

Country progress report - Egypt

Global AIDS Monitoring 2019



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Overall

Fast-track targets

Progress summary

Egypt remains a low prevalence country among general populations, with some evidence of concentrated epidemics among people who inject drugs and men who have sex with men "IBBS 2006, 2010". (1) By the end of 2018, the total number of people living with HIV was estimated to be 16,000 in Egypt, while 1,806 new cases out of about 2300 newly detected in 2018 were introduced to ART in 2018, bringing the total to about 6,500 individuals on treatment, a significant two-fold increase compared 2016. This achievement could not be highlighted away from the government's historical step to secure ART from its domestic budget, moving away from reliance on external funding for this important strategic lifesaving medications. Furthermore, MoHP has adopted the "Test and Treat" approach in dispensing treatment since July 2017 and support local registration and production of first line ART in Egypt to secure this important group of medicines in the future. In 2018, newly confirmed number of cases was 2,300, which is more than new case findings in 2017 of 2,133, despite the fact there was insignificant targeted testing towards key populations given by the drop in financial resources directed towards CSOs working in the area of prevention.

In 2018, Egypt has revised its National strategic plan 2015-2020 through a multi stakeholder consultative process, to assess its national programme and building on findings of the most recent emerging evidence. Consequently, a 2018-2022 national strategy was developed linked with a three year operational plan and monitoring and evaluation framework. The new strategic plan is a revised version factoring in the new funding realities and delays in achieving 2020 milestones and targets due to resource gaps witnessed towards the end of 2017 resulting from the shift of many international donors away from supporting HIV programmes especially in the area of prevention. The revised strategic plan is extending the scope of operations beyond 2020 to cover the period until 2022 to align Egypt's national plan with the Global Health Sector Strategy on HIV, building on lessons learned through the implementation of the previous national strategies.

To address the resource gap, the main focus in 2018 was on resource mobilization, and as a result Egypt has succeeded in securing a national grant from the Global Fund Against AIDS, TB and Malaria to span between 2019-2022 (UNDP being the principle recipient) with US\$ 2mil allocation and US\$ 4mil above allocation for the implementation period for both HIV and TB. Furthermore, Egypt was successfully part of a multi—country grant from the GFATM which is implemented through CSOs (Caritas being the principle recipient) and Other CSOs succeeded in securing funding through 5% French initiative (Al Shehab).

Furthermore, and to sustain basic prevention services while seeking to leverage domestic resources, the UN Joint team has implemented jointly supported the National AIDS Program to build a novel approach to availing testing services for key populations, through fostering a Government-CSO model in key strategic governorates (Cairo, Alexandria and Gharbya) where CSOs rolled out outreach services, and built a referral pathway to government led and supported Voluntary counseling and testing centers (VCTs) while ensuring they are user friendly to KPs through constant capacity building and monitoring. This cost-efficient model has been rolled out towards the end of 2018, and is expected to continue till March of 2019, and to be built on through newly available resources. Furthermore, MoHP has scaled up its intervention to eliminate mother to child transmission for HIV, through scaling up the routine testing counseling and testing services to 31 ante-natal clinics covering 8 Egyptian governorates. Also through, MoHP and Mol with the UNODC support has scaled VCT services inside prisons, with a plan to roll out 4 additional prisons including a women prison early in 2019.

2018 has seen the scaling-up of adherence services to People living with HIV through the efforts of people living with HIV networks supported by the National AIDS program and the UN joint team through designing service packages that specifically tackle the issue of adherence to treatment. This collaboration has succeeded in reaching people living with HIV in 12 different Egyptian governorates, offering services for adherence to treatment through collaborations with 14 fever hospitals across the country.

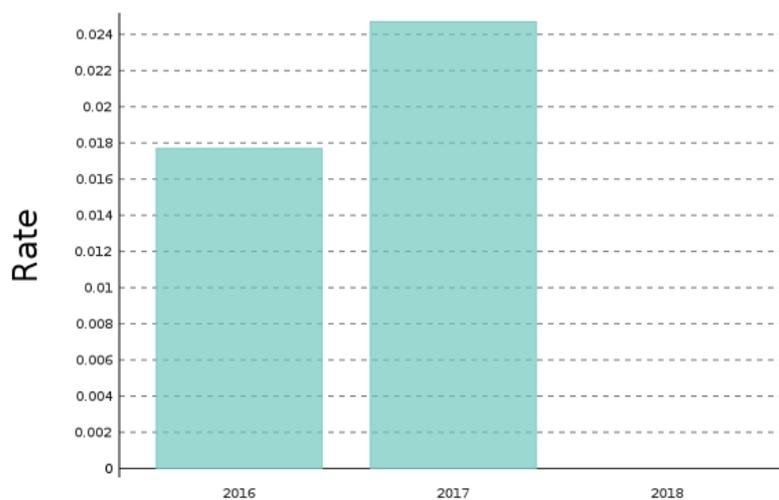
Gender sensitive services targeted to enhance the sexual and reproductive health of women living with HIV have been expanded in 2018 through the technical support of UNAIDS and currently cover three Egyptian governorates. Mansoura government was added as the third intervention site in 2018 to increase coverage of the project resulting in reaching over 300 women living with and affected by HIV through the project. Services offered included counseling and medical care to women as well as supporting the delivery of 12 HIV negative children.

