

NATIONAL  
TUBERCULOSIS AND  
AIDS PROGRAM  
ANNUAL REPORT  
2024



National AIDS Control Program



MINISTRY OF PUBLIC HEALTH  
NATIONAL TUBERCULOSIS PROGRAM



REPUBLIC OF LEBANON  
MINISTRY OF PUBLIC HEALTH

# BACKGROUND

As of January 2024, the National Tuberculosis Program and the National AIDS Program have been officially merged into a single program following the decision of HE. Dr. Firass Abiad, minister of Public Health. This integration aimed at optimizing resource utilization, enhancing efficiency of service delivery and improving patient-centered care, to ensure a more sustainable and resilient healthcare system.

However, Lebanon continued to face hardships in 2024 with the escalation of conflicts and its severe consequences which lead to mass displacement, destruction of infrastructure, and a deepening humanitarian crisis. All these factors contributed to heightened vulnerability among affected communities posing significant challenges to sustaining essential disease control efforts.

In response, the National TB and AIDS Program has implemented critical and innovative interventions to maintain care and prevent a resurgence in disease transmission with the support of the International Organization for Migration under the Middle East Response Project of the Global fund. They included the launch of two satellite units equipped with portable AI-powered X-ray machines for TB screening and awareness-raising. Additionally, activities were implemented to enhance community response and increase HIV awareness through community-led organizations. The interventions also focused on strengthening TB and HIV surveillance through capacity building and updates to the DHIS2-tracker software.

Despite ongoing political, social, and economic instability, the National Tuberculosis and AIDS Program remains dedicated to reaching and serving vulnerable and key populations to ensure the prevention and control of both diseases in alignment with the National Strategic Plans for TB and HIV.

# TUBERCULOSIS

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# Abbreviations

ACF	Active Case Finding
CAD4TB	Computer-Aided Detection for Tuberculosis.
DHIS2	District Health Information Software 2
DR-TB	Drug-Resistant Tuberculosis
EPTB	Extra-Pulmonary Tuberculosis
IOM	International Organization for Migration
LRM	Laboratoire Rodolphe Mérieux
MER	Middle East Response
MOPH	Ministry of Public Health
NSP	National Strategic Plan
NTP	National Tuberculosis Program
NTRL	National Tuberculosis Reference Laboratory
PTB	Pulmonary Tuberculosis
TB	Tuberculosis
TRS	Tuberculosis Registration System

## Introduction

Lebanon remains classified as a low TB burden country, with an estimated TB incidence rate of 10 per 100,000 population and an estimated HIV-negative TB mortality rate of 0.82 per 100,000 population, as per the WHO Global Tuberculosis Report for 2023.

In line with the global End TB Strategy, which aims to achieve a 50% reduction in TB incidence and a 75% reduction in TB-related mortality by 2025 compared to 2015 levels, Lebanon has made notable progress. Between 2015 and 2023, the country achieved a 14% reduction in TB incidence and a 22% decline in TB-related deaths. While these advancements reflect sustained national efforts, additional measures are needed to accelerate progress toward global targets.

To optimize the use of resources and improve patient outcomes, the National TB and AIDS Programs have been integrated into a single program in January 2024 following a ministerial decision. This strategic move aims to enhance the efficiency of service delivery and patient management for both diseases, facilitates resource-sharing and strengthens the healthcare workforce.

However, in 2024, Lebanon continued to face hardships with the escalation of hostilities in the country which lead to widespread displacement, more economic instability, and increased vulnerability among affected populations. In response, the National TB and AIDS Program has implemented critical interventions to sustain care and prevent any increase in disease transmission. These measures were implemented with the support of the International Organization for Migration under the MER Project and other partners and focused mainly on expanding community outreach programs to ensure continued access to TB and HIV services for displaced and conflict-affected populations.

Despite the challenges posed by the conflict, the National TB and AIDS Program remains committed to ensuring uninterrupted care for individuals with TB and HIV, safeguarding public health, and advancing toward national and global disease elimination goals.

# TB Epidemiology in Lebanon

The trend of TB notification which increased from 2012 onwards due to the influx of Syrian refugees and to the migrant workforce present in the country drastically dropped in 2021 as a consequence to the multifaceted crisis in the country and the COVID19 Pandemic and the drop was noticed among the different population subgroups and mainly among migrants (Figure 1). This trend was reversed as of 2022 with a 9% increase in the overall TB notification in 2022 and 2023 and 13% in 2024. Figure 2 shows that the percentage of foreign born TB cases which gradually increased from 2007 to 2020 dropped to around 50% between 2021 and 2023 and increased again in 2024 with 58% of notified cases being among non nationals.

Figure 1): Trends in notified TB cases by Population Subgroups, 2007-2024

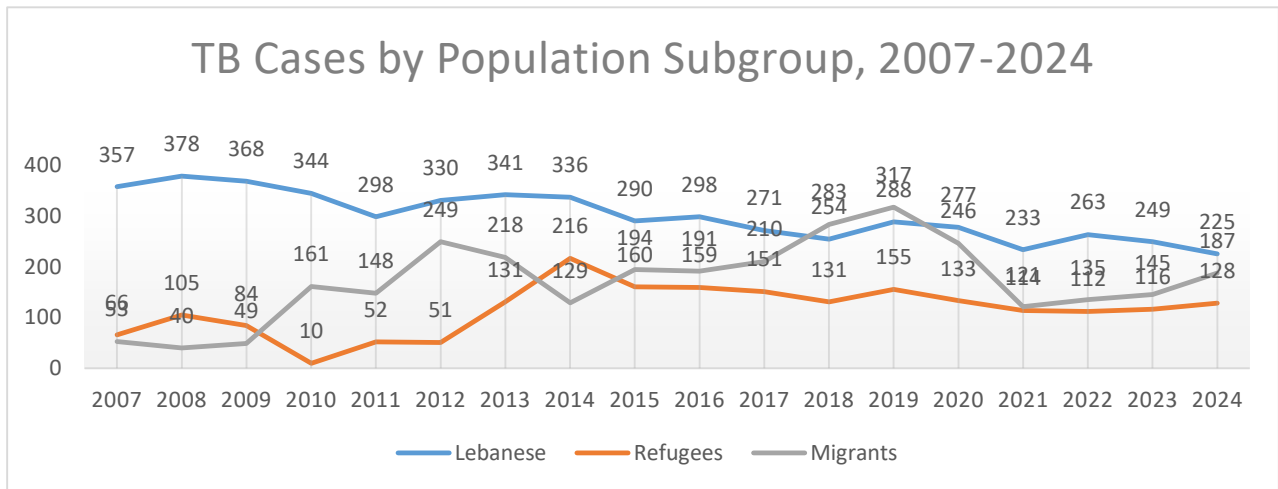
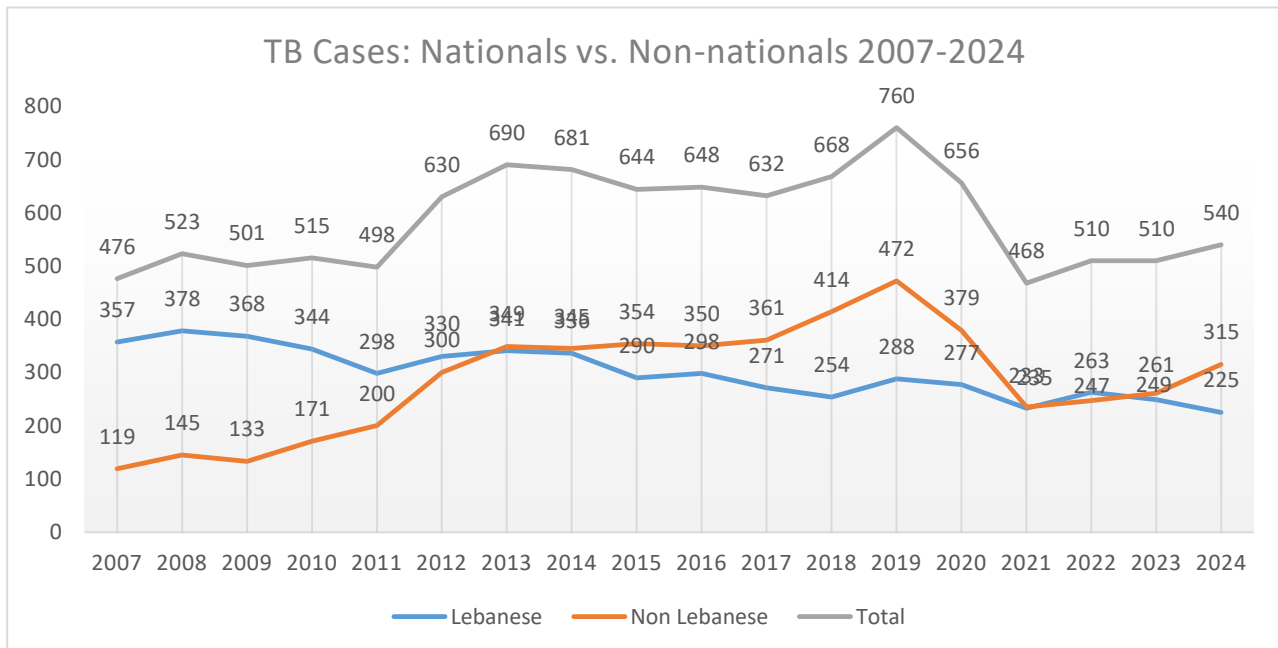


