the fight against AIDS has proven to be productive. It allowed using resources in the field and in reaching a larger segment of the population, especially in peripheral regions, taking into account the particularities of the concerned communities.

These interventions fall within the following areas:

### **1-Preventing sexual transmission of HIV**

Lebanon with the collaborative approach with the civil society, public and private organizations, Ministries and UN agencies is working on increasing awareness among the general population in general and the youth and MARPs in particular including PLHIV and target groups through the implementation of mass media campaigns, awareness sessions and the development of tailored IEC material. In 2008 and 2009, 70,000 IEC materials (brochures, pamphlets, calendars, etc...) were distributed. Within the scope of increasing knowledge and awareness, the Ministry of Education and Higher Education, UNESCO, UNFPA and the NAP have worked on increasing knowledge among the youth. Recently, a political decision was taken to integrate life-skills related to reproductive health and HIV education into the school curriculum.

Most of the programs and projects that are being implemented on HIV/AIDS focus on prevention activities: VCT, Outreach, referral, IEC and awareness raising in and out of schools in addition to training of trainers and of service providers, sensitization of community leaders and religious leaders on HIV issues. There were also efforts to develop websites on reproductive health and HIV/AIDS prevention mainly focusing on youth.

### **2- Prevention of HIV among the Most at Risk Populations**

With the support of UN agencies: WHO, UNAIDS, UNFPA, UNODC and other International NGOs namely Alliance and the participation of various non-governmental and civil society organizations, the NAP coordinated the implementation of the outreach programs targeting MARPS in addition to awareness sessions including distribution of tailored IEC material,



condoms and lubricants, VCT, STI clinic targeting MARPS, referral and hotline services in Lebanon.

**VCT** Kindly refer to VCT under Review of the Epidemic Section

### **STI Clinic**

NAP with the financial support of the WHO initiated an STI clinic at HELEM NGO targeting MSMs

### **Outreach**

Outreach programs targeting the most at risk populations (Injecting Drug Users (IDU), Sex Workers (SW) and Males who have Sex with Males (MSM)) were undertaken with and without the use of the mobile van.

#### *1- Results of the Mobile Van Outreach*

229 outreach activities were conducted in 2008-2009 using the mobile van. NGOs were able to reach 1976 beneficiaries through peer to peer awareness.

Of those 1100 were from the general population, 165 female sex worker, 247 IDUs and 464 MSM. Among those 795 benefited from the VCT services during the outreach:

- 107 VCT in 2008
- 688 VCT in 2009 ( among those 275 were from the general population, 229 IDUs, 143 MSM s and 41 sex workers)

During this activity, 30000 condoms were distributed, 900 clean syringes, 2500 lubricants. 109 clients benefited from the referral services (30 MSMs, 20 FSW and 59 IDUs).

#### *Results of condom use in the population that was reached with the mobile van*

- 7.4% of the IDUs used condoms during their last sexual relation with their regular partner; 28% of the MSMs and 19.5% of Sex workers
- 22.7% of the IDUs used a condom with a non-regular sex partner in the last sexual relation, 44.8% of MSMs and 29.3% of Sex workers.

2- Outreach that was conducted in 2008- 2009 without the use of the mobile van

In the 2008 outreach 1227 people were reached in the duration of five months: 311 IDU, 502 FSW and 414 MSM. 63.9% of FSW, 58% MSM and 77.2% have ever tested for HIV.

Furthermore, 44.2% of FSW always used condoms compared to 55% of IDU and 53% of MSM.

The difference level of knowledge of HIV/AIDS transmission differs from group to group:

- 95% of FSW, 95% of MSM and 98% of IDU know that HIV is transmitted through unprotected sex
- 78% of IDU, 78% of MSM and 83% of FSW know that HIV can be transmitted through contaminated blood
- 13.9% of the sex workers reached and 16.9% of the MSMs are drug users.
- 6% of the IDUs were females, 89% were males and 6% didn't answer.
- 41.5% of the IDUs are heroine users
- 25.7% of IDUs ever shared a needle, 6.1% shared needles with more than 3 partners and 19% share needles with very close persons.

