EGYPT FINAL REPORT

April 1999–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

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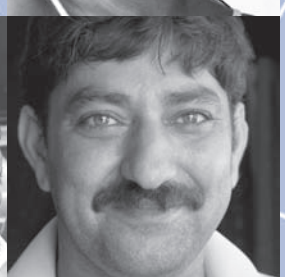
Impact Implementing AIDS Prevention and Care Project












In July 2011, FHI became FHI 360.

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

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Produced October 2007

Egypt Final Report
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for

USAID's Implementing AIDS Prevention and Care (IMPACT) Project

Egypt Final Report

Submitted to USAID
By Family Health International
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Family Health International trusts this report documents our numerous contributions to HIV/AIDS programming in Egypt. We are immensely grateful to the many organizations and individuals whose guidance and support made these achievements possible.

We greatly appreciate the funding and support of the United States Agency for International Development for making this program possible.

We are also extremely grateful to the Egyptian Ministry of Health and Population for their on-going support over the past eight years, which provided us with the opportunity to work together to achieve the common goal of reducing the burden of HIV/AIDS in Egypt. Without the high-level of commitment and collaboration provided by the Egyptian Ministry of Health and Dr. Nasr El Sayed, First Undersecretary, Ministry of Health and Population, in particular, our program would not have achieved what it did.

The FHI team would also like to thank the local and international governmental and nongovernmental organizations whom we have partnered with over the years. It is these links that have made our program a unique endeavor.

The IMPACT/Egypt program was managed by a team of very dedicated staff based in Egypt and the United States who showed complete motivation in implementing this program. The invaluable contribution of consultants, both international and local, who provided technical assistance to this program cannot be overemphasized.

Cherif Soliman
Country Director
Family Health International/Egypt

GLOSSARY OF ACRONYMS

ADEW	Association for the Development and Enhancement of Women
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral therapy
BCC	Behavior change communication
Bio-BSS	Biological and behavioral surveillance survey
BSS	Behavioral surveillance survey
CDS	Center for Development Services
DONATA	Blood Donor Tracking System
ENNAA	Egyptian Nongovernmental Organization Network Against AIDS
ETG	Expanded theme group
FBO	Faith-based organization
FGD	Focus group discussion
FHI	Family Health International
FSW	Female sex worker
GD	General Directorate of Blood Affairs
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDI	In-depth interview
IDU	Injection drug user
IMPACT	Implementing AIDS Prevention and Care Project
IR	Intermediate Result
MARG	Most at risk group
MOHP	Ministry of Health and Population
MSM	Men who have sex with men
M&E	Monitoring and evaluation
NAP	National AIDS Program
NBTC	National Blood Transfusion Center
NBTS	National Blood Transfusion Services
NGO	Nongovernmental organization
OIs	Opportunistic infections
PEP	Post-exposure prophylaxis
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
RDS	Respondent driven sampling
SC	Street Children
STI	Sexually transmitted infection
TLS	Time-location sampling
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
USAID	U.S. Agency for International Development
VCT	Voluntary counseling and testing
VNR	Voluntary nonremunerated regular
WHO	World Health Organization

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I. EXECUTIVE SUMMARY

Between 1999 and 2007, the Implementing AIDS Prevention and Care Project (IMPACT) in Egypt helped develop a national response to HIV/AIDS. Managed by Family Health International (FHI), the project strengthened the capacity of government and civil society agencies to implement HIV and STI prevention and care services, while also producing a wealth of HIV/AIDS and sexually transmitted infections (STI) data through research.

In 1999, IMPACT/Egypt conducted the first study where participants were tested for STIs in Egypt and in 2006 completed Egypt's first-ever Biological and Behavioral Surveillance Survey (Bio-BSS). In 2003, IMPACT established Egypt's first street-based outreach program for injection drug users and in 2004, launched Egypt's first anonymous voluntary counseling and testing (VCT) site for HIV. Data obtained from the numerous programs established by IMPACT/Egypt have allowed for the design of evidence-based programs targeting groups most at risk of infection with HIV or other STIs and the expansion of services to meet the needs of the target groups.

IMPACT/Egypt prioritized building the country's capacity to provide HIV/AIDS prevention and care through support to the government and various local organizations. IMPACT/Egypt partnered directly with various divisions from within the Ministry of Health and Population (MOHP), including the National AIDS Program, the Department for Communicable Diseases, the National Blood Transfusion Services, and the General Directorate of Blood Affairs. IMPACT/Egypt has supported these departments with trainings, program design and implementation, and the development of national guidelines.

In efforts to support a safer blood supply, IMPACT/Egypt was the first organization in Egypt to work with the government on enhancing voluntary, nonremunerated blood donation. Staff working within the government blood banks were provided with several years of comprehensive training and technical support to ensure Egypt has a safe blood supply. This served as a key entry point into HIV/AIDS prevention in Egypt.

IMPACT/Egypt also built the capacity of local nongovernmental organizations (NGOs) and faith-based organizations (FBOs) to implement VCT, conduct outreach to high-risk groups, and implement national-level surveys. IMPACT/Egypt worked closely with the government and local FBOs to promote anonymous and confidential HIV testing; the previous system was based mainly on mandatory testing for HIV. Data from the numerous VCT sites supported by IMPACT/Egypt, combined with results of the Bio-BSS, have supported resource allocation to HIV programs and identified future areas most in need of attention in order to ensure Egypt maintains its low rate of HIV.

With support gathered in conducting activities with local and regional religious leaders, and awareness-raising activities with numerous target audiences, including health care providers, pharmacists, youth, Bedouins, garbage collectors, and staff from the private sector, IMPACT/Egypt has supported the creation of a positive environment surrounding HIV/AIDS in Egypt.

II. PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

A. Introduction

The U.S. Agency for International Development (USAID) began supporting the Implementing AIDS Prevention and Care (IMPACT/Egypt) project in Egypt in April 1999. The project focused on strengthening the capacity of the Egyptian Ministry of Health and Population (MOHP), other private sector partners, and civil society to develop an effective national response to HIV/AIDS. IMPACT/Egypt emphasized ensuring a safe blood supply, reducing risk behaviors, generating data for decision making, providing access to VCT, establishing and strengthening STI and HIV clinical care services, and creating a supportive policy environment. These activities were designed to contribute to the Egyptian government's priority areas set forth to provide HIV/AIDS prevention and care.

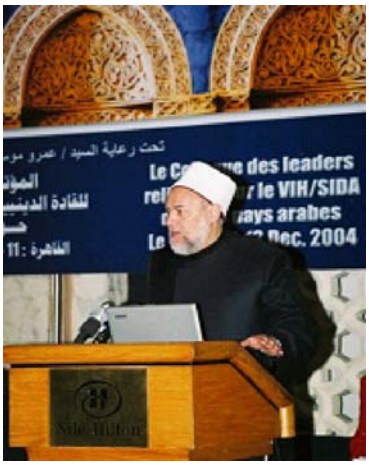
B. Country Context

Egypt is a nation of 78.9 million located in the Middle East Region and Northern Africa. In 2006, the birth rate of 22.94 births and death rate of 5.23 deaths per 1,000 contributed to the country's overall population growth rate of 1.75 percent. Life expectancy at birth is 69.04 years among males and 74.22 years for females (CIA, 2007).[1] The total fertility rate is 2.77 children born per woman, and the infant mortality rate is 29.5 deaths per 1,000 live births. While the total fertility rate in Egypt is lower than most of the surrounding countries, such as Saudi Arabia, Libya and Sudan, which have rates of 3.94, 3.21 and 4.69 respectively, the infant mortality rate is higher than the rates in Saudi Arabia and Libya, 12.41 and 22.82 respectively, but lower that the 91.78 infant mortality rate in Sudan.

Religion has traditionally been a pervasive social force in Egypt. While the majority of the country's population is Muslim, there is a prominent Christian minority.

[1] Central Intelligence Agency. 2007. The World Factbook: Egypt. https://www.cia.gov/library/publications/the-world-factbook/index.html.

Cultural values in Egypt place a strong importance on family, which is a great source of stability and support. Even though western influences are common in Egypt, many religious traditions and cultural values prevail, which continue to influence everyday life. Recent efforts made by IMPACT/Egypt and other local and international organizations in engaging religious leaders in the prevention of HIV have been groundbreaking. Local Muslim and Christian religious leaders are now aware of the need to support prevention programs and have been working to gain the support of their respective congregations in the struggle against HIV/AIDS.



Egyptian Grand Mufti Ali Gomaa at the Regional Religious Leaders Colloquium

Occupying the northeast corner of the African continent, Egypt is bisected by the highly fertile Nile valley, where most economic activity takes place. In the last 30 years, the government has reformed the highly centralized economy. In 2005, Egypt reduced personal and corporate tax rates, reduced energy subsidies, and privatized several enterprises. A rapidly growing population (the largest in the Arab world), limited Arable land, and dependence on the Nile all continue to overtax available resources.

HIV/AIDS in Egypt

The Joint United Nations Program on HIV/AIDS (UNAIDS) estimated that in 2006 the adult HIV prevalence rate in Egypt was less than 0.1 percent, with an estimated 5,300 (Range: 2,900-13,000) Egyptian adults and children living with HIV/AIDS (UNAIDS, 2006).[2] However, the 2003 *Assessment of the HIV/AIDS Situation and Response in Egypt*, written by the Expanded Theme Group on HIV/AIDS in Egypt, states that there is a lack of solid representative information on risk factors and HIV serology. While the available information may indicate that the epidemic in Egypt would be classified as a low level epidemic, it is not clear that this is the case, given the gaps in the surveillance system. Results of Egypt's first-ever Bio-BSS, conducted by IMPACT/Egypt, show that HIV/AIDS had already established a hold within the more vulnerable groups, particularly among men who have sex with men (MSM). Population estimates for 2006 indicated 6.2 percent HIV sero-prevalence among MSM (FHI, 2006).[3]

Each year Egypt tests roughly 350,000 people and 750,000 blood units for HIV/AIDS under mandatory testing requirements. The current mandatory testing program is set up primarily for Egyptian nationals leaving to work abroad, blood donors, and foreigners entering Egypt for a stay exceeding one month. The program also serves individuals who are sent by physicians, such as patients who are suspected to be HIV positive, renal dialysis patients, and others who require regular blood transfusions. Furthermore, it sometimes includes patients with STIs, those infected with tuberculosis, female sex workers (FSW), injection drug users (IDUs), prisoners, tourism workers, and partners of people living with HIV/AIDS (PLHA).

According to the National AIDS Program, between 1986 and 2006, a total of 2,612 cases of HIV/AIDS were detected. Of the detected cases, 722 were among foreigners, of which 90

[2] UNAIDS. 2006. Uniting the World Against AIDS. http://www.unaids.org/en/Regions_Countries/Countries/egypt.asp.
[3] FHI. 2006. HIV/AIDS Biological and Behavioral Surveillance Survey: Summary Report. Egypt 2006.

percent were Africans. According to Egypt's national policy concerning HIV/AIDS, all foreign nationals detected HIV-positive have been deported. Of the 1,890 Egyptian cases detected, 623 individuals have developed AIDS, while 22 of the 722 detected foreigners had developed AIDS before they were deported.[4]

Of the 645 AIDS cases among foreigners and Egyptians, 27.1 percent were infected through homosexual transmission, 48.2 percent through heterosexual transmission, and 9.9 percent through infected blood or blood products. During the year 2006, 715,408 individuals underwent testing for HIV, of which 0.04 percent tested HIV-positive.[5] Although this number may appear low, it is important to note the bias in the tested population. The populations going through the testing program are primarily male and also primarily those donating blood (502,150 individuals) and those seeking work in other countries (132,000 individuals). Furthermore, the number of these individuals detected HIV-positive has increased over the years, currently doubling from the previous level of 0.02 percent in 2002.[6]

Sexually Transmitted Infections

In a study conducted by the MOHP, USAID, and IMPACT/Egypt from 1999-2000, 999 individuals (72 percent females and 23 percent males) were recruited from the Greater Cairo area to participate in a biological and behavioral assessment, looking at sexual histories, socio-demographic characteristics, knowledge of STI protection, medical histories, and syphilis serology, as well as gonococcal, chlamydial, and trichomonal infections. Results of the *Evaluation of Selected Reproductive Health Infections in Various Egyptian Population Groups in Greater Cairo* showed that at least one STI was detected in four percent of females attending antenatal clinics, 8.3 percent of females in family planning clinics, 5.3 percent of drug users, 23.8 percent of MSM and 36.5 percent of FSWs. Multiple STIs were detected among 2.6 percent of MSM, and 3.8 percent of FSW. The most prevalent STI was trichomoniasis in FSWs (19.2 percent). Syphilis sero-reactors were detected in MSM (7.5 percent), FSWs (5.8 percent), and injection drug users (1.3 percent). Gonorrhea and genital chlamydia infections were found in 8.8 percent of the MSM and in 7.7 percent of the FSWs.[7]

The study also found that there was a very low level of consistent condom use (under 10 percent) reported by FSWs, MSM, and drug users. About half of the FSWs and one-third of the MSM did not believe they could protect themselves from STIs. In addition, among married participants, 11.1 percent of women and 12.5 percent of men reported that their spouse suffered from discharge, burning, or ulcers on genitalia. Overall, five percent of all married participants had a current STI.

Behavioral Studies

In the 2006 Bio-BSS conducted by IMPACT/Egypt, behavioral data collected from high-risk groups reveal the potential for increased transmission of HIV/AIDS and other STIs. Self-reported condom use was measured among IDUs, MSM, FSWs, and street children. In the 12

[4] NAP. 2006. National AIDS Program: HIV/AIDS Surveillance Report. Egypt. December 31, 2006.
[5] Ibid.
[6] NAP. 2002. National AIDS Program: HIV/AIDS Surveillance Report. Egypt. December 31, 2002.
[7] El-Sayed N. et al. 2002. Evaluation of Selected Reproductive Health Infections in Various Egyptian Population Groups in Greater Cairo. MOHP, FHI/IMPACT, USAID. 2002.

months prior to data collection, 66 percent of male IDUs and 88 percent of street children never used a condom with a commercial sex partner, while 85 percent of MSM never used a condom during commercial anal sex in the six months prior to data collection. Furthermore, data collected on condom use with noncommercial sex partners showed that 88 percent of male IDUs, 77 percent of FSWs, 99 percent of male street children, and 94 percent of female street children had not used a condom in the previous 12 months. In the six months prior to data collection, 78 percent of MSM reported never using a condom during noncommercial anal sex.

Additionally, since the use of contaminated needles is a prominent mode of transmission for HIV, data on drug use was obtained from all target groups. In the 12 months prior to data collection, 11 percent of MSM, 9 percent of FSW, and 13 percent of female street children had injected recreational drugs. Among IDUs, 54 percent had injected with a syringe used by someone else within the month prior to data collection, indicating that knowledge regarding safe injection practices is lacking among this target group. These findings are confirmed by other behavioral studies, including the IMPACT/Egypt STI study, data obtained from Egypt's street-based outreach program for IDUs, and the Assessment of the HIV/AIDS Situation and Response in Egypt, which was conducted by the Expanded Theme Group on HIV/AIDS. The Expanded Theme Group is composed of local and international NGOs, UN agencies, and National AIDS Program (NAP) representatives.

The National Response to HIV/AIDS in Egypt

The response to HIV/AIDS in Egypt began in 1987 with the establishment of the NAP within the MOHP, following the detection of the first case of HIV in Egypt in 1986. Efforts were made to coordinate this response in the form of partnerships between governmental organizations and NGOs, including through the creation of the Expanded Theme Group on HIV/AIDS.

The national response to HIV has been significantly strengthened with the establishment of many new pilot programs and with the involvement of more partners, particularly NGOs being engaged in the response to HIV. In conjunction with IMPACT/Egypt and USAID, the NAP has now established anonymous VCT sites, pilot STI clinics, integrated STI and VCT sites, street-based outreach for injection drug users, HIV awareness raising activities among Religious Leaders, clinical care for PLHA and Egypt's first-ever Bio-BSS. Partner agencies in Egypt have also established mobile VCT units, free triple antiretroviral therapy (ART), support groups for PLHA, outreach for FSWs and active partnerships with the media. Activities specifically targeted high-risk groups, with whom organizations were previously hesitant to work due to the illegal behaviors these individuals practice.

In 2005, the first high-level discussion on HIV in Egypt took place during the visit of UN Special Envoy on AIDS, Dr. Nafis Sadik, when she met with the First Lady of Egypt, Mrs. Suzanne Mubarak on the national HIV response. While bringing the issue of HIV/AIDS into the national agenda, this meeting also helped to garner support for HIV/AIDS activities in Egypt. This led to the development of initiatives to engage nontraditional partners in the national response, such as the private sector and the Egyptian Nongovernmental Organization Network Against AIDS (ENNAA).

Since inception in 1987, the NAP outlined three National HIV/AIDS Strategic Plans. The most recent plan covers activities for 2006-2010 and sets the following priority areas:

Prevention of HIV/AIDS

- Reducing stigma and discrimination
- Promoting safe sexual behaviors among youth
- Preventing HIV/AIDS among vulnerable groups
- Preventing and controlling STIs

Care, support, and treatment of people living with HIV/AIDS

- Strengthening the national surveillance system
- Monitoring and evaluation

For each of the priority areas, the NAP established objectives, strategies, indicators, and implementing partners that were identified during the national consensus workshop. Each HIV/AIDS potential project was placed within the context of the National Strategic Plan in order to enhance cooperation between the various implementing partners and reduce duplication of effort. This has been successful in creating a concerted effort between all active partners.

National HIV/AIDS Policy

The MOHP issues health decrees that outline the public health sector's response to various health related issues. By law all HIV/AIDS cases must be reported to the NAP, and AIDS cases discovered in governmental institutions must only be treated at the governmental Fever Hospitals. In the past, reporting of HIV/AIDS cases included the names of infected individuals. However, since the inception of anonymous testing, the NAP no longer requires the names of infected individuals to be reported. Socio-demographic information on detected cases continues to be reported to the NAP for inclusion in the national surveillance data.

By ministerial decree all HIV positive nonnationals must be deported from Egypt. While there is no decree specifically dedicated to STIs, there are a number of decrees regarding HIV/AIDS and practices among high-risk groups, such as a Ministerial Decree requiring the screening of donated blood for HIV. Furthermore, as part of an overarching program to ensure a safer blood supply, a Ministerial Decree was issued in 1999 abolishing paid blood donations. Penalties for possession and/or use of illicit drugs vary depending on drug type and quantity. Commercial sex work was outlawed in 1951, with penalties ranging from one month to seven years imprisonment. It is also illegal to make use of solicited prostitution, an offense punishable by a minimum of six months incarceration and a maximum of three years.

Given that the political environment in Egypt continues to change, the government began to support HIV/AIDS prevention programs targeting high-risk groups. An example is the support provided by the MOHP for ex-IDUs to conduct street-based outreach for active IDUs, a newly established outreach program for FSWs, and the support provided during data collection among MSM for the Bio-BSS. These activities are conducted by NGOs and faith-based organizations (FBOs), since they often have the strongest links to the communities. However, additional efforts must be made in order to encourage civil society to take a more active role in HIV/AIDS

prevention since the majority of NGOs suffer severe institutional and policy constraints, which are believed to hamper their involvement.

C. Implementation and Management

1. Implementation

FHI began conducting HIV/AIDS activities in Egypt in 1996 under the USAID-funded AIDS Control and Prevention (AIDSCAP) project. The primary activity under AIDSCAP was to conduct an assessment of the current HIV/AIDS situation in Egypt. The results of the assessment were used to make strategic recommendations to the USAID mission concerning areas of HIV/AIDS prevention for potential USAID support.

IMPACT/Egypt began conducting HIV/AIDS prevention and care activities in 2000. Since the blood-borne transmission of HIV accounts for up to 10 percent of HIV infections in countries with limited resources, ensuring a safe blood supply was set as a priority area under IMPACT/Egypt. This became the entry point for FHI's HIV/AIDS prevention activities in Egypt. FHI was the first organization in Egypt to work with the National Blood Transfusion Services (NBTS) to promote voluntary donation as a substitute for family replacement and remunerated blood donation following a ministerial decree in 1999 banning paid donation. Voluntary donations are the most effective way to ensure a safe blood supply.

IMPACT/Egypt began safe blood activities in Egypt by conducting an Assessment of Blood Donor Recruitment and Retention in eight governorates around Egypt. While results of this assessment were used to define priority areas in ensuring a safe blood supply, results of the AIDSCAP assessment and the *Evaluation of Selected Reproductive Health Infections in Various Egyptian Population Groups in Greater Cairo* were used in outlining priority areas for HIV/AIDS prevention and care activities.

IMPACT/Egypt designed its activities to create a comprehensive response to the HIV/AIDS situation in Egypt. The activities address USAID's Strategic Objective 20: Healthier Planned Families, with an emphasis on capacity strengthening and sustainability in response to various Intermediate Results (IRs). Activities implemented under IMPACT in Egypt, responded to the following IRs:

- IR 4.1: Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV;
- IR 4.2: Enhanced quality, availability, and demand for STI prevention and management services;
- IR 4.5: Increased availability of, and capacity to generate and use data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts; and
- IR 4.6: Enhanced quality and timely assistance to partners to ensure effective implementation of HIV/AIDS programs.

Activities conducted in conjunction with local NGOs proved to be an essential entry point for reaching high-risk groups in Egypt. Since many of the high-risk groups practice illegal behaviors, such as injection drug use and commercial sex, they are extremely reluctant to seek government-run services or to be contacted by strangers. By utilizing members of these high-risk groups in outreach and counseling, IMPACT/Egypt managed to provide services and gather data on high-risk groups; this was an innovative method that had not previously been used in Egypt.

Through the provision of subagreements to NGOs and FBOs, IMPACT/Egypt built the capacity of local community-based organizations to enhance the multi-sectoral response to the HIV/AIDS epidemic in Egypt. IMPACT/Egypt has provided US$368,641 to local organizations using subagreement funding mechanisms (see attachments). Activities covered under the subagreements included the development of training curricula and corresponding training, HIV/AIDS prevention among IDUs, the establishment of VCT sites, and conducting of Egypt's Bio-BSS.

Links between the IMPACT/Egypt sub-recipients provided a continuum of care for clients with prevention services for high-risk groups as they are referred to VCT and other support services. IMPACT/Egypt provided technical assistance, capacity building, and training to each organization, including assistance with project design, management, monitoring and evaluation (M&E), reporting, recruitment, and financial management. IMPACT/Egypt has also provided numerous organizations with technical assistance, without entering into official agreements. IMPACT/Egypt has trained CARE/Egypt's staff, local garbage collectors, tourism workers, youth, NGO staff, and others on HIV/AIDS prevention.

HIV awareness session among garbage collectors

Implementation Constraints

As a country defined as having a low-level HIV/AIDS epidemic, Egypt struggles with prioritizing HIV/AIDS as a national issue. Cultural and religious values limit open discussions on HIV as public perceptions deem HIV to be a punishment from God for promiscuous acts. This has led to high-levels of stigma and discrimination among the population. In recent years, increased media coverage and support from local and regional religious leaders has helped to diminish the amount of stigma and discrimination experienced by PLHA and high-risk groups, but more concerted efforts must be done to reduce this.

There is also reluctance among health care providers to openly discuss prevention of sexual transmission of HIV and an overall lack of open dialogue about HIV/AIDS. As a result, even well-educated health care providers often refuse to provide treatment to individuals infected with HIV/AIDS. Egypt was the first country in the Middle East and North Africa region to establish VCT services, as a result of a collaborative effort between the MOHP, USAID, and FHI to increase care and support to people infected or affected by HIV/AIDS.

In Egypt, prior to the establishment of VCT services, reporting of HIV/AIDS cases was based on mandatory testing with positive results, including names of individuals, reported to the MOHP. As a result, many individuals, particularly those in high-risk groups, feared being tested for HIV.

IMPACT/Egypt worked to overcome these fears through the promotion of anonymous HIV testing and partnership with NGOs to provide VCT service delivery, street-based outreach to IDUs, and to promote active referrals amongst most at risk groups (MARG). Furthermore, due to the satisfaction of clientele who have visited the VCT sites, word-of-mouth has increased the trust high-risk groups have in the services offered by the VCT sites.

