



UNGASS COUNTRY PROGRESS REPORT

ARAB REPUBLIC OF EGYPT

JANUARY 2008- DECEMBER 2009

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Acronyms

AIDS	Acquired Immunodeficiency syndrome
ART	Anti-Retroviral Therapy
BIO-BSS	Bio-Behavioral Surveillance Survey
DHS	Demographics and Health Survey
EGP	Egyptian Pound
HBC	Home Based Care
FHI	Family Health International
FSW	Female Sex Worker
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IDU	Injecting Drug User
MARPs	Most at Risk Populations
MERG	Monitoring and Evaluation Reference Group
MDG	Millennium Development Goal
MSM	Men who have sex with men
NAP	National AIDS Programme
NSP	National Strategic Plan
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/ AIDS
UNFPA	United Nations Population fund
UNICEF	United Nations Children Fund
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

1. Status at a glance

“Although Egypt is considered one of the low prevalence countries with regards HIV and AIDS, evidence denote that unless concerted efforts are made, this status might not prevail” (NSP 2007-11).

This is the first report on UNGASS update to be submitted by Egypt. The data was largely collected by a taskforce formed of representatives of the national monitoring and evaluation reference group (MERG). Consultations with several institutions and representatives of the Government, Civil Society, PLHIV and the UN system took place during data collection. Data analysis and the report consolidation was carried out by the NAP with the support from UNAIDS. Additionally a validation workshop is planned mid March with a larger audience.

Egypt has low HIV prevalence among the general population (below 0.1%). Till the end of 2009, 3,919 HIV cases were detected in Egypt, of which 2920 were Egyptians. Among these 1078 (27.5 %) developed AIDS¹. Since 1990 and to date, there has been an exponential increase in HIV detected cases which mounted to 268%. Over the past ten years, the number of detected cases has increased by 120% (1,040 HIV and AIDS cases from 2001-2005 and 1,255 cases from 2006-2009). The perceived increase in the number of detected HIV positive cases could be partially explained by the efforts of the National AIDS Program to improve HIV testing and reporting. UNAIDS/WHO estimate the number of people living with HIV in Egypt to be 10,400 [7,100-19,000] till the year 2008.

Cumulatively and till 2009, most transmissions occur sexually (71%) with the main mode being heterosexual representing 49.5% and homosexual transmission representing 22.9%. Transmission through Injecting drug use represents around 4.6% and mother to child transmission is responsible for 1.8% of reported infections. Transmission through blood/blood products is 5% and 8.9% through renal dialysis. In 8.7% of the total reported cases, the mode of transmission was not determined².

Data regarding AIDS cases indicates that the population group most affected is adults in the age group 20 – 40 years. The male: female ratio is 3:1 most probably due to the fact that more men present for HIV testing. Very few women present for voluntary counseling and testing. Coverage of services for preventing mother to child transmission is estimated to be 21% in Egypt based on the estimates of women needing PMTCT services generated by the National AIDS Program. This estimate has been obtained based the number of actual pregnant women receiving PMTCT from the total known HIV positive women (11 from a total of 437 women representing 2.5%, as the total number of estimated HIV positive women is 1800, accordingly those needing PMTCT would be from 45 women with a range of 42 to 52)

¹ National AIDS Program, 2008

² National AIDS Program, Ministry of Health, 2009

A recent, bio-behavioral surveillance survey conducted in Egypt in 2006 by the Ministry of Health and Family Health International indicated that Egypt may be witnessing a concentrated epidemic among men who have sex with men with a prevalence of 5.6% among a studied population of 267 men based in Alexandria, projecting this finding on the population estimate a figure of 6.2% was obtained. Behavioral data reveals high prevalence of risk behaviors among most at risk populations demonstrating a potential for an enlarged epidemic. For example, 42.0% of MSM interviewed for the BBSS engaged in commercial sex. Only 9.2% reported condom use in the last commercial sexual intercourse. There is high rate of marriage among MSM which highlights the vulnerabilities of female sex partners as well.³

In 1987 The National AIDS Programme (NAP)⁴ was established by ministerial decree in order to lead the National response against HIV and AIDS. Since then the NAP has implemented two 5-year National Strategic Plans (NSP), 1995-2000 and 2001-2005 and it's currently implementing a third NSP (2007-2011). The last NSP was developed with input from several key government sectors, namely Ministry of Interior, Ministry of Information and National Youth Council, in addition to Civil Society (The Egypt Business Coalition on HIV, the Egyptian NGO Network against AIDS, people living with HIV and other national and international agencies).

Expenditures on HIV and AIDS in Egypt from national and international resources mounted to EGP **35,154,654** million and EGP **42,086,833** million in 2007 and 2008 respectively. Expenditures from Government resources represent 53.4% and 49.5% of total expenditures in 2007 and 2008 respectively. Resources allocated to HIV are strengthening health and other social systems.

