2006 Update

# Lebanon

EPIDEMIOLOGICAL FACT SHEETS
ON HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

December 2006

World Health Organization

unicef

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNHCR · UNICEF · WFP · UNDP · UNFPA
UNODC · ILO · UNESCO · WHO · WORLD BANK

# HIV/AIDS estimates

The estimates and data provided in the following tables relate to 2005 unless stated otherwise. These estimates have been produced and compiled by UNAIDS/WHO. They have been shared with national AIDS programmes for review and comments, but are not necessarily the official estimates used by national governments. In order to calculate regional totals, older data or regional models were used to produce minimum estimates for these countries. The estimates are given in rounded numbers. However, unrounded numbers were used in the calculation of rates and regional totals, so there may be minor discrepancies between the regional/global totals and the sum of the country figures. The new estimates in this report are presented together with ranges, called 'plausibility bounds'. These bounds reflect the certainty associated with each of the estimates. The wider the bounds, the greater the uncertainty surrounding an estimate. The extent of uncertainty depends mainly on the type of epidemic, and the quality, coverage and consistency of a country's surveillance system. The general methodology and tools used to produce the country-specific estimates in the table have been described in a series of papers in Sexually Transmitted Infections 2006, 82 (Suppl x). The estimates produced by UNAIDS/WHO are based on methods and on parameters that are informed by advice given by the UNAIDS Reference Group on HIV/AIDS Estimates, Modelling and Projections.

## Estimated number of adults and children living with HIV/AIDS, end of 2003 and 2005

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS.

| | 2003 | 2005 |
|---|---|---|
| Adults (15+) and children | 1600 | 2900 |
| Low estimate | 770 | 1400 |
| High estimate | 5100 | 9200 |
| Adults (15+) | 1600 | 2900 |
| Low estimate | 760 | 1400 |
| High estimate | 5100 | 9300 |
| Children (0-14) | N/A | N/A |
| Low estimate | N/A | N/A |
| High estimate | N/A | N/A |
| Adult rate (15-49) (%) | 0.1 | 0.1 |
| Low estimate | N/A | 0.1 |
| High estimate | <0.1 – 0.3 | 0.5 |
| Women (15+) | <500 | <1000 |
| Low estimate | N/A | 270 |
| High estimate | <2000 | 2100 |

*Source: 2006 Report on the global AIDS epidemic*

| Estimates 2005 | Men | Women |
|---|---|---|
| Prevalence among 15-24 year olds | N/A | N/A |
| Low estimate | | |
| High estimate | | |

*Source: 2006 Report on the global AIDS epidemic*

## HIV prevalence among young people

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|
| Prevalence among 15-24 year olds | | | | | | |
| Prevalence among 15-24 pregnant women | | | | | | |

*Source: 2006 Report on the global AIDS epidemic*

## Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS:

| | 2003 | 2005 |
|---|---|---|
| Adults and children | <100 | <100 |
| Low estimate | N/A | N/A |
| High estimate | <200 | <200 |

*Source: 2006 Report on the global AIDS epidemic*

## Estimated number of orphans due to AIDS

*Nb: only for generalized epidemics*

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 17 at the end of 2005:

| Estimated number of orphans | 2003 | 2005 |
|---|---|---|
| Current living orphans | N/A | N/A |
| Low estimate | N/A | N/A |
| High estimate | N/A | N/A |

*Source: 2006 Report on the global AIDS epidemic*

| | 2003 | 2005 |
|---|---|---|
| Maternal orphans | | |
| Low estimate | | |
| High estimate | | |
| Paternal orphans | | |
| Low estimate | | |
| High estimate | | |
| Dual orphans | | |
| Low estimate | | |
| High estimate | | |

*Source:*

| | Year | Total |
|---|---|---|
| Education ratio | | |
| External support for OVC | | |

*Source:*

# The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance

Global surveillance of HIV/AIDS and sexually transmitted infections (STIs) is a joint effort of WHO and UNAIDS. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, initiated in November 1996, is the coordination and implementation mechanism for UNAIDS and WHO to compile and improve the quality of data needed for informed decision-making and planning at national, regional and global levels. The primary objective of the working group is to strengthen national, regional and global structures and networks for improved monitoring and surveillance of HIV/AIDS and STIs. For this purpose, the working group collaborates closely with WHO Regional Offices, national AIDS programmes and a number of national and international institutions. The goal of this collaboration is to compile the best information available and to improve the quality of data needed for informed decision-making and planning at national, regional, and global levels. The Epidemiological Fact Sheets are one of the products of this close collaboration across the globe.