In the outreach activities that took place throughout the year of 2009, a total of 3847 beneficiaries were reached. Of those, 1701 were IDUs, 764 MSMs and 1382 sex workers.

Age

62.2% of the MSMs are between the age of 21 and 30 and 11.8% are less than 20 yrs old. 62.6% of the IDUs are between 21 and 30 yrs old and 9.3% are less than 20 years old. As per sex workers, 55.6% are between 21 and 30 yrs old.

Knowledge

83.5% of MSMs, 84% of IDUs and 73.6% of SW knew that HIV can be transmitted through unprotected sex. 12.6 % ever tested for HIV among MSMs, 34.9% and 43.9% among IDUs and Sex workers.

### Profile and risky behavior of IDUs

84.3% of the reached IDUs were heroine users and 4% of those were females. 42.6% ever shared a needle, 45.9% have shared a needle with more than one person and 14.1% used the same needle many times.

During the outreach activities in 2008-2009, 55920 condoms were distributed along with 1179 needle and 4600 lubricants. 1976 individuals benefited from the awareness programs through the mobile unit and 5004 individuals in total benefited from the activity and acquired information. n

### **3- HIV prevention among vulnerable groups**

There are approximately 450,000 Palestinian Refugees residing in Lebanon. UNRWA, the relief and work agency for Palestinians offer health and education services for the population. It is within this scope that 50 health care provides from 13 health care centers across the camps in Lebanon were trained on VCT to increase information sharing and knowledge on HIV within the Palestinian population. UNHCR works on HIV awareness among the Iraqi efugees and offers awareness sessions.

### **4- HIV prevention in prison settings**

In collaboration with UNODC, UNAIDS and the civil society, the Ministry of Public Health conducted a National Prison Assessment, case study on Drug Rehabilitation Center in Roumieh Prison and bio-behavioral survey were undertaken in 2007 and 2008 respectively to determine the factors increasing the risk of HIV infection within the prison setting. Capacity building sessions on reducing violence are being undertaken targeting prison staff and prison inmates by UNDP. AJEM a leading NGO in the prison is in the process of opening a voluntary counseling and testing center and harm-reduction.

UNODC is also supporting the NGOs in raising awareness on HIV and drugs in the prison as well as supporting PLHIV in the prison setting. UNODC will be focusing more on prisoners and drug users.

## **5- Prevention of mother to child HIV transmission**

Universal access to anti-retroviral therapy is being offered in Lebanon by the Ministry of Public Health where a confidential drug distribution center was inaugurated in 2009. This center offers counseling and therapy for all enlisted HIV positive patients at the Ministry of Public Health Registry. Females living with HIV are estimated to be 228, out of those 69 are receiving ARVs. During this reporting period, there are no pregnant women receiving ARVs.

## **6- Voluntary Counseling and Testing Centers**

To date, 19 VCT centers are operational across Lebanon in addition to the 13 UNRWA VCT centers in the Palestinian Camps who are yet to be operated. All VCT centers' staff were subjected to an intensive training and capacity building done by professionals in VCT at the NAP and specialized NGOs.

## **7- Ensuring safety of the blood supply**

The law in Lebanon requires that all donated blood units and blood components to be screened for HIV. All hospitals, laboratories and blood banks screen blood following standard operational procedures according to international adopted guidelines. For 2009, 41440 blood units were screened and tested in Lebanon. For the past three years, no HIV transmission case took place through blood donation. Monitoring and evaluation is closely observed at the Ministry of Public Health.

## **8- Confronting and mitigating HIV-related stigma and discrimination**

The Ministry of Health in coordination with the Ministry of Labor and the International Labor Organization (ILO) work on raising awareness of the economic and social impact of AIDS in the World of Work, helping employers and workers, supporting national efforts to prevent the spread and reduce the impact of HIV/AIDS and fighting discrimination and stigma related to HIV status.

