

# HIV/AIDS in Lebanon 2015: Is it Still Curbing?

By Dr. Abdo Jurjus & Dr. Alice Gerages Geagea

After 30 years of its existence in Lebanon, an ambitious evidence-based statement was reported, in 2012, in the “**Human and Health**”, that the disease was curbing in Lebanon. The statement was based on national as well as international data. In particular, it was based on the great progress achieved in Anti-Retroviral Therapy (ART), its universal availability and wide accessibility, as well as, the well targeted interventions in many countries. Now, in 2015, the World Health Organization and HIV/AIDS related official organizations are being even more ambitious in reaching zero HIV infection by the year 2030.

The question being asked, is Lebanon ready, at this stage, for such a leap forward in dealing with the disease? Lebanese epidemiological data show that, so far, the spread of the disease is under control to a great extent with 113 cases reported this year. Would the number raise in the coming years with the presence of about 1/3 of Lebanese inhabitants as refugees and displaced from the neighboring Syria, especially that some of them could be considered as a vulnerable population for many diseases including HIV, TB, STI's or others.

## Global Update

At the global level, the HIV epidemic witnessed major declines in the new HIV infections and HIV-related deaths, in the past decade. New HIV infections in 2013 were estimated at 2.1 million (1.9-2.4 millions), 38% lower than in 2001. In addition, fewer people are dying of HIV-related causes; an estimated 1.5 million (1.4-1.7 millions) in 2013, down 35% from the peak in 2005. The enormous efforts, resources and ingenuity directed at the epidemic are paying off. Global authorities, while recognizing the challenges ahead, set the goal to have an end of the AIDS epidemic, stop HIV infection by 2030,

ensure healthy lives and promote well being for all at all ages.

On the other hand, intermediate global targets for the 2020 were set to ensure that 90% of people having HIV know their status; 90% will get the proper treatment and 90% will have suppression of the viral load. Along this line, countries have an opportunity to take a decisive leap forward towards ending their AIDS epidemics if they act swiftly and with enough resolve to reach the ambitious targets for 2020. These targets apply to everyone: children, adolescents and adults, rich and poor, women and men, and all key populations at high risk. In this context, ART will be available to all HIV positive people according to new guidelines. Prevention packages to reduce new infections should be scaled up and discrimination will be reduced or even eliminated so that people living with or affected by HIV enjoy protection within their communities and equal access-universal access- to health services.

Such actions will have a broader impact if implemented quickly and extensively enough. In particular, they could improve maternal and child health, people's sexual and reproductive health and help overcome to a great extent tuberculosis, sexually transmitted infections and viral hepatitis epidemics. All these actions will contribute substantially to HIV health-related targets by 2030.

## National Update

At the National level, the Lebanese health authorities are scaling up their response to HIV in line with the global strategic directions and goals to reach zero HIV infection by 2030. Although the disease was stabilized to a great extent in the past 10 years or so, a lot of challenges have been overcome and many still await to be solved. The present epidemiology of the disease is reflecting this advancement, however, the presence of about the third of the population as refugees brings with it major challenges.

Building on the successes of the past, the health authorities called for the preparation of a new national strategic plan for the coming 5 years with the WHO and global goals in mind as possible directives. The present situation of HIV in Lebanon, as of December 2015 is as follows:

Year	Number/Year	Cumulative Number
2009	81	1253
2010	93	1346
2011	109	1455
2012	97	1552
2013	119	1671
2014	109	1780
2015	113	1893