Within this framework, the Fact Sheets collate the most recent country specific data on HIV/AIDS prevalence and incidence, together with information on behaviour (e.g.; casual sex and condom use) which can spur or stem the transmission of HIV.

Not unexpectedly, information on all of the agreed upon indicators was not available for many countries in 2005. However these updated Fact Sheets do contain a wealth of information which allows identification of strengths in currently existing programmes and comparisons between countries and regions. The fact Sheets may also be instrumental in identifying potential partners when planning and implementing surveillance systems.

The Fact Sheets can be only as good as information made available to the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance. Therefore, the Working Group would like to encourage all programme managers as well as national and international experts to communicate additional information to them whenever such information becomes available. The Working Group also welcomes any suggestions for additional indicators or information proven to be useful in national or international decision-making and planning.

# Basic indicators

For consistency reasons the data in the table below are taken form official UN publications.

| DEMOGRAPHIC DATA | YEAR | ESTIMATE | SOURCE |
|---|---|---|---|
| Total population (thousands) | 2005 | 3577 | UN Population Division |
| Population aged 15-49 (thousands) | 2005 | 1909 | UN Population Division |
| Female population aged 15-24 (thousands) | 2005 | 351 | UN Population Division |
| Annual population growth rate (%) | 1995-2004 | 1.1 | UN Population Division |
| % of population in urban areas | 2005 | 88 | UN Population Division |
| Crude birth rate (births per 1000 pop.) | 2005 | 18.3 | UN Population Division |
| Crude death rate (deaths per 1000 pop.) | 2005 | 6.7 | UN Population Division |
| Maternal mortality rate (per 100 000 live births) | 2000 | 150 | World Health Report 2006, WHO |
| Life expectancy at birth (years) | 2004 | 70 | World Health Report 2006, WHO |
| Total fertility rate (per woman) | 2004 | 2.3 | World Health Report 2006, WHO |
| Infant mortality rate (per 1000 live births) | 2004 | 27 | UNICEF / WHO |
| Under 5 mortality rate (per 1000 live births) | 2004 | 31 | World Health Report 2006, WHO |

| SOCIO-ECONOMIC DATA | YEAR | ESTIMATE | SOURCE |
|---|---|---|---|
| Gross national income, ppp, per capita (Int.$) | 2004 | 5380 | World Bank |
| Per capita total expenditure on health (Int.$) | 2003 | 730 | WHO |
| UN Human Development Index (ranking) | 2005 | 81 | UNDP Human Development Report 2005 |
| General government expenditure on health as % of total expenditure on health | 2003 | 29.3 | WHO |
| Adult literacy rate (%) | 2000-2004 | N/A | UNESCO |
| Male literacy rate (%) | 2000-2004 | N/A | UNESCO |
| Female literacy rate (%) | 2000-2004 | N/A | UNESCO |
| Net primary school enrolment ratio, male (%) | 1998-2004 | 91 | World Bank |
| Net primary school enrolment ratio, female (%) | 1998-2004 | 90 | World Bank |
| Human Poverty Index (ranking) | 2005 | 18 | UNDP Human Development Report 2005 |

| | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|
| National funds spent by governments on HIV/AIDS from domestic sources (US$) | | | | | |

*Source:*


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http://www.unaids.org


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# HIV prevalence in different populations

