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## Curbing hepatitis C

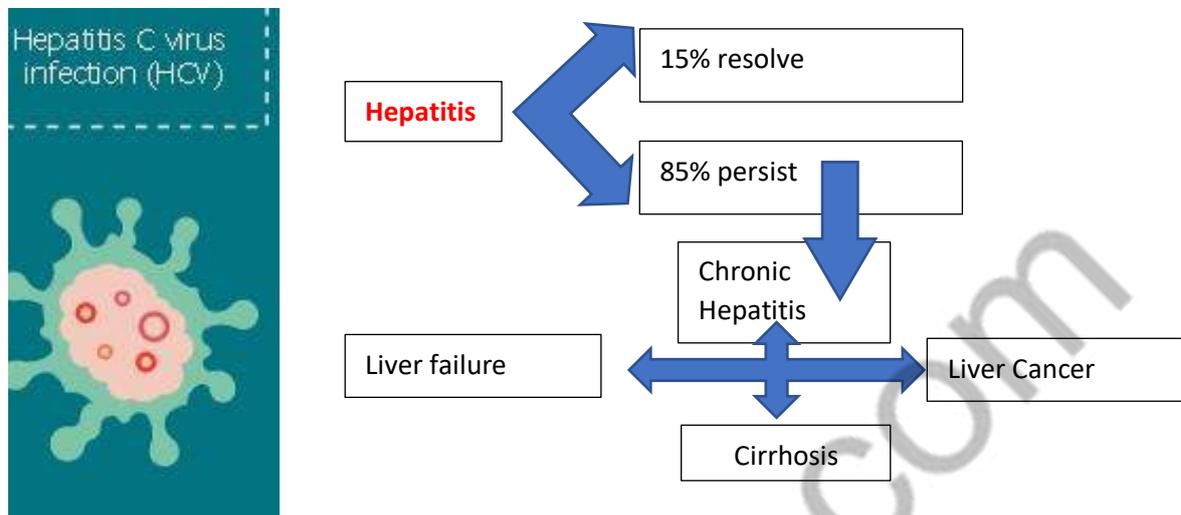
### EDITORIAL

CONSIDERING that Pakistan has the second highest prevalence and disease burden of hepatitis C in the world, the Punjab government's decision to reach out to WHO for help in curbing the illness is a much-needed move. Punjab accounts for up to 70pc of all hepatitis C cases in Pakistan and the provincial government has sought technical assistance from WHO to check and prevent what it believes could be a "possible explosion" of the disease. According to government estimates, there are between 8m and 11m people with active hepatitis C virus in Pakistan, while about 240,000 new cases are detected every year. The figures show that as many as 20m people may not be aware that they have contracted the virus. The high prevalence of infectious diseases in Pakistan, including HIV/AIDS and hepatitis C, can be largely attributed to unsafe medical practices and the lack of regulation. Last year, a major HIV outbreak occurred in Larkana district due to the extensive reuse of syringes. The use of contaminated needles and unsterilised equipment for invasive medical procedures, the transfusion of unscreened blood or other bodily fluids and the sharing of razors, a normal practice at barber shops, are among the major reasons for the high prevalence of hepatitis C in the country. In fact, according to WHO, Pakistan has the highest rate of therapeutic injections administered to patients, which is said to be the primary cause for the spread of the virus.

Ironically, Pakistan produces relatively cheaper medicines to treat the hepatitis C infection but since a large number of patients remain undiagnosed, few are able to get treated in time. The current government appears to realise the frightening magnitude of the disease burden. Hopefully, with WHO's help, the prime minister's programme for the prevention and control of hepatitis will be able to increase access for treatment even as it works to reduce unsafe medical practices. This will also help reduce the burden of other infectious diseases such as HIV/AIDS.

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Understanding the seriousness of the situation, the Government of Pakistan launched its first **National Hepatitis Strategic Framework (NHSF)** covering the period **2017–21, which** closely follows the WHO global health sector strategy on viral hepatitis while accommodating for Pakistan's limited resources and huge burden of disease.



According to WHO, 95% of people infected with HCV can be cured within 2–3 months with highly effective direct-acting antiviral (DAA) drugs.

Although Pakistan's commitment and bold vision to eliminate HCV infection by 2030 is encouraging, the country has a long way to go. Sustained political commitment is essential for effective implementation of the NHSF. The country should also develop an extensive

## Popularity of injections



- Healthcare providers (trained and untrained) prescribe a lot of injections
- Patients in Pakistan like injections
- Number of injections per person per year<sup>1</sup>
  - 13.6
- Review in 1998-9 had estimated for Pakistan, Egypt and Moldova<sup>2</sup>
  - 8.5
- Private sector<sup>1,3</sup>
  - Economic incentive, provider's initiative/patient's demand leads to reuse
  - Difference in healthcare provider's prescription and injection practices as practice area changes (middle class to slum area)
  - Cost of prescription with an injection rupees 45-50 (\$0.60)

References:

1. Int J Qual Health Care. 2005 Oct;17(5):401-8. Epub 2005 May 9.
2. Bull World Health Organ. 1999;77(10):789-800. Review.
3. J Ayub Med Coll Abbottabad. 2004; 16(3) 25-38.

monitoring and evaluation system for the NHSF, ensure the safety of all health professionals, and make care easily accessible to even the most marginalised communities. These steps are important to stop the huge numbers of preventable deaths each year and to achieve universal health coverage in hPakistan.

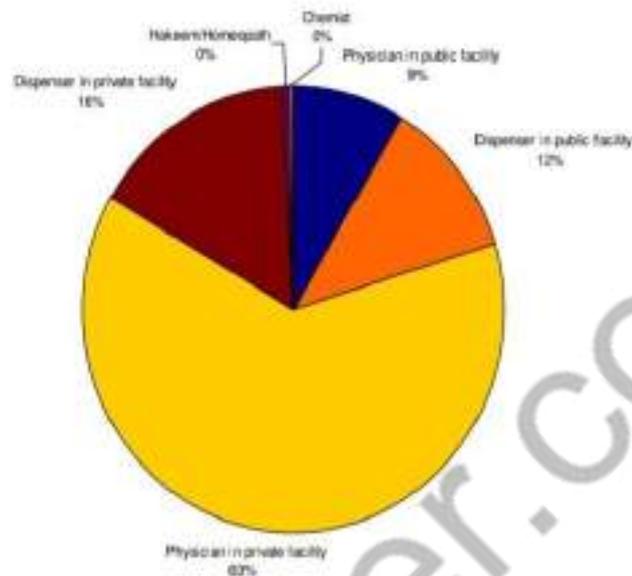
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# Types of injection prescribers

Int J Quality Health Care 2005



## Epidemiological evidence suggest

- Facility based observations of informal and private sector suggests
  - 93% injections unnecessary
  - 75-94% injection equipment reused
- Public sector
  - 12% injections provided with a used syringes
- Conclusion
  - Unsafe injections which include an unnecessary injection and reuse of disposable syringe is the primary reason for transmission of hepatitis B and C infections

### Sources:

1. Epidemiological studies (12) from 1997-2004
2. Ministry of Health Survey 2002
3. Janjua, et al. 2006. Economic burden of unnecessary injections in Pakistan. In: AIDS 2006 - XVI International AIDS Conference, August 13, 2006, Toronto, Canada: International AIDS Society, Geneva, TUPE0504.