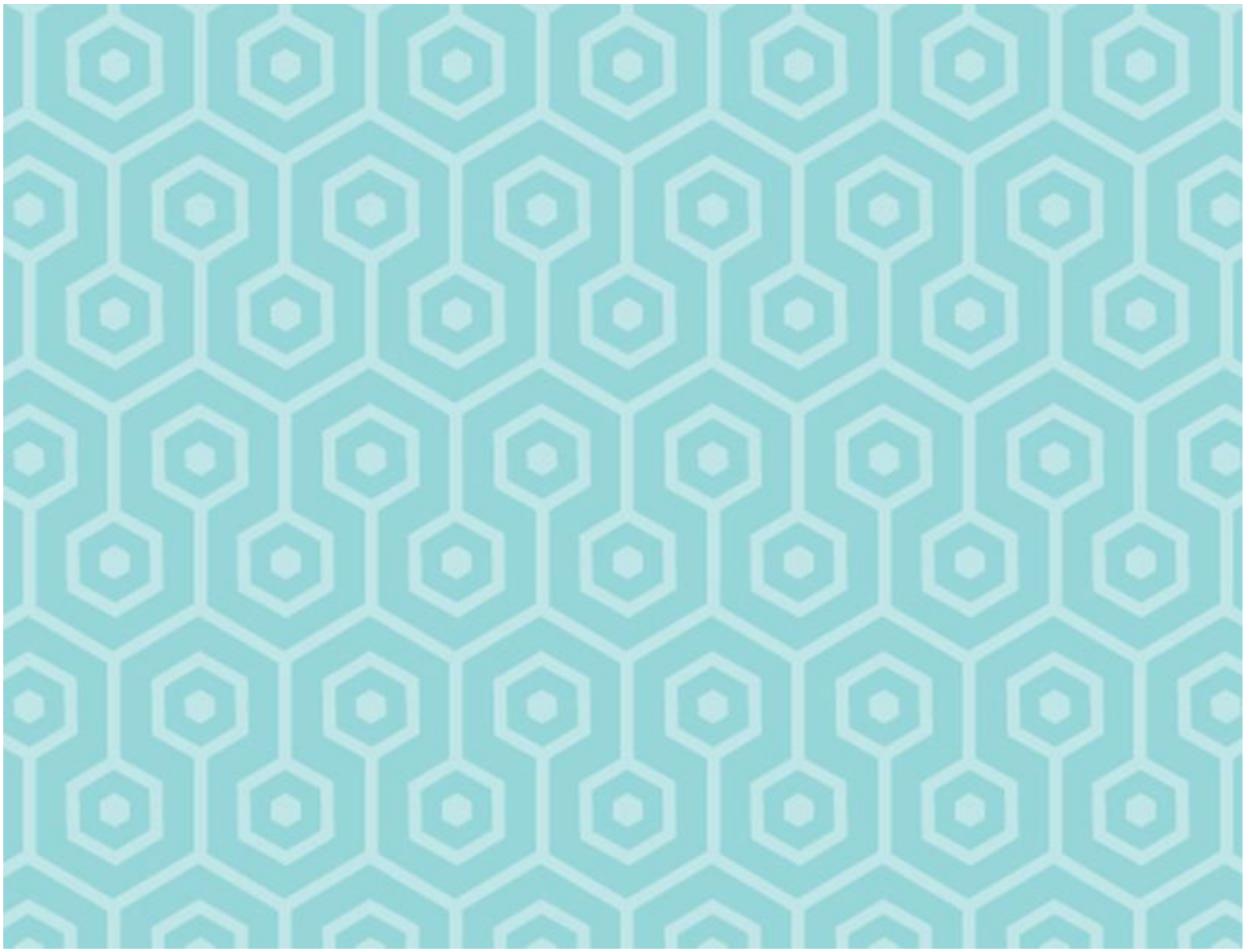
Country progress report - Egypt

Global AIDS Monitoring 2017



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Overall

Fast-track targets

Progress summary

Egypt's national response is guided by global priorities in addressing HIV and AIDS and aligned with the Sustainable Development Goals and the 2016 Political Declaration on AIDS High level meeting 2016 globally set targets.