This section contains information about HIV prevalence in different populations. The data reported in the tables below are mainly based on the HIV database maintained by the United States Bureau of the Census where data from different sources, including national reports, scientific publications and international conferences are compiled. To provide a simple overview of the current situation and trends over time, summary data are given by population group, geographical area (Major Urban Areas versus Outside Major Urban Areas), and year of survey. Studies conducted in the same year are aggregated and the median prevalence rates (in percentages) are given for each of the categories. The maximum and minimum prevalence rates observed, as well as the total number of surveys/sentinel sites, are provided with the median, to give an overview of the diversity of HIV-prevalence results in a given population within the country. Data by sentinel site or specific study from which the medians were calculated are printed at the end of this fact sheet. The differentiation between the two geographical areas Major Urban Areas and Outside Major Urban Areas is not based on strict criteria, such as the number of inhabitants. For most countries, Major Urban Areas were considered to be the capital city and - where applicable - other metropolitan areas with similar socio-economic patterns. The term Outside Major Urban Areas considers that most sentinel sites are not located in strictly rural areas, even if they are located in somewhat rural districts.

## HIV sentinel surveillance prevalence

| Group | Area | | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pregnant women | Outside major urban areas | N-Sites | | | | | 1 | 1 | | | | | | | | | | |
| | | Minimum | | | | | 0.1 | 0 | | | | | | | | | | |
| | | Median | | | | | 0.1 | 0 | | | | | | | | | | |
| | | Maximum | | | | | 0.1 | 0 | | | | | | | | | | |
| Sex workers | | N-Sites | | | 1 | 1 | 1 | 1 | | | | | | | | | | |
| | | Minimum | | | 0.3 | 0.1 | 0.1 | 0 | | | | | | | | | | |
| | | Median | | | 0.3 | 0.1 | 0.1 | 0 | | | | | | | | | | |
| | | Maximum | | | 0.3 | 0.1 | 0.1 | 0 | | | | | | | | | | |
| Injecting drug users | | N-Sites | | | | | | | | | | | | | | | | |
| | | Minimum | | | | | | | | | | | | | | | | |
| | | Median | | | | | | | | | | | | | | | | |
| | | Maximum | | | | | | | | | | | | | | | | |
| STI patients | | N-Sites | | | | | 1 | | | | | | | | | | | |
| | | Minimum | | | | | 1.1 | | | | | | | | | | | |
| | | Median | | | | | 1.1 | | | | | | | | | | | |
| | | Maximum | | | | | 1.1 | | | | | | | | | | | |
| Men having sex with men | | N-Sites | | | | | | | | | | | | | | | | |
| | | Minimum | | | | | | | | | | | | | | | | |
| | | Median | | | | | | | | | | | | | | | | |
| | | Maximum | | | | | | | | | | | | | | | | |
| Tuberculosis patients | | | | | | | | | | | | | | | | | | |

## Maps & charts

Mapping the geographical distribution of HIV prevalence among different population groups may assist in interpreting both the national coverage of the HIV surveillance system as well in explaining differences in levels of prevalence. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, in collaboration with the WHO Public Health Mapping and GIS Team, Communicable Diseases, is producing maps showing the location and HIV prevalence in relation to population density, major urban areas and communication routes. For generalized epidemics, these maps show the location of prevalence of antenatal surveillance sites. Trends in antenatal sentinel surveillance for higher prevalence countries, or in prevalence among selected populations for countries with concentrated epidemics, are a new addition. These are presented for those countries where sufficient data exist.

**MAP IS NOT AVAILABLE FOR THIS COUNTRY.**

# Reported HIV/AIDS cases

## Reported AIDS cases

Following WHO and UNAIDS recommendations, AIDS case reporting is carried out in most countries. Data from individual AIDS cases are aggregated at the national level and sent to WHO. However, case reports come from surveillance systems of varying quality. Reporting rates vary substantially from country to country and low reporting rates are common in developing countries due to weaknesses in the health care and epidemiological systems. In addition, countries use different AIDS case definitions. A main disadvantage of AIDS case reporting is that it only provides information on transmission patterns and levels of infection approximately 5-10 years in the past, limiting its usefulness for monitoring recent HIV infections. Despite these caveats, AIDS case reporting remains an important advocacy tool and is useful in estimating the burden of HIV-related morbidity as well as for short-term planning of health care services. AIDS case reports also provide information on the demographic and geographic characteristics of the affected population and on the relative importance of the various exposure risks. In some situations, AIDS reports can be used to estimate earlier HIV infection patterns using back-calculation. AIDS case reports and AIDS deaths have been dramatically reduced in industrialized countries with the introduction of Anti-Retroviral Therapy (ART).