Addressing stigma in healthcare settings remains a priority for interventions targeting healthcare providers. In a collaboration between the UN Joint Team and the National AIDS Program, efforts for releasing a national policy for stigma-free healthcare services took place through high-level political advocacy. More so, investing in creative partnerships with medical students through student associations and Egypt's Medical Syndicate further allowed for the rolling out of key destigmatizing messages and relevant information. Further to this, Egypt participated in Zero Discrimination Day, using it as a platform to kick-off a four-month large scale social media campaign disseminating corrective messages regarding stigma and discrimination in health care settings. Furthermore, UNAIDS launched a song video in 2018 addressing stigma, which has reached millions of young people online in Egypt. Online presence has served as an opening for the World AIDS Day advocacy campaign (A joint national campaign enjoying the support of WHO, UNICEF, UNODC, UNHCR, IOM and UNDP with UNAIDS) which included: - A high-level advocacy event to increase public awareness on HIV in Egypt as well as promote testing, while directly linking it to creating an enabling environment. Through advocating with different sectors including the private sector and media outlets, the event demonstrated direct support to Egypt's national HIV response and its new national strategy. Over 11 newspapers and 96 online websites covered the event showing wide dissemination and public interaction.

The National AIDS Program, Ministry of Health and Population (MoHP) has compiled the 2018 Global AIDS Monitoring (GAM) report with technical assistance from UNAIDS and inputs from national stakeholders, including civil society organizations (CSOs), UN agencies, members of academia, youth led organizations and people living with and affected by HIV.

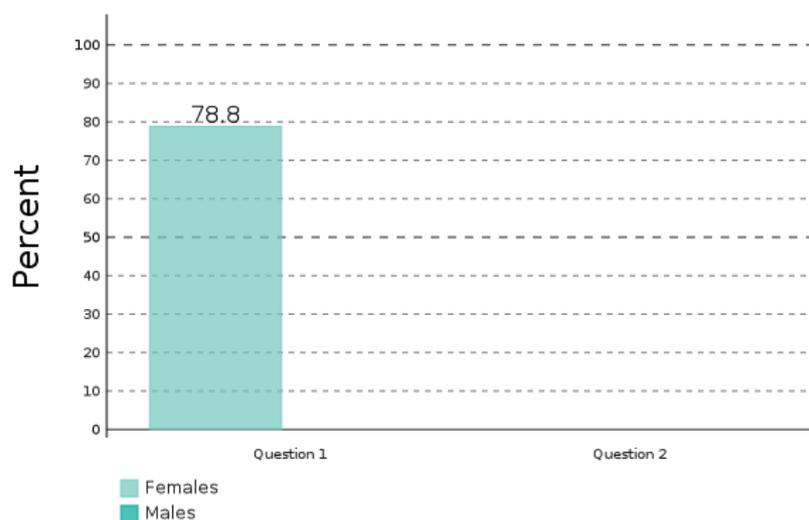
3.1 HIV incidence rate per 1000, Egypt (2016-2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



4.1 Discriminatory attitudes towards people living with HIV, Egypt (2017)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

There were estimated 16,000 people to be living with HIV by the end of 2018. The actually registered number is 10,922 PLHA. 1,806 new people were enrolled on treatment in 2018 to push the number of people living with HIV on treatment to 6,500 people living with HIV in Egypt have been documented to be enrolled on treatment. The increase from over 3,000 individuals in 2016 is heavily related to the NAP's success at implementing the guidelines for HIV care and treatment, rolling out a treatment for all approach in 2017. Additionally, Egypt has sought local registration and production of first line ART in Egypt to secure this important group of medicines in the future.

Further, UNICEF's support NAP on patient retention in care and procurement and supply management system (PSM) has aided 6,628 people living with HIV to have access to quality medicines during 2018, including 166 infants and 51 pregnant women living with HIV. The focus on adherence has been the premise of work conducted in 12 different governorates through 14 fever hospitals whereby treatment literacy sessions to people living with HIV were conducted using a training manual that has a range of standardized messages while utilizing a variety interactive learning tools.

Additionally, WHO's support of expert capacity building workshop of clinicians from fever hospitals across Egypt was conducted to ensure professional HIV case management and ART by healthcare service providers.

UNAIDS continues to work closely with the National AIDS Program and WHO to ensure sustainability of ART supply through domestic resources. With continuous advocacy efforts in place, ART program in Egypt is fully covered by domestic funding and continues to be offered free of charge.