The Ministry of Health and Population (MoHP) compiled the 2017 Global AIDS Monitoring (GAM) with technical assistance from UNAIDS and input from stakeholders, including relevant GOE agencies, civil society organizations (CSOs), UN agencies, and donor agencies.

Egypt is recognized by most stakeholders to have some evidence of concentrated epidemic among two populations of people who inject drugs and men who have sex with men (BBSS 2006,2010) in a setting of overall low prevalence among the general population. At present there is no evidence of an epidemic among any other population that has been confirmed through HIV testing.

Egyptian national data estimates the number of people over fifteen years of age living with HIV in 2015 to be 11,000.there are about 6800 PLHA already registered at the national HIV/AIDS data base.

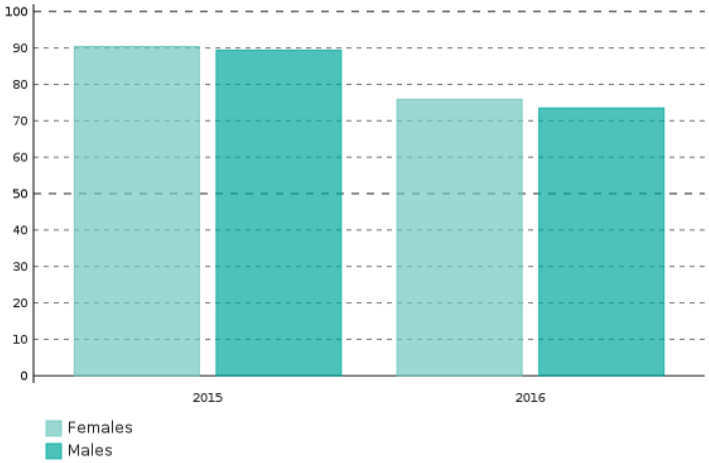
To combat the spread of HIV in Egypt, the GOE established The National AIDS Program (NAP) in 1987. The NAP leads the national response to the HIV and AIDS epidemic in Egypt. The NSP has three primary goals: halt and reverse the growth of the AIDS epidemic in Egypt; prevent new infections specially in key populations (including PWID, MSM, and FSWs); and improve overall health outcomes for People Living with HIV (PLHIV).

The NAP collaborates with several international organizations as well as CSOs on issues related to HIV. The majority of the collaboration related to HIV seeks to promote raising awareness about the disease and prevention among target populations. Other areas of collaboration focus on retention and support for PLHIV., NAP and partners work towards elimination of stigma and discrimination and strengthening strategic information

There have been positive developments in the national response over the last several years. Most notably, there are prevention programmes currently being implemented for the key populations of people who inject drugs, men who have sex with men and female sex workers.

4.1 Discriminatory attitudes towards people living with HIV, Egypt (2015-2016)

Percentage of respondents (aged 15–49 years) who respond "No" to question "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"



Commitment 1

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 11,000 estimated people to be living with HIV at the end of 2015. Currently, nearly 3,000 people living with HIV are receiving ART through the government provided free treatment program.

While treatment relied majorly on global fund resources in last years, starting 2014, Egypt's government has taken serious steps to avail all ART regiments from government domestic resources.

There are new national HIV care guidelines (1). Care begins with CD4 cell count testing and those eligible with a CD4 call count of 500 or lower are offered ART. A treatment cascade has been developed for the country and a cohort analysis was performed for newly diagnosed patients for twelve months (2)

While, there is a dramatic increase in treatment coverage (3.5 fold increase) since the end of 2013, a gap remains in enrolling all those testing positive on treatment. It is envisioned if Egypt continues with the same pace, that it reaches 90-90-90 targets by 2020. Furthermore, Egypt's program aims for rolling out "Treatment for all" policy in July 2017.