Civil Society Organizations are supported by the UN, Global Fund and to a lesser extent by other donors, to implement peer-education programmes on HIV for vulnerable groups (street children, refugees, prisoners), and several outreach and prevention programmes for most-at-risk populations (injecting drug users, men having sex with men and sex workers).

The following Table summarizes the update on UNGASS and other national indicators. More details are presented in the body of this report.

³ Biobehavioural Surveillance Survey, NAP/FHI/USAID 2006

⁴ The NAP is located within the Preventive Affairs and Endemic Diseases Sector, in the Communicable Disease Control (CDC) Unit of the MOHP.

Table 1: UNGASS and National Indicators Overview table

NATIONAL COMMITMENT AND ACTION INDICATORS	
1. National Spending	Total Domestic and International expenditures are US\$6.4 million for 2007 and US\$7.7 million for 2008 ⁵
2. National Composite Policy Index	Refer to the text
INDICATORS OF NATIONAL PROGRAMS	
3. Percentage of donated blood units screened for HIV in a quality assured manner	<ul style="list-style-type: none"> • 100% out of 1,280,000 blood units donated in 2009 • 100% out of 1,000,000 units donated in 2008⁶
4. Percentage of Adults and Children with advanced HIV Infection receiving ART	<p>2009 332/1400= 23.71% (Adults) 27/100= 27% (Children)</p> <p>2008 268/1400= 19.14% (Adults) 23/100= 23% (Children)</p> <p>(NAP data, with 1.400 and 100 representing the lowest bracket of the estimate projected by spectrum for adults and children in need of ART)</p>
5. Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission	<p>2009 11/52= 21.15%</p> <p>(NAP data, with 52 representing the NAP estimate for mothers needing PMTCT)</p>
6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	<p>3/190= 1.6 %</p> <p>3 people actually co-treated for TB and HIV out of 10,046 total TB patients in 2009. Prevalence of HIV is 1.9%</p>
7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	No data is available because of lack of population based surveys.
8. Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results	No data is available because of lack of population based surveys.

⁵ National AIDS Spending Assessment, 2009

⁶ National Blood Programme, MOH 2009

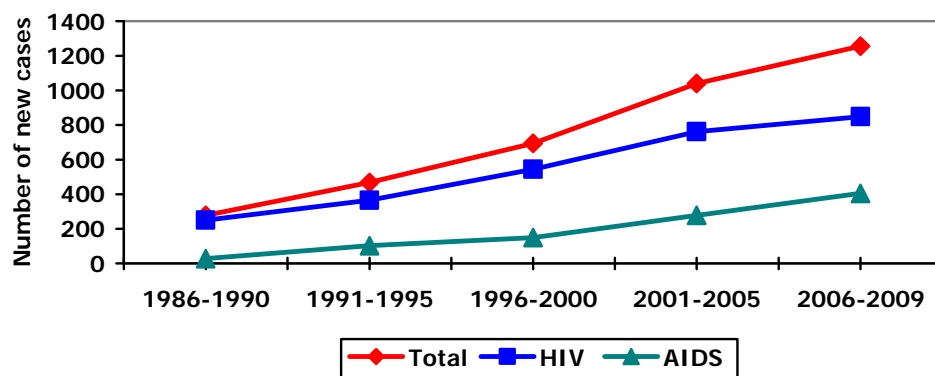
9. Percentage of most-at-risk populations reached with HIV prevention programs	No data is available because of lack of population based survey.
10. Percentage of orphans and vulnerable children aged 0-17 whose households received free basic external support in caring for the child	Topic is not relevant to country epidemic status
11. Percentage of schools that provided life-skills based HIV education within the last academic year	Topic is not relevant to country epidemic status
INDICATORS FOR KNOWLEDGE AND BEHAVIOURS	
12. Current school attendance among orphans and non-orphans aged 10–14	Topic is not relevant to country epidemic status
13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	358/1956= 18.30% (Male 15-24) 103/2155= 4.78% (Female 15-24) (DHS 2008)
14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Topic is relevant, indicator appropriate but no data is available
15. Percentage of young women and men who have had sexual intercourse before the age of 15	Topic is not relevant, indicator appropriate but no data is available
16. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	Topic is not relevant to country epidemic status
17. Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last sexual intercourse	Topic is not relevant to country epidemic status
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	37/118= 31.36% (Female sex workers) 10/109= 9.17% (Commercial MSM) (BBSS 2006)
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	27/213= 12.68% (BBSS, 2006)
20. Percentage of injecting drug users	12/250= 4.80%