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | | | | | | | | | | | | | | | | | |
| Females | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | |

## Reported HIV cases

A case of HIV infection is defined as an individual with HIV infection irrespective of clinical stage (including severe or stage 4 clinical disease) confirmed by laboratory criteria according to country definitions and requirements.

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | | | | | | | | | | | |
| Females | | | | | | | | | | | |
| Total | | | | | | | | | | | |

*Source:*

Note: In some instances, the number in the total column is not the sum of the individual years due to differing reporting, estimation processes or available data.

# Sexually transmitted infections (STIs)

The predominant mode of transmission of both HIV and other STIs is sexual intercourse. Measures for preventing sexual transmission of HIV and STIs are the same, as are the target audiences for interventions. In addition, strong evidence supports several biological mechanisms through which STIs facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility. Thus, detection and treatment of individuals with STIs is an important part of an HIV control strategy. In summary, if the incidence/prevalence of STIs is high in a country, then there is the possibility of high rates of sexual transmission of HIV. Monitoring trends in STIs provides valuable insight into the likelihood of the importance of sexual transmission of HIV within a country, and is part of second generation surveillance. These trends also assist in assessing the impact of behavioural interventions, such as delaying sexual debut, reducing the number of sex partners and promoting condom use. Clinical services offering STI care are an important access point for people at high risk for both STIs and HIV. Identifying people with STIs allows for not only the benefit of treating the STI, but for prevention education, HIV testing, identifying HIV-infected persons in need of care, and partner notification for STIs or HIV infection. Consequently, monitoring different components of STI prevention and control can also provide information on HIV prevention and control activities within a country.

## STI syndromatic reporting

### Genital discharge

| Reported cases | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | | | | | | | | | | | |

*Source:*

### Genital ulcers

| Reported cases | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | | | | | | | | | | | |
| Females | | | | | | | | | | | |
| Total | | | | | | | | | | | |

*Source:*

## STI etiological reporting

### Chlamidya

| Reported cases | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | | | | | | | | | | | |
| Females | | | | | | | | | | | |
| Total | | | | | | | | | | | |

*Source:*

### Gonorrhoea

| Reported cases | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | | | | | | | | | | | |
| Females | | | | | | | | | | | |
| Total | | | | | | | | | | | |

*Source:*

### Syphilis

| Reported cases | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | | | | | | | | | | | |
| Females | | | | | | | | | | | |
| Total | | | | | | | | | | | |

*Source:*

### Herpes simplex

| Reported cases | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | | | | | | | | | | | |
| Females | | | | | | | | | | | |
| Total | | | | | | | | | | | |

*Source:*

## Syphilis prevalence, women

Percent of blood samples taken from pregnant women aged 15-49 that test positive for syphilis - positive reaginic and treponema test-during routine screening at selected antenatal clinics.

### Syphilis prevalence, ANC women

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | | | | | | | | | | | |

## Prevalence of curable STIs among specific populations

### Prevalence of curable STIs among female sex workers

| | Year | Area | Rate | Range |
|---|---|---|---|---|
| Chlamydia | | | | |
| *Source:* | | | | |

| | Year | Area | Rate | Range |
|---|---|---|---|---|
| Gonorrhoea | | | | |
| *Source:* | | | | |

| | Year | Area | Rate | Range |
|---|---|---|---|---|
| Syphilis | | | | |
| *Source:* | | | | |

| | Year | Area | Rate | Range |
|---|---|---|---|---|
| Trichomoniasis | | | | |
| *Source:* | | | | |