Policy questions (2018)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

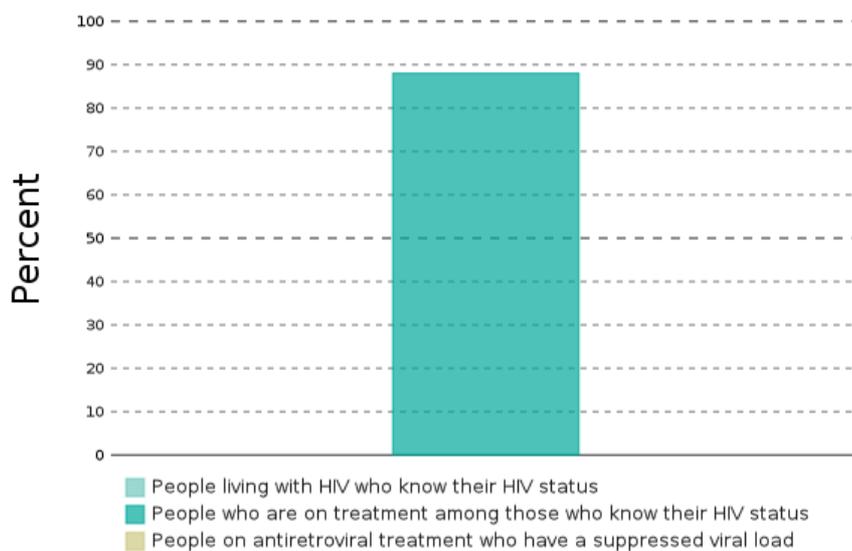
a) For adults and adolescents

Yes, fully implemented

b) For children

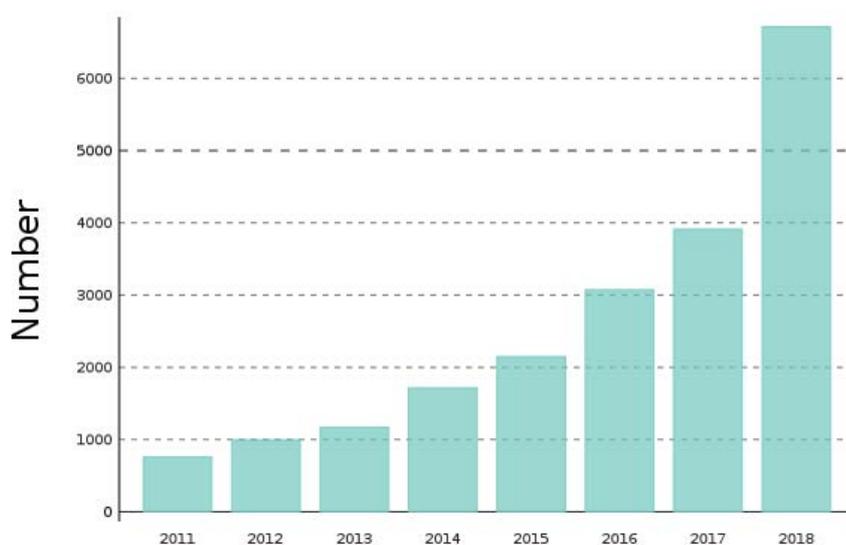
Yes, fully implemented

Progress towards 90-90-90 target, Egypt (2018)



1.2 People living with HIV on antiretroviral therapy, Egypt (2011-2018)

Number of people on antiretroviral therapy at the end of the reporting period



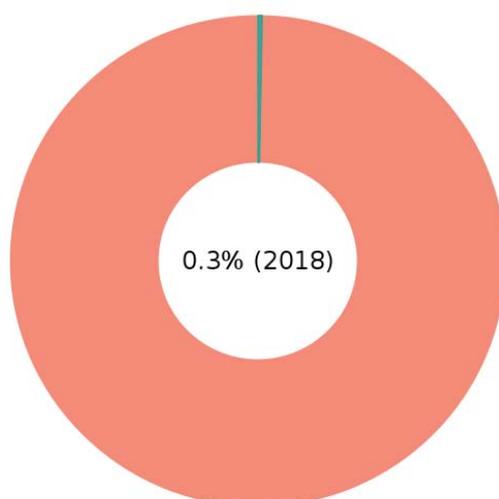
1.3 Retention on antiretroviral therapy at 12 months, Egypt (2011-2018)

Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting



1.8 HIV testing volume and positivity, Egypt

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 742 002

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

All HIV positive children born to mothers known to be living with HIV are provided with ART as part of the government supported program. All 44 mothers known to be living with HIV have received PMTCT services through in 2018.

More so, as the NAP implements the recommended new guidelines of treating all children irrespective of their age and CD4 count, all infants born to women living with HIV in 2018 have received virological testing post-delivery (EID),.

The successful completion of the project "Enhancing the Sexual and Reproductive Health of Women living with HIV" has further contributed to reducing HIV infections among children. The project resulted in reaching around 300 women living with HIV over a period of 18 months in three Egyptian governorates, whereby the third side was added after the success of the pilot project in the first two governorates (Giza and Gharbiya). The project has given women living with HIV an essential counseling service to help them to maintain their physical, mental and social health as well as to have safe pregnancies, while ensuring the linkage to Prevention of Mother-to-Child Transmission (PMTCT) services/program. Successfully, the project has supported the safe delivery of 12 HIV negative children.