Also efforts were done to improve the linking of care system and to ensure closing the gap between detected cases and health care services mainly by expanding the distribution of treatment sites , laboratory follow up (CD4 and PCR) and establishing a patient follow up profile. Consistency in provision of these services remains an issue, requiring further attention and support.

It is noteworthy that all treatment and care services provided by MoHP is free of charge to all those living with HIV.

(1)National Guideline on Clinical Care and Antiretroviral Drugs for Treating and Preventing HIV Infection

(2)Russell Armstrong, Test-Treat-Retain Cascade Analysis Egypt, 2015

Policy questions

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

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) 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 it the implementation status?

≤500 cells/mm3;

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

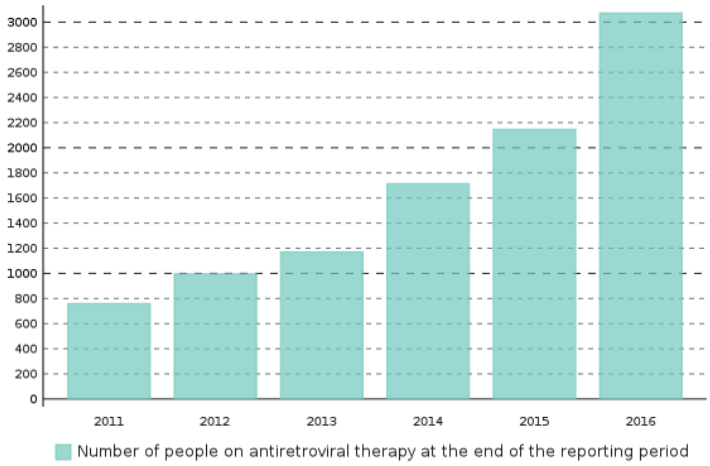
a) For adults and adolescents

Yes, fully implemented

b) For children

Yes, fully implemented

1.2 People living with HIV on antiretroviral therapy, Egypt (2011-2016)



Commitment 2

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 mothers known to be living with HIV can received PMTCT services through the treatment centers.

A pilot intervention is in the pipeline to introduce HIV testing as routine for all pregnant women in nine ANCs. Mothers' awareness remains a big challenge.

While efforts have been in place to provide PMTCT services to 30 mothers and newly born children , around 33 HIV positive children were born to infected mothers which was detected late after delivery

Plans are in place in 2017, for NAP to procure different ARV regiments for children living with HIV rather than the limited regimens of ARV currently available.

Policy questions

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: 0

Year: since 2014

Elimination target(s) (such as the number of cases/population) and Year:

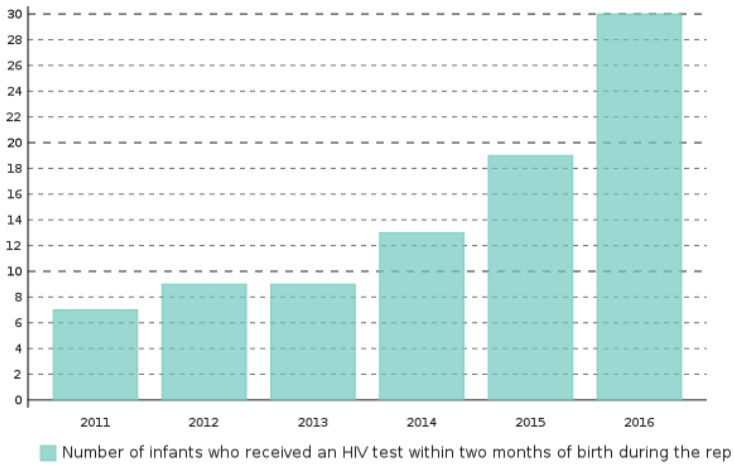
Year: 2017

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?

