



**GLOBAL AIDS RESPONSE PROGRESS REPORT  
2012**

**ARAB REPUBLIC OF EGYPT**

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## Acronyms

AIDS	Acquired Immunodeficiency syndrome
ART	Anti-Retroviral Therapy
BIO-BSS	Bio-Behavioral Surveillance Survey
CDS	Center for Development Services
DHS	Demographics and Health Survey
EGP	Egyptian Pound
GARPR	Global AIDS Response Progress Report
GF	Global Fund
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
MOH	Ministry of Health
MOI	Ministry of Interior
MSM	Men who have sex with men
NAP	National AIDS Programme
NSP	National Strategic Plan
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
WHIA	Women Health Improvement Association
WHO	World Health Organization

## 1. Status at a glance

“Egypt’s commitment to control the HIV epidemic is clearly demonstrated since the detection of the first AIDS case in the country in 1986. The continuous efforts confirm Egypt’s dedication to the international declarations and achievement of the Millennium Development Goals” (BBSS 2010).

Global AIDS Response Progress Report (GARPR) 2012 relevant data were largely collected by a taskforce comprising technical officers of both the National AIDS Programme (NAP)<sup>1</sup> and UNAIDS country office Egypt. Consultations with several governmental officers, Civil Society Organizations and the UN system took place during data collection.

Data analysis, the NCPI administration and consolidation along with the report’s drafting process were carried out by the NAP with technical support from UNAIDS.

The Global AIDS Response Progress Report 2012 was reviewed by the NAP manager and it was submitted through the online reporting tool within the expected deadline.

Egypt has low HIV prevalence among the general population (below 0.02 %)<sup>2</sup> with a concentrated epidemic among men having sex with men (MSM Cairo 5.4% and Alex 6.9%) and injecting drug users (IDUs Cairo 7.7% and Alex 6.7%) as detected by the latest biological/behavioral surveillance survey completed in 2010 (BBSS 2010-second round BBSS).

This is the second wave of biological/behavioral surveillance survey following the first round BBSS conducted in 2006. This earlier study only demonstrated a concentrated prevalence among MSM in Alexandria at 5.9%<sup>3</sup>.

Till the end of 2011, a total of 4,781 HIV cumulative cases were detected in Egypt, of which 3,746 were Egyptians (1035 foreigners). Currently, 2,471 Egyptians are known to be living with HIV; among whom, 388 (15.7 %) developed AIDS. Since 1990 and to date, there has been a regular increase in HIV detected cases. Over the past ten years, the number of detected cases has increased from 1,040 HIV and AIDS cases (from 2001-2005) to 1,663 cases (from 2006-2009). The declared number of HIV cumulative cases at the end of 2010 was 4,313 resulting in 468 new cases detected in 2011 only (NAP data 2010-11).

This increase in the number of detected HIV positive cases could be explained by the efforts of the NAP to improve HIV surveillance, testing and reporting. It is important to highlight that the prevalence of HIV in the country appears to remain below 0.02%. However, a population based survey was never conducted in Egypt.

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<sup>1</sup> The NAP is located within the Preventive Affairs and Endemic Diseases Sector, in the Communicable Disease Control (CDC) Unit of the MOHP

<sup>2</sup> NAP data 2011

<sup>3</sup> BBSS 2006 MOH/FHI/CDS - estimated prevalence projected onto the population was reported at 6.2%

UNAIDS estimated the number of people living with HIV in Egypt to be 11,000 till the end of 2010.

Data regarding detected cases indicates that the population group most affected is adults in the age group 25 – 40 years (60% of all detected cases). The Male-Female ratio of all detected cases is currently 4 : 1 (NAP data 2011).

In 2010, most transmissions occurred sexually (66.8%). Out of the total detected cases 46.2% are heterosexual transmission and 20.6% are homosexual transmission. Transmission through Injecting drug use represents around 28.3%. Among detected cases in 2010, 14 (4.9%) were children of various ages denoting probable mother to child transmission. It is worth noting that out of the total number of people who presented for voluntary counseling and testing services in 2010, 18.2% were women (NAP data 2010).

A new NSP cycle (2012-16) is currently being implemented by the National AIDS Programmed within the Ministry of Health. The NSP 12-16 overarching goal is to stabilize the epidemic growth, prevent new infections within the most at risk populations and improve health outcomes for PLHIV (NSP 12-16).

This National Strategic Plan builds on previous national strategies and it is guided by the recently conducted “Situation, Response and Gap Analysis” (2010) which identifies achievements, gaps and ways forward as per the national response.

The current NSP document serves the purpose of a single national action plan in response to the epidemic and it is linked to a single national M&E framework (NSP 12-16).

Expenditures on HIV and AIDS in Egypt from national and international resources cannot be reported in details for the biennium 2010-11. However the latest NASA conducted for 2007-08 expenditures highlight the expenditures on HIV from international and national resources in 2008 were accounted for USD 7,538,436<sup>4</sup>. The government of Egypt contributes with almost 50% of the expenditures on HIV response. National resources are provided by the ministry of finance. The largest external donor on HIV is the Global Fund on HIV, TB and Malaria<sup>5</sup> followed by the UN.

“Egypt is a lower middle income country. External resources for AIDS (ODA) are estimated at USD 4,151,900 according to the World Bank”<sup>6</sup>.

External resources were made available through Global Fund (GF) as the Ministry of Health was selected as the principal recipient of the round 6 grant with a five years grant agreement of US\$ 10,469,362.

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<sup>4</sup> National AIDS Spending Assessment in Egypt, 2009

<sup>5</sup> Egypt situation, response and gap analysis, 2010

<sup>6</sup> Egypt situation, response and gap analysis, 2010

Due to the cancellation of GF round 11 the NAP is currently in the process of applying for the Transitional Funding Mechanism (TFM-GF) with technical support provided by UNAIDS.