The NAP and the UNDP, on the other hand, are mainly working through advocacy at the policy level and the level of the religious leaders through HARPAS. Their main purpose is to sensitize religious leaders on the issue of HIV/AIDS and work with parliamentarians to ensure the rights

of People Living with HIV/AIDS (PLHIV). Moreover, they are working with the media to advocate for the rights of PLHIV.

### **9- Reproductive Health Programs**

UNFPA and MoSA use the entertainment education and peer to peer approaches for raising the awareness of youth on sexual and reproductive health issues including HIV/AIDS. The UNFPA is working on upgrading the quality of reproductive health services offered through the MoPH, MoSA and NGO health centers. This project entails awareness raising and training of service providers on reproductive health.

In addition to its work with MoSA and MoPH, UNFPA has a Y-peer program with several NGOs through which they trained volunteer youth peers on reproductive health concepts of which HIV/AIDS is a major component. In parallel, they have developed a social franchising project on Reproductive Tract Infection (RTI) that targets youth with one non-governmental organization in Beirut.

### **10- Informative research and studies**

In an effort to strengthen its strategic information the NAP has recently conducted and implemented various studies, research and assessments including

- Bio- behavioral survey targeting the Most at Risk Population that was conducted in collaboration with AUB and the technical and financial support of the World Bank
- National Prison Assessment on HIV and Drugs that was conducted in 2008
- Impact Assessment on Behavior Change among SW, outreach interventions that has been carried out since 2001- 2008
- Four case studies on the Most at Risk Population
- Identified the risk settings and various gathering areas for the MSM, SW and Prisoners by undergoing mapping exercises for these groups excluding the IDUs in 2009.
- Mapping of friendly services for MSMs (same needs to be done for the rest of MARPs)

- Mapping of HIV prevention services among NGOs, UN agencies and Ministries using an assessment tool that was developed by UNAIDS and NAP and pilot tested in 2009.
- Qualitative research with key informants from the MARPs to identify trends, grouping areas, risky behaviors, social networks, background of their partners and how often do they meet with them in 2009.
- Qualitative research on the last 30 HIV cases that has been infected in the previous 2 years in 2009.
- Quantitative research study on the HIV and AIDS cases that have reported in the past 3 years in 2009.
- Operational research and analysis on the VCT service delivery in 2009
- Operational research and analysis on the outreach service delivery in 2009

#### **11- Intervention programs and studies targeting the youth:**

- **NAP and Civil society:**
  - ✓ NGOs conducting awareness campaigns through outreach projects: SIDC, Think positive and other NGOs such JAD, JCD, Oum El Nour, Dar al Amal, Anwar el Mhabba, Red Cross- youth, Lemsic- Scora , YMCA and others etc...
  - ✓ 2009 WAC campaign: Breaking the silence and raising awareness of both youth and PLHIV
  - ✓ NGOs and FBO – conducting VCT
  - ✓ Youth have been reached by the VCT services; more than half of the VCT beneficiaries are from the youth aged between 13 and 25.
- **UN agencies:** Educates (UNESCO), Y-peer (UNFPA), VCT (WHO, UNICEF, World Bank, UNAIDS), HARPAS (UNDP), Prevention and TOT for juveniles in the prison (UNODC and UANIDS) E- learning, development of educational toolkits and integration of HIV and AIDS into school curricula (UNTG)

- **UN agencies, Ministries and NAP Multisectoral approaches** – Integration of Reproductive and sexual health in the school curricula; integration of HIV prevention in Reproductive health services
- **Other studies that have been conducted on youth:**
  - HIV/AIDS awareness among youth in post war era of Lebanon
  - HIV/AIDS awareness among working children(out of school) in the south
- Studies that have been conducted by UN Agencies and Universities
- Studies that have been conducted by universities o youth, smoking and dugs

## **12- Interventions targeting people living with HIV**

Specific programs targeting and/or have direct effect on People living with HIV/AIDS have been established. Two NGOs for the PLHIV namely Think Positive and Vivre Positive have been in place and coordinating their activities with the NAP and the NGOs. Furthermore working on HIV/AIDS, linkage with international NGOs was facilitated by the NAP in order to get experience and support. The Ministry of Health is continuously updating the National Guidelines for treatment with ARVs to be in line with the WHO guidelines. ARVs are being provided for eligible patients for free.