### Prevalence of curable STIs among other specific populations

Specific populations according to the epidemic pattern of the country

| | Year | Area | Rate | Range |
|---|---|---|---|---|
| Chlamydia | | | | |
| *Source:* | | | | |

| | Year | Area | Rate | Range |
|---|---|---|---|---|
| Gonorrhoea | | | | |
| *Source:* | | | | |

| | Year | Area | Rate | Range |
|---|---|---|---|---|
| Syphilis | | | | |
| *Source:* | | | | |

| | Year | Area | Rate | Range |
|---|---|---|---|---|
| Trichomoniasis | | | | |
| *Source:* | | | | |

## Health service and care indicators

HIV prevention strategies depend on the twin efforts of care and support for those living with HIV or AIDS, and targeted prevention for all people at risk or vulnerable to the infection. It is difficult to capture such a large range of activities with one or just a few indicators. However, a set of well-established health care indicators may help to identify general strengths and weaknesses of health systems. Specific indicators, such as access to testing and blood screening for HIV, help to measure the capacity of health services to respond to HIV/AIDS - related issues.

| Access to health care | | | |
|---|---|---|---|
| Indicators | Year | Estimate | Source |
| % of population with access to health services - total | | | |
| % of population with access to health services - urban | | | |
| % of population with access to health services - rural | | | |
| Contraceptive prevalence rate (%) | | N/A | UNPOP |
| Percentage of contraceptive users using condoms | | | |
| % of births attended by skilled health personnel | 2001 | 93 | UNICEF |
| % of 1-yr-old children fully immunized - DPT | 2004 | 92 | WHO/UNICEF |
| % of 1-yr-old children fully immunized - Measles | 2004 | 96 | WHO/UNICEF |
| % of ANC clinics where HIV testing is available | | | |

## Estimated number of adults (15+) in need of treatment

Total number of adults needing antiretroviral therapy

| | 2003 | 2005 |
|---|---|---|
| Both sexes | <500 | <500 |
| Low estimate | N/A | N/A |
| High estimate | <1000 | <1000 |

*Source: WHO and UNAIDS, March 2006*

## Estimated number of people receiving antiretroviral therapy

Total number of people receiving antiretroviral therapy at end of each year

| | 2003 | 2005 |
|---|---|---|
| Males | | |
| Females | | |
| Both sexes | 0 | <500 |

*Source: Based on the most recent calculated ART need estimates by WHO and UNAIDS, as of March 2006.*

| Coverage | 2003 | 2005 |
|---|---|---|
| Both sexes | 0% | 36% |

*Source: WHO and UNAIDS, March 2006*

*Comments: See also the paediatrics estimates section on the next page, as the ART need among children should also be taken into account for estimating ART coverage.*

## Services providing antiretroviral therapy

Reported number of sites that are providing antiretroviral therapy

| | 2003 | 2005 |
|---|---|---|
| Public | | |
| Private | | |
| Total | | N/A |

*Source: (total 2005) Annex 3: Progress on Global Access to HIV Antiretroviral Therapy, A Report on "3 by 5" and Beyond. Geneva, WHO and UNAIDS, March 2006.*

*Comments:*

## Paediatrics estimates, 2005

| | Total | Source |
|---|---|---|
| Children living with HIV | | |
| Low estimate | | |
| High estimate | | |
| Children in need of ART | N/A | |
| Low estimate | N/A | |
| High estimate | N/A | *WHO and UNAIDS, March 2006* |
| Children receiving ART | | |
| Children in need of cotrimoxazole | N/A | |
| Low estimate | N/A | |
| High estimate | N/A | *WHO and UNAIDS, March 2006* |
| Children receiving cotrimoxazole | | |

*Comments:*

## Coverage of HIV testing and counselling

Number of public, private and NGO sites providing testing and counselling services.

| | Year | Area | Total number of sites |
|---|---|---|---|
| Public sector | | | |
| Private sector | | | |
| NGOs | | | |
| Total | | | |