Other external resources are availed by UN agencies and bilateral organizations as USAID, Italian cooperation and private foundations as Ford Foundation and Drosos.

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

The following Table summarizes the update on GARPR indicators. More details and additional data are presented in the body of this report.

**Table 1: UNGASS and National Indicators Overview table**

<b>Target 1. Reduce Sexual transmission of HIV by 50% by 2015</b>	
<b>General Population</b>	
1.1 Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Indicator is relevant, data available for a different age group (15-29) reported in the narrative
1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Indicator is relevant, data is not available
1.3 Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	Indicator is not relevant, data is not available
1.4 Percentage of adults 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 intercourse	Indicator is not relevant, data is not available
1.5 Percentage of women and men aged 15-49 who received an HIV test in the past 12	Indicator is not relevant, data is not available

months and know their results	
1.6 Percentage of young people aged 15-24 who are living with HIV	Indicator is relevant, data are not available
<b>Sex workers</b>	
1.7 Percentage of sex workers reached with HIV prevention programmes	Indicator is relevant, data are not available
1.8 Percentage of sex workers reporting the use of a condom with their most recent client	<p><b>FSWs commercial sex</b> 50/200 = 25% (BBSS 2010)</p> <p><b>FSWs non-commercial sex</b> 8/73= 10.96% (BBSS 2010)</p> <p><b>MSM commercial anal sex</b> 72/414=17.39% (BBSS 2010)</p>
1.9 Percentage of sex workers who have received an HIV test in the past 12 months and know their results	2/178 = 1.12% (BBSS 2010)
1.10 Percentage of sex workers who are living with HIV	0/200 =0% (BBSS 2010)
<b>Men who have sex with men</b>	
1.11 Percentage of men who have sex with men reached with HIV prevention programmes	448/594 = 75.5% (BBSS 2010)
1.12 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	<p><b>MSM non commercial anal sex</b> 97/478= 20.29% (BBSS 2010)</p> <p>Geographical disaggregation 56/197= 28.42% (Cairo-BBSS 2010) 32/220= 14.54% ( Alex-BBSS 2010) 9/61= 14.75% (Luxor-BBSS 2010)</p>
1.13 Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	67/ 118 = 56.8% (BBSS 2010)
1.14 Percentage of men who have sex with men who are living with HIV	<p>Cairo = 5.4% (Pop. Estimate = 5.7%) Alex = 6.9% (Pop. Estimate= 5.9%) Luxor = 0.0% (Pop. Estimate= 0.0%)</p>
<b>Target 2. Reduce transmission of HIV among people who inject drugs by 50% by 2015</b>	
2.1 Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	Indicator is relevant but data is not available
2.2 Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	<p><b>Regular sexual partner</b> 17/357= 4.76% (BBSS 2010)</p> <p>Geographical disaggregation 9/175= 5,14% (Cairo-BBSS 2010)</p>

	<p>8/182 = 4,39% ( Alex-BBSS 2010)</p> <p><b>Commercial sexual partner</b> 15/61= 24.59% (BBSS 2010)</p> <p>Geographical disaggregation 7/29= 24,13% (Cairo-BBSS 2010) 8/32= 25% ( Alex-BBSS 2010)</p> <p><b>Non regular non commercial</b> 22/154= 14.28% (BBSS 2010)</p> <p>Geographical disaggregation 7/61= 11,47% (Cairo-BBSS 2010) 15/93= 16,13% ( Alex-BBSS 2010)</p>
2.3 Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	Data not available
2.4 Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	<p>Data is not available for the past 12 months</p> <p>27/66= 40.9% (BBSS 2010- % of IDUs who ever tested for HIV and know their result)</p>
2.5 Percentage of people who inject drugs who are living with HIV	<p>Cairo = 7.7% (Pop. Estimate= 6.8%) BBSS 2010</p> <p>Alex = 6.7% (Pop. Estimate= 6.5%) BBSS 2010</p>
<b>Target 3. Eliminate MTCT of HIV by 2015 and substantially reduce AIDS related deaths</b>	
3.1 Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	<p>Spectrum estimates are not available. Total number of women receiving ARV to reduce risk of MTCT is:</p> <p>6 Women (2010) 1 Woman (2011)</p>
3.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	6/6 = 100%
3.3 Mother-to-child transmission of HIV (modelled)	Indicator is relevant but data is not available
<b>Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015</b>	
4.1 Percentage of eligible adults and children currently receiving antiretroviral therapy	<p>Spectrum estimates are not available. Total number of PLHIV receiving ART as of 2011: 760</p> <p>disaggregation 701 adults</p>