UNDP is currently working with parliamentarians to advocate for PLHIV's rights. UNDP also conducted an assessment on the psychosocial aspect of PLHIV in addition to studies on sexual minorities (mainly Men who have sex with Men- MSM) through the HARPAS program (HIV/AIDS Regional Program in the Arab States).

The Ministry of Health with the support of WHO are interested in pursuing the quality and continuity of care of PLHIV. This includes in addition to ensuring provision of anti-retroviral therapy, ensuring early detection of the virus, partial or full coverage of laboratory tests, following up of patients and ensuring compliance, provision of counseling to both patients and their families, and upgrading the monitoring and the surveillance system in order to better reflect stages at which patients are presenting for treatment, outcome of treatment such as change of

medications, rescue medications, failure of treatment and survival rates after initiation of treatment.

## **V- Best practices and support from the development partners**

### **Strong and effective civil society/ Networking and Collaboration among all partners**

Lebanon has an effective network of civil society including NGOs that executes most of the interventions/programs such as VCT, Outreach, Referral, Hotline, distribution of condoms and lubricants, raising awareness and reaching youth and MARPs. They work in collaboration with NAP, Ministries, UN Agencies and they have a meaningful involvement for PLHIV and target groups in all their interventions and activities.

### **Case Studies targeting MARPs**

Lebanon with the financial and technical support of the World Bank and UNAIDS developed four case studies targeting MARPS in Lebanon depicting analyses of researched data, gaps and concise recommendations for action. The case studies are:

- A case study on establishing and building capacities for VCT centers for HIV/AIDS in Lebanon.
- A case study on the AJEM Center for Drug User Rehabilitation: A facility for drug addicted inmates at Roumieh Prison in Beirut Lebanon.
- A case study on Behavior change among Sex Workers: interventions from 2001- 2007.
- A case study on Helem, the First Legal Above- Ground LGBT NGO in the MENA Region.

### **VCT**

In two years Lebanon has served more than 2700 beneficiaries for VCT. 40% of those are from the MARPs and 30% were females. The civil society including faith based organizations and other NGOs are the major players in VCT provision under the supervision, continuous monitoring and evaluation of the NAP.



## **Outreach**

Through the strong partnership with the civil society, Ministries and donors including UN Agencies and International NGOs, Lebanon has had a very successful outreach program that have reached recently in the past two years more than 7077 beneficiaries where 5977 were from the MARPs and they were given a comprehensive prevention package.

## **Enhanced care and support**

NAP has enhanced treatment, care and support services for PLHIV (Under the governance of the MOH and the partial support of WHO, NAP has initiated and established a specialized center for ART distribution accompanied by psychosocial support for those who are in need and have requested the service); actual coverage for the Lebanese and Palestinians registered in the UNRWA is 100%. It is not noteworthy that this is not universal access for treatment as a number of the foreign populations that are infected do not receive ARTs. Also this percentage does not cover the estimated number of PLHIV who are in need for ARTs and are not showing to receive treatment.

## **Initiation and Scaling up prevention interventions including:**

A prospect OST service targeting IDUs has been initiated under the governance of the MOH, a multi sectoral committee has been established to build up consensus on the guidelines for the provision of the OST service in Lebanon; chaired by the Head of the Pharmaceutical Department at the Ministry of Health and composed from representatives of NGOs, Ministry of Information, Ministry of Justice, Psychiatrists and UNODC. This committee is responsible for planning, implementing, monitoring and evaluating the whole process.

In the same line with the support of an international NGO namely Mednet Pampidou, WHO, UNODC and UNAIDS the NAP has:

- 1- Recruited international consultants to assist the assigned committee in reaching its objectives in drafting guidelines that are in line with the international standards.
- 2- Conducted three workshops for Psychiatrists and NGOs on OST

### 3- Monitoring the process of the emanation of these guidelines

In addition to the efforts in the initiation of OST service, 7 targeted operational plans have been developed in the updated and revised NSP to upscale prevention interventions in Lebanon and ensure geographical coverage to MARPs, youth and PLHIV.

