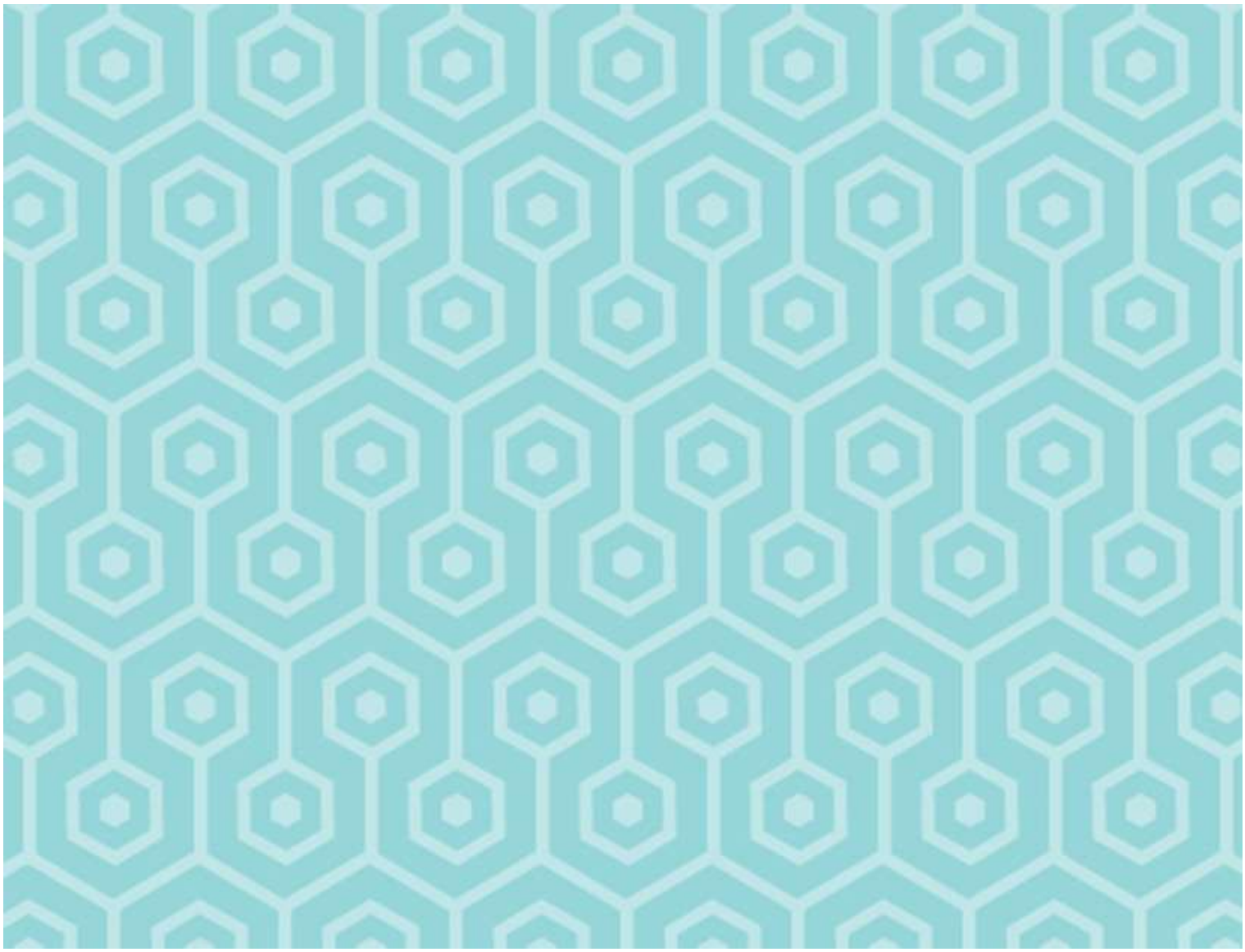
Country progress report - Egypt

Global AIDS Monitoring 2018



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Egypt's national response is guided by the national strategic framework 2015-2020 which adopts the global targets namely the 90-90-90 targets and the High level meeting political declaration commitments for ending AIDS by 2030.

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

Egypt is recognized as 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 2016, the estimated number of people living with HIV was 11,000 in Egypt. 8,742 people are registered and known to be living with HIV reaching a percentage of 79% of the first 90 to be achieved by 2020.