Figure 2): Trends in notified TB Cases-Nationals vs. Non-nationals, 2007-2024





## TB Notification in 2024

544 TB cases, including 540 DS-TB and 4 DR-TB cases, were notified, diagnosed and enrolled under TB treatment in 2024. Overall, there were 0.6% DR-TB among new notified TB cases and 6% among previously treated cases.

The total number of notified drug susceptible TB cases was 540, out of which 64% had pulmonary TB (Figure 3). Figure 4 shows the distribution of EPTB cases by site of disease with around half of the extra-pulmonary cases having TB lymphadenopathy.

Regarding gender and age distribution, 35% of the cases were aged between 25 and 34 years; 70% of cases in this age group being females mainly from the migrant community. Overall, 59% of the total cases were females and 8% were below the age of 15, including 16 children below the age of 5 (Figure 5).

Figure 3: Distribution of TB Cases by Type of Disease

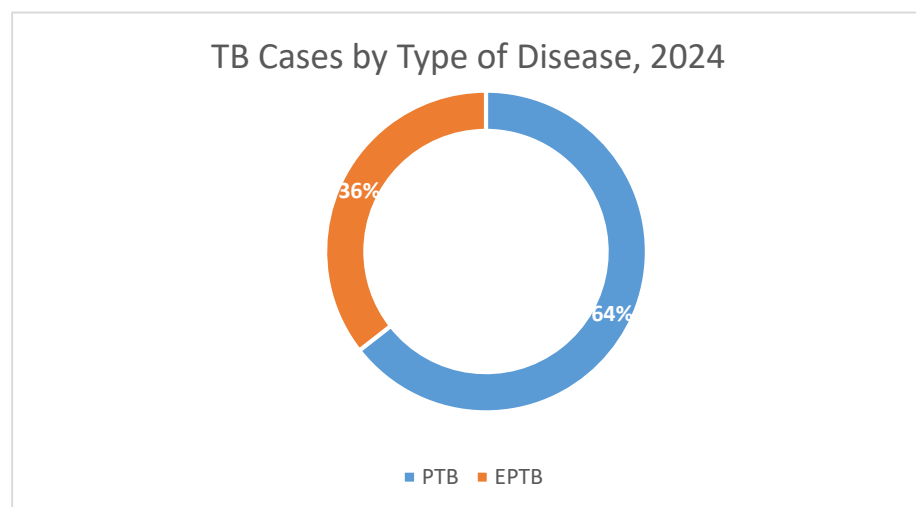


Figure 4: Distribution of EPTB Cases by Site of Disease

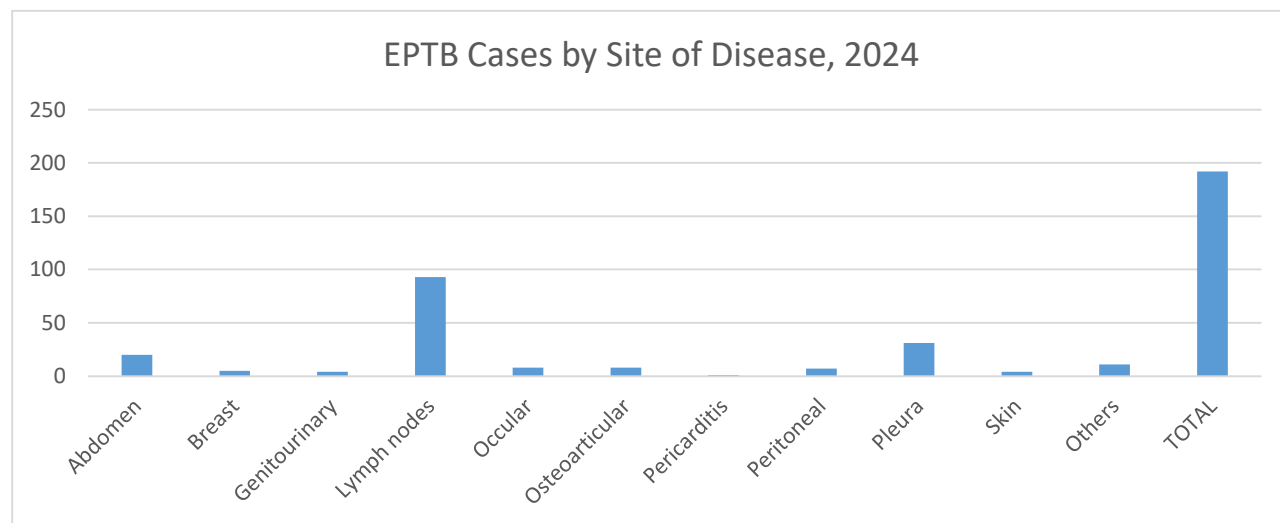
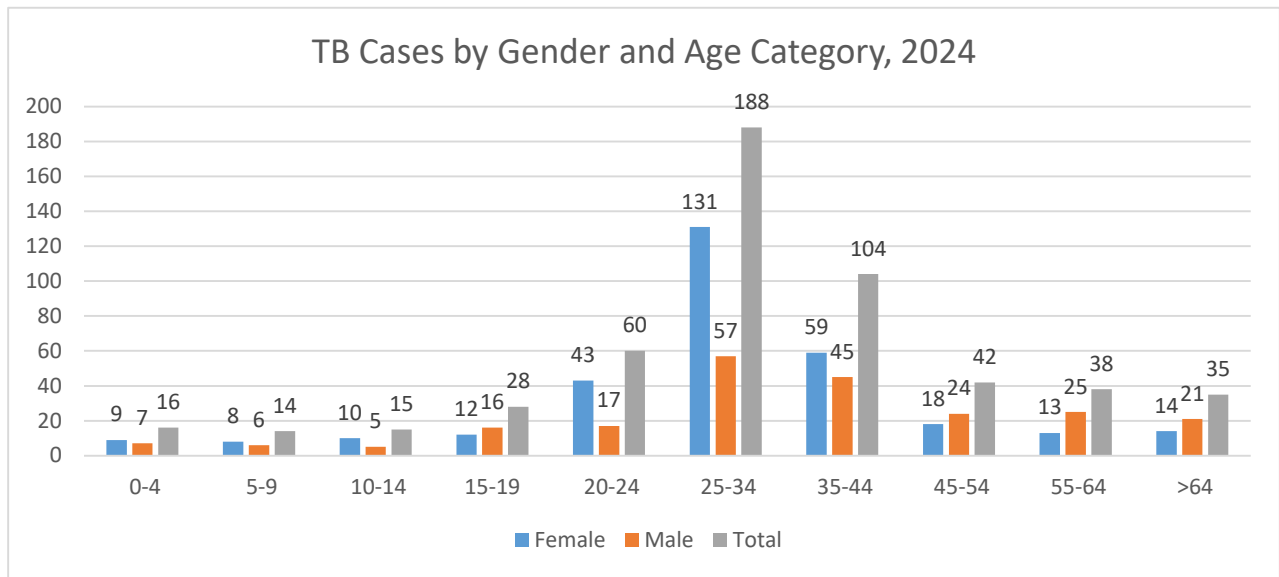
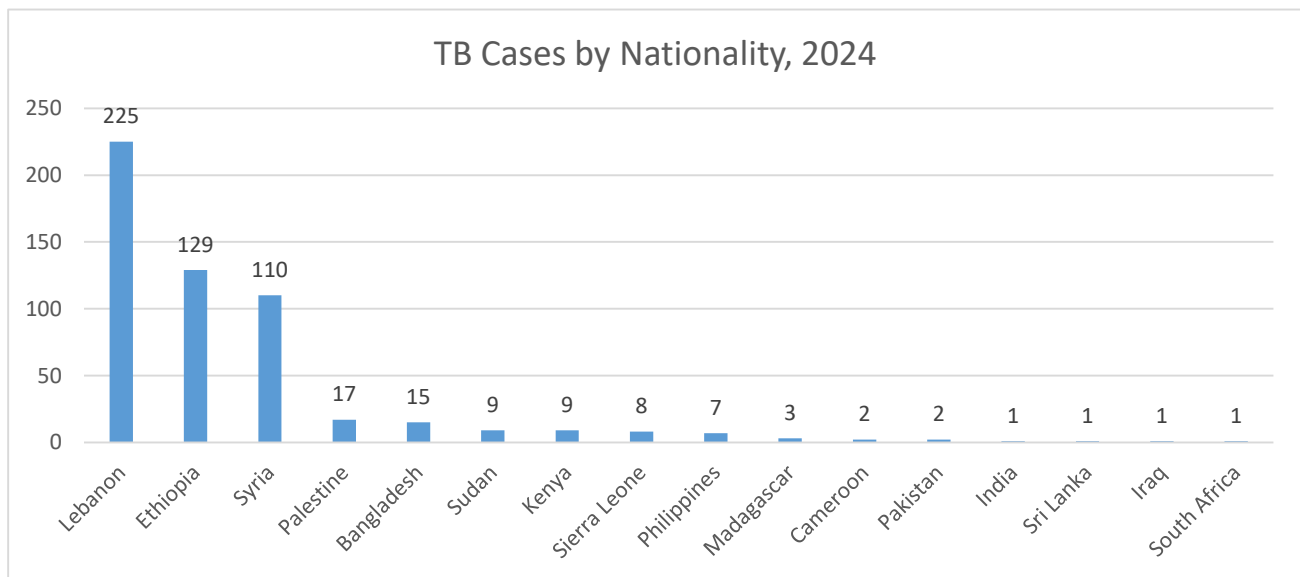


Figure 5: Distribution of TB Cases by Gender and Age Category



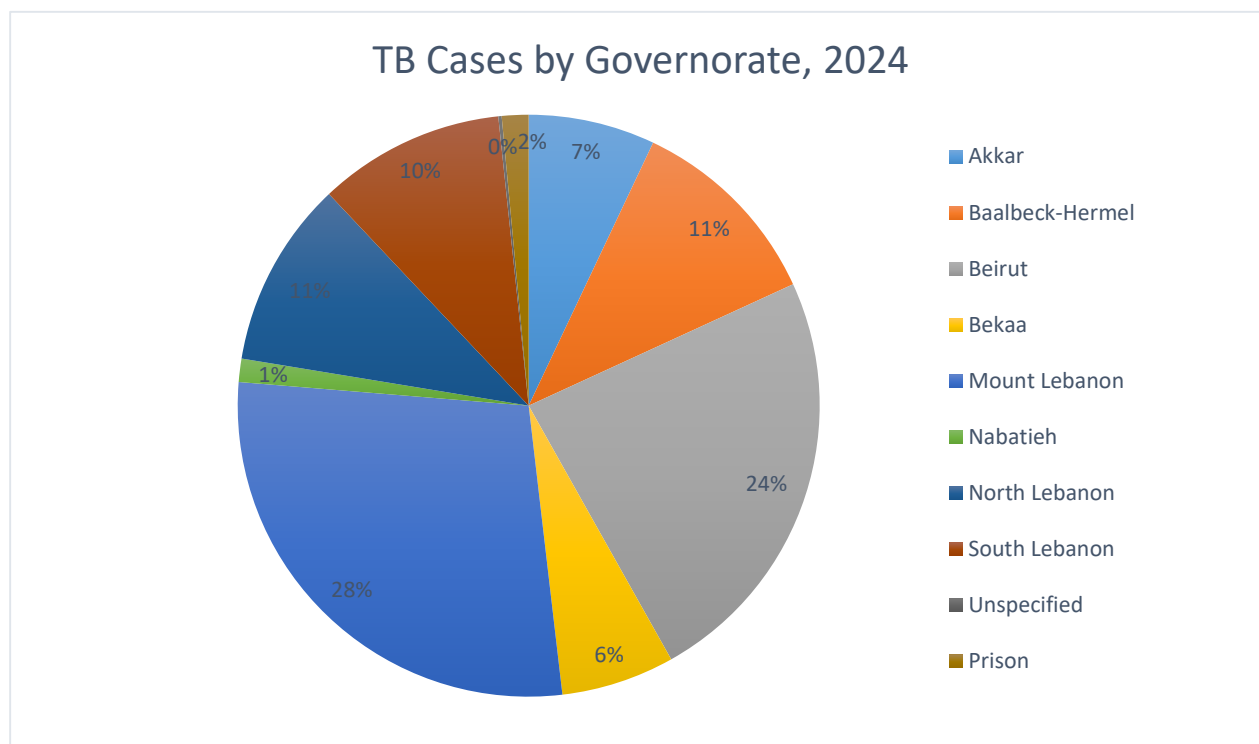
Besides, 42% of the notified TB cases were Lebanese and the majority of cases among non-Lebanese were from Ethiopian and Syrian nationalities with 129 and 110 notified cases respectively (Figure 6).