*Source:*

## Number of people counselled and tested over time

Number of people who have been tested and counselled in the country.

| | 2003 | 2004 | 2005 |
|---|---|---|---|
| Males | | | |
| Females | | | |
| Both sexes | | | |

*Source:*

# Knowledge and behaviour

In most countries the HIV epidemic is driven by behaviours (e.g.: multiple sexual partners, injecting drug use) that expose individuals to the risk of infection. Information on knowledge and on the level and intensity of risk behaviour related to HIV/AIDS is essential in identifying populations most at risk for HIV infection and in better understanding the dynamics of the epidemic. It is also critical information in assessing changes over time as a result of prevention efforts. One of the main goals of the 2nd generation HIV surveillance systems is the promotion of a standard set of indicators defined in the National Guide (Source: National AIDS Programmes, A Guide to Monitoring and Evaluation, UNAIDS/00.17) and regular behavioural surveys in order to monitor trends in behaviours and to target interventions. The indicators on knowledge and misconceptions are an important prerequisite for prevention programmes to focus on increasing people's knowledge about sexual transmission, and, to overcome the misconceptions that act as a disincentive to behaviour change. Indicators on sexual behaviour and the promotion of safer sexual behaviour are at the core of AIDS programmes, particulary with young people who are not yet sexually active or are embarking on their sexual lives, and who are more amenable to behavioural change than adults. Finally, higher risk male-male sex reports on unprotected anal intercourse, the highest risk behaviour for HIV among men who have sex with men.

## Knowledge of HIV prevention methods

Prevention indicator: Percentage of young people 15-24 who both correctly identify two ways of preventing the sexual transmission of HIV and who reject three misconceptions about HIV transmission.

| | Total | Urban | Rural | Year |
|---|---|---|---|---|
| Males | | | | |
| Females | | | | |

*Source:*

## Reported condom use at last higher risk sex (young people 15-24)

Prevention indicator: Proportion of young people reporting the use of a condom during sex with a non-regular partner.

| | Total | Urban | Rural | Year |
|---|---|---|---|---|
| Males | | | | |
| Females | | | | |

*Source:*

## Age-mixing in sexual partnerships among young women

The proportion of young women who have sex in the last 12 months with a partner who is 10 or more years older than themselves.

| | Total | Urban | Rural | Year |
|---|---|---|---|---|
| Females | | | | |

*Source:*

## Reported non regular sexual partnerships

Prevention indicator: Proportion of young people 15-24 having at least one sex partner other than a regular partner in the last 12 months.

| Year | Males | Females |
|---|---|---|
| | | |

*Source:*

## Ever used a condom

Percentage of people who ever used a condom.

| | Age | Total | Urban | Rural | Year |
|---|---|---|---|---|---|
| Males | | | | | |
| Females | | | | | |

*Source:*

## Adolescent pregnancy

Percentage of teenagers 15-19 who are mothers or pregnant with their first child.

| | Year | Percentage |
|---|---|---|
| | | |

*Source:*

## Age at first sexual experience

Percentage of 15-19 year olds who have had sex before age 15.

| | Year | Males | Females |
|---|---|---|---|
| | | | |

*Source:*

# Prevention indicators

## Prevention of mother-to-child transmission (PMTCT) nationwide

Infection of HIV from an HIV-positive mother to her child during pregnancy, labour, delivery of breastfeeding is called mother-to-child transmission (MTCT). An estimated 530 000 (410 000 - 660 000) children were newly infected in 2006, mainly through mother-to-child transmission. The vast majority of these infections are preventable, yet coverage levels are remarkably low in most resource-limited countries.

### Prevention mother-to-child transmission

| | Total | Year | Comment |
|---|---|---|---|
| Antenatal care coverage (%), 1997--2005* | 96 | 2005 | |
| Number of pregnant women counselled on PMTCT services | | | |
| Estimated number of HIV-infected pregnant women | <100 | 2005 | |
| Number of HIV-infected pregnant women who received ARVs for PMTCT | | | |
| % of HIV-infected pregnant women who received ARVs for PMTCT | | | |

* Data refer to the most recent year available during the period specified.

