## Afghanistan Hepatitis Country profile 2017

### Epidemiology

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Estimated prevalence of chronic Hepatitis B infection (HBsAg)+</td>
<td>1.62 [1.29–2.03]</td>
</tr>
<tr>
<td>Estimated prevalence of chronic HCV infection (%)</td>
<td>0.57</td>
</tr>
<tr>
<td>Estimated prevalence of chronic HCV infection (N)</td>
<td>182 000</td>
</tr>
<tr>
<td>HCV prevalence among PWID [mean [95% CI]]</td>
<td>31.7 [22.6-41.6]</td>
</tr>
<tr>
<td>Hepatitis specific mortality rate per 100 000* (2013)</td>
<td>0.016</td>
</tr>
<tr>
<td>Liver cancer incidence (ASR) per 100 000** (2012)</td>
<td>5.2</td>
</tr>
</tbody>
</table>

### Governance

- Presence of a focal point: Yes
- Presence of STAG: No
- Involvement of civil society: No
- Units to implement national response: No
- NSP (published or drafted): Yes
- Estimating cost to implement the NSP: Yes
- Fund available for the NSP: No
- Impact targets set: No
- Service coverage targets set: No
- Policies for stigma and discrimination: No
- 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: No
- A specific portion of National health budget had been allocated to viral hepatitis prevention, care and treatment?: No
- A set of essential viral hepatitis interventions been defined to be included in the national social / health insurance package: No

FP*: Future plans

### Testing policies and guidelines

<table>
<thead>
<tr>
<th>Policy</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official guidance on which test to use for diagnosing HBV and/or HCV</td>
<td>Yes</td>
</tr>
<tr>
<td>Official guidance on testing pregnant women for HBV</td>
<td>No</td>
</tr>
<tr>
<td>Official guidance on testing people who inject drugs (PWID) for HCV</td>
<td>Yes</td>
</tr>
<tr>
<td>Official guidance or protocols for all people diagnosed with HBV and/or HCV to be routinely referred for treatment and care</td>
<td>No</td>
</tr>
</tbody>
</table>

### 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

### 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: No
- 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: No
- Guidelines for diagnostic testing for Hepatitis B: No
- Guidelines for diagnostic testing for Hepatitis C: No

### Baseline values been determined for the following global indicators

- Percentage of blood donors screened for Hepatitis B and C: No
- Percentage of health facilities that implement the policy of 100% single use (or safety engineered) injection devices: No

### Infrastructure for testing

<table>
<thead>
<tr>
<th>Facilities for serological testing for both HBV (i.e. HBsAg) and HCV (i.e. Anti-HCV)</th>
<th>Facilities for核酸检测 (NAT) for both HBV (i.e. HBV DNA) and HCV (i.e. HCV RNA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary level (i.e. health centers, community outreach)</td>
<td>Primary level (i.e. health centers, community outreach)</td>
</tr>
<tr>
<td>Secondary level/Tertiary level (i.e. hospitals)</td>
<td>Secondary level/Tertiary level (i.e. hospitals)</td>
</tr>
<tr>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

Surveillance

- National surveillance system for viral hepatitis: No
- An inventory of existing data and sources of data on viral hepatitis been made: No
**Treatment policies and guidelines**

- **Tenofovir or Entecavir as the first line of treatment for HBV**
- **Anti-nucleoside/nucleotide analogues are available for the treatment of hepatitis B**
- **Interferon-free (INF-free) direct-acting antiviral (DAA) are the regimens considered the first line of treatment for patients with chronic hepatitis C**
- **Current treatment policy for people with chronic HCV**

**Current situation in terms of registration of**

- **Tenofovir or Entecavir specifically for HBV infection**
- **Guidelines for Hepatitis B treatment**
- **Guidelines for Hepatitis C treatment**

**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**

- **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 needles-syringes distributed to PWID per year

**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
- A policy to integrate Hepatitis B vaccination in services targeting people who inject drugs, men who have sex with men and sex workers
- A policy for use of safe injections (or safety engineered devices) in health care settings to prevent transmission of blood borne infections

**Baseline values been determined for the following global indicators**

- Coverage of hepatitis B vaccination of health workers
- For countries with significant PWID populations, coverage of needles-syringe distribution
- For countries with significant PWID populations, HBV vaccination

**Treatment Estimates**

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

**HCV Elimination Targets**

<table>
<thead>
<tr>
<th>Prevalence of Chronic HCV (%)</th>
<th>2017</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic HCV (N)</td>
<td>184</td>
<td>177</td>
<td></td>
</tr>
<tr>
<td>Diagnosed with HCV (%)</td>
<td>14.33%</td>
<td>18.2%</td>
<td>21.03%</td>
</tr>
<tr>
<td>Diagnosed with HCV (N)</td>
<td>26 300</td>
<td>32 300</td>
<td>35 200</td>
</tr>
<tr>
<td>HCV patients treated (%)</td>
<td>0.22%</td>
<td>1.80%</td>
<td>5.45%</td>
</tr>
<tr>
<td>HCV patients treated (N)</td>
<td>400</td>
<td>3 200</td>
<td>9 100</td>
</tr>
<tr>
<td>Number of new infections</td>
<td>4 700</td>
<td>3 300</td>
<td>1 300</td>
</tr>
</tbody>
</table>

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2. Tested positive for anti-HCV and HCV RNA tests
4. Characterizing hepatitis C virus infection levels and transmission in the World Health Organization Eastern Mediterranean Region: Implications for strategic action
6. ASR= Age-standardised ratio
7. Global Cancer Observatory 2012