reporting the use of a condom the last time they had sexual intercourse	(BBSS, 2006)
21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	166/413= 40.19 % (BBSS, 2006)
IMPACT INDICATORS	
22. Percentage of young people aged 15-24 who are HIV-infected	Topic is not relevant to country epidemic status
23. Percentage of most at risk populations who are HIV-infected	BBSS sample results 15/267= 5.62% (MSM) 1/118= 0.85% (FSWs) 4/413= 0.97% (IDUs) BBSS sample results projected on the MARPs population MSM = 6.2% FSW = 0.8% MALE IDUs = 0.6% (BBSS 2006)
24. Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of ART	253/338= 74.85% (Adults and Children) 234/318= 73.58% (Adults) 19/20= 95 % (Children) 338 adults and children (318 Adults & 20 Children) 253 adults and children are still alive and on treatment , December 2009 (234 adults & 19 Children) Missing Adult: 74 death & 10 stopped Missing children: 1stopped (NAP data, 2009)
25. Percentage of infants who are born to HIV-infected mothers who are infected	No data is available

2. Overview of the AIDS epidemic

Till the end of 2009, 3,919 HIV cases were detected in Egypt, among which 1078 (27.5 %) developed AIDS⁷. Since 1990 and to date, there has been an exponential increase in HIV detected cases which mounted to 268%. Over the past ten years, the number of detected cases has increased by 120% (1,040 HIV and AIDS cases from 2001-2005 and 1,255 cases from 2006-2009). The perceived increase in the number of detected HIV positive cases could be partially explained by the efforts of the National AIDS Program to improve HIV testing and reporting but more plausibly due to by an epidemic growth. UNAIDS/WHO estimate the number of people living with HIV in Egypt to be 10,400 [7,100-19,000] till the year 2008.

Number of new HIV/AIDS reported cases in Egypt, 1986-2009



Cumulatively and till 2009, most transmissions occur sexually (71%) with the main mode being heterosexual representing 49.5% and homosexual transmission representing 22.9%. Transmission through Injecting drug use represents around 4.6% and mother to child transmission is responsible for 1.8% of reported infections. Transmission through blood/blood products is 5% and 8.9% through renal dialysis. In 8.7% of the total reported cases, the mode of transmission was not determined⁸.

Despite a low prevalence of HIV in the general population (<0.1%), a population based survey was never conducted in Egypt. Additionally, risk determinants for a wider epidemic exist due to a large population of young people age 15-24 with very low knowledge of HIV (4.8% and 18.3% of females and males respectively have comprehensive knowledge of HIV); poverty (20% of population under poverty line), the continued presence of illiteracy in the general population, high rates of risk behaviours and very low condom use.

There is a special vulnerability for women and girls due to lower socioeconomic status, higher illiteracy rates (38 %), as well as weak access to prevention and services. Fewer women present for voluntary counseling and testing than men

⁷ National AIDS Program, 2008; Ministry of Health, 2009

⁸ National AIDS Program, Ministry of Health, 2009

(23.3% of all VCCT visitors are females⁹). Coverage of services for preventing mother to child transmission is 21.15% in Egypt of all estimated HIV positive women. This coverage estimate is based on the estimates of women needing PMTCT services generated by The NAP.

There are gaps in women's knowledge regarding HIV and AIDS. According to the Demographic and Health Survey only 7.1% of women age 15-59; and 4.8% of 15-24 years old women were found to have comprehensive knowledge of HIV. This coupled with weak access to services, presence of violence and low condom use places women at risk. Condom use rate is very low in the general population (2.5% among ever married women 15-49 years¹⁰). A recent study conducted in 2007 on condom use among 2,309 males (age group 15-49) reveals that only 23.9% had ever used condoms (Kabbash et al, 2007).

There is emerging evidence of HIV epidemic among most at risk populations (MARPs) including injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM) who are mostly hidden due to stigma but are very much engaged in risk behaviour.

Actual data from 11 fixed sites and 9 mobile VCCT spread over 13 governorates in Egypt reveal that 76.7% of all visitors are male clients and that 15% of all visitors are among most at risk populations. A population size estimation exercise was conducted in Egypt using several methods as capture recapture, multiplier and enumeration methods. The data used included information collected through the VCT, BBSS, and Mapping programs for MSM. Through capture- recapture method using VCCT data from all governorates in Egypt, it was estimated that in high prevalence settings 15.6% of all men who would present for VCCT services are injecting drug users, and that 16.9% of all male clients are MSM.¹¹ Through *enumeration method*, mapping was done on 79 areas in Cairo during April and May 2009. We categorized sites into defined areas of Cairo and types of sites. Enumeration resulted in 914 MSM out of 2960 clients (30.9%). Lastly, through *Multiplier method*, MSM data from two independent sources (Source 1: count of all MSM who attended VCT in Cairo and Alexandria; and Source 2: Results from BBSS of % of all MSM who have been tested) were used.