While Egypt has offering partial support to the treatment program since 2014, starting 2017 Egypt has taken a historical step to totally fund domestically the treatment for people living with HIV following global fund grant phasing out. Furthermore, MoHP has adopted the "Test and Treat" approach in dispensing treatment since July 2017.

Restructuring and enforcing the surveillance and testing system in recent years has led to increase in the number of newly detected cases with an average increase of 25%.

In 2017, implementation of prevention programmes for the key population of people who inject drugs and men who have sex with men has been in place covering the four main governorates identified in the national strategy as priority locations. Treatment centers expanded to cover 14 governorates geographically distributed across the country in addition to refugees treatment center allowing easy access for the provided services. Gender sensitive services, targeted to enhance SRH of WLHIV have been rolled out through the technical support of UNAIDS to cover two Governorates, and is envisioned for expansion in 2018. Stigma at healthcare settings remain a priority for interventions targeting healthcare providers. Large scale media advocacy campaigns were in place around 1st of December (WAC) and 1st of March (Zero Discrimination Day) and was supported by UNAIDS to reach over 2 million social media users and more than 20,000 young people directly through university awareness campaigns, AIDS run on December 1st and small local events. Finally, engaging with Religions leaders was enforced through a religious leaders forum held on December 2nd, and video messages disseminate to mobilize others to address stigma and discrimination.

Unfortunately, the sudden decline in donor's commitments to Egypt's national response to HIV resulted into an alarming on services coverage which targeting key populations. Only small scale prevention services are envisioned to work in 2018, funded through UNAIDS country envelope.

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

HIV testing and treatment cascade

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

Progress summary

There were estimated 11,000 people to be living with HIV by the end of 2016. The actually registered number is 8,742 PLHA. Thus pushing Egypt to 79% achievement of the first 90.

3,913 or 36% of the estimated (11,000) or 45% of the actual (8,742) were currently taking antiretroviral therapy. NAP succeeded to implement the new guidelines of HIV care and treatment by offering treatment for all approach by 2017. A treatment cascade has been developed for the country and a cohort analysis was performed for newly diagnosed patients.

There is a dramatic increase in treatment coverage (about 4.0 fold increase) since the end of 2013.

Also efforts are in place to improve the linking of care system and to ensure closing the gap between detected cases and access to health care services mainly by expanding the distribution of treatment sites, laboratory follow up (CD4 and PCR) and establishing a patient follow up profile. Procurement and supply management system was restructured since 2014 to meet the international standards. Also an automated system for patients records is being rolled out through WHO support and is expected to be fully functional by Mid 2018.

MOHP succeeded to provide continuous fund for treatment either for locally manufactured or imported medicines. Also it should be noted that all treatments and care services are provided free of charge.

Finally, small scale programmes are in place to support adherence through peer support group by PLHIV and plans are in place to expand this through UNICEF support in 2018.

The challenge is that most of the ARV are not registered in Egypt and the Middle East and this may lead to high expenses of treatment provision funded by government

Policy questions (2017)

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?

No threshold; TREAT ALL regardless of CD4 count; Implemented countrywide

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

Prevention of mother-to-child transmission

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

Progress summary

All HIV positive children born to mothers known to be living with HIV are provided with ART as part of the government supported program. All mothers known to be living with HIV can received PMTCT services through the treatment centers.

The NAP implement the recommended new guidelines of treating all children irrespective of their age and CD4 count.

A pilot intervention is implemented to introduce HIV testing as a routine option for all pregnant women in nine ANCs. Awareness of the Females in the child bearing period remain a big challenge. 7214 Pregnant women were tested from May to December 2017.

In 2017, NAP provided PMTCT services to 43 mothers and 31 newly born children were provided infant prophylaxis .

NAP succeeded to procure more ARV regimen options for children living with HIV .

In 2017, A national meeting was done to evaluate and review the PMTCT progress level countrywide.

Policy questions (2016)

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; since 2014

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

Treat All; Not implemented in practice

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

Combination prevention services implemented in Egypt targeting three key population (men who have sex with men (MSM), people who inject drugs (PWIDs)and female sex workers) include raising awareness, condom, testing services, but no pre-exposure prophylaxis implemented.

Male circumcision is considered to be done as routine according to our social and religious norms with coverage 100%.

While Egypt identifies MSM, PWIDs 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).