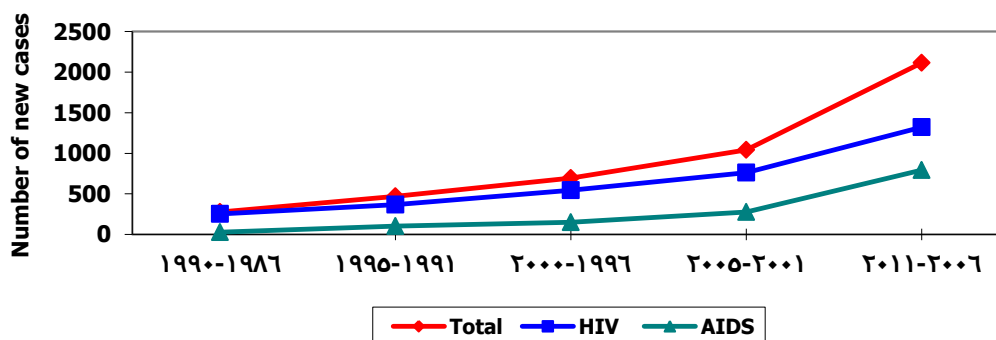
	40 children 19 refugees
4.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	2010=82/113 = 72.5% (NAP data)  17 adults died 14 adults stopped  2011 = 225/239 = 94.14% (NAP data)  14 adults died
<b>Target 5. Reduce tuberculosis deaths in people living with HIV by 50% by 2015</b>	
5.1 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	Indicator is relevant but data is not available
<b>Target 6. Reach a significant level of annual global expenditures (US\$ 22-24 billion) in low and middle income countries</b>	
6.1 Domestic and international AIDS spending by categories and financing sources	Indicator is relevant, data is not available (last NASA exercise was completed in 2009 and it was included in the UNGASS report 2010 submitted by Egypt)
<b>Target 7. Critical Enablers and Synergies with development sectors</b>	
7.1 National Commitments and Policy Instruments (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)	Kindly refer to the annex submitted through the online reporting tool
7.2 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	Indicator is not relevant, data is not available
7.3 Current school attendance among orphans and non-orphans aged 10–14	Indicator is not relevant, data is not available
7.4 Proportion of the poorest households who received external economic support in the last 3 months	Indicator is not relevant, data is not available

## 2. Overview of the AIDS epidemic

Till the end of 2011, a total of 4,781 HIV cumulative cases were detected in Egypt, of which 3,746 were Egyptians (1035 foreigners). Currently, 2,471 Egyptians are known to be living with HIV; among whom, 388 (15.7 %) developed AIDS. Since 1990 and to date, there has been a regular increase in HIV detected cases. Over the past ten years, the number of detected cases has increased from 1,040 HIV and AIDS cases (from 2001-2005) to 1,663 cases (from 2006-2009). The declared number of HIV

cumulative cases at the end of 2010 was 4,313 resulting in 468 new cases detected in 2011 (NAP data 2010-11).

### Number of HIV/AIDS reported cases in Egypt, 1986-2011



Graph rendered based on NAP data 2010-11

In 2010, most transmissions occurred sexually (66.8%). Out of the total detected cases 46.2% are heterosexual transmission and 20.6% are homosexual transmission. Transmission through Injecting drug use represents around 28.3%. Among detected cases in 2010, 14 (4.9%) were children of various ages denoting probable mother to child transmission. It is worth noting that out of the total number of people who presented for voluntary counseling and testing services in 2010, 18.2% were women (NAP data 2010).

Despite a low prevalence of HIV in the general population (<0.02%), recent studies have shown that Egypt had a concentrated epidemic within certain specific risk groups such as MSM and IDUs.

The most recent bio-behavioral surveillance survey (2010) conducted by the Ministry of Health, Family Health International (FHI) and Center for Development Services (CDS) has demonstrated that a concentrated epidemic exists among surveyed MSM in Cairo at 5.4% and in Alexandria at 6.9% Additionally, a concentrated epidemic was also detected among surveyed male IDUs in Cairo at 7.7% and in Alexandria at 6.7%<sup>7</sup>.

<sup>7</sup> BBSS 2010 MOH/FHI/CDS

This is the second wave of biological/behavioral surveillance survey following the first round BBSS conducted in 2006. This earlier study only demonstrated a concentrated prevalence among MSM in Alexandria at 5.9%<sup>8</sup>.

### **BBSS and MSM**

Risk behaviors investigated through BBSS 2010 suggest that a wider epidemic may be emerging especially among most at risk populations and bridging groups. Behavioral data from the biological behavioral surveillance survey conducted in 2010 reveals A 17,39% condom use among the studied sample of MSM in three governorates (260 MSM in Cairo, 262 in Alex and 269 in Luxor) at last commercial sex. Condom use among MSM at last sex with non-commercial partner was reported at 20.29%.

Earlier studies have shown that 24% of MSM reported one or more sexually transmitted infections (STIs) within the 3 months preceding the study<sup>9</sup>.

The low level of condom use, coupled by high rate of STIs suggests high vulnerability of this population.

Additionally 39.8%, 59.2% and 86.5%, of MSM in Cairo, Alexandria and Luxor respectively reported ever having sex with female partners (BBSS 2010). This information highlights a clear vulnerability of MSM female sex partners.

### **BBSS and injecting drug users**

Through BBSS 2010, several risk behaviors were reported for Injecting Drug users (IDUs) in Cairo (275 IDUs) and Alex (285 IDUs). Among sampled IDUs, 22.9% and 40.5% in Cairo and Alexandria respectively shared needles with one or more persons in the 30 days preceding the survey. Additionally, only 24.59% of surveyed IDUs reported using condom at last sex with a commercial partner. 4.76% of sampled IDUs reported using condom at last sex with a non-commercial regular partner. IDUs condom use at last sex with non-commercial non regular partner was reported at 14.28% (BBSS 2010).

It is worth mentioning that 13.1% of Cairo sampled IDUs and 10.8% of Alex sampled IDUs exchanged sex for money while 14.3% and 7.7% of IDUs in Cairo and Alex respectively reported MSM activity.

The BBSS 2010 also highlights a vulnerability for spouses of sampled IDUs as 48.7% and 29.3% of surveyed IDUs in Cairo and Alexandria reported being currently married.

80.0% of IDUs in both groups ever heard of STIs and almost all IDUs in both groups ever heard of HIV. However, only 9.5% in both groups were ever tested for HIV.