More so, an inter-departmental committee was established in the MoHP and successfully developed the operational plan for the implementation of the PMTCT model in high priority districts in eight highly prioritized governorates. Complementary to these efforts, a collaboration between the NAP, CSOs and UNICEF has implemented many activities on addressing stigma and discrimination in two big hospitals in Cairo to ensure sustainable access of mothers and children living with HIV to stigma and discrimination - free health care services across the continuum of care including safe delivery and early infant care.

The Prevention of Mother to Child transmission (PMTCT) component has been successfully included under the "prevention pillar" of Egypt's HIV/AIDS national strategic plan (2018-2022). The policy development and scale up plan is expected to continue in 2019.

Policy questions (2018)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: 100; 2020

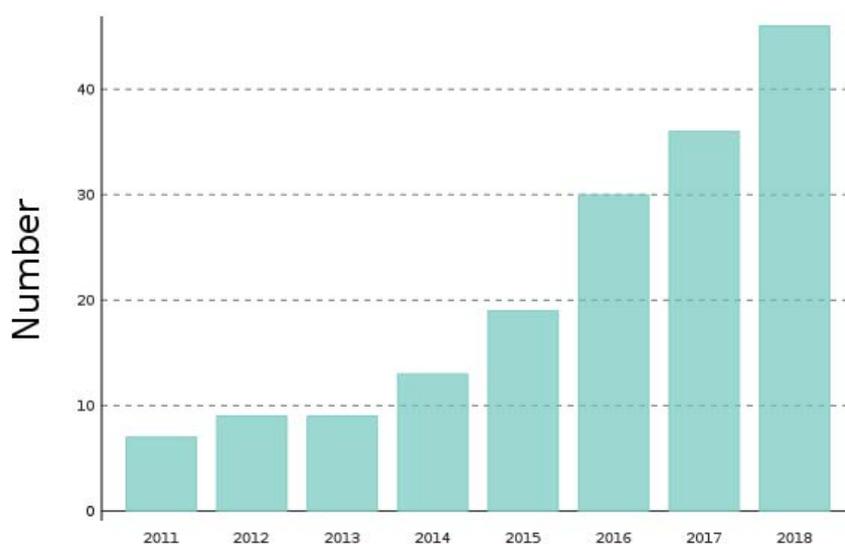
Elimination target(s) (such as the number of cases/population) and year: -; 2022

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age; Other - implemented in 100% of treatment sites

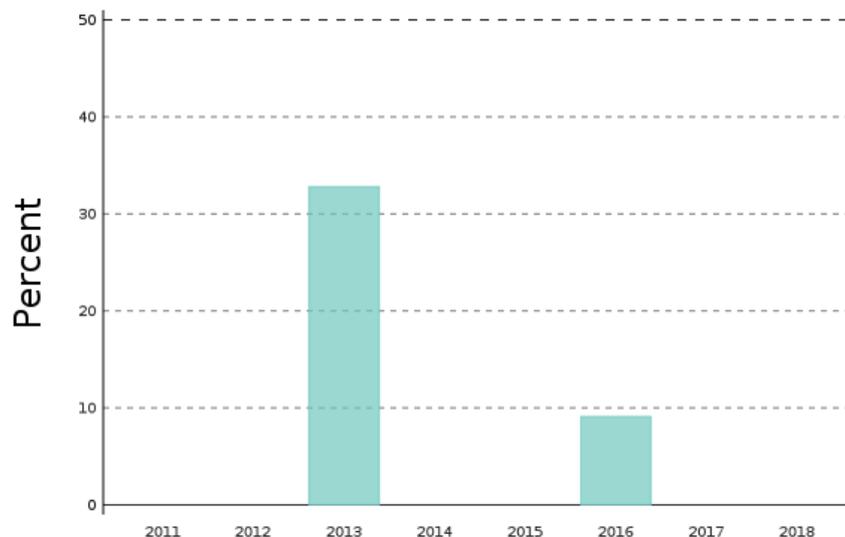
2.1 Early infant diagnosis, Egypt (2011-2018)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



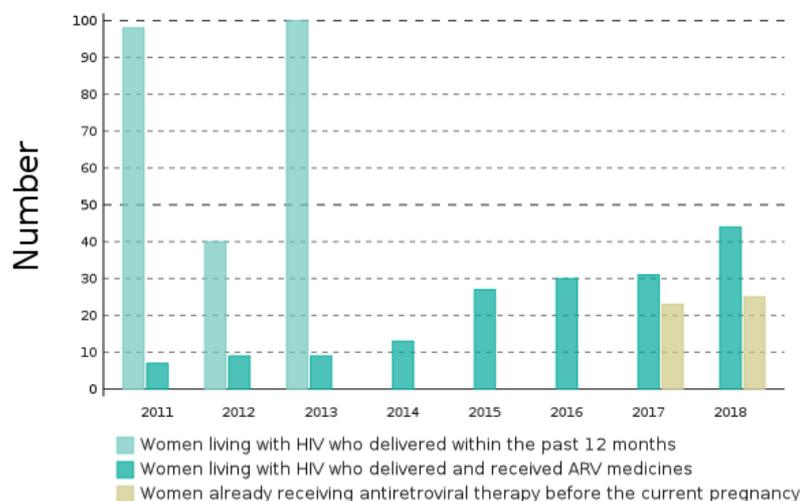
2.2 Mother-to-child transmission of HIV, Egypt (2011-2018)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



2.3 Preventing mother-to-child transmission of HIV, Egypt (2011-2018)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

During 2018 the GFATM returned to Egypt through The national grant from the Global Fund against AIDS, TB and Malaria is planned to span between 2019-2022, (UNDP being the principle recipient) with US\$ 2mil allocation and US\$ 4mil above allocation for the implementation period for both HIV and TB. Furthermore, Egypt was successfully part of a multi-country grant from the GFATM which is implemented through CSOs (Caritas being the principle recipient) and Other CSOs succeeded in securing funding through 5% French initiative (Al Shehab).

Additionally, a new partnership between civil society and the Egyptian government was brokered with support from UNODC, WHO and UNICEF fostering a new project targeted at sustaining prevention services for key populations in key Egyptian governorates. Such is a particularly important initiative considering the deterrent of funding in 2018. The partnership includes building a referral pathway between field-based outreach teams in partnership with government provided VCT services which has positively impacted sustainability of prevention services for key populations. The initiative has been rolled out in a number of governorates, and is expected to be rolled out another one in 2019.

While Egypt identifies PWIDs, MSM, and female sex workers as key populations, the data evidence is considered outdated with an urgent need for a new Biological and Behavioral surveillance survey (IBSS). Yet, to access more accurate data on coverage of key populations, a consultation meeting with civil society organizations was held in 2018 to reach consensus on the minimum service package for key populations. The aim of the consultation

was to identify an agreed-upon service package for individuals reached to be counted as beneficiaries, as a step towards unifying counting methods and streamlining outreach indicators.

People who inject drugs

People who Inject drugs is a key population to which all stakeholders agree there is a concentrated epidemic in Egypt. The integrated BioBSS-2010 has been used to determine HIV prevalence among these groups whose numbers increased between the two rounds of surveillance in 2006 and 2010, estimated at 6.8% in Cairo and 6.5% in Alexandria.

According to the national estimates in 2014, There were estimated 30,000 people who inject drugs in Greater Cairo (Cairo & Giza) and and Alexandria with a further 1,000 in Menia out of total 93,400. (2)

Men who have sex with men

The BioBSS-2010 has been used to determine HIV prevalence among these population to be estimated at 5.7% in Cairo and 5.9% in Alexandria .

As described in the above section, a package of prevention activities is implemented: targeted education, and comprehensive condom promotion. For men who have sex with men who also inject drugs, the package of activities for people who inject drugs is also offered. Voluntary counselling and testing is provided and people who test positive for HIV may join support groups and are referred for care. However, no systematic tracking of care is done.

Female sex workers

Difficulty in defining and accessing female sex workers due to the absence of a definite structure and the prevalence of high levels of stigma, continue to pose great challenges. A wide range of other services are offered through a drop-in center, including health, legal services, psychosocial support, referral for health services, and voluntary counselling and testing. Services were provided only in Cairo and Alexandria

Policy questions: Key populations (2018)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling sexual services is criminalized, Buying sexual services is criminalized, Profiting from organizing and/or managing sexual services is criminalized

Men who have sex with men

No specific legislation

Is drug use or possession for personal use an offence in your country?

-

Legal protections for key populations

Transgender people

No

Sex workers

No

Men who have sex with men

-

People who inject drugs

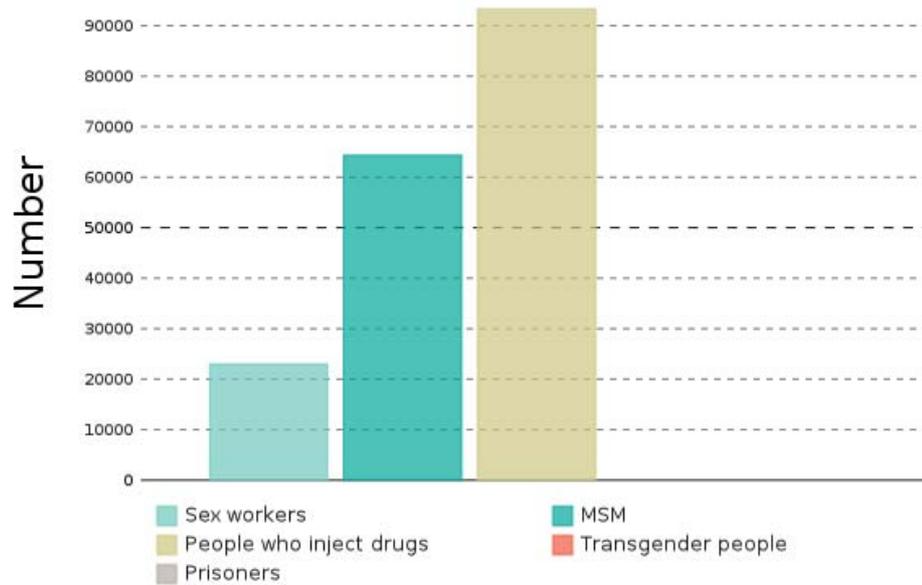
No

Policy questions: PrEP (2018)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