*Source: UNAIDS/Unicef/WHO. Children and AIDS; A stocktaking report, Actions and progress during the first year of "Unite for Children, Unite against AIDS". New York, 2007.*

## Prevention indicators among injecting drugs users

| Availability of harm reduction services | Number of centers | Number of people attending services | Estimation of coverage | Year |
|---|---|---|---|---|
| Needle exchange programs | | | | |
| Opiod substitute therapy | | | | |

*Source:*

| | Estimated number of IDUs aged 15-65 | IDU prevalence(%) | Year |
|---|---|---|---|
| Needle exchange programs | | | |
| | | | |

*Source:*

# Screening of blood transfusions nationwide

Blood safety programs aim to ensure that the majority of blood units are screened for HIV and other infectious agents. This indicator gives an idea of the overall percentage of blood units that have been screened to high enough standards that they can confidently be declared free of HIV.

| | Percentage |
|---|---|
| Percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national or WHO guidelines. | |

# Sources

Data presented in this Epidemiological Fact Sheet come from several sources, including global, regional and country reports, published documents and articles, posters and presentations at international conferences, and estimates produced by UNAIDS, WHO and other United Nations agencies. This section contains a list of the more relevant sources used for the preparation of the Fact Sheet. Where available, it also lists selected national Web sites where additional information on HIV/AIDS and STI are presented and regularly updated. However, UNAIDS and WHO do not warrant that the information in these sites is complete and correct and shall not be liable whatsoever for any damages incurred as a result of their use.


- Annex 3: Progress on Global Access to HIV Antiretroviral Therapy, A Report on "3 by 5" and Beyond. Geneva, WHO and UNAIDS, March 2006.
- 2006 Report on the global AIDS epidemic
- Based on the most recent calculated ART need estimates by WHO and UNAIDS, as of March 2006.
- United Nations Population Division
- UNAIDS/Unicef/WHO. Children and AIDS; A stocktaking report, Actions and progress during the first year of "Unite for Children, Unite against AIDS". New York, 2007.
- UNDP Human Development Report 2005
- United Nations Educational, Scientific and Cultural Organization
- UNICEF Global Database on Skilled Attendant at Delivery. The United Nations Children's Fund. (http://www.childinfo.org/areas/deliverycare/countrydata.php)
- UNICEF / WHO
- World Contraceptive Use 2005 database. Population Division, Department of Economic and Social Affairs, United Nations.
- UNPOP Dept. Of Economic and Social Affairs
- World Health Organization
- World Health Organization, 3 by 5
- WHO and UNAIDS, March 2006
- WHO/UNICEF estimates of national coverage for year 2004 (as of September 2005). (http://www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html)
- World Bank
- World Health Report 2006, WHO
- Shrestha, P. N. 1999 Forthcoming WER Global Update of AIDS Cases Reported to WHO WHO/EMRO/ASD, ASD. 9/28/A5/61/2, Sept. 21, document tables.
- Lebanon National AIDS Programme, World Health Organization 1994 Republic of Lebanon National AIDS Programme - Strategic Plan: 1995 - 1999 Beirut, Lebanon, August, draft report.


# Websites

- Ministry of Public Health: http://www.public-health.gov.lb/

# Annex: HIV surveillance prevalence by site

| Group | Area | | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pregnant women | Outside major urban areas | Not specified | | | | | 0.1 | 0 | | | | | | | | | | |
| Sex workers | | | | | 0.3 | 0.1 | 0.1 | 0 | | | | | | | | | | |
| Injecting drug users | | | | | | | | | | | | | | | | | | |
| STI patients | | | | | | | 1.1 | | | | | | | | | | | |
| Men having sex with men | | | | | | | | | | | | | | | | | | |
| Tuberculosis patients | | | | | | | | | | | | | | | | | | |