Figure 6: Distribution of TB Cases by Nationality



Concerning the geographical distribution of TB patients, half of the notified cases lived in Beirut and Mount Lebanon. The North, Baalbek-Hermel and the South accounted for around 10% of the total cases each. 8 cases were among prisoners (Figure 7).

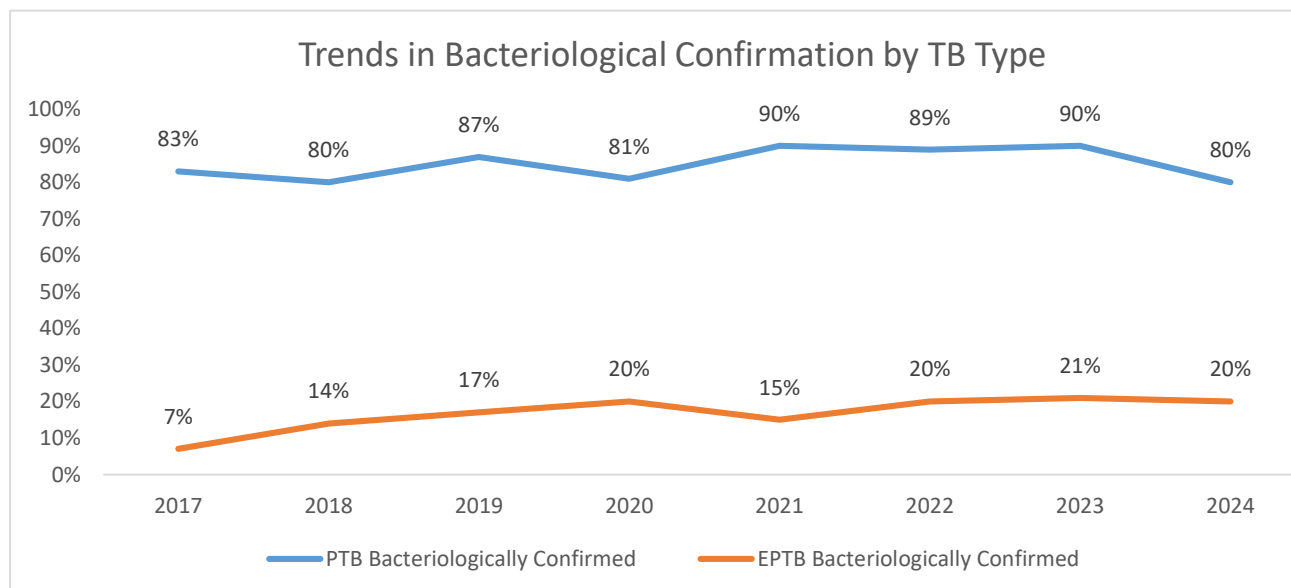
Figure 7: Distribution of TB Cases by Governorate



## Trends in Bacteriological Confirmation

90% of PTB cases were bacteriologically confirmed in 2023. However, the bacteriological confirmation among EPTB cases remained low with 21% of the cases having a confirmatory test result. The main challenge is related to the low referral of EP specimens to NTP and NTRL for testing. Figure 8 shows the trends in bacteriological confirmation by TB Type from 2017 to 2024

Figure 8: Trends in Bacteriological Confirmation by TB Type, 2017-2024



## TB treatment Outcomes in 2023

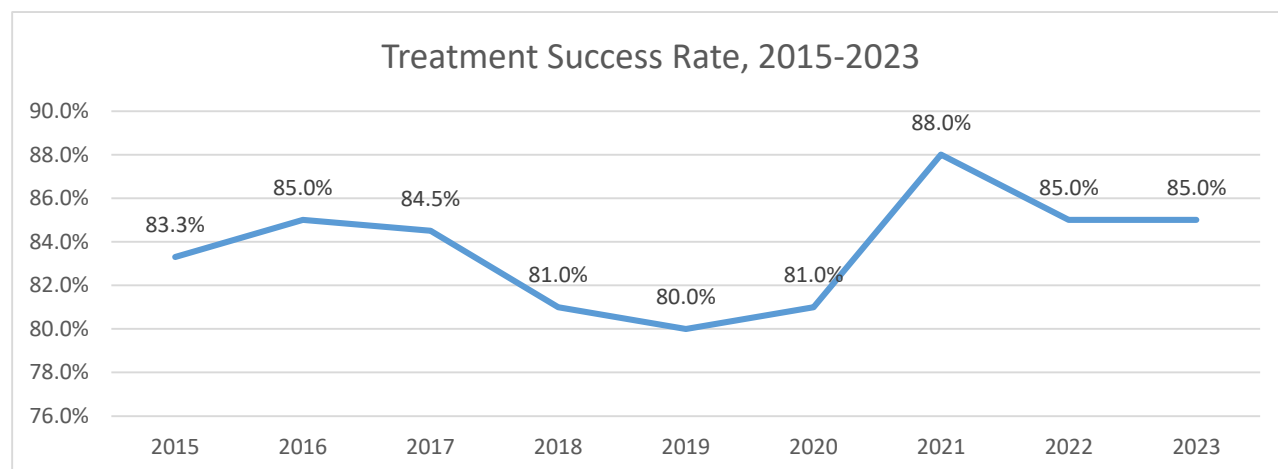
Table 1: Treatment Outcomes - Distribution by Nationality (2023)

Outcome	Lebanese	Syrian	Palestinian	Others	Total
Cured	67	43	6	42	158
Treatment Completed	155	48	5	67	275
<b>Treatment Success Count*</b>	<b>222</b>	<b>91</b>	<b>11</b>	<b>109</b>	<b>433</b>
<b>Treatment Success Rate (%)</b>	<b>89</b>	<b>88</b>	<b>92</b>	<b>75</b>	<b>85</b>
Treatment Failure	1	0	0	1	2
Death	11	3	1	3	18
Left the Country	2	4	0	19	25
Transferred Out**	1	2	0	4	7
Lost to Follow-Up	12	4	0	9	25
<b>Total</b>	<b>249</b>	<b>104</b>	<b>12</b>	<b>145</b>	<b>510</b>

\*Treatment Success Count= Cured + Treatment Completed

\*\*Cases registered at NTP Lebanon and transferred out to another NTP in a different country to continue TB treatment

Figure 9: Trends in TB Treatment Success Rate 2015-2023



## TB Screening Activities in High Risk Groups

With the escalating war in Lebanon driving waves of displacement and exacerbating the needs among affected populations, the National TB and AIDS Program is implemented essential measures to maintain care and treatment for individuals with TB and PLHIV. These actions aimed to prevent any subsequent surge in the transmission of both diseases.