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<sup>8</sup> BBSS 2006 MOH/FHI/CDS - estimated prevalence projected onto the population was reported at 6.2%

<sup>9</sup> AbdelSattar A, et al. 2002

### **BBSS and female sex workers**

Despite low HIV prevalence among female sex workers (FSWs), risk behaviors are present and may result in new infections. Out of the surveyed sample of FSWs (200 in Cairo), 25% reported condom use at last commercial sex, and 41% reported condom use at least once in the previous 30 days with a commercial partner.

Only 11.0% of FSW reported condom use at last sex with a non-commercial sex partner. 27.4% of FSW reported condom use at least once in the previous 30 days with a non-commercial sex partner. Additionally, 45.5% reported being currently married.

89.0% of surveyed FSWs had ever heard of HIV and AIDS but only 3.4% of them have ever tested for HIV at the time of the survey.

30.6% of FSWs reported suffering from a genital ulcer/sore and 20.4% from genital discharge.

### **BBSS and street children**

The BBSS 2010 also investigated a small sample of street children (200 street boys and 200 girls in Cairo). BBSS results demonstrated low HIV prevalence among this group at 0.5%. Nevertheless, this is a worrying sign of the epidemic spreading to a vulnerable group of highly marginalized and mobile children.

Street children were also surveyed through BBSS 2006 but no child resulted positive to HIV after testing.

Latest results provided by the BBSS 2010 reveal that 46.5% and 16% of street boys and girls reported ever having sex. The median age at first sex is reported to be 13 and 14 years respectively.

### **Special vulnerability for women and youth**

There is a special vulnerability for women and girls due to lower socioeconomic status, as well as higher illiteracy rates. Fewer women present for voluntary counseling and testing than men accounting for 18.5% (2010) and 16.18% (2011) of all VCCT visitors<sup>10</sup>.

A study investigating needs of females living with HIV in Egypt have indicated that many women are not only at risk of infection, but they get infected without knowing and remain uninformed of their infection's status until they are confronted with a sick and dying husband. Many women still require permission from their husbands to seek healthcare. If women become ill before they know of their husband's HIV status, they often go misdiagnosed<sup>11</sup>

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<sup>10</sup> NAP VCCT data 2011

<sup>11</sup> Report on a Study of Women Living with HIV in Egypt, UNIFEM, Egyptian Society for Population Studies and Reproductive Health, 2007

There are gaps in young women's knowledge of HIV and AIDS. According to the last Demographic and Health Survey (DHS 2008) 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.

Gaps in knowledge of HIV and AIDS are also reported for youth at large. A survey on young people in Egypt (SYPE) was conducted in 2010 and provided updated figures on Knowledge of HIV and AIDS. "Among all SYPE respondents aged 10-29, the majority (71.5%) had heard of HIV/AIDS. More males had heard of HIV/AIDS than females, and those over 15 years of age were much more aware of HIV/AIDS than those aged 10-14, the most common sources of information about HIV/AIDS were reported to be media/cinema/radio(88.8%), school (26.3%), and friends (13.3%)"<sup>12</sup>

Only SYPE respondents aged 15-29 were asked about specific modes of transmission. Among those who had ever heard of HIV, 82.4% knew that it can be transmitted sexually and 62.9% knew that it can be transmitted through contaminated blood, while only 20.3% knew that it can be transmitted through sharing a needle, and only 10.3% knew that HIV can be transmitted from mother to child. Overall knowledge of modes of transmission remains low with only 3.0% of respondents correctly identified all four possible routes of transmission.

The SYPE investigated also HIV and AIDS related misconceptions as per modes of transmission. 0.8% of SYPE respondents aged 15-29 believed that HIV can be transmitted through insect bites; 3.1% identified hugging or kissing a person living with HIV/AIDS as a mode of transmission; 1.6% believed that sharing food with an infected person can transmit HIV. Only 5% of all respondents believed one or more of these myths about HIV transmission routes.

### **3. National Response to the AIDS epidemic**

The National Strategic Plan (NSP) on HIV and AIDS is the most comprehensive framework addressing the National response to HIV and AIDS in Egypt. The NSP comprises all national priorities on HIV and remedial actions.

"The NSP 12-16 overarching goal is to stabilize the epidemic growth, prevent new infections within the most at risk population and improve health outcomes for PLHIV" (NSP 12-16).

NSP listed programmatic priorities include:

- Increase coverage of prevention interventions for most at risk populations

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<sup>12</sup> Survey on young People in Egypt 2010; Population Council Egypt-UNFPA

- Increase coverage of prevention interventions for vulnerable populations
- Increase coverage of prevention interventions for general populations
- Increase coverage of comprehensive and integrated treatment, care and support for PLHIV
- Ensure availability and use of strategic information for decision-making
- Ensure supportive and enabling environment for the national response to HIV and AIDS
- Ensure effective leadership, coordination and management by government, civil society and other actors at national and governorate levels.

The implementation of the national strategic plan is based on the following principles:

- Strengthening Health System capacity for effective HIV response
- Enhancing coordination and advocacy efforts
- Ensuring continuum of prevention, testing, early detection and timely enrollment into treatment with the objective of saving lives
- Promote, protect and respect equity, assure gender equality and greater involvement of people living with HIV;
- Implementation based on close and fruitful cooperation between the government and other relevant stakeholders (Civil Society Organizations; UN; Private sector; International donors etc)
- reducing access barriers

The Egyptian government is exerting a real effort to coordinate the national response and enhance universal access to HIV prevention, care, support and treatment.

Since 2004 and based on the endorsed three ones principle, NAP considered as the one coordinating body for HIV/AIDS response in Egypt.