The estimated size was (MSM Alexandria 340 from VCT 340+ MSM Cairo 118 from VCT)/ From the BBSS for 200, of MSM, 7.1% having been tested = 6451. The size of the population which this represents is unclear. We made this calculation to attempt to provide an estimate for the general Egyptian population. The latest population data show a value of 3,615,918 for men aged 15-59 in Alexandria. Using this denominator, the estimate of % MSM is 0.2% (6451/3,615,918). However, it is clear that the correct denominator is that population who would attend VCT clinic or be

⁹ NAP VCCT data 2009

¹⁰ Demographic and Health Survey 2005

¹¹ draft report on population size estimate, UNAIDS/NAP 2009

included in RDS sampling of BBSS, a number somewhat less than the population figure.

Recent, Bio-behavioural surveillance survey conducted in Egypt in 2006 by the Ministry of Health and Family Health International indicated that Egypt may be witnessing a concentrated epidemic among men who have sex with men with a prevalence of 5.6 % among the studied population of 267 MSM based in Alexandria Egypt, projecting this finding on the population estimate a figure of 6.2% was obtained. 42.0% and 80% of studied MSM engaged in commercial and non-commercial sex respectively. Only 9.2% reported condom use in the last commercial sexual intercourse and 12.7 % reported condom use in the last non-commercial sexual intercourse. Additionally, there is high rate of marriage among MSM where 73% reported ever been married to a female partner. This means that unprotected sexual intercourse between men also places their female partners and their future children at risk of infection suggesting that an epidemic among this group may easily spread to the general population.

Baseline Programme information from MSM program in Egypt documented that there is low accurate knowledge on HIV and sexually transmitted infections among MSM despite high perception of risk. Condom use is irregular (32% of beneficiaries never use a condom, 28% only use a condom with new partners or if requested by the partner). There is associated drug use (70% of beneficiaries reported some form of drug use), 58% of beneficiaries had between two-five commercial and noncommercial male partners in the preceding month to the questionnaire. Only 26% have ever tested for HIV¹². Additionally, earlier studies have shown that 24% of MSM had one or more sexually transmitted disease (STD) within the 3 months preceding the study making them 4.8 times more likely to contract an STD than family planning clinic attendees who acted as the reference group in this study¹³.

In the meantime among other most risk groups there are serious indicators despite the prevalence of HIV being below 1%. Out of a sample of 481 drug users in Cairo, 55% share injecting equipment, while 58% of them reported never using a condom in their life¹⁴. Out of a total of 413 IDUs who were sampled for the BBSS in 2006, 250 reported being sexually active, among them only 4.8% reported use of condom the last time they had a sexual intercourse. HIV prevalence among drug users is 0.6%; HCV prevalence among drug users is 63% which affirms the potential for HIV spread¹⁵. Estimated number of IDU users in Egypt ranges from 57,000- 120,000¹⁶. Among sex workers, 31.4% of a sample of 118 women reported condom use with the most recent clients; however only 6.8% reported condom use with non commercial partners. 9.3% of them reported injecting drug use in the 12 month preceding the interview³.

¹² Reducing vulnerability to HIV among young men, UNAIDS 2009

¹³ AbdelSattar A, et al. 2002

¹⁴ UNAIDS/UNODC Assessment of HIV risk among problem drug users in Cairo, 2004

¹⁵ MENA Synthesis Report, UNAIDS 2009

¹⁶ APMG, Recommendation for interventions addressing IDU and related HIV infections in Egypt, 2007

The Egyptian constitution does not call for any form of discrimination against people because of their disease status. Egypt is among 59 worldwide countries which apply some form of HIV-related travel restrictions on stay or residence. However, the country Minister of labour has expressed willingness to revise such policies as part of a regional initiative to remove requirements of testing for HIV for employment purposes which Egyptians are also subject to as a requirement of Gulf countries. The Collaboration among various government sectors has improved to facilitate addressing most at risk groups. More emphasis is currently planned for sensitizing and raising awareness of law enforcement authorities to ensure effective HIV prevention, treatment, care and support for all including vulnerable populations.

3. National Response to the AIDS epidemic

Egypt is signatory to the MDGs and the Declaration of Commitment on HIV/AIDS. HIV/AIDS control efforts fall under the government's general strategies to reach the MDGs by 2015 and to fulfill the Declaration of Commitment targets. The Egyptian government is exerting a real effort to coordinate the national response and enhance universal access to HIV prevention, care, support and treatment.