Figure 1. Cumulative Number of cases of HIV from 2009 to 2015

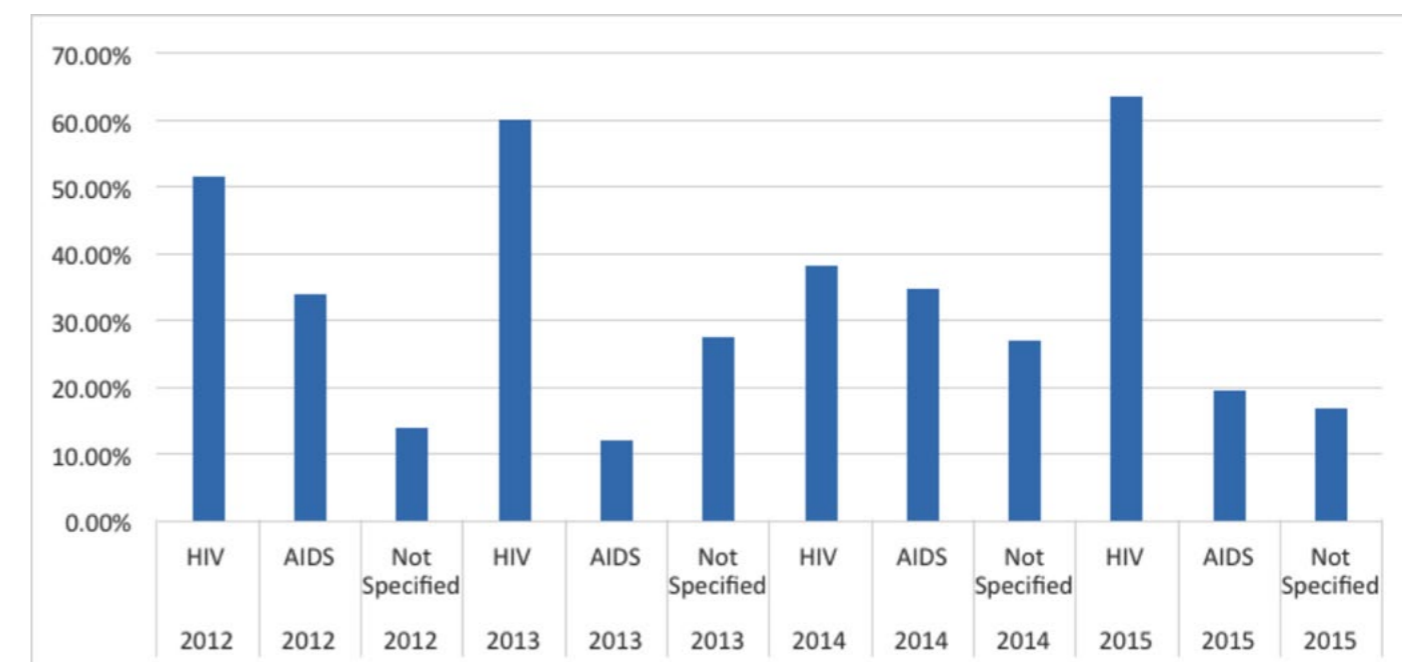


Figure 2. Stages of reported cases: status in 2012, 2013, 2014 and 2015

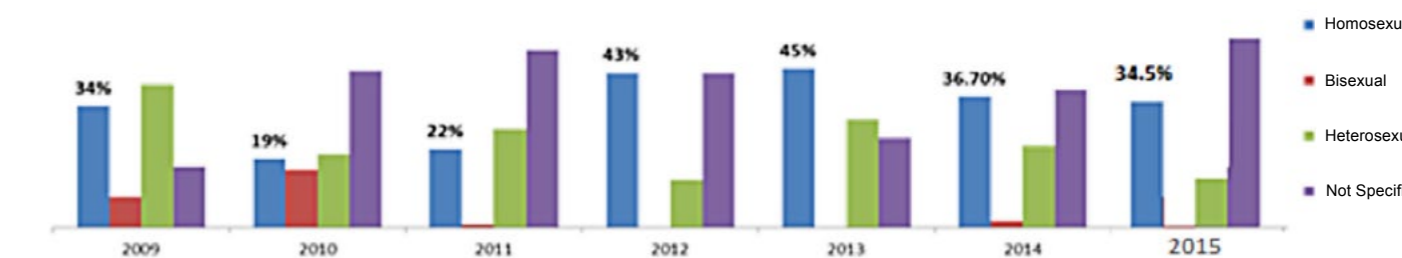


Figure 3. HIV infection related to sexual behavior from 2009 to 2015

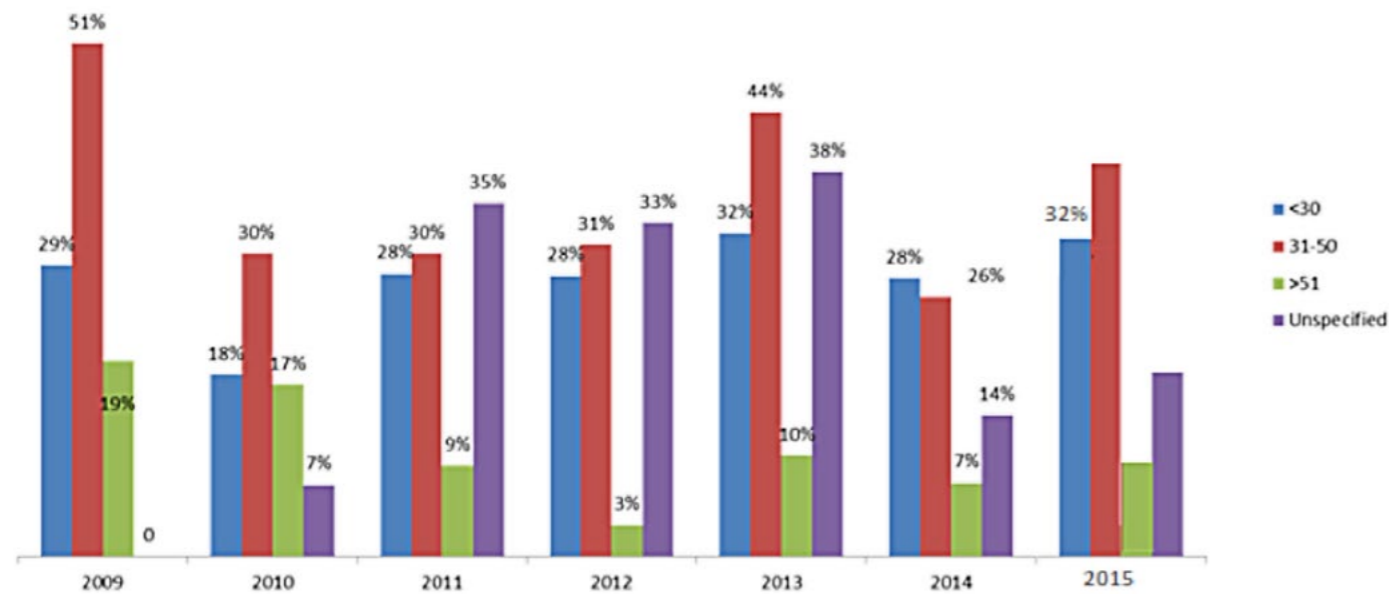


Figure 4. HIV infection according to the age from 2009 to 2015

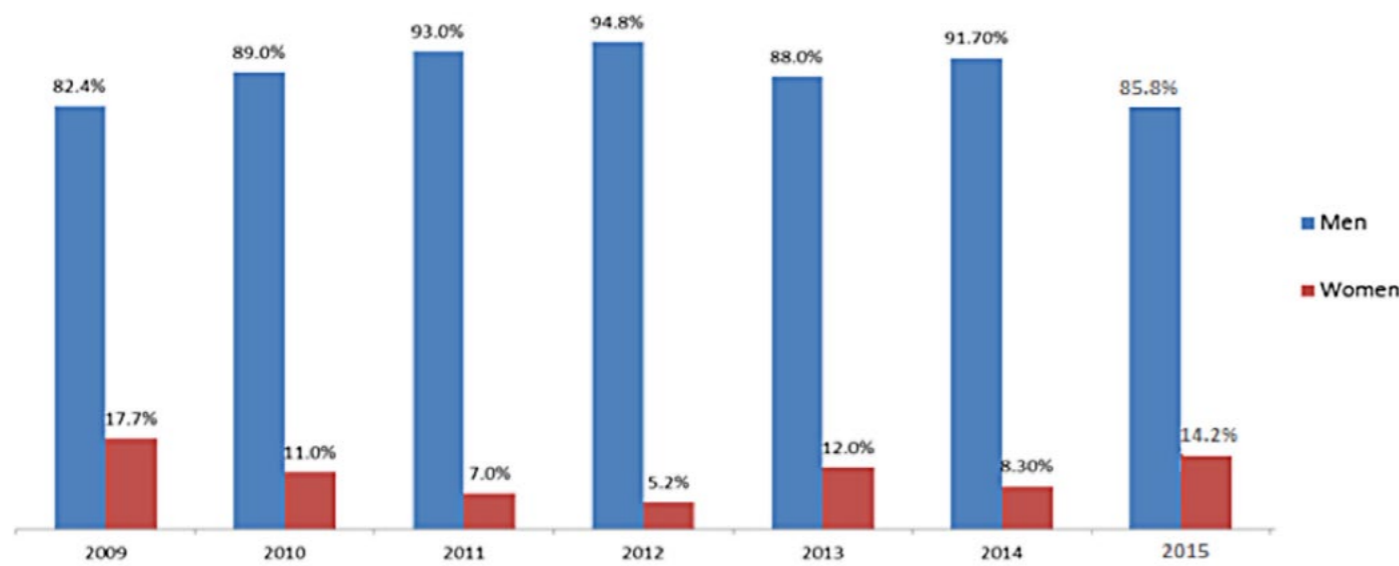


Figure 5. HIV infection according to the gender from 2009 to 2015

Based on the above data emanating from the situation analysis and the multiple research performed, the new plan calls for collaboration and coordination of all governmental, private and non-government organizations dealing directly or indirectly with HIV to have their input in line with the defined goals and targets that are appropriate for the Lebanese scene. The aim is to engage and link partners. It is actually very important to work with partners at all levels on improving support, policy, coherence, program coordination and for addressing the various factors that affect the outcomes of HIV response. Such endeavor is

being supported by data emanating from multiple sources in addition to case reporting. They include operational research targeting various groups like: Men who have sex with men, injecting drug users, sex workers, young men and women as well as others like refugees and displaced people.