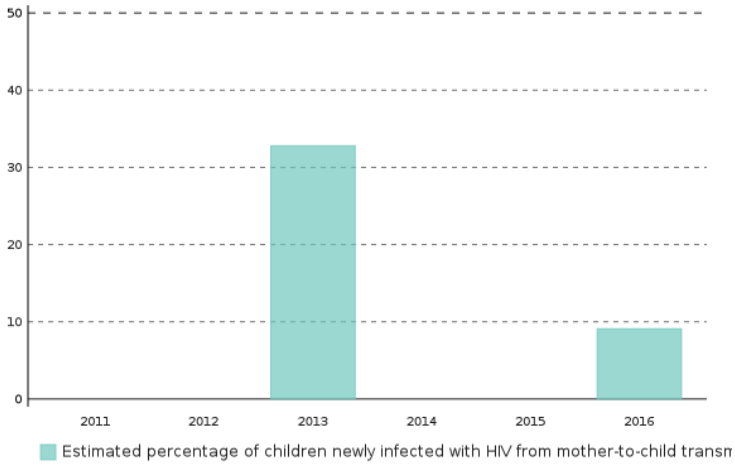
Yes, with an age cut-off to treat all of <5 years

Implemented countrywide

2.1 Early infant diagnosis, Egypt (2011-2016)



2.2 Mother-to-child transmission of HIV, Egypt (2016)



Commitment 3

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

People who inject drugs

Integrated biobehavioural surveillance has been used to determine HIV prevalence which increased between the two rounds of surveillance in 2006 and 2010 which estimate 6.8% in Cairo and 6.5% in Alexandria. There were estimated to be about 30,000 PWID in Greater Cairo (Cairo & Giza) and Alexandria with a further 1,000 in Menia. The national estimate for PWID in Egypt is 93,314 (best estimate) in PSE 2015.

About three thousand people who inject drugs have been outreached in the past year. three percent of them were tested positive for HIV.

Men who have sex with men

It has most recently been estimated at 5.7% in Cairo and 5.9% in Alexandria “BBSS 2010” (3) .
One project was launched in May 2013 and is expected to continue till May 2017 , addressing men who have sex with men aiming to scale up outreach coverage in Alexandria and El Gharbya governorate and increasing capacity and participation of CSOs at the same time.The project beneficiaries received preventive services through outreach members

Female sex workers

Outreached female sex workers tested for HIV during the past year reached 249 ,three of them were tested positive for HIV.

Prisoners

There are no publicly released epidemiological studies of HIV among prisoners in Egypt though a few such studies have been undertaken.

(3)HIV/AIDS Integrated Biological and Behavioural Surveillance Survey, Round 2, Summary Report, FHI & Centre for Development Services, 2010

(4) Jacobsen, Saidel, Loo, Estimating the size of key affected populations at elevated risk for HIV in Egypt, 2014

Policy questions: Key populations

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling and buying sexual services is criminalized

Men who have sex with men

No penalty specified (Selling and buying sexual services is criminalized

And also practice in public”

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

Is pre-exposure prophylaxis (PrEP) available in your country?

No

Commitment 4

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

The legal environment for HIV prevention and care is complex and rapidly changing. Article 18 of the new constitution enshrines the right to health for all. Drug use is illegal and can lead to prison though people who admit to drug use can be admitted to drug rehabilitation centres. Female sex work is illegal. Sex between men is usually prosecuted as the criminal offense of debauchery.

There are regulations against discrimination in health care but it is acknowledged by most stakeholders that there are few consequences for health care providers who discriminate.. But not all health services needed by people living with HIV are provided at fever hospitals

An important indicator of stigma and discrimination towards people living with HIV includes data from the recent DHS 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

Most members of the three populations of people who inject drugs, men who have sex with men, and female sex workers and many people living with HIV are vulnerable people and can be served by the legal framework and service network for vulnerable people in the country. Most do not claim disability in order not to feed public discrimination and concerns about public pushback if too much positive discrimination is seen in provision of services.