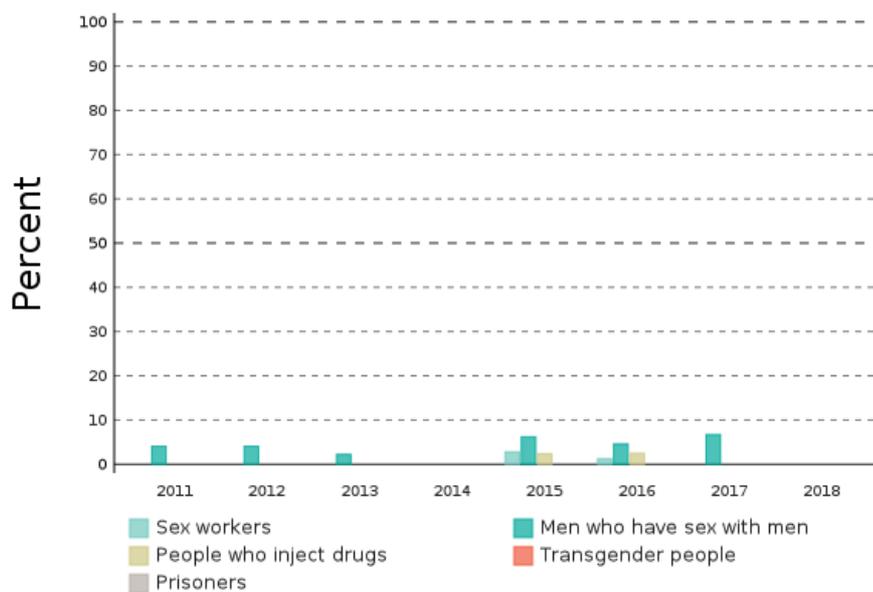
Yes, PrEP guidelines have been developed but are not yet being implemented

3.2 Estimates of the size of key populations, Egypt



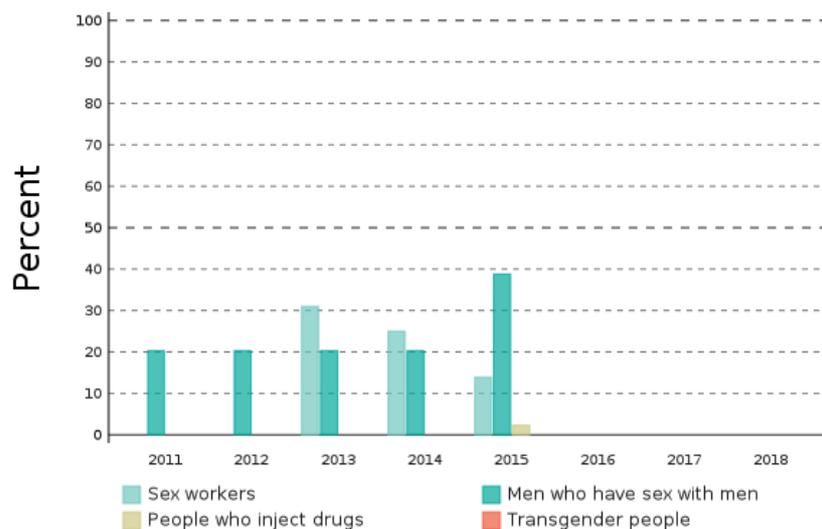
3.3 HIV prevalence among key populations, Egypt (2011-2018)

Percentage of specific key populations living with HIV



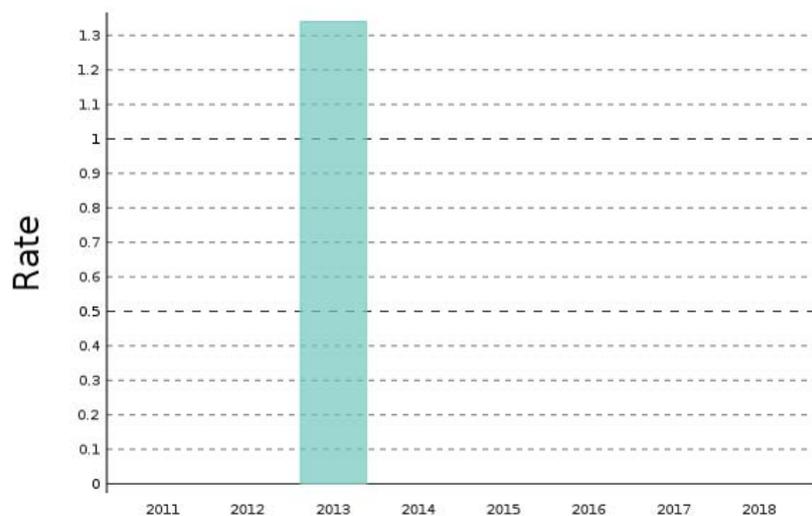
3.6 Condom use among key populations, Egypt (2011-2018)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



3.9 Needles and syringes distributed per person who injects drugs, Egypt (2011-2018)

Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

Egypt has taken part of the UNAIDS regional initiative to assess the linkages between HIV and GBV and identify critical enablers for women to reduce their risks and vulnerabilities to HIV. The initiative has engaged with Women in their Diversity (WitD) and solicited key recommendations for future programming.

A legal assessment and policy paper has been developed in support of the launch of the stigma-free national policy to address stigma in healthcare settings, expected to take place in 2019. In accordance with the need to address stigma, several initiatives have taken place in 2018 to target healthcare providers and address different forms of discrimination.

Targeted online and social media campaigns were heavily launched in 2018 as part of Zero Discrimination Day and World AIDS Day Campaigns, reaching millions of viewers, particularly young people. Other types of media outlets were utilized in disseminating key messages and corrective information. The engagement with young people also took place through workshops and awareness sessions provided through youth camps, medical student associations and other student organizations.

An important indicator of stigma and discrimination towards people living with HIV includes data from the recent DHS 2015 (3) showed that about Seventy five percent of people from (15 - 49) years old replied that they would not buy vegetables from shopkeeper if they knew that this person had HIV, which reflects discrimination among general population towards people living with HIV

Furthermore, through the coordinated efforts of NAP, UNICEF and CSOs, targeted efforts to address stigma and discrimination in two big hospitals in Cairo to ensure sustainable access of mothers and children living with HIV to stigma-free health care services across the continuum of care including safe delivery and early infant care.

3. Egypt Demographic health survey, 2014.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

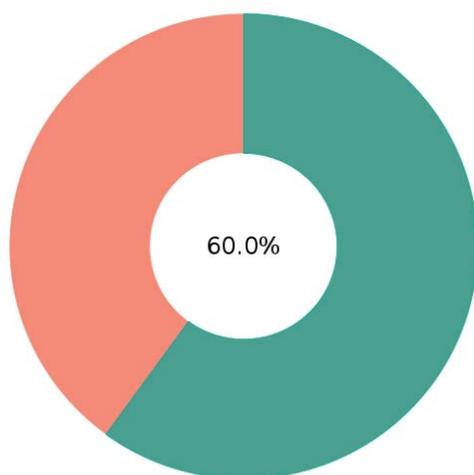
What protections, if any, does your country have for key populations and people living with HIV from violence?

General criminal laws prohibiting violence

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

The focus on youth knowledge and public health education has consistently increased over the past years and their participation has become almost standard in national stakeholder consultations. However, there remains a gap in the technical knowledge acquired by young people on designing policies and tools for sustained impact and what is needed is the development of cadres of youth with technical know-how, that is sensitive and adaptable to the local environment.

In the last DHS conducted in Egypt, the percentage of young women and men who could correctly identify ways of preventing the sexual transmission of HIV was reported to be 7% for males and under 4% for females. Studies like these- of which more updated ones are needed- reflect the critical need to expand the reach of advocacy into the sectors of education and primary healthcare in a more systematic way.

The engagement of young people however, has continued to be a priority for the national programme, and a youth consultation was convened through UNAIDS support to work alongside young people in designing advocacy and awareness activities to be peer led by youth organizations around World AIDS Day. This was supported by the UN Joint Team as part of the World AIDS Day national advocacy campaign.

Furthermore, as part of the Advocacy efforts, UNAIDS and NAP launched a music video which has been viewed by millions of young people, which tells the story of a young boy living with HIV passing through different stages of life and facing community stigma and discrimination, to solicit compassion and spread awareness on this important cause.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

No

b) Secondary school

No

c) Teacher training

No

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

The social protection system in Egypt does not discriminate between people according to sex or behavior but provides coverage for those suffering from chronic diseases including HIV, whereby social pension is offered through the ministry of social solidarity and other institutions.

Policy questions (2018)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

No

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

No

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

Yes

f) Does it recognize families affected by HIV as key beneficiaries?

Yes

g) Does it address the issue of unpaid care work in the context of HIV?

No

What barriers, if any, limit access to social protection programmes in your country?

Lack of information available on the programmes

Fear of stigma and discrimination

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

CSOs are key partners in implementing the national strategy on HIV and have been a key player in its formulation. As mentioned before Egypt was successfully part of a multi-country grant from the GFATM which is implemented through CSOs while other CSOs succeeded at securing funding through the 5% French. The new funds are expected to significantly grow the role played by CSOs, particularly in community outreach, offering testing services and referrals as well as supporting peer networks. Care and treatment continue being provided free of charge through the government.

Adherence programmes are implemented in coordination between the National AIDS Program and CSOs and PLHIV. The details and developments of adherence interventions in 2018 have been previously mentioned under commitment 1.

Policy questions (2018)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

During 2018 the GFATM returned to Egypt through The national grant from the Global Fund against AIDS, TB and Malaria is planned to span between 2019-2022 that was highly supported by UNAIDS efforts. The national grant from the Global Fund against AIDS, TB and Malaria is planned to span between 2019-2022 (UNDP being the principle recipient) with US\$ 2 million allocation and US\$ 4 million above allocation for the implementation period for both HIV and TB. The main focus of the HIV component of the GFATM national grant is scaling up prevention efforts in key governorates for KPs.

Furthermore, Egypt was successfully part of a multi—country grant from the GFATM which is implemented through CSOs (Caritas being the principle recipient) and Other CSOs succeeded in securing funding through 5% French initiative (Al Shehab) to address stigma in healthcare settings and scale up CSOs capacities to mainstream HIV services in other development services.

Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

Legal services continue to be provided by lawyers who have been sensitized through programmes supported by UNAIDS and IDLO.

CSOs continued to support people living with HIV through peer psychosocial support groups to increase their awareness of their rights and how to access and practice them especially in healthcare settings.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the sub-national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

-

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Complaints procedure

Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

Egypt has made significant strides in addressing the Hepatitis C epidemic among Egyptians in 2018. With launching the presidential campaign (100 Million healthy) almost 30 million Egyptians were screened for HCV and given basic health promotion messages. Those diagnosed with Hep C were enrolled in the national treatment system. A special campaign was conducted to help PLHA to get tested for Hep C and link them in a special pathway to Hep C treatment away from any stigma barriers, also a new initiative to promote HIV test for all Hepatitis positive peoples are under construction.

NAP is currently preparing a plan for a nation-wide awareness and testing campaign building on the available infra-structure utilized the success learned from the Hep C Campaign.

Hepatitis is a common co-infection among people living with HIV in Egypt. This is due to the extremely high background of hepatitis C prevalence in the general population, and also sharing the same risk of factor of using non-sterile drug injecting equipment.

All people newly diagnosed with HIV are routinely tested for hepatitis C and hepatitis B. There has been a domestically-funded free treatment programme for hepatitis C. People living with HIV and have a hepatitis C co-infection are entered into the national registry for treatment. a special regimen for HIV/HCV co-infection is implementing.

Additionally, numbers of people with newly diagnosed tuberculosis who are found to be HIV positive are reported to the National AIDS Programme. NAP guidelines recommend routine TB screening for all HIV patients.

4. Mohamoud et al, The epidemiology of hepatitis C virus in Egypt: a systematic review and data synthesis, BMC Infectious Diseases 2013, 13:288

Policy questions (2018)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

No

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

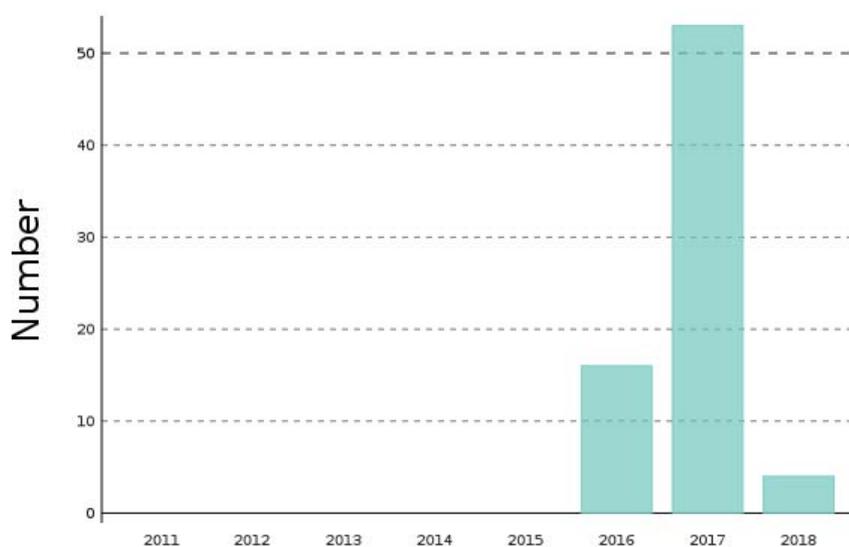
No

What coinfection policies are in place in the country for adults, adolescents and children?

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10.1 Co-managing TB and HIV treatment, Egypt (2011-2018)

Percentage of estimated HIV-positive incident tuberculosis (TB) cases (new and relapse TB patients) that received treatment for both TB and HIV



10.6/10.8 Hepatitis testing, Egypt (2015-2018)

Proportion of people starting antiretroviral therapy who were tested for hepatitis

