Country progress report - Egypt

Global AIDS Monitoring 2020



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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 2019, the total number of people living with HIV was estimated to be 22,000 in Egypt, while 1,651 new cases were introduced to ART in 2019, bringing the total to about 8,365 individuals on treatment. 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 2017 and supports local registration and production of first line ART in Egypt to secure this important group of medicines. In 2019, newly detected number of cases was 2,738 which is more than new case findings in 2018 of 2366, while there was significant targeted efforts of data collection by NAP especially with regards to key populations, reporting on CSO testing for key populations as well as condom use among their KP (reported for the first time ever in 2019).

In 2019, Egypt has relied on its revised National strategic plan 2018-2022 which linked with a three year operational plan and monitoring and evaluation framework. 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.

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 sub recipient) and Other CSOs succeeded in securing funding through 5% French initiative (AI Shehab). 2019 has seen the implementation of preparatory ground work for the projects' activities, including a needs assessment for different governorates for the implementation of NAP interventions and CSOs outreach work.

NAP and ministry of interior with collaboration of UNODC supported the scaling up of VCT services inside prisons, rolling out to four additional prisons, including a women's prison in 2019.

In addition, NAP provide treatment for new 197 refugees, whom are allowed to dispense their treatments through government facilities, putting them on an equal footing with nationals.

Gender sensitive services targeted to enhance the sexual and reproductive health of women

living with HIV have been expanded in 2019 through the technical support of UNAIDS and currently cover 3 Egyptian governorates, although interventions are still in their initial phases.

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, a national policy for stigma-free healthcare services was approved by the Minister of Health and Population and the protocol disseminated to all health sectors. 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, specifically during World AIDS Day and Zero Discrimination Day. The theme for this year's campaign was "Communities Make the Difference". The campaign focused on promoting testing while addressing issues of stigma and discrimination in the community and shedding light on the freely provided governmental services including the VCTs . This was strengthened with a social media campaign initiated in October and supported by the NAP. The campaign activities also included a high level media advocacy event under the auspices of the MoHP, convening key stakeholders to commemorate World AIDS Day 2019. University campaigns aimed at raising awareness among youth groups in 21 different universities about HIV/AIDS were helpful in enhancing the visibility of the efforts and activities of the national response partners. Finally, a joint high-level advocacy "Religious Leaders" event was convened under the auspices of the MoHP to increase awareness and activate the discussion on socio-religious channels to promote acceptability and treatment literacy among the community.

The National AIDS Program, Ministry of Health and Population (MoHP) has compiled the 2019 Global AIDS Monitoring (GAM) report with technical assistance from UNAIDS and inputs from national stakeholders.

3.1 HIV incidence rate per 1000, Egypt (2010-2019)

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



Source: Spectrum file

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 an estimated 22,000 people to be living with HIV by the end of 2019. The actually registered number is 13,541 PLHA. 1, 651 new people were enrolled on treatment in 2019 to push the number of people living with HIV on treatment to 8,365 people living with HIV in Egypt, which have been documented to be enrolled on treatment. The increase in treatment coverage is heavily related to the NAP's success at implementing the guidelines for HIV care and treatment, rolling out the "Treat 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.

WHO conducted clinical trainings for physicians on the updated treatment and HIV case management, NAP has started a process to update the HIV clinical guidelines through expert working group with technical support from WHO.

Egypt is fully covering the provision of ARVs by domestic funding which is offered free of charge for PLHA.

Policy questions (2019)

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; Implemented countrywide (>95% of treatment sites)

b) For children

Yes; Implemented countrywide (>95% of treatment sites)





Progress towards 90-90-90 target, Egypt (2019)



People on antiretroviral treatment who have a suppressed viral load

1.1 People living with HIV who know their HIV status, Egypt (2017-2019)

Number

Number of people living with HIV who know their HIV status

1.2 People living with HIV on antiretroviral therapy, Egypt (2011-2019)





1.7 HIV testing volume and positivity, Egypt

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



Number of HIV tests conducted = 886 792

Prevention of mother-tochild 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 children born to mothers known to be living with HIV are provided with prophylaxis as part of the government PMTCT supported program. 72 pregnant WLHA whom delivered in 2019 have received PMTCT services in 2019.

More so, as the NAP implements the recommended treating all children irrespective of their age and CD4 count. As a result, all infants born to women living with HIV in 2019 have received virological testing post-delivery (EID) and all 72 newly born children for pregnant women who received ART in 2019 were HIV free.

To further the institutionalization of SRH on a wider geographical scale, UNAIDS has conducted a needs assessment of 8 Egyptian governorates to assess the level and quality of health care services provided for women living with and most affected by HIV. The assessment has covered service provision and potential referral sights to 8 fever hospitals and 9 VCT centers in 8 governorates. This large scale assessment builds on the success of the pilot phase of the project, "Promoting Sexual and Reproductive Health for Women Living with HIV in Egypt", which took place in 2017 and will guide the 3-year service delivery project, "Enhancing the Sexual and Reproductive Health of Women Living with HIV" through a partnership model between the government and local CSOs.