### Medications

- The inventory of drugs and consumables was done centrally.
- Drugs were distributed to all the NTP centers located in BML, North, Baalbek-Hermel and Bekaa areas, to ensure a stock of 3 months.

- For South Governorate, a stock for 6 months was placed at Saida TB center to cover the needs of South beneficiaries (including patients of Tyre and Nabatieh TB centers)
- A small stock of TB medications was also placed at Rafic Hariri University Hospital.

### Samples Transportation Plan

A weekly plan was coordinated ahead between NTP and NTRL based on the situation and the number of samples to be transported from each center.

### Patient Management

Treatment was dispensed to the patient/ caregiver to last until the next visit or the end of treatment if no other visit is planned; scenario for PTB cases:

### Outreach Response

TB screening activities have been launched in Beirut, Mount Lebanon (BML), South Lebanon, Akkar, Baalbek-Hermel and Bekaa on October 11, 2024. The total number of people screened were 1839 with 340 referred to the NTP for further investigation. 7 TB case were diagnosed with TB and enrolled on treatment. Portable X-ray equipped with AI was utilized during these activities following a training done by DELFT company to the relevant HCW. Awareness raising was also performed along with the screening and IEC materials adapted to the language of the screened population were distributed. This innovative approach which was supported by IOM significantly enhanced the efficiency of TB detection, allowing immediate linkage to care and rapid diagnosis, demonstrating a successful model for using advanced technology in health interventions.

*Table 2: Active Case Findings Intervention Statistics*

Region	Shelter Name	Total Screened	Symptoms Suggestive of TB	Active Cases
<b>Beirut</b>	USJ Monnot	14	1	0
<b>Mount Lebanon</b>	Ethiopian Shelter-Hazmieh	195	33	0
	Ghosta	37	16	0
	The Shelter-Hazmieh	136	23	1
<b>Bekaa</b>	مدينة السيد عباس الموسوي الكشافية - رياق	728	156	0
<b>Akkar</b>	بلانة الحيصة - Koucha	52	0	0
<b>Tripoli</b>	مشروع الحريري	24	3	0
	Dahr Moghr- Tripoli	42	6	0
	Tripoli	4	0	0
<b>Hermel</b>	حسينية الحارة	104	11	6
	حسينية الامام علي	236	36	
	حسينية السجاد	87	16	
	جامع الامام علي	22	9	
	Others	27	10	
<b>Saida</b>	مركز دار اليتيم العربي	61	12	0
	Montana Hotel-Saida	70	8	0
	<b>Total</b>	<b>1839</b>	<b>340</b>	<b>7</b>

## A. TB Contacts Screening

Contact investigation remains one of the ongoing active case finding activities conducted by the program. Contact screening data for 2024 are represented in Table 3.

*Table 3: TB Contact Screening Data, 2024*

	Count	%
Total no. of Contacts	1178	
PPD Performed	1000	85%
PPD Positive	219	22%
CXR Performed	216	
CXR Abnormal	36	17%
Contacts>5y Eligible for TPT	186	
Contacts>5y took TPT	163	88%
Contacts<5y	93	
Contacts<5y took TPT	50	54%
Active TB	50	

## B. TB Screening in migrants from HBC

Systematic TB screening of migrants upon entry to Lebanon is done at governmental hospitals since 2017 following a joint decision between the Ministry of Labor and the Ministry of Health for the purpose of providing work permits for migrant workers from high TB burden countries.

Screening is done by performing a tuberculin skin test and a chest radiography. Migrants with positive TST and to whom active TB is ruled out are provided with a preventive TB treatment. Presumptive TB cases are referred to the NTP for further investigations

*Table 4: TRS Data, 2018-2024*

Year	Number of Migrants (new comers)*	Number of Migrants Screened	Number of Migrants who Received TPT
2018	86894	16532 (19%)	7330 (44%)
2019	43825	27463 (62.6%)	11138 (41%)
2020	7781	7360 (94.5%)	2552 (35%)
2021**	NA*	3066	1042 (34%)
2022**	NA*	2925	844 (29%)
2023**	NA*	2040	928 (45.5%)
2024**	NA*	1205	746 (62%)

\*Data not available

\*\*Under-reporting and / or screening outside Governmental Hospitals during and following COVID-19 Pandemic

# Coordination Meetings and Training Sessions

## **1. Integrating Community-Based TB Activities within NGOs/CSOs (April)**

This training was supported by IOM under the MER project and aimed to enhance the capacity of NGOs and CSOs working with key populations in integrating community-based TB interventions within their programs. Participants (13 female, 14 male) explored strategies to improve TB case detection, treatment adherence, and community engagement, fostering a more collaborative approach to TB control.

## **2. Training on Tuberculosis Updated Guidelines for UNRWA Health Staff (July)**

A three-day training was conducted to familiarize UNRWA health staff with the latest TB guidelines under MER3. A total of 64 participants (24 female, 40 male) received updates on TB diagnosis, treatment, and programmatic management, ensuring alignment with global best practices and national TB control strategies.

## **3. DELFT Training on CAD4TB & Portable X-ray Machine (November)**

A specialized training session was conducted for 2 participants from NTP on the use of CAD4TB and the new portable X-ray machine by a representative from DELFT. This session focused on enhancing diagnostic capabilities, particularly for high-risk and hard-to-reach populations, improving early TB detection and case management.

## **4. DHIS2 Training for TB Team (November)**

NTP healthcare workers participated in a training on DHIS2 tracker data capture carried out by HISP MENA team under IOM support. The training covered data entry on the standardized TB package and basic analysis and reporting functions to strengthen TB surveillance and monitoring.

## **5. TOT on SOPs, Programmatic TB Management & DR-TB management (November-December)**

This regional Training of Trainers (TOT) supported by WHO and IOM session aimed to equip participants with the skills to train others on Standard Operating Procedures (SOPs) and programmatic TB management, including screening, diagnosis, surveillance and other topics.

## **6. TOT on DR-TB Management (December)**

A TOT session was conducted participant on Drug-Resistant TB (DR-TB) management. The training covered diagnostic approaches, treatment regimens, and management of Adverse events, preparing the participant to train other health workers on managing DR-TB cases effectively.

HIV



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# Abbreviations

IBBS	Integrated Biological and Behavioral Survey
KPs	Key Populations
IOM	International Organization for Migration
MER	Middle East Response
MSM	Men who have Sex with Men
NSP	National Strategic Plan
NAP	National AIDS Program
OAT	Opioid Agonist Therapy
PLHIV	People Living with HIV
PWID	People who Inject Drugs
STI	Sexually Transmitted Infection

## Introduction

In 2023, a new National Strategic Plan (2023–2028) was developed to serve as a roadmap for collective action, and joint efforts across the country. Aligned with the 2030 vision, this plan aspires to bring Lebanon and the world closer to virtually eliminating new HIV infections, ensuring comprehensive support for people living with HIV, and addressing persistent disparities and stigma. However, the ongoing conflict and displacement crisis pose significant barriers to achieving these goals, necessitating urgent, coordinated action to safeguard healthcare access and support for affected communities.

Lebanon has a low HIV prevalence, however, prevalence is high among key populations such as MSM, Sex workers, People who inject drugs and others. In fact, according to the most recent IBBS conducted in 2023, HIV epidemic among MSM is on the rise with a prevalence of 18.6% compared to 12% in 2018 (IBBS 2018).

In 2024, with the support of IOM under the Middle East Response Project of the Global fund, various thematic NGOs worked closely with the NAP to engage key populations, delivering a comprehensive range of HIV prevention services. These included the distribution of approximately 53,000 condoms, awareness sessions reaching around 7,350 beneficiaries, and the provision of 2,800 HIV self-test kits. Additionally, 374 MSM beneficiaries received PrEP, while other services included ART dispensing, PEP distribution, OAT, and STI testing.

# HIV Notification

A total of **255 new HIV cases** were notified in 2024. The distribution by **gender** shows that the majority of cases were among **males (85.88%)**, while females accounted for a smaller proportion (11.37%). By **nationality**, the cases were predominantly among **Lebanese individuals (77.25%)**, with a smaller percentage reported among **non-Lebanese residents (22.7%)**. In terms of **age groups**, the highest concentration of cases was observed among **25-34-year-olds (46.67%)**. Fewer cases were detected in older age groups, while individuals aged **20-24** accounted for a smaller but notable number of new diagnoses (5.49%).

Figure 1: Distribution of New PLHIV by Gender, 2024

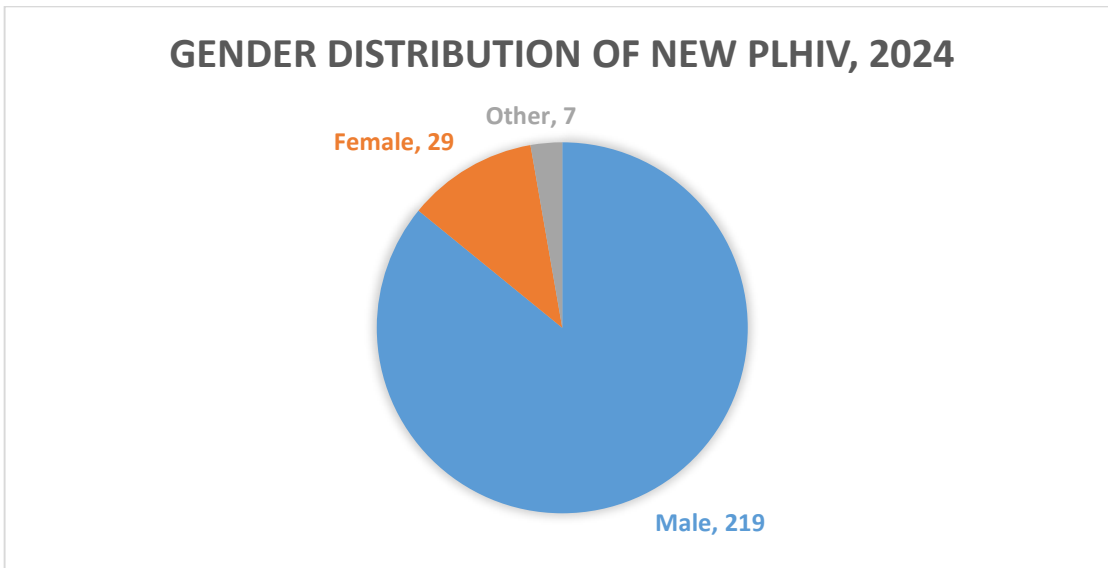


Figure 2: Distribution of New PLHIV by Nationality, 2024

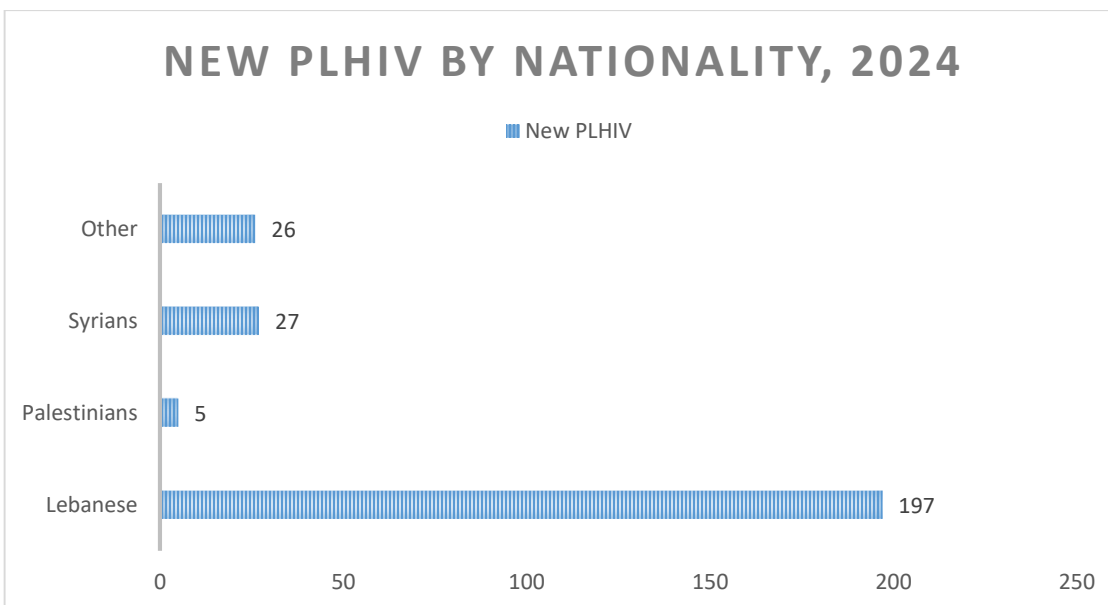
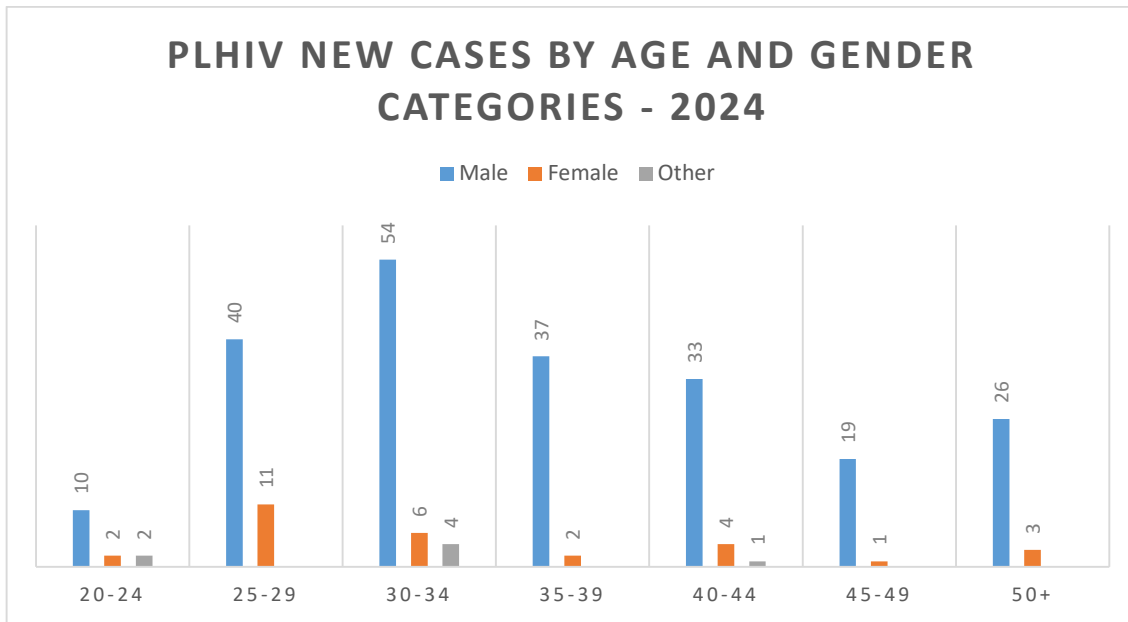


Figure 3: Distribution of New PLHIV by Age and Gender Categories, 2024



## New PLHIV Under ART

Among the **207 individuals** who initiated **antiretroviral therapy (ART)**, the distribution follows a similar trend as newly reported cases. A high proportion of **males** started treatment (89.37%), and Lebanese individuals represented the majority of those enrolled in ART (81.64%). The **age distribution** indicates that **most ART initiations occurred in the 30-34 age group (24.15%)**, followed by **younger adults aged 25-29 (18.36%)**.

A pregnant woman was confirmed positive for HIV at the 7th month of her pregnancy. Upon diagnosis, she promptly began receiving ART as part of the Prevention of Mother-to-Child Transmission (PMTCT) program.

Figure 4: Distribution of New PLHIV under ART by Gender, 2024

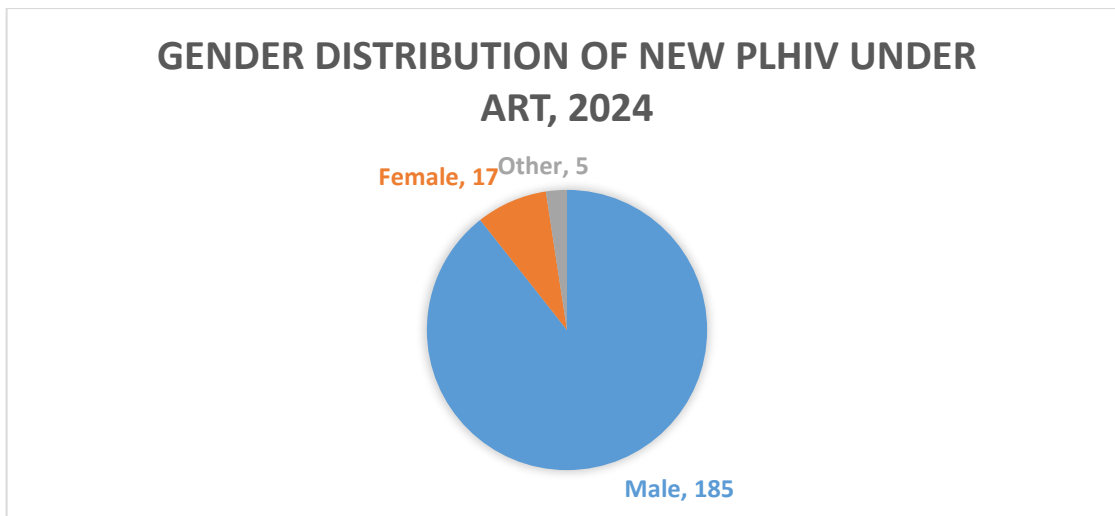


Figure 5: Distribution of New PLHIV under ART by Nationality, 2024

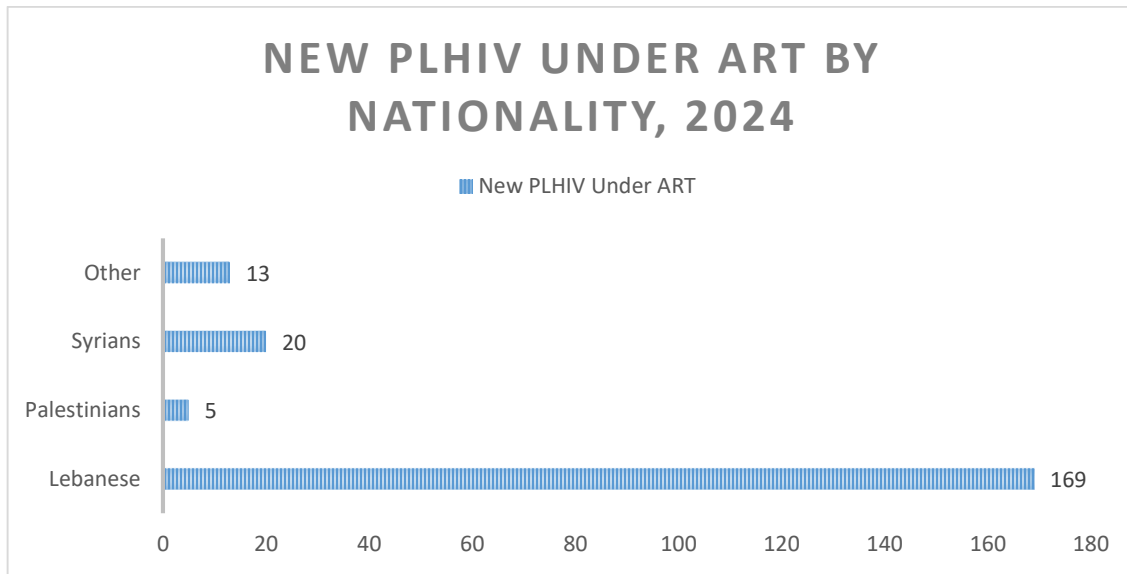
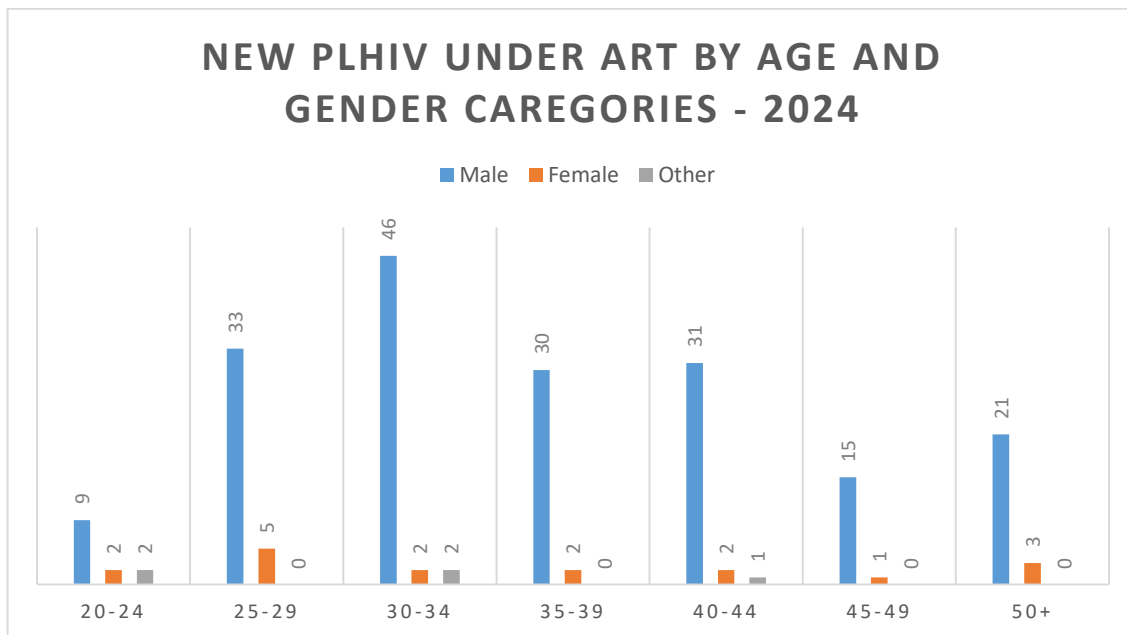