Policy questions

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

Does your country have any of the following to protect key populations and people living with HIV from violence?

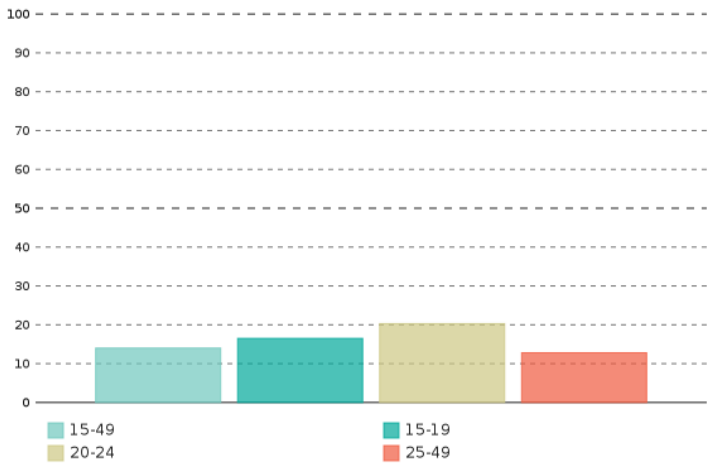
-

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?

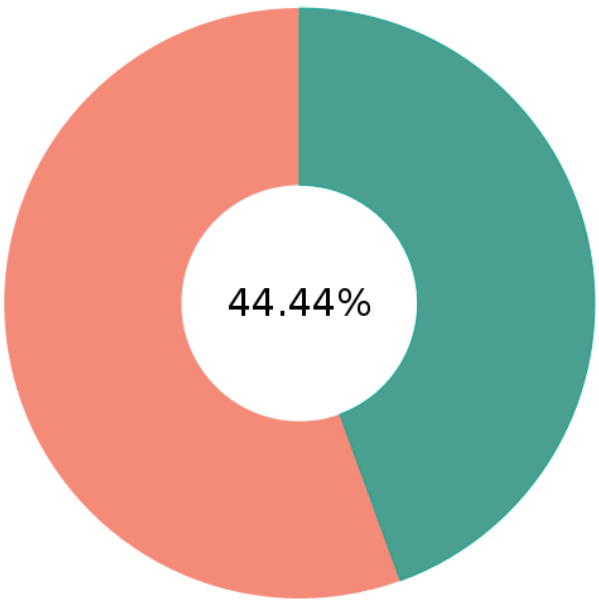
Yes, policies exists and are consistently implemented

4.3 Prevalence of recent intimate partner violence, Egypt

Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months (n=6693; 2014)



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



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Commitment 5

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

In the general population, the percentage of young women and men who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission was reported to be 7% for males and under 4% for females in the last Egypt DHS. which reflects our need to expand and provide the knowledge and skills among other programmes in other sectors as education and primary health care to be able to reach this commitment, especially that our national laws prevents testing before the age of 18 without guardians and this may hinder those young people to get benefit of the available services also they may fear of stigma and discrimination if their status had been disclosed