### Conclusion

To reach the goals set for 2020 and eventually for 2030 to eradicate HIV infection, partnerships and collaborations

should extend across the health sector and other governmental sectors, to involve civil society, the private sector, major donors, and implementing partners with commitment and accountability.

A wide range of natural benefits would flow from closer integration and linking of HIV services with other relevant health and social interventions.

Considering the past and present experiences, we are optimistic for the future in reaching the set of goals of eradicating HIV infection by 2030 or even before provided funding is adequate and secure.

However, it will be essential and crucial to develop a special action plan for the refugees under the umbrella of the National AIDS program which has proven its effectiveness and success in fighting the HIV epidemic since its inception in the late eighties.



### Infos

#### Regarder la Télévision Peut Tuer!

D'après une récente étude américaine, regarder la télévision plusieurs heures par jour augmenterait le risque de mourir des suites de huit maladies.

Et si la télévision tuait? D'après une récente étude américaine, regarder la télévision augmenterait le risque de mort des suites d'une maladie cardiovasculaire, d'un cancer, de la maladie de Parkinson, d'une grippe, d'une maladie du foie, d'une pneumonie ou encore du diabète. Une consommation télévisuelle élevée augmenterait également le risque de suicide.

Publiée dans le dernier numéro de l'American Journal of Preventive Medicine, l'étude a été réalisée par des chercheurs de l'Institut National du Cancer des Etats-Unis sur plus de 221 000 personnes âgées de 50 à 71 ans.

Elle révèle que les individus ayant regardé la télévision 3 à 4 heures par jour ont 15% de chance de plus de mourir d'une des maladies susmentionnées que ceux ayant regardé le petit écran moins d'une heure par jour. Les personnes

ayant regardé la télévision au moins 7 heures par jour étaient quant à elles 47% plus sujettes à la maladie. Pour la plupart des individus, le risque de maladie commence à augmenter au bout de 3 à 4 heures de visionnage par jour.

Indicateur d'un comportement sédentaire "Nous sommes partis de l'hypothèse que regarder la télévision est un véritable indicateur de l'inactivité physique globale. Dans ce contexte, les résultats concordent avec un grand nombre de recherches indiquant le lien entre télévision et effets néfastes sur la santé", a affirmé la scientifique Sarah K. Keadle.

Si la plupart des liens entre consommation télévisuelle et maladie ont déjà été observés par de nombreux chercheurs, certains ont été signalés pour la première fois grâce à cette étude. Sarah K. Keadle a donc expliqué que d'autres recherches seront essentielles pour confirmer ou non ces résultats: "l'étude a généré de nouveaux indices sur le rôle du comportement sédentaire et la santé, et nous espérons qu'il va stimuler la recherche", a-t-elle ajouté.