Figure 6: Distribution of New PLHIV under ART by Age and Gender Categories, 2024



## Sexual Orientation and Mode of Transmission Among New PLHIV Under ART

The distribution of **new PLHIV who initiated ART in 2024** varies by both **sexual orientation and mode of transmission**. The majority of cases are reported among **men who have sex with men (MSM)** (59%), reflecting a higher burden of HIV in this key population. **Heterosexual transmission** also accounts for a significant portion of cases (17%), affecting both males and females. Other reported cases include individuals identifying as **bisexual** or belonging to other sexual orientations. Regarding the **mode of transmission**, **sexual contact** remains the primary route (78%). Other modes such as **injecting drug use (IDU)** and **occupational incident** contribute to a smaller share of cases.

Figure 7: Distribution of New PLHIV under ART by Sexual Orientation, 2024

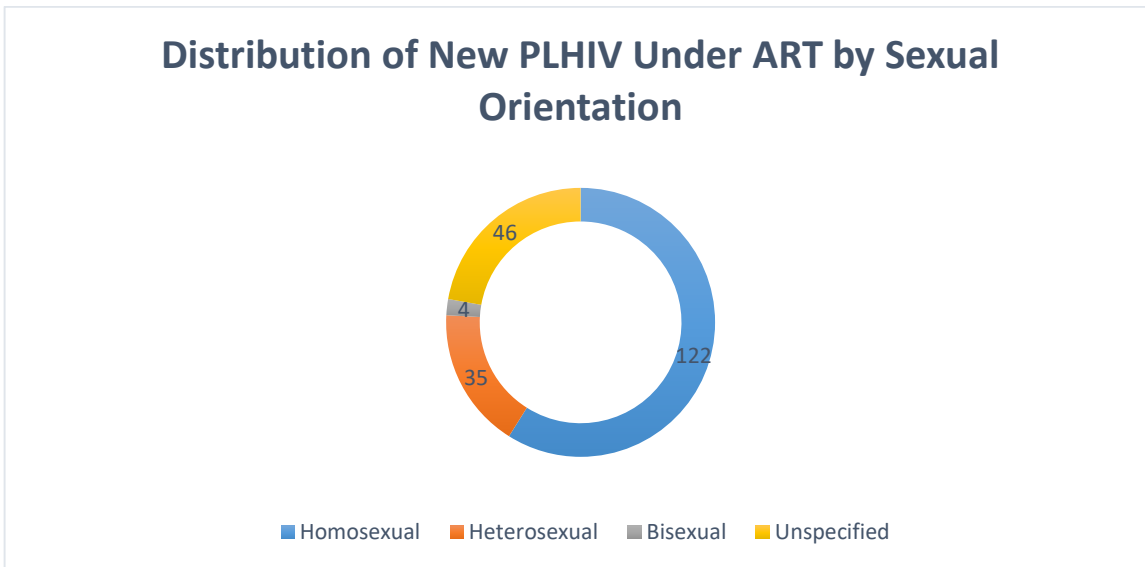
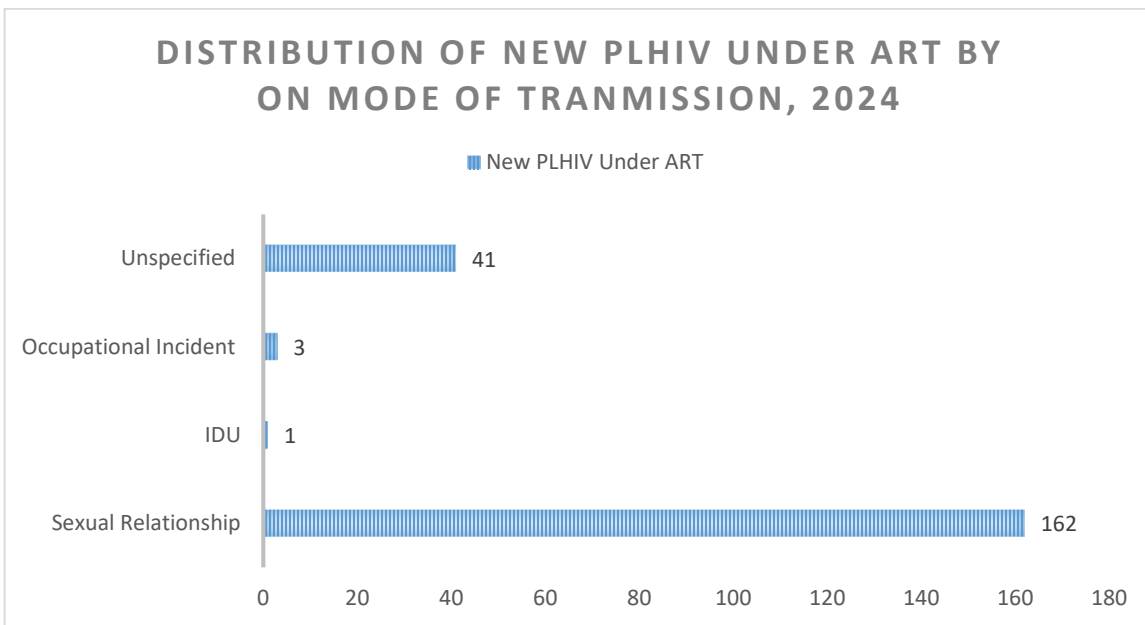


Figure 8: Distribution of New PLHIV under ART by mode of Transmission, 2024



### HIV Related Deaths in 2024

A total of **8** were recorded among **people living with HIV (PLHIV) in 2024**, all aged 15+.

The distribution by **gender** shows a higher number of deaths among **males** compared to females.