Afghanistan Hepatitis Country profile 2017

Epidemiology	
% Estimated prevalence of chronic	1.62 [1.29-2.03]
Hepatitis B infection (HBsAg+) ⁱ	
Estimated prevalence of chronic HCV	0.57
infection ⁱⁱ (%) ⁱⁱⁱ	
Estimated prevalence of chronic HCV	182 000
infection (N) ⁱⁱⁱ	
HCV prevalence among PWID [mean[95%	31.7 [22.6-41.6]
CI]] ^{iv}	
Hepatitis specific mortality rate per 100	0.016
000 ^v (2013)	
Liver cancer incidence (ASR ^{vi}) per 100 000 ^{vii}	5.2
(2012)	

Governance	
Presence of a focal point	Yes
Presence of STAG	FP*
Involvement of civil society	No
Units to implement national response	FP*
NSP (published or drafted)	Yes
Estimating cost to implement the NSP	Yes
Fund available for the NSP	No
Impact targets set	FP*
Service coverage targets set	FP*
Policies for stigma and discrimination	Yes
A system for Hepatitis prevention, testing, care and	
treatment services integrated at community, primary,	No
secondary and tertiary care levels has been defined	
Core hepatitis competencies of different cadres of	
health workers at different levels of the health system	No
been defined considering task shifting options	
Training and supervisory needs of health workers been defined	No
4664	
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	No
treatment?	NO
A set of essential viral hepatitis interventions been	
defined to be included in the national social / health	No
insurance package	
FP*: Future plans	
Tracare plans	

Surveillance	
National surveillance system for viral hepatitis	No
An inventory of existing data and sources of data on viral hepatitis been made	No
vii ai nepatitis been made	

Testing policies	and guide	lines		
Official guidance on which test to use for diagnosing HBV and/or HCV			Yes	
Official guidance on testing pregnant women for HBV			for	No
Official guidance of (PWID) for HCV	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				No
National coverage targets	•	B testing cove ted populatio	_	Yes
been set for the following indicators	•	C testing cove ted populatio	_	Yes
	Policie	s for screenin	g of	
	•	oopulation gro ocreased risk	oups at	No
Presence of	•	cy for mandat	-	
national policies	_	of all blood do		Yes
and guidelines		lepatitis B and		
for priority A policy for referral of all blood interventions donors with positive screening				
interventions			_	No
	available and in results for Hepatitis B and C			INU
line with global confirmatory testing and case standards for the management		iu case		
following		for diagnostic	testing	
1011011111111		or Hepatitis B	, , , , , , , , , , , , , , , , , , , ,	No
Guidelines for diagnostic testing		testing	A1 -	
		r Hepatitis C		No
		ige of blood d		No
Baseline values		for Hepatitis I		110
been determined Percentage of health facilities				
_	for the following that implement the policy of		-	No
global indicators		ngle use (or sa		
engineered) injection devices Infrastructure for testing				
Number of faciliti		Number o	f facilities	that are
able to offer se			ffer nucle	
testing for both	_	testing (NA	Γ) for both	HBV (i.e.
HBsAg) and HCV	-	HBV DNA)	and HCV (i.e. HCV
HCV)			RNA)	
Primary level		Primary		
(i e health	condary	level (i.e.	Seconda	•
centers,	vel/Tertiary	health	level/Te	ertiary

community

21

outreach)

level (i.e.

hospitals)

11

level (i.e.

hospitals)

5

centers,

community

0

outreach)

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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	No	1
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	No	i
HCV	FP*	
Current situation in terms of registration of Tenofovir or Entecavir specifically for HBV infection Current situation in terms of registration of	Yes**	1
Current situation in terms of registration of medicines used in IFN-free DAA regimens for HCV infection	No	i
Tender (national or multinational) to launch price negotiations with pharmaceutical companies for HBV and/or HCV treatment	No	i
Hepatitis B treatment coverage	No	1
Hepatitis C treatment coverage	No	
Guidelines for Hepatitis B treatment	No	
Guidelines for Hepatitis C treatment	No	
A strategy for achieving the best price for medicines and diagnostics been formulated and pursued Treatment Estimates	No	1
Estimate of the total number of people on antiviral treatment for HBV for the years 2013	NA	i
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 Yes**: One or more of these medicines have been regis but only for HCV	-	

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

HCV Elimination Targets			
	2017	2019	2020
Prevalence of Chronic HCV			
(%)	0.54%	0.50%	0.46%
Chronic HCV (N)	184	177	
	000	000	167 000
Diagnosed with HCV (%)	14.33%	18.2%	21.03%
Diagnosed with HCV (N)	26 300	32 300	35 200
HCV patients treated (%)	0.22%	1.80%	5.45%
HCV patients treated (N)	400	3 200	9 100
Number of new infections	4 700	3 300	1 300

¹ Schweitzer et al. (2015) Estimations of worldwide prevalence of chronic hepatitis B virus infection: a systematic review of data published between 1965 and 2013

[&]quot; Tested positive for anti-HCV and HCV RNA tests

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

vi ASR= Age-standardised ratio

vii Global Cancer Observatory 2012