Policy questions

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

-b) Secondary school

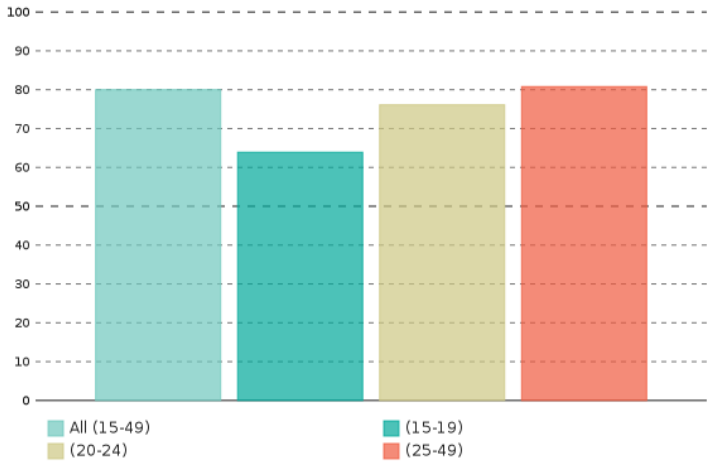
-

c) Teacher training

-

5.2 Demand for family planning satisfied by modern methods, Egypt (2016)

Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods



Commitment 6

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

Progress summary

Social protection system in Egypt doesn't discriminate between people according to sex or behavior but provides coverage for those suffering from chronic diseases including HIV , a social pension are offered through ministry of social solidarity and other institutions. Also it should be noted that the NAP believed that social protection should be offered only to those suffering from a disease that limits their ability to work this is considered as a step towards eliminating stigma and discrimination towards PLHIV.

Policy questions

Yes

a) Does it refer to HIV?

Yes

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?

Yes except transgender

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

Yes

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

Yes

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

-

Do any of the following barriers limit access to social protection* programmes in your country

-

Commitment 7

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

Progress summary

Prevention services including to key populations are only provided by community led by CSOs. This includes offering testing services and referrals.

Regarding care and treatment; it is currently being provided through the government.

For care, support and treatment, there is not a comprehensive automated system for monitoring the health care outcomes of all people tested, entering care, and continuing in treatment to develop a care cascade. A system for monitoring the health care outcomes of all people tested and entering care needs development so that care cascade diagrams can be used as a management tool. Annual reports against the national strategic framework should be published.

Policy questions

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?

Registration of HIV CSOs 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:

-

Commitment 8

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

Commitment 9

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

Changes at many levels were suggested by stakeholders. Legal reform is a key action but few think that this would be easy. On the next level there could be development of regulations and enforcement by the Ministry of Health, health care institutions, or health care provider regulatory bodies. Networks of legal professionals and health care providers who do not discriminate are currently providing services.

Legal services should continue to be provided to people living with HIV and key populations that are currently being serviced through outreach to exercise their health rights.

CSOs and private law firms are currently providing legal services free of stigma to PLHIV, however sustainability of these programmes remain an issue in absence of sufficient resources.

Policy questions

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?

No

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 and through direct observation and personal interview

Does your country have any of the following accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings?

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

Does your country have any of the following barriers to accessing accountability mechanisms present?

-

Commitment 10

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

Hepatitis C is a common co-infection among people living with HIV in Egypt. Hepatitis C and HIV co-infection was the subject of a research in Cairo, and a 24% co-infection rate with Hepatitis C was found among people living with HIV. Those living with HIV found to be Hepatitis C positive were given priority in receiving Hepatitis C treatment.

All people newly diagnosed with HIV and starting antiretroviral therapy are routinely tested for hepatitis C and hepatitis B as well. This is due to the extremely high background of hepatitis C prevalence in the general population, almost 7% (5). In response to that, Egypt has taken major steps towards treating all those in need of treatment. This is through a domestically-funded national free treatment programme of hepatitis C beginning late in 2015 and many people living with HIV with hepatitis C co-infection are entered into the national registry so that they can be treated when they meet treatment initiation criteria.

The successful treatment programme has been recognized globally as a pioneer intervention, receiving high level political support and national ownership. A screening program is rolled out to identify more cases and provide treatment.

The number of people with newly diagnosed tuberculosis who are found to have HIV and the patients themselves are reported to the National AIDS Programme.

However , NAP pushes strongly to integrate HIV to be included in the mainstream of health services provided by MOHP and other health facilities like Universities .

(5)Demographic and health survey, Egypt, 2014

Policy questions

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)

-

b. The national strategic plan governing the AIDS response

-

c. National HIV-treatment guidelines

Yes

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

Diagnosis, treatment, follow up and support

10.6/10.8 Hepatitis B and C testing, Egypt (2015-2016)