People who inject drugs

One population in which all stakeholders agree there is a concentrated epidemic in Egypt. The integrated BioBSS-2010 has been used to determine HIV prevalence among these population which increased between the two rounds of surveillance in 2006 and 2010. To be estimated at 6.8% in Cairo and 6.5% in Alexandria.

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

There are many civil society organizations working in prevention of HIV infection among people who inject drugs. Most of them work in greater Cairo, Alexandria and Menya offering a

comprehensive programme of activities including comprehensive condom promotion, HIV testing and targeted education.

Men who have sex with men

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

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

Prevention activities for men who have sex with men currently take place in Greater Cairo, Alexandria and Gharbya.

A unique outreach model and linking to private and public health service providers continues to succeed In Alexandria and Gharbya while other services rely on a comprehensive care center in Cairo and Alexandria.

Female sex workers

Difficulty in defining and accessing female sex workers due to the absence of definite structure and high level of stigma remains a great challenge .

According to the population size estimate-2014, there were about 23,000 female sex workers .

The key outreach activities are targeted education and condom promotion. A wide range of other services are offered through a drop in center, including health, legal services, psychosocial support, referral for health services, and voluntary counselling and testing. Services were provided only in Cairo and Alexandria in 2017

2. Jacobsen, Saidel, Loo, Estimating the size of key affected populations at elevated risk for HIV in Egypt, 2014

Policy questions: Key populations (2016)

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

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 (2017)

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

No, guidelines have not been developed

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

The legal environment for HIV prevention and care is complex and rapidly changing. Drug use is illegal and can lead to prison though people who admit to drug use can be admitted to drug rehabilitation centers. Female sex work is illegal and prison terms are usually given for women convicted. Sex between men is usually prosecuted in case of publicity and commercial practice as criminal offense of debauchery.

A national policy to address stigma in healthcare settings has been drafted, however it is still pending official release. Several initiatives were taking place in 2017 to target healthcare providers and address stigma.

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

Furthermore, national programme supported by UNODC continues to work in three Egyptian prisons, providing inmates with information and confidential anonymous testing services for HIV and hepatitis C.

3. Egypt Demographic health survey,2014

Policy questions (2016)

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

Yes

Does your country have legislation on domestic violence*?

Yes

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

-

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

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

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.

Policy questions (2016)

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

a) Primary school

No

b) Secondary school

No

c) Teacher training

No

Social protection

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

Progress summary

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.

Moreover, Cash transfer programmes for women aged from 15-24 were implemented in Egypt.

Policy questions (2016/2017)

Yes and it is being implemented

a) Does it refer to HIV?

Yes

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

No

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 people affected by HIV (children and families) as key beneficiaries?

No

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

No

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

Social protection programmes do not include people living with HIV, key populations and/or people affected by HIVLack of information available on the programmesComplicated proceduresFear of stigma and discriminationLack of documentation that confers eligibility, such as national identity cardsLaws or policies that present obstacles to accessHigh out-of-pocket expenses

Community-led service delivery

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

Progress summary

CSOs are key partners in implementing the national strategy on HIV and have been a key player in its formulation.

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

Adherence programmes are implemented by National AIDS Program in collaboration with CSOs and PLHIV.

Regarding care and treatment; it is being provided free of charge through the government.

Policy questions (2017)

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

No

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

Registration of HIV CSOs is possible

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:

-

Empowerment and access to justice

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

Progress summary

Legal services continue to be provided by lawyers who have been sensitized through programmes supported by UNAIDS and IDLO. Furthermore, a joint national consultation has taken place in 2017 to take stock of progress made and discuss sustainability options for legal services including documenting and disseminating success stories made in this area. A legal environment assessment and documentation of cases supported by UNAIDS was also a direct recommendation that was initiated in 2017.

Policy questions (2016)

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)?

through direct observation and personal interview

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

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

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

Mechanisms do not function

AIDS out of isolation

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

Progress summary

Hepatitis C 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, almost 15%(4) and the risk of blood borne hepatitis C infection from using non-sterile injecting equipment.

All people newly diagnosed with HIV are routinely tested for hepatitis C and hepatitis B. There is domestically-funded national free treatment programme of hepatitis C beginning from 2017 and continued till now and people living with HIV with hepatitis C co-infection are entered into the national registry so that they can be treated.

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. NAP guidelines recommends routine TB screening for all HIV patients.

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

Policy questions (2016)

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

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

No

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

Yes

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

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Co-trimoxazole prophylaxis

Hepatitis C screening and management in antiretroviral therapy clinics

Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics