

Egypt Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:

-

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

-

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

-

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
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-	-	No	No	No	No	No	No
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NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
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-	-	No	No	No	No	No
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A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2012 - 2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

- Increase coverage of prevention interventions for most at risk populations. - Increase coverage, quality and effectiveness of prevention interventions for vulnerable populations. - Increase coverage of prevention interventions among general population.

- Increase coverage to quality comprehensive and integrated treatment, care and support for PLHIV.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health and Population

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
----------------------	------------------

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
No	-
Yes	-
Yes	-

Other [write in]:

Street children and prisoners

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

Non Applicable as the budget of HIV control activities is integrated within the general budget pool of the different sectors/ministries.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

-

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

- Commercial sex workers (CSWs). - Injecting Drug Users (IDUs). - Men having Sex with Men (MSM). - Young women. - Prisoners. - T.B patients.

1.5. Does the multisectoral strategy include an operational plan?: -

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

N/A

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The multisectoral strategy developed through following steps: o Desk review of all the data / documents from different stakeholders including civil society organizations. o Special form was developed and sent to get the feedback from all stakeholders regarding the multisectoral strategy. o A meeting was done with all stakeholders (including civil society organizations), to discuss the details of the multisectoral strategy. The different stakeholders participated actively in several HIV/AIDS prevention activities in coordination with NAP. Additionally, NAP Egypt ensured active involvement and participation of civil society in the development of the multisectoral strategy.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

- Some external partners directly implement some activities with no coordination with NAP - Some external partners implement some HIV related activities not observing the three ones principles which was adopted by all stakeholders during development of the multisectoral strategy.

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

No

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women’s economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

3

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

- MSM - IDUs - CSWs - Prisoners

Briefly explain how this information is used:

- Evaluating the current situation for MARPS and vulnerable groups. - Planning for more outreach programs for MARPS. - Planning for more raising awareness sessions and campaigns addressing vulnerable groups and public

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

- Unit level - District level

Briefly explain how this information is used:

- Implementing a plan for more coverage of services related to HIV/AIDS - Empowering and upgrading units and districts to meet PLHIV expectations and clinical needs.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

- Strengthen lab. Capacity - Human capacity building

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

- VCT services and sites - First Round Biological and Behavioral Surveillance Survey (Bio-BSS) - NCPI part A - HIV Risk Reduction among Vulnerable Young Men in Egypt - Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt - establishment Egypt's first programs in harm reduction for active IDUs - Scaling Up Outreach to Vulnerable Women for Vulnerability Reduction in Cairo

What challenges remain in this area:

Security and political changes in the area (Arab spring)

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

- Promises for more integration with curative sector to provide a complete health care services. - Promises for sustainability of resources

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Dr. Ihab Ahmed Abdelrahman, NAP Manager

Have a defined membership?:

Yes

IF YES, how many members?:

30

Include civil society representatives?:

Yes

IF YES, how many?:

15

Include people living with HIV?:

Yes

IF YES, how many?:

2

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

As a result of applying the mechanism to promote interaction between government, civil society organizations and private sectors, the main achievements were: • BBSS for MARPS 2010 • VCT services with Caritas, Refuge Egypt, Way, Hayat, and Be-Frinders. • Outreach activities with civil societies (Shahab, Caritas, Refuge Egypt, Way, Hayat, and Be-Frinders) dealing with MARPs • Condom use study among PLHIV • Support groups in different governorates (Cairo, Menya and Alexandria) • Training workshops for counselors (Cairo, Alexandria)

What challenges remain in this area:

• More expansion to cover wider geographical area. • The need for continuous capacity building, and technical support.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

50%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the

National HIV Control policies?:

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

- Female rights as regard education and occupation. - Non religious discrimination

Briefly explain what mechanisms are in place to ensure these laws are implemented:

-

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs :

-

Prison inmates:

- **Sex workers:**
- **Transgendered people:**
- **Women and girls:**
- **Young women/young men:**
- **Other specific vulnerable subpopulations [write in below]:**
-

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

-

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

-

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Neutral

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Neutral

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

- Social support group - Economic mini cards (Micro-credit)

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Yes

IF YES, for which commodities?:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

-

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

-

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

7

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

- Delayed data reporting. - Incomplete reported data. - High turnover of trained staff members in the reporting sites.

1.1 IF YES, years covered:

-

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, some partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

-

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

-

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

-

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

Permanent Staff [M&E officer]

yes

-

-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

-

-

-

-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

- Monthly reporting system (fax and e-mails)

What are the major challenges in this area:

-

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV-related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

-

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

-

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

Governmental / sectoral levels

7. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

-

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

-

At subnational level?:

Yes

IF YES, what was the number trained:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

After training, staff members would have an access to information and knowledge through supplying them with latest guidelines/publications, meetings and personal contacts.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

• NGOs contributed to the development of a need assessment with fair inputs in the framework of the national strategy

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

The NAP Shared the "Situation, response, and gap analysis and the strategic framework 12" with relevant NGOs in order to collect inputs from the civil society perspective. NGOs were also involved in the process to develop the new National Strategic Plan 12-16 and participated in official meeting and reviewed different drafts of the document Different NGOs are now members in the Country Coordinating Mechanisms

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

3

c. The national HIV reports?:

4

Comments and examples:

Several NGOs active in the field of HIV and AIDS report to the NAP routinely through the newly developed M&E system-

database. The NSP states that involvement of national NGOs in the HIV response needs to be strengthened as much as more capacities for NGO's staff needs to be developed and built. NGOs support awareness building activities and to a lesser extent work with most at risk populations providing comprehensive packages of services to the beneficiaries.

4.
a. Developing the national M&E plan?:
4
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
:
4
c. Participate in using data for decision-making?:
3
Comments and examples:
Civil society organizations and UN representatives are active members of the Monitoring and Evaluation Reference Group (MERG). This is a participatory forum of discussion to monitor the progress on HIV and AIDS related indicators at the national level

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4
Comments and examples:
The new CCM comprises different NGOs that have been working in the field of HIV in Egypt for at least 4 years (including CDS, Caritas, Freedom and Friends of immunodeficient persons). Member NGOs were voted within a process coordinated by EI Shehab NGO (which is not a member of the CCM to avoid a conflict of interest). The CCM also comprises 1 person living with HIV, 1 person living with TB and 2 religious leaders; FRIENDS OF LIFE NGO is active in the PLHIV network, ENNAA and RANAA national and regional networks.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:
2
b. Adequate technical support to implement its HIV activities?:
3
Comments and examples:
Financial issues are the most hindering in the process of implementation of many projects and programs. National rules and regulations on fund's disbursement and administration are not supporting National NGOs and the amount of financial resources is also limited. Technical support is better accessed by national NGOs through NAP and UN related activities; database; partnerships and joint events/initiatives

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
51-75%
Men who have sex with men:
51-75%
People who inject drugs:
>75%
Sex workers:
51-75%
Transgendered people:
<25%
Testing and Counselling:
51-75%
Reduction of Stigma and Discrimination:
51-75%
Clinical services (ART/OI)*:
<25%
Home-based care:
25-50%
Programmes for OVC:**
25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

6
Since 2009, what have been key achievements in this area:

- Restructuring Egypt Country Coordinating Mechanism –CCM- to elect civil society representatives within the CCM. - Inviting and involving civil society in different events such as identifying Egypt strategy toward HIV/AIDS and determining the priorities of interventions.

What challenges remain in this area:

- Weak leverage of national NGOs on governmental partners to promote changes in policies and strengthen the enabling environment to the HIV response. - Lack of a national NGOs collective culture - HIV related NGO forum is established but not all NGO members are active on HIV

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

PLHIV have been involved to a very limited extent in policy and implementation pertinent to GF through the Country Coordination Mechanism (one PLHIV has been elected as a member of the newly restructured CCM) but not the national policy or NSP. Key populations such as MARPs have not been involved

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

The Egyptian Constitution clearly states that all people are equal, and prohibits all forms of discrimination regarding their rights and duties. Article 4 states that all citizens are equal before the law, and that they have equal public rights and duties without discrimination due to gender, ethnic origin, language, religion or creed. The constitution is currently in the process of being re-written and the legal framework of non-discrimination might change. Although there is a general non-discriminatory approach certain HIV and AIDS associated behaviors and practices are strongly rejected by culture and or prosecuted by more specific laws (drugs and sex work) or by specific interpretations of national laws such as the “debuachary” regulating social-public indecency

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

two workshops for lawyers on legal aid provision for PLHIV and MARPs. The first workshop in October 2010 aimed at providing participating lawyers with an update on the most important scientific developments in understanding the HIV epidemic and the causes that lead to its spread. The workshop also discussed the most important challenges facing the Egyptian society in this area and reviewed the human rights of PLHIV and MARPs. These challenges were analyzed in terms of impeding access to rights and the resources available for providing legal assistance were explored. The second workshop aimed at teaching the same 20 lawyers the means of helping PLHIV overcome difficulties they face – with the disease, with their societies, and/or with their families

Briefly comment on the degree to which they are currently implemented:

MARPs and PLHIV have their rights violated in many incidents, the most frequent occasions are those related to health

services and outreach efforts for prevention.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

2.1. IF YES, for which sub-populations?

People living with HIV:
Yes

Men who have sex with men:
Yes

Migrants/mobile populations:
-

Orphans and other vulnerable children:
-

People with disabilities:
No

People who inject drugs:
Yes

Prison inmates:
-

Sex workers:
Yes

Transgendered people:
Yes

Women and girls:
-

Young women/young men:
-

Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:

Commercial sex work was outlawed in 1948 by Military Order No. 76 and is currently regulated by Law Number 10 for 1961 for the Combating of Prostitution and Appeals Rulings. Previous to its criminalization, sex work was regulated in Egypt and workers were required to undergo monthly health checks for conditions including sexually transmitted diseases without which a permit would not have been issued. Current penalties range from one month to a maximum of seven years imprisonment for male and female prostitution and the running of brothels Homosexuality is strongly rejected by authorities and by the majority of Egyptians. While there is no clause in any Egyptian law outlawing sex between adults of the same gender, the General Penalties Law of 1937 prohibits the engagement of unmarried individuals in sexual intercourse and does not identify the gender of the offenders Laws prohibiting the use of and trade in narcotics have been in place since 1928. Current penalties under Law No. 182 for 1960 Concerning

Briefly comment on how they pose barriers:

Because of the direct and/or non-direct prosecution of most at risk and vulnerable population through laws addressing commercial sex; drug use and indecent behavior people at risk are marginalized and are faced with an entry barrier to access prevention, support, care and treatment services as HIV is associated with these behaviors and practices

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

No

Briefly describe the content of the policy, law or regulation and the populations included:

-

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

No

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

Some NGOs (“Freedom and Justice” and “EIPR”) have completed initiatives in this regard. There is no government mechanisms in place to our knowledge.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
-	Yes	-
-	Yes	-

If applicable, which populations have been identified as priority, and for which services?:

Target groups include PLHIV and MARPS-Vulnerable populations. ARVs are provided by the NAP free of charges and are accessible from 6 sites controlled by the government. Prevention-care and support services are provided by the NAP but are not geographically comprehensive and there are limited resources which means those services are provided free of charges on paper but not all people in need might be able to access them. Another issue is due to stigma and discrimination within service provision. People in need are usually deprived the access to nondiscriminatory and non-stigmatizing comprehensive governmental services they often prefer to go to other facilities (private service providers) where they receive the same services in a more enabling and non-discriminatory context where services are provided at a cost.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

No

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

To a very general extent the supreme council of human rights is active in Egypt but cases (all cases) are built and followed up based on individually self reported episodes. There is no overall system that filters and acts upon cases of discrimination

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

No

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

3

Since 2009, what have been key achievements in this area:

Through 2009-2011 and to our knowledge there are only two systematic activities run by Freedom and Justice NGO. Also, CDS NGO has been working in Egypt among other states in MENA region on the legal environment and has financially (through IDLO) supported some NGOs to work on addressing the legal issues pertinent to PLHIV and outreach to MARPs.

What challenges remain in this area:

Human Rights of PLHIV and MARPS have been brought out of focus of the national response due to the revolution and the political and social uprisings in Egypt and the subsequent ascendance of conservative religious and political Islam

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

2

Since 2009, what have been key achievements in this area:

to our knowledge there is only one systematic program run by Freedom and Justice NGO that addresses the legal issues

pertinent to PLHIV and outreach to MARPs.

What challenges remain in this area:

These efforts still need much focus on M&E and scale up plans. A big deal of coordination and support crucially needs to be given to these efforts through the NAP and PLHIV association.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

A comprehensive HIV/AIDS Situation, Response and Gap Analysis was conducted and completed in 2010. This analysis included a comprehensive review of available literature, existing projects and interviews with relevant stakeholders. This analysis also streamlined the development of the National HIV/AIDS Strategic Framework 2012-2016, which provides clear guidance for targeting prevention efforts. -Behavioral surveillance in 2005 – 2011 -Joint programs implemented by NGO partners -Support groups Through conducting BBSS 2010 (second round) surveys on national level. Involving different stakeholders i.e. government, UN Agencies, private sector and civil society organizations in dialogue to evaluate the national strategy, needs on national levels as well as priorities for prevention programs

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

Key HIV prevention efforts include the following: • Wide scale availability of fixed and mobile voluntary counseling and testing (VCT) services; • Street based outreach on HIV prevention to most-at-risk populations (MARPS), such a sex workers, men who have sex with men and injecting drug users; • Select HIV prevention among vulnerable populations, such as young people and children living in street situations; • Capacity building for people living with HIV, to prevent transmission across discordant couples and from mother-to-child; • Select awareness raising interventions among the general population; • Capacity building and advocacy among clinicians and medical students; and • Implementation of Biological and Behavioral Surveillance Surveys among MARPs to enhance available serological and behavioral risk data for use in evidence-based programming. • Several awareness sessions were implemented in Egypt. • PMTCT made available to mothers and their children • condoms are available for outreach programme beneficiaries • blood banks screening system. • VCT is available in 23 sites • Home based

care for PLHIV • Scaling up initiatives to address key populations (female sex workers, MSM) to reduce their vulnerability to HIV/AIDS. • Scaling up activities to train different NGOs all over Egypt to design and implement interventions to outreach Most at Risk Populations and respond to their health and legal needs.

What challenges remain in this area:

Challenges remain in educating the general population, particularly young people, on HIV prevention and transmission and on reducing stigma and discrimination. For example, tremendous cause for concern has been raised following a comparison of the 2005 and 2008 Egyptian Demographic and Health Surveys, reflecting a decrease in knowledge and increase in stigmatizing attitudes, as follows: • Young women (aged 15-24) who are knowledgeable about AIDS and received recent information on the disease decreased from 62% in 2005 to 30% in 2008. • The number of youth aware that condoms prevent HIV infection decreased from 22% to a mere 13%. • Additional challenges remain in scaling-up prevention efforts for MARPs and people infected and affected by HIV/AIDS. o Limited impact and coverage of interventions work with Most at Risk Populations. o weak coordination between NGOs and governmental stakeholders o The criminalization of acts and behaviors of Most at Risk Populations, impose risk and challenges on the shoulders of NGOs who are working with such groups.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Essential aspects of HIV treatment, care and support were previously identified in an assessment of the continuum of care for people living with HIV (PLHIV) conducted by UNICEF and UNAIDS, in conjunction with the National AIDS Programme (NAP), in 2008. This assessment identified key gaps in the medical and psychosocial support being provided to PLHIV. Despite the fact that some of these gaps have been addressed, PLHIV still report various obstacles to receiving quality care and support. Current areas being prioritized include: • Voluntary counseling and testing • Free antiretroviral therapy • Treatment monitoring through CD4 and viral load testing • Support groups • Capacity building of health professionals • Capacity building of care givers to PLHIV to support care in the home • Provision of ARV treatment • Initiation of support groups • CD4 testing Further prioritization was done through the “Situation, response and Gap analysis” review conducted in 2010

Briefly identify how HIV treatment, care and support services are being scaled-up?:

ARV dispensary sites have now been de-centralized to five locations across the country (with 6 access points). There are 23 governmental voluntary counselling and testing (VCT) centres (14 fixed and 9 mobile VCT centres) in 17 governorates.

Support groups are available in three governorates. Home-based care exists in the form of capacity building for care givers and family members of PLHIV in one governorate, but without the home-visits component.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Disagree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Disagree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

• Expanded coverage of voluntary counseling and testing services • Decentralization of ARV dispensary to 5 locations across the country • Third line treatment available for those in need • Availability of ARVs for prevention of mother-to-child transmission • a valuable 6 months drug stocks for the clients • different first line drugs, and syrup for children • REGULAR SUPPORT GROUP MEETINGS IN MANY GOVERNORATES • MOBILE VCT UNITS • HOME BASED CARE PROGRAMS IN ALEXANDRIA AND CAIRO AVAILABILITY OF CD4 AND VIRAL LOAD TESTS.

What challenges remain in this area:

• Lack of specialized physicians, well-versed on HIV/AIDS, such pediatricians, obstetrics/gynecologists, surgeons, dentists, etc. • Stigma and discrimination faced when attempting to access medical services, including denial of treatment in hospitals; • Unavailability of affordable resistance testing; • Lack of complete medical files to monitor patient history and disease progression • Shifting of PLHIV across ARV lines, and possible resistance and side effects as result; and • Insufficient geographic coverage and scaling-up of care and support services, e.g. ARV dispensaries, home-based care, and support groups. • For some children some of the first line syrup drugs are not a valuable

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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