The following section summarizes the update of the response in different key areas:

#### **A. Prevention of HIV/AIDS and STD**

Prevention of HIV among most at risk populations: Civil society organizations with the support of the NAP, UNAIDS, FHI and international donors have initiated outreach projects targeting MARPs to reduce vulnerability among sex workers, men having sex with men, and injecting drug users in Egypt. Outreach projects are mostly a combination of outreach and peer education based either on a drop in center or a network outreach prevention model. Services are either directly provided at the drop in center facility or beneficiaries are referred to service providers.

## **MSM**

The MSM project is currently being implemented in Cairo and Alexandria by national NGOs with technical and financial support provided by NAP, UNAIDS; Ford Foundation and USAID. The first project was launched with a two year pilot phase implemented between January 2009 and December 2010.

In September 2010 the MSM outreach project was launched in a second city; Alexandria, where it is currently being implemented by 3 NGOs.

The MSM project combines field outreach with linkages to medical legal and psychosocial service providers. The project is supported by monitoring and evaluation system that allows tracking individual changes in knowledge, behaviors and service usage.

Between 2009 and 2011, 2,710 MSM were outreached through the projects (projects data, 2011).

2,174 MSM were outreached in Cairo and Alexandria in the reporting period 2010-11 with a total number of 41,185 condoms distributed to beneficiaries along with 8,237 lubricant tubes (projects data 2011).

Data collected through the MSM projects in Cairo and Alexandria shows positive behavioral change. Out of a 601<sup>13</sup> MSM sample in Cairo only 30.3% reported condom use at last sex through baseline questionnaire while this figure grew to 83.7% in the post questionnaires

In Alexandria 37.7% out of 269<sup>14</sup> sampled MSM reported condom use at last sex through baseline questionnaire against 89.2% in the post questionnaire (projects data, 2011).

The MSM project's data also show that the number of self-reported STI infections (project baseline-post questionnaire) decreased from 85 to 30 cases in Cairo and from 42 to 5 cases in Alex (projects data, 2011).

Project data also reports improvements in the number of MSM testing for HIV in Cairo (23.5% of MSM at baseline and 53.9% at post questionnaire) and Alex (45% at baseline and 76.2% at post questionnaire).

## **FSWs**

The FSWs project was launched in 2007 to outreach and support women involved in sex work and therefore vulnerable to HIV. Service delivery options were devised through a combination of field outreach and referral to one drop in center in Cairo

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<sup>13</sup> 601 MSM completed baseline questionnaires and at least 1 post-questionnaire (baseline and post questionnaires have a time interval of 6 months).

<sup>14</sup> 269 MSM completed baseline questionnaires and at least 1 post-questionnaire (baseline and post questionnaires have a time interval of 6 months).

for facility based medical, social and legal services. Alternative career options services were introduced in 2010 and are currently offered to FSW in Cairo's drop in center. Technical and financial support is provided by NAP, UNFPA, UNAIDS, UNICEF and DROSOS.

The total number of FSWs outreached with comprehensive awareness within the reporting period 2010-11 is 2,788 with 1494 FSWs outreached in 2010 and 1,294 FSWs outreached in 2011. A total number of 6875 condoms were distributed through drop-in center within the reporting period 2010-11 (El-Shehab data 2011).

### **IDUs**

In November 2010 a one year outreach pilot targeting IDUs was launched in Egypt. The project adopted a drop in center outreach model with free rapid test, condom and syringes packages distribution and implemented by national NGO "Youth Association for Population and Development" (YAPD) with Technical and Financial support provided by NAP, UNODC, UNAIDS and the European Commission.

Outreach activities commenced in March 2011 in Alexandria. Within the year 2011 a total number of 329 IDUs was outreached.

In addition to the above mentioned newly established projects, IDUs in Egypt can access services through three civil society organizations in Cairo. The three NGOs (Waey, Hayat, Befrienders) have a drop-in center that provides free access to condoms, syringes and counseling. The NGOs are supported by NAP, and Family Health International (FHI). 3136 IDUs were outreached within the reporting period 2010-11.

### **Prevention of HIV/AIDS among vulnerable groups:**

#### **Refugees**

The number of recognized refugees and asylum seekers in Egypt is estimated at 44,570<sup>15</sup> till the end of 2011. It is also estimated that currently 50,000 to 70,000 Palestinian refugees are residing in Egypt.

Services such as VCT, PMTCT and PEP for HIV are provided by Refugee Egypt NGO to this vulnerable group. Since 2003 VCT services, PMTCT and PEP are sustained by Refugee Egypt with NAP support. Data available show that in 2010 and 2011 respectively 342 and 538 vulnerable people benefited from Refugee Egypt VCT services and over the reporting period (2010-11) 35 individuals were found to be HIV positive (Refugee Egypt VCT data 2011).

As of December 2011, 19 refugees were receiving ART (NAP data 2011).

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<sup>15</sup> UNHCR factsheet, Egypt 2012



### **HIV prevention in Prison Settings:**

In March 2010 the first HIV prevention programme targeting prison settings was launched in Egypt as a result of a close collaboration between NAP, MOI and UNODC.

The prisons programme aims at building the capacities of prison's staff and introducing HIV related services in prison settings so that inmates can access a comprehensive package of services including prevention and treatment.

Four VCT sites were established inside four prisons: "Borg El Arab"; "Wady El Natroun"; "El Qatta" and "El Fayoum". Direct service delivery, prison's staff trainings and awareness raising activities were implemented by NAP between April 2010 and January 2011 when the programme faced an unexpected halt due to the events of the Jan 25 uprising.

A total number of 1,470 VCT sessions (1526 inmates did pre-test counseling only) were held in the 4 prisons and a total number of 13 inmates were found to be positive to HIV after confirmatory testing at Central Lab. The total number of awareness sessions organized in 2010 was 446 and the number of reported inmate attendees was 8,555 (NAP data 2011).