In 1987 The National AIDS Programme (NAP)¹⁷ was established by ministerial decree in order to lead the National response against HIV and AIDS. The NAP has lead the development of the National Strategic Plan on HIV (NSP), for 2007-2011 with input from several key government sectors, namely Ministry of Interior, Ministry of Information and National Youth Council, in addition to Civil Society (The Egypt Business Coalition on HIV, the Egyptian NGO Network against AIDS, people living with HIV) and International organizations. The goals of the NSP are to maintain low HIV prevalence in the country and reduce HIV incidence and death. The national response prioritizes prevention of HIV and SDT infection; care, support and treatment of people living with HIV; and strengthening surveillance system. However, a multiplicity of partners are already implementing the HIV response and basing their plans on the NSP. The following section summarizes the update of the response in those key areas:

A. Prevention of HIV/AIDS and STD:

Blood safety and controlling blood-borne infections: To prevent HIV transmission through blood and blood products, the NAP has been following strict infection control measures since 2004. Blood safety policy applies to all blood banks of Egypt which include screening blood donated for (HBV, HCV, HIV, and Syphilis). Through 244 blood bank (17 of them are private) all blood donated is screened using ELISA technique. During 2008 and 2009 52 positive blood bags have been detected and discarded and the donor data sent to the National AIDS Program under high levels of confidentiality to proceed with counseling, confirmatory testing and other services. In 2008 a total number of 1.000.000 blood units were screened in a quality

¹⁷ The NAP is located within the Preventive Affairs and Endemic Diseases Sector, in the Communicable Disease Control (CDC) Unit of the MOH.

assured manner (8 positive blood bags were detected and discarded). In 2009 a total number of 1,280,000 blood units were screened (44 positive blood bags were detected and discarded).

A national blood donor tracking system is implemented to ensure safe blood. HIV screening of donated blood is required by law and governmental blood banks must report HIV-positive results to the NAP. The MOH is working on ensuring infection control measures in renal dialysis units and blood banks. Plans are currently underway to refurbish 30 district level blood banks responsible for sending and receiving blood samples to and from the regional blood banks, and to build “a safe donor base” in Egypt.

Prevention of HIV among most at risk populations: Civil society organizations with the support of the NAP, UNAIDS, FHI and others have initiated outreach programs targeting MARPs to reduce vulnerability among sex workers, men having sex with men, and injecting drug users in Egypt. The programs are mostly a combination of outreach and peer education, with a facility based referral for comprehensive medical, psychosocial, legal and other services.

Since 2007 and to date 2,234 female sex workers have been reached in the field and 17,676 condoms have been distributed to them and clients.¹⁸ Since mid 2009, 733 MSM have been reached in the field, 8,805 condoms and lubricant sachets have been distributed. Program data from MSM program document that while 79% of MSM knew that condom is the single most effective way to prevent HIV and STI during sex, only 28% reported using it in their last sex at baseline assessment. In the meantime, 51% reported having from 2-5 partners in the last month, while less than 20% either had no sex or had one partner in the last month¹⁹. Since 2008, 1,491 IDUs have been supported through three civil society organizations in Cairo supported by FHI²⁰. All drop-in centers provide free access to condoms, syringes and counseling.

Prevention of HIV/AIDS among vulnerable groups:

The number of recognized refugees in Egypt is estimated at 37,639²¹ till the end of 2009. It is also estimated that currently 50,000 to 70,000 Palestinian refugees are residing in Egypt. Factors that encourage the spread of HIV among refugees exist including sexual abuse, violence, lack of information and lack of access to services. 22 adults and 2 children refugees currently have access to ARVs.

HIV prevention in Prison Settings:

During 2008, an initiative for Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt has been conducted in four prisons in Egypt. The project is a collaborative effort between the

¹⁸ Scaling Up programmes to vulnerable women project Shehab, UNFPA, UNAIDS, UNICEF 2009

¹⁹ Reducing vulnerability to HIV among young men, UNAIDS 2009

²⁰ Outreach to IDUs in Cairo, Waey, Hayat, Befrienders, FHI, 2009

²¹ UNHCR factsheet, Egypt 2009

Ministry of Interior, prison sector, national AIDS program and UNODC. So far, knowledge, and attitudes assessment was conducted among prison inmates and prison officers. Capacity building of prison officers and medical staff took place. The first VCT has been recently inaugurated to provide services of HIV counseling and testing on a voluntary and confidential basis to inmates.

Preventing Mother to Child Transmission:

Coverage of services for preventing mother to child transmission is estimated to be 21% in Egypt based on the estimates of women needing PMTCT services generated by the National AIDS Program. This estimate has been obtained based the number of actual pregnant women receiving PMTCT from the total known HIV positive women (11 from a total of 437 women representing 2.5%, as the total number of estimated HIV positive women is 1800, accordingly those needing PMTCT would be from 45 women with a range of 42 to 52)

Voluntary Confidential Counseling and Testing centers: There are 23 governmental VCT centers in (14 fixed and 9 mobile VCT centers) in 17 governorates which succeeded in attracting 20000 beneficiaries (MARPs accounted for about 15% of total visits) till 2009. In addition 4 NGOs (Caritas, Refugee Egypt, Waay, Hayat and Be-frienders) provide VCT services.

Addressing Stigma and Discrimination:

The conservative culture in Egypt has long saved the country against STIs and slowed down the HIV epidemic growth. However, the cultural norms contribute markedly to profound stigma towards MARPs and PLHA. The perceived shame and disgrace that link risk behaviors to PLHIV and their families force them to avoid seeking counseling, HIV testing, social support or health care. Even in health care settings, cases of discrimination and denial for service have been observed. The NAP has **trained** 1,100 physicians and nurses all over the country on HIV care and support. **11 support groups for PLHA** are in place since 2008. The "Friends of Life" NGO launched in 2008," is the first NGO in Egypt led by PLHA and supported by UNICEF and UNAIDS.

Prevention and control of STD

The national AIDS Program has enhanced 5 STI clinics in Cairo, Alexandria and South Sinai. STI surveillance has improved through those clinics. Up till the end of 2009, data from 3 STI clinics show that, a total of 2,363 visitors have received services, 56% of which are females.

Strengthening surveillance system a national HIV surveillance plan was developed in 2004. The government conducts an average of 166,000 individual HIV tests per year. During 2008, a national disease surveillance system (NEDSS) was created in 13 governorates to collect and analyze data on 26 priority infectious diseases including HIV. However, the databases are still under development and passive data collection

is prevailing. HIV screening takes place in sentinel surveillance sites located in 12 TB clinics and 24 chest hospitals, 5 sexually transmitted infection (STI) clinics and 5 antenatal clinics. Rehabilitation centers. All TB patients visiting the sentinel sites are tested for HIV. STI patients at the selected sites are screened for HIV.

In 2006 the MOH, in collaboration with FHI and USAID, conducted the first round BIO-BSS as the first of its kind in the region. The BIO-BSS collected data on risk behaviors and STIs, as well and assessed HIV prevalence in street children, FSWs, MSM and IDUs.

B. Care, treatment and support for people living with HIV

Medical care is the responsibility of the NAP and is conducted through free provision of ARVs for people who need it, follow-up, and counseling and treatment of opportunistic infections. A home-based care program for PLHIV is in place in Alex and will be soon launched Cairo providing home visits to HIV affected people and trainings for PLHIV and their families raising awareness and clarifying misconceptions. In addition, as part of the home based care initiative, the group has been working with health care providers to improve treatment and care for PLHIV.

Access to Antiretroviral Treatment has improved due to procurement of a variety of antiretroviral medications supported by the global fund and national resources. Currently 264 adults and 27 children are on first line treatment, while 68 adults only are on second line²². The NAP has activated a process of decentralization of ARVs distribution system as a result PLHIV are now able to access ARVs through 6 distribution points located in 5 governorates (Cairo, Giza, Gharbia, Alexandria and Menia) while initially ARVs were available only in Cairo. Although ARV drugs are available for patients in Egypt the selection of ARVs distributed is still limited and especially for those who develop resistance.

C. Knowledge and Behaviour Change

Knowledge among the general population is low as documented in the latest Demographics and Health Survey where only 7.1% of women age 15-59 and 18.1% of males in the same age group had comprehensive knowledge about HIV and AIDS. This level of knowledge is compromised at the younger age brackets of 15-24, especially for women, where 4.8% have comprehensive knowledge versus 18.3% of men.

According to UNICEF, the number of street children in Egyptian cities is estimated to be between 600,000 and 1 million. In a recent Behavioral Survey among street children in Greater Cairo and Alexandria it was found that about 67% of study participants 15–17 years old have ever had sex with someone of the opposite sex. Among those who had sex during the last 12 months, 54% had sex with more than one partner, and 25% reported using condoms. About 26% of street girls in Greater Cairo and 58% in Alexandria reported participating in commercial sex (this is less

²² National AIDS Program, Ministry of Health, 2009

common among street boys). Around 28% of street boys reported having had sex with boys, frequently under the influence of drugs, and in many instances as part of group rape; 53% had more than one partner. Unfortunately, due to lack of proper education, the above behaviors are coupled with poor knowledge of HIV and AIDS. While 79% had heard of AIDS before, 16% did not know how to avoid contracting the infection²³.

4. Best practices

There are numerous successful interventions in Egypt aiming at halting the HIV epidemic and supporting PLHIV. The following interventions are chosen as they represent models for activities that contribute to progress on HIV control.

Voluntary Counseling and Testing Services

VCT services have been one of the crucial HIV prevention interventions in Egypt since 2004. Two models of VCT services are available; stand –alone (fixed) and mobile units. All service units are providing pre-test counseling sessions by well trained counselors to all clients coming to HIV testing with complete anonymity, secured level of confidentiality and well established referral network. At the end of 2009, a number of 23 governmental units (14 fixed and 9 mobile) are distributed over 17 governorates. Over more than 5 years of VCT service provision in Egypt, the total number of beneficiaries was about 20,000 almost 50% were in the age group 25 – 35, 80% with secondary education or higher, about 20% were referred from other health care facilities. MARPs accounted for about 15% of the total visits. All MARPs were offered post test counseling and referral to other HIV prevention or follow up programs.

Since 2005 the number of people accessing VCT services increased steadily. Data gathered by the NAP shows that in 2005- 2006 a total of 759 people visited 6 fixed units, MARPs accounted for 60% of total VCT clients in those two year. In 2007 10 VCT units received a total number of 1,221 visits with 294 MARPs served. During 2008- 2009 a total number of 11,748 people used the VCT services, MARPs accounted for 13.4% (1,576 MARPs) of total VCT clients in those two years through 20 VCT units in 13 governorates. 454 IDUs, 115 MSM and 127 SW received HIV tests and related counseling. It is important to stress that the first VCT mobile units were activated in 2005. However, data from these units are available starting from 2008 when the software for data collection was made available.

First Round Biological and Behavioral Surveillance Survey (Bio-BSS)

The National AIDS Program and Family Health International (FHI) conducted the first round Bio-BSS in 2006 among high-risk populations in Egypt to determine the status of the HIV epidemic and set baseline data on HIV prevalence to monitor the epidemic's trends. Biological, STI and behavioral data were collected and analyzed. Respondents received pre- and post- HIV test counseling and HIV-positive cases were referred to the National AIDS Program for further care and support.

²³ Behavioral survey, UNICEF/Population Council 2008

HIV Risk Reduction among Vulnerable Young Men in Egypt

UNAIDS and civil society organizations in Cairo and Alex are undergoing HIV risk reduction program among young men. The program's goal is to reduce overall vulnerability of men who have sex with men in Egypt caused by individual risks, as well as societal determinants in order to reduce new HIV infection and support those living with HIV. The program combines field outreach with linkages to private based medical legal and psychosocial services providers. The program is supported by a strong monitoring and evaluation system that allows tracking individual changes in knowledge, behaviors and service usage.

Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt

The Egyptian Prison's Authority and the United Nations Office on Drugs and Crime (UNODC) established targeting prison inmates in adult prisons and juvenile detention center in Greater Cairo. Additionally, prison inmates have access to comprehensive HIV services during detention in prison settings and after release through aftercare services. Ultimately, this will reduce HIV transmission among the prison population and the general community.

Harm Reduction – An adapted and effective approach in Egypt

FHI has established Egypt's first programs in harm reduction for active IDUs, who are considered a key entry point to other vulnerable groups. Through these programs, FHI focuses on building the institutional and programmatic capacity of local NGOs, such as Freedom, Be-frienders, Waay, and Hayat, to provide much-needed HIV/AIDS prevention and care services to active IDUs in Cairo, Giza and Helwan.

Home-based Care: A vital Approach to Empowering People Living with HIV

The United Nations Children's Fund (UNICEF) and the Caritas NGO in Alexandria in 2007 established Egypt's first home-based care (HBC) project, with the aim of improving the quality of life of PLHA through enhancing care and support services and ensuring access to basic medical, social and psychological rights. The Greater involvement of People Living with HIV Project also supported the establishment of Egypt's first PLHA-led NGO, the Friends of Life. In 2009, UNICEF and Caritas partnered with the National AIDS Program to expand the provision of HBC to Cairo

Scaling Up Outreach to Vulnerable Women for Vulnerability Reduction in Cairo

The project aims to reduce the vulnerability of women involved in sex work to HIV and provide them with support to improve their general standard of living. Based on needs assessment conducted among 23 sex workers and 7 gatekeepers, service delivery options were devised through a combination of field outreach and referral to two drop in centers for facility based medical, social and legal services. The drop-in centers are managed by Al Shehab Institution for Comprehensive Development. These drop-in centers are the only ones in Egypt conducting street-based outreach on HIV and AIDS prevention for vulnerable women.

5. Major challenges and remedial actions

- The role of non-health sectors in the HIV response must be strengthened, including reviewing and costing the national strategic plan and a related action plan.
- A number of punitive laws and practices that would compromise the national response still exist, including some labour laws that mandate HIV testing in some cases, and further marginalization of some groups including women and girls.
- There is a strong need to focus on prevention, reduce stigma and discrimination, and address the drivers of the epidemic in order to ensure that HIV remains contained.
- Data gaps on most-at-risk populations started to be addressed through nationally representative studies with samples of vulnerable men, vulnerable women, and injecting drug users and using such studies to inform programming.
- Much more focus is currently made to scale up outreach programmes to populations most-at-risk through direct service delivery and education, and programmes and strengthening comprehensive prevention.
- Challenges to the national response include small scale programmes for Most at Risk Populations (MARPs), and infantile national M & E system. However opportunities exist with the availability of resources from Global fund to fight HIV, TB and malaria; pilot programmes for most at risk groups, and enhancing the national HIV/ AIDS M&E system.
- Access to Antiretroviral Treatment for PLHIV has improved due to procurement of a variety of antiretroviral medications supported by the global fund and national resources. However, care of people living with HIV, and the capacity of public and private health care givers on the issue need to be strengthened.
- There has to be an urgent shifting of the mindset from crisis management to preventing crisis including preventing new infections, addressing cross cutting issues as HIV/Human Rights- HIV/Gender issues- HIV/Education and labor- HIV/Migration and HIV and poverty etc

6. Support for the country development partners

The main donors on HIV in Egypt to date are the Global Fund, UN, USAID, Drosos and Ford Foundations. However there are key areas in the response that remain weakly

unfunded and those are mostly related to civil society response to address most at risk populations.

7. Monitoring and Evaluation Environment

In 2004 Key donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves. They endorsed the "**Three Ones principles**";

- **One** agreed HIV/AIDS Action Framework
- **One** National AIDS Coordinating Authority
- **One** agreed country-level Monitoring and Evaluation System

The establishment of one country level M&E system was identified by the Egyptian government as one of the top priorities in order to achieve the most effective and efficient use of resources, ensure rapid action and results-based management and support both the national and the global response to the HIV and AIDS epidemic.

The national M&E system is linked to the NSP which outlines the key priority areas of the National Response to HIV and AIDS in Egypt based on the situation analysis of the epidemic. To ensure sustainability for the results already achieved and in order to scale up programmes effectively, it is crucial to develop a unified monitoring and evaluation plan in Egypt to determine the effectiveness of the response, guide planning processes, and inform policy adaptation. In this light, the National AIDS Program within the Ministry of Health and Population took some serious steps towards achieving the finalization of a national M&E system in the last two years. A national M&E consultant was recruited to assist the development of the M&E framework. The NAP established a Monitoring and Evaluation Reference Group (MERG) in order to provide advice on monitoring and evaluation at all levels of the National response against HIV and AIDS. The MERG includes the UNAIDS Secretariat and Cosponsors, donors, NGOs and technical experts in the field of monitoring and evaluation which meets regularly.

The MERG supported the NAP in building the national monitoring and evaluation system around a list of objectively verifiable indicators. A list of 27 prioritized national indicators. Data collection tools were developed and are currently being tested.

National M&E Guidelines are in the process of being finalized. To ensure regular collection of data, National Indicators were divided into 8 programmatic areas grouping all prioritized national indicators²⁴. A data flow chart was drafted for each programmatic area. The 10 programmatic areas include:

1. TB
2. Blood Safety

²⁴ With the exception of indicators whose data collection process is not based on routine monitoring but on special surveys.

3. ART
4. STI
5. IEC
6. VCCT
7. Outreach to MARPs
8. Care and Support for PLHIV
9. Training activities
10. Rehabilitation centers

All data flow charts are structured in a three levels system

- 1. Units or Data Sources at the community level** (VCCTs, Sentinel Sites, Blood Banks, ARV Distribution points, STI clinics, etc)
- 2. Intermediate level** (Governorate Focal Point)
- 3. Central level** M&E unit (Technical Officer of each programmatic area and M&E Officer in the NAP)

Data transmission takes place from one level to the next but the mechanism of data validation, analysis and reporting are yet to be fully agreed upon. An action plan 2008-2013 has been agreed upon by the MERG, the most important activities to be implemented in 2010 are as follow:

- Complete the provision of equipment to central and peripheral M&E staff
- Draft, finalize and implement a training plan for health personnel and NGOs working on the peripheral level on data generation and reporting and conduct a series of refreshing training courses for personnel working at peripheral data collection sites on relevant activities
- Start piloting the M&E system in greater Cairo
- Develop and implement a supervision plan to monitor and assess the quality of work produced by M&E staff both at central and peripheral level and to ensure the activities of the piloting phase have been implemented.
- Draft and implement an Evaluation plan for the piloting phase of the M&E system to get lessons learnt for later expansion.