Policy questions (2019)

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: 500; 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

Implemented countrywide (>95% of treatment sites)

2.1 Early infant diagnosis, Egypt (2011-2019)





2.1 Early infant diagnosis, Egypt (2018-2019)

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 (2010-2019)

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



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Egypt (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Egypt (2018-2019)

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



Source: Spectrum file

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 between2019-2022, (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 sub recipient) and Other CSOs succeeded in securing funding through 5% French initiative (Al Shehab).

UNAIDS has continued its partnership between CSOs and the Egyptian government, which was brokered with support from UNODC, WHO leading to the sustainability of prevention services for key populations. The partnership included building a referral pathway between CSO field outreach teams with government-run VCTs, constituting a more cost-efficient model.

In addition, UNODC implemented partnerships with three selected NGOs in 3 governorates, recruiting 23 outreach workers targeting vulnerable and marginalized groups including PWID, MSM and FSWs.

UNDP with support from WHO has conducted comprehensive expert training for 45 outreach and drop in center workers in NGOs working in the three grants.

As of August 2019, refugees and asylum seekers can be treated as nationals through registering directly with the NAP, enabling PLHIV among them to receive their monthly lifelong ARVs directly from Fever hospitals' dispensing pharmacies on equal footing with nationals. In 2019, 197 new refugees received ART, while 14 women were supported with

PMTCT services. Additionally, 6 female rape survivors received timely PEP for HIV, STIs presumptive therapy and Emergency contraception and 2880 male condoms were distributed.

In addition, the UN joint team conducted 3 awareness sessions for migrants in Cairo and Alexandria reaching more than 500 migrants. The sessions covered methods of transmission, prevention, sexual and reproductive health tips, stigma and discrimination and available services for testing and treatment. Meanwhile, IOM distributed two thousand condoms for protection to both male and female migrants with counseling for effective methods of use.

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) parallel with new Population size estimate study.

Policy questions: Key populations (2019)

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

• Neither criminalized nor prosecuted

Sex workers

• No

Men who have sex with men

• -

People who inject drugs

• No

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

No, guidelines have not been developed

3.1 HIV incidence rate per 1000, Egypt (2010-2019)

New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

3.2 Estimates of the size of key populations, Egypt



3.3 HIV prevalence among key populations, Egypt (2011-2019)



Percentage of specific key populations living with HIV

3.4 HIV testing among key populations, Egypt (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



3.6 Condom use among key populations, Egypt (2011-2019)

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 (2011-2019)

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

Targeted online and social media campaigns were heavily launched in 2019 as part of Zero Discrimination Day and World AIDS Day Campaigns, reaching thousands of viewers, particularly young people. 21 University campaigns aimed at raising awareness among youth groups in universities about HIV/AIDS, while the WHO conducted stigma reduction workshops in collaboration with NAP in health facilities and addiction treatment facilities. On the other hand, IOM organized a VCT training session attended by 19 doctors and included sessions on HIV stages, methods of infection, stigma and discrimination, ways of protection, counseling methods, current and future service delivery plans An important indicator of stigma and discrimination towards people living with HIV includes data from the recent DHS 2014, although updated data is critically needed for evidence-supported mobilization and allocation of resources.

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

- Physical violence
- Sexual violence
- Protection of former spouses
- Protection of unmarried intimate partners

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

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

No, but prosecutions exist based on general criminal laws

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?"



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 and medical student associations featured centrally in public events. 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. Through the support of UNAIDS joint team, awareness seminars were conducted at three public universities, reaching more than 700 youth participants. As the engagement of young people continues to be a priority for the national programme, UNAIDS has supported work alongside young people in designing advocacy and awareness activities. The result has been majority- peer led activities through youth organizations. Those have been exceptionally highlighted in the work around World AIDS Day and Zero Discrimination Day, which were strongly supported by the UN Joint Team.

In the last DHS conducted in Egypt (2014), 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.

Finally, through a new collaboration with New Century Productions, UNAIDS successfully acquired copy rights for the Egyptian movie "Asmaa", to be screened as part of efforts in raising social awareness and correcting misconceptions among young people and the general population with regards to HIV/AIDS. The movie tackles the complex life of an HIV positive Egyptian woman.

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. In addition, although Egypt has a National Protection Strategy, People living with HIV are not specifically mentioned in it.

Policy questions (2019)

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?

-

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 communityled 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. In 2019, a number of workshops have been conducted in the field of monitoring and evaluation. The workshops were conducted in partnership with grant recipients and included all sub-recipients and were designed to increase the technical knowledge of local CSOs in data collection and indicator reporting in their communities.

Policy questions (2019)

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

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

• -

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 sub 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.

8.2 The average unit prices of antiretroviral regimens (in US\$), Egypt (2018-2019)



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 programs supported by UNAIDS and IDLO. More so, 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)?

Yes

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 peoplecentred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

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. Egypt has made significant strides in addressing the Hepatitis C epidemic among Egyptians in 2018 as a result of the launch of the presidential campaign (100 Million healthy) whereby almost 60 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 through a special pathway to Hep C treatment facilities, away from any stigma barriers. Along these lines.

All people newly diagnosed with HIV are routinely tested for hepatitis C and hepatitis B according to National protocol .There has been a domestically-funded free treatment program for hepatitis C. People living with HIV and have a hepatitis C co-infection are entered into the national registry for treatment. 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.

10.1 Co-managing TB and HIV treatment, Egypt (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



10.6 Hepatitis testing, Egypt (2015-2019)

Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (HCV)