### **HIV prevention among street children**

In order to integrate HIV prevention, treatment, care and support into programming of selected NGOs and social care institution 263 staff in 10 social care institutions were given capacity building trainings to provide HIV prevention to children at-risk. A total number of 688 at-risk children were capacitated on HIV prevention and 85 peer mentors were provided with skills and knowledge to educate their peers on HIV, also more than 200 raising awareness seminars attended by about 10,000 street children conducted by selected NGOs with Technical and Financial support from NAP. (NAP and UNICEF Data 2010-11).

### **Preventing Mother to Child Transmission:**

Capacity building for the physicians and health care providers were supported by NAP where more than 24 training sessions for PMTCT were conducted during the period 2010 and 2011 attended by more than 400 physicians.

Services for preventing mother to child transmission have been established 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. A total number of 6 and 1 HIV positive pregnant women received PMTCT services in 2010 and 2011 respectively. These 7 cases represent all known HIV positive pregnant women in Egypt within the reporting period (NAP data 2011).

### **Voluntary Confidential Counseling and Testing centers:**

Currently in Egypt there are 23 governmental VCT units providing voluntary counseling and testing services. VCT units have been developed as one of the crucial HIV prevention interventions in Egypt since 2004. In addition, 4 NGOs (Caritas, Refugee Egypt, Waay, Hayat and Be-Frienders) provide VCT services.

Two models of VCT units are available; stand –alone (fixed) and mobile units. All service units provide pre-test counseling sessions through trained counselors, HIV testing with complete anonymity, secured level of confidentiality and well established referral network.

At the end of 2011, a total number of 23 governmental units (14 fixed and 9 mobile) are operational in 17 governorates.

In 2010 a reported number of 9,554 visitors accessed VCT services while in 2011 the total reported number is 6,489. MARPs visits accounted for 15,27% and 22,6% of the total visits in 2010 and 2011 respectively. Women utilization of VCT services is still low and it is reported at 18.5% (2010) and 16.18% (2011) of all VCCT visitors (NAP data 2011). In addition the 4 NGOs (Caritas, Refugee Egypt, Waay, Hayat and Be-Frienders) provided VCT services for 1869 MARPs in 2010<sup>16</sup>.

### **Addressing Stigma and Discrimination:**

HIV/AIDS is often considered a taboo in Egypt because of the nature of HIV transmission. HIV positive persons are often marginalized and isolated by the conservative culture in the country. Social stigma often constitutes a barrier to access counseling, HIV testing, social support or health care services

The DHS 2008 shows negative attitudes towards PLHIV with only 23% of women and 20% of men who heard of AIDS willing to care for a relative who could be living with HIV at home. About 14% and 19% of women and men respectively reported that they would buy fresh vegetables from a shopkeeper with AIDS; and 13% and 9% of women and men respectively would allow a teacher living with HIV to continue teaching.

More recent data collected through a Survey of young people in Egypt (SYPE 2010) report 21.2% of SYPE respondents aged 15-29 to be willing to interact with someone who is HIV positive<sup>17</sup>. Respondents with higher levels of education showed less-negative attitudes than those with less education, but only 33.4% of those with a university education said they would be willing to shake hands or ride in a car with someone who is HIV positive.

This HIV related stigma in many cases has led to discrimination of PLHIV with cases of rejection by family members, job loss and denial of medical care and other services.

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<sup>16</sup> Egypt Situation, response and gap analysis, 2010

<sup>17</sup> The question was worded: "Would you be willing to interact with a person who is HIV positive, that is, would you shake hands with or ride in a car with him or her?"

In order to address HIV related stigma and discrimination, the NAP conducted 15 anti-stigma campaigns in different governorates in 2010 and 2011 outreaching 2500 community figures.

Several training activities were also conducted in 2010. Trainings were related to Surveillance, M&E, PMTCT, ANC, ARVs, Home Based Care, refreshing VCT, Clinical care, Nursing care, TOT and building capacity of NGOs. Target populations for these trainings were physicians, nurses, other health care personnel, social workers, VCT counselors, NGO staff and NAP staff. During 2010 and 2011 the total number of trainings was 100 attended by 2350 persons.

In 2010 and 2011 the NAP conducted 200 campaigns attended by around 50,000 persons in different governorates. Also NAP has conducted a number of 2100 raising awareness sessions addressing the general population and specific populations as youth (465), women (465), uniformed services (480), tourism workers (200), refugees (170), Ministry of Foreign Affairs leaders (1), women leaders (80), religion leaders (40), teachers (60), Scouts (3), Ministry of Interior leaders (2), street children (80) and prisoners (100) attended by around 70,000 personnel

The Egyptian constitution (now in the process of being rewritten after the socio-political events of 2011) does not call for any form of discrimination against people because of their disease status. Thus there are no laws specific for people living with HIV. However, Egyptian laws prohibit commercial sex and use or trade of narcotics. Homosexuality is not prohibited but is socially and culturally rejected<sup>18</sup>.

### **Prevention and control of STD**

The national AIDS Program has enhanced 6 STI clinics in Cairo, Alexandria and South Sinai. STI surveillance has improved through those clinics. Up till the end of 2011, data from 3 STI clinics show that, a total of 2,929 visitors have received services, 66.7% of which are females.

### **Strengthening surveillance system**

In order to strengthen the surveillance system a national HIV surveillance plan was developed in 2004. To date the NAP has established 99 sentinel sites all over the country covering TB clinics (41), fever hospitals (9) STIs (8), ANC units (37) and drug rehabilitation centers (4). In each of these sites a minimum of five members were trained on HIV surveillance by the NAP. The government conducts an average of 166,000 individual HIV tests per year in different sentinel sites<sup>19</sup>.

All TB patients visiting the sentinel sites are tested for HIV. STI patients at the selected sites are screened for HIV

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<sup>18</sup> Egypt situation, response and GAP analysis 2010

<sup>19</sup> Egypt situation, response and GAP analysis 2010

## **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 in need, follow-up, counseling and treatment of opportunistic infections.

Access to Antiretroviral Treatment has improved due to procurement of a variety of antiretroviral medications supported by the Global Fund and national resources. Currently 760 people are on first line treatment (701 adults; 40 children and 19 refugees) in line with new WHO guidelines to treat PLHIV with less than 350 CD4 cells (NAP Data).

The NAP has moved a first step to decentralize ARVs distribution. 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 plans for further expansion are underway.

Home-Based Care (HBC) is also provided by the NAP to empower PLHIV in all steps of care and support. This is based mainly on strengthening PLHIV self-care and their care takers in dealing with common perceived symptoms related to their condition. Also HBC cover different aspects as medical care, social care and support and psychological care.

A total number of 203 nurses and 165 PLHIV and their care takers from 20 governorates attended 9 and 11 training courses respectively on HBC up to 2010 (43 nurses & 30 PLHIV and care takers in 2010)<sup>20</sup>.

In order to help PLHIV to live positively with HIV infection, the NAP instituted 11 support groups in different governorates since 2008. Trainings for support group leaders were conducted through 96 support group sessions in greater Cairo, Gharbya and Fayoum in 2010 and 2011 (NAP 2011 data).

In 2010 and 2011 NAP and UNDP country office launched a series of leadership training workshops for women living with HIV in Egypt. The objective is to provide technical and financial support to people living with HIV and AIDS (with a main focus on women) for them to acquire leadership skills and establish their own income-generating activities.

The initiative is implemented in partnership with the Women Health Improvement Association (WHIA) and is aligned to the National HIV/AIDS strategic plan. So far, 18 women have received small loans and more than 70 PLHIV have been trained on small/micro project management.

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<sup>20</sup> Egypt situation, response and GAP analysis 2010

### **C. Knowledge and Behavior 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.

A more recent survey was conducted in 2010 "Survey of young people of Egypt" and it investigated in detail the HIV related knowledge of a youth sample (15-29 years of age). Young Egyptians were asked about specific modes of transmission. Among those who had heard about HIV, 82.4% knew that it can be transmitted sexually and 62.9% knew that it can be transmitted through contaminated blood, while only 20.3% knew that it can be transmitted through sharing a needle, and only 10.3% knew that HIV can be transmitted from mother to child. Overall knowledge of modes of transmission remains low with only 3.0% of respondents correctly identified all four possible routes of transmission.

The SYPE investigated also HIV and AIDS related misconceptions as per modes of transmission. 0.8% of SYPE respondents aged 15-29 believed that HIV can be transmitted through insect bites; 3.1% identified hugging or kissing a person living with HIV/AIDS as a mode of transmission; 1.6% believed that sharing food with an infected person can transmit HIV. Only 5% of the respondents believed one or more of these myths about HIV transmission routes.

#### **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

##### **Second 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. The second round of BBSS was completed in 2010 and provided relevant Biological, STI and behavioral related data which constitute an integral part of this report. Respondents received pre- and post- HIV test counseling and HIV-positive cases were referred to the National AIDS Program for further care and support.

##### **Voluntary counseling and testing**

At the end of 2011, a total number of 23 governmental units (14 fixed and 9 mobile) are operational in 17 governorates. Over 7 years of VCT service provision in Egypt, the total number of beneficiaries is estimated at 35,000. MARPs accounted for about 15% of total visits. All MARPs were offered post test counseling and referral to other HIV prevention or follow up programs (NAP VCT data).

Since 2005 the number of people accessing VCT services increased steadily. In 2010 a reported number of 9,554 visitors accessed VCT services while in 2011 the total reported number is 6,489 visitors.

MARPs visits accounted for 15,27% and 22,6% of the total visits in 2010 and 2011 respectively. Women utilization of VCT services is still very low and it is reported at 18.5% (2010) and 16.18% (2011) of all VCCT visitors (NAP data 2011).

In addition the 4 NGOs (Caritas, Refugee Egypt, Waay, Hayat and Be-Frienders) provided VCT services for 1869 MARPs in 2010<sup>21</sup>.

## **5. Major challenges and remedial actions**

### Strategic information

- With regards to most at risk population, estimates of the population size become crucial information in order to plan for the scale up and scope of programs. The 2004 population size estimate of the number of injecting drug users urgently requires updating and should take into account female injecting drug users, together with generating a clearer picture of any differences in injecting practices. In 2009, an estimate of men who have sex with men was 0.2% in Cairo. This estimate needs to be verified and to explore how this figure of Cairo varies from other areas. Estimates need to be made for the number of female sex workers in Egypt. Additionally more information is needed on the types of sex work and the specific risks related to sex work. This also needs to take into account the situation of sex work outside Cairo<sup>22</sup>. The above mentioned studies have been included in the NSP 12-16 action plan.