#### **Capacity Building for local partners**

NAP in collaboration with SIDC, a specialized NGO has built the capacity of NGOs on VCT, outreach, hotline and the referral system. Referral beneficiaries have been referred to the appropriate and needed social, legal health services including infectious disease physicians for the treatment of HIV and other STIs to prevent further spread and transmission; referral has been conducted through outreach activates, IEC material and some were accompanied by peer and outreach workers. Different population groups now benefit from strengthened hotline services where useful information on links, networks and prevention services on HIV and AIDS and STIs can be obtained.

#### **Integration of reproductive health and HIV/AIDS education in the school curriculum**

Joint efforts between the NAP, Ministries, UN agencies, and Civil society have recently succeeded in reaching and adopting a political decision to integrate life skills related to reproductive health and HIV/AIDS into the school curricula. Now the emphasis is on the implementation of the adopted policy.

#### **VI- Major Challenges and remedial actions**

- Under-reporting is a critical issue in the fight against HIV/AIDS in Lebanon. The current system of reporting is characterized by physicians, labs and hospitals voluntarily reporting to the National AIDS Control Program (NAP) cases they encounter, despite the fact that reporting is a mandate by law. A specific form is designed for that purpose, but unfortunately a great proportion of reported forms are incomplete in terms of the

information volunteered by the physician and there is a difficulty to have follow-up information on reported cases.

- Despite the efforts undertaken by the NAP there are still some impeding elements in the implementation of a comprehensive coordinated effort. Conflict of interest, duplication of activities and competition among the stakeholders needs to be more addressed to ensure an effective and efficient response to HIV/AIDS. In addition, enhanced coordination and synergy of activities should be undertaken among UN Agencies as well.
- Shortages in human and financial resources, Ineligibility to the global fund and competition and duplication of activities coupled with limited budgeting are affecting the national response. Accessibility to the services and national coverage and sustainability of the activities must be ensured to coordinate an effective response.
- In addition to the fact that religion, social norms and values are perceived as a “preventive measures” and factors for halting the spread of HIV, stigmatization of the MARPs and of the marginalized population and of the people living with HIV is still highly prevalent. The existence of laws that criminalize MARPs, gender inequality and vulnerability are all factors that impede universal access and the progress of the national AIDS response.

Efforts are being made by the government in coordination with other partners to decrease stigma and increase acceptance of those groups are being made.

Laws that criminalize some groups are being worked upon for amendment and support groups are currently working with decision makers to build up NAP activities in this field.

## **VII- Monitoring and evaluation environment**

The deepened knowledge of the nature of the epidemic is essential. It is thus imperative to obtain more data on the persons who are at higher risk as well as other groups. NAP is the responsible

body for the monitoring and evaluation of the disease progress and for collecting data reported by physicians, laboratories and blood banks. The data analyses and projections are performed and reported periodically. Estimations on the number of PLHIV in Lebanon are made based on a model developed by UNAIDS and WHO. The reporting forms were revised and modified to include a follow-up. However, some problems remain that should be taken into account:

- ☞ Data collection
- ☞ Data reliability
- ☞ Data nature and quality
- ☞ Estimation

A National Monitoring and Evaluation framework with eleven indicators was developed according to the three ones principle yet Lebanon lacks an integrated surveillance system of HIV/AIDS. The monitoring consists of observing on a regular basis the priority information and the results related to the programs fighting HIV/AIDS. The interpretation, combined with data coming from different sources, represents a key element for an effective follow-up system.

Efforts should be made to invest in a better more efficient surveillance system. This will enable us to observe the progress of the disease and monitor trends among specific groups. Accurate indicators will guide us to put new plans with targeted interventions that will have better impact on the National AIDS response.

In the same line, specific tools for monitoring and evaluation are now being developed and adopted for the specific action plans targeting youth, MTCT, MARPs, PLHIV and for the general population.