### Enhance HIV Prevention

- HIV prevention services addressing most at risk population have been initiated in Egypt for injecting drug users, men having sex with men and female sex workers. There is an urgent need to increase coverage of those projects and to involve new organizations, not only in cities such as Cairo and Alexandria, but in other areas of Egypt. In order to provide appropriate cost effective education and services targeted at the subpopulations who are most at risk, an evaluation of the effectiveness and efficiency of the various existing models that have been developed to date is paramount and it has been included in the NSP 12-16 action plan<sup>23</sup>. Special attention is also given

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<sup>21</sup> Egypt Situation, response and gap analysis, 2010

<sup>22</sup> Egypt situation, response and GAP analysis 2010

<sup>23</sup> Egypt situation, response and GAP analysis 2010

to HIV prevention among special populations (refugees; prisoners; street children and migrants) and HIV prevention of mother to child transmission (PMTCT)

### Enabling Environment

- Silence and stigma appear to be the greatest barriers to progress in providing an environment that enables effective HIV prevention and care. An improved enabling environment is essential for the current and planned activities to address HIV in Egypt. Some media campaigning is required to increase general HIV awareness and ensures that HIV remains on the public agenda. Many spokespeople have been mobilized in recent years and have publically spoken about HIV and broken the silence on many taboo issues. Those "champions" need to be guided by key messages and a communication strategy that address issues relevant to HIV prevention and treatment. Stigma reduction needs to be prioritized, using examples from countries that have successfully worked on these issues There is a strong need to focus on prevention, and address the drivers of the epidemic in order to ensure that HIV remains contained<sup>24</sup>.

### Developing Institutional capacities and strengthening CSOs

- The situation and response analysis shows that a significant expansion of HIV activities will be required of the NAP in the period of the next Strategic Plan, 2012-2016. The capacity and staffing of the NAP has to be strengthened. In parallel the role of Civil Society Organizations and the role of non-health sectors in the HIV response must be strengthened

## **6. Support for the country development partners**

The NAP has an active partnership with some MOH units such as the Central Labs, Blood Safety, TB, ANC, Drug rehabilitation units, Infection Control unit and Gynecology, Skin and venereal diseases departments. The NAP has collaborative relations with other Ministries such as the Ministry of Interior, Ministry of Foreign Affairs, Ministry of International Cooperation, Ministry of Education, Ministry of Higher Education, Ministry of Social Solidarity<sup>25</sup>.

The NAP collaborates also with civil society organizations within the National HIV and AIDS response framework. The majority of NGOs addressing HIV and AIDS are based in Cairo and Alexandria. To date, one NGO addresses female sex workers in Cairo ("Al Shehab"); Four NGOs address vulnerable men in Cairo and Alexandria ("Caritas", "National Association for Family Development", "Ryadah" and "Abnaa El

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<sup>24</sup> Egypt situation, response and GAP analysis 2010

<sup>25</sup> Egypt situation, response and gap analysis, 2010

Dahria"); and several NGOs in Cairo and Alex address injecting drug users (Caritas, Freedom, Waey, Be- Frienders, Alhayat and YAPD).

Both quantity and quality of NGOs working on HIV needs to be strengthened to encourage working on priority issues vital for the response.

Ongoing collaboration exists between the NAP and several international organizations such as the the Joint UN Programme on HIV and AIDS (UNAIDS Secretariat and Co-Sponsors<sup>26</sup>) and other international organizations, foundations and donors including Ford Foundation, Family Health International, CARE and DROSOS.

## **7. Monitoring and Evaluation Environment**

In 2010 a new M&E national system was piloted in greater Cairo. The pilot phase extended for six months and was completed in August 2010. The M&E system was then integrated in 27 governorates and more than 200 health personnel (of which 50 were VCT and NGOs officers) received training.

A total number of 97 units are currently utilizing the M&E electronic system (data-base and training web application). Among the 97 units there are 10 Fever hospital; 27 chest hospitals; 3 rehabilitation centers; 6 STI clinics; 25 antenatal care units; 23 VCTs and 3 NGOs. Data are collected on a routinely basis and there are ongoing efforts to integrate more NGOs and to align their data collection tools and relevant indicators with the national M&E tools.

Based on the endorsed three one principle, it has been agreed to have a country level monitoring and evaluation system. The Egyptian government considered establishing and scaling up a national M&E system as one of the top priorities of the last and current NSP (respectively NSP 06-11 and NSP 12-16).

The main objective of this M&E system is to achieve the most effective and efficient use of resources, ensure rapid action, results-based management and support both the national and the global response to the HIV and AIDS epidemic.

The following section highlights a number of relevant results achieved during 2010-2011:-

### **1. Finalization of the M&E guideline**

National Indicators were divided into 8 programmatic areas grouping all prioritized national indicators<sup>27</sup>. A data flow chart was set for each programmatic area. The 11 programmatic areas include:

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<sup>26</sup> UNICEF, UNFPA, UNODC, WHO, UNDP, UNHCR, UNESCO, WORLD BANK, WFP, ILO and support from UN WOMEN, UNIC and IOM

<sup>27</sup> With the exception of indicators whose data collection process is not based on routine monitoring but on special surveys.



- TB
- Blood Safety
- Fever hospitals
- STI
- IEC
- VCCT
- Outreach to MARPs
- Care and Support for PLHIV
- Training activities
- Rehabilitation centers
- Antenatal care centers

All data flow charts are structured in a three levels system

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

2. Completion of a six months pilot phase of a national M&E system in greater Cairo
3. Conduction of a workshop on lessons learnt to identify major challenges and obstacles against the implementation of the M&E system and drafting recommendations to overcome barriers to effective M&E system for the expansion phase (December 2010)
4. Training of all governorate focal points, and a total number of 200 health personnel working on M&E sites (fever hospitals, chest hospitals, STIs, ANC and rehabilitation centers) and 50 NGOs and VCTs staff on monitoring and evaluation.
5. Conduction of refreshing trainings to the M&E staff in different sites
6. Standardization of data collection method, data collection forms and reporting system
7. Establishment of a web based application for the M&E system and training of all M&E staff at all levels for efficient data flow and data validation
8. Conduction of on the job trainings and implementation of a supervision plan to ensure quality of work data validation
9. Expansion of the M&E system to all 27 governorates in Egypt