Since Egypt has one of the highest levels of hepatitis C infections in the world, many donors and government employees believe that HIV/AIDS should be a low priority. Limited capacity for planning, coordination, and implementation hampered efforts to develop sustainable systems and build ownership into these processes. However, IMPACT/Egypt was successful in building capacity and ownership in local implementing agencies and providing technical support to the MOHP. This has helped to ensure the long-term sustainability of activities established under IMPACT/Egypt.

2. Management

IMPACT/Egypt established a country office in Egypt in September 2002 with a Country Director serving as the coordinator of all IMPACT activities. Once the office was established, the Country Director hired a Program Officer, an Assistant Program Officer, a Finance Officer, and a Secretary. In FY2005, the Middle East and North Africa Regional Program was established, with the hiring of a Regional Coordinator that worked at the IMPACT/Egypt premises. FHI headquarters in Arlington provided on-going technical and programmatic support. Semi-annual and quarterly reports on all activities were submitted to USAID/Egypt and as part of the global IMPACT/Egypt report to USAID/Washington.

D. IMPACT/Egypt Activity Timeline

Activities	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
Sexually Transmitted Infections (STI)									
Evaluation of selected reproductive health infections	**x**	**x**	**x**						
Capacity building of NAP - STI Division	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**
Lab technician training in North Carolina	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**
Training on detection and treatment of STIs								**x**	**x**
Training of trainers for STI care providers								**x**	
Launching of the three STI pilot sites								**x**	**x**
STI "lessons learned" dissemination meeting								**x**	
Work with High-Risk Groups									
Rapid situational assessment of NGOs working with IDUs/HIV				x					
Design and implementation of pilot IDU outreach program					x	x	x	x	
Capacity building of Freedom FBO/NGO to conduct outreach for IDUs					x	x	x	x	
Sentinel Surveillance									
Surveillance system assessment						x			
National Surveillance Consensus Workshop						x			
Development of Bio-BSS protocol						x	x		

Activities	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
Training for local NGOs on how to conduct Bio-BSS							x		
Implementation of Bio-BSS among high-risk groups							x		
Printing of Bio-BSS report and dissemination workshop								x	
Voluntary Counseling and Testing (VCT)									
Build and strengthen capacity of MOHP to provide VCT				x	x	x	x	x	x
National Consensus Meeting on establishing VCT in Egypt				x					
VCT Task Force meetings				x	x	x	x	x	x
Regular VCT counselor trainings and refresher training						x	x	x	x
Establishment of pilot VCT site at the Cairo Central Laboratory							x		
Development of BCC materials promoting VCT							x		
VCT “lessons learned” dissemination meeting							x	x	x
Technical assistance in launching NGO and MOHP VCT sites								x	x
VCT TOT and refresher trainings								x	
Promotional events for increasing uptake of VCT/STI services									x
Development of VCT/STI strategic action plan									x
Development of promotional package for STI/VCT services									x

Activities	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
Clinical Care for HIV/AIDS									
Technical Assistance to NAP on HIV/AIDS clinical care				x	x	x	x	x	x
Assessment of ART needs and gaps in capacity						x			
Facilitation of negotiations on ARV supply and pricing						x			x
Development of national HIV/AIDS clinical care guidelines							x	x	x
Advanced training for physicians and nurses on the clinical care guidelines							x		x
Consensus-building leading to adoption of national guidelines and policies						x	x		
Behavior Change Communication (BCC)									
Development of complete package of BCC materials for VCT					x	x	x		
Development of complete package of BCC materials for STIs								x	x
Other HIV/AIDS Activities									
Support for World AIDS Day activities							x	x	x
Participation in Expanded Theme Group meetings						x	x	x	x
Support to PLHA				x	x	x	x	x	x
Support for Religious Leaders Initiative							x	x	x
Development of NAP strategy targeting high-risk groups									x
Safe Blood Activities (See next page)									

Activities	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
Capacity building of the National Blood Transfusion Services	x	x	x	x	x	x			
Visit to Jordan blood safety program		x		x					
Assessment of national blood donor recruitment and retention		x	x	x					
Development of National Blood Donation Strategy			x	x					
Donor recruitment strategies workshop			x	x					
Common Questions and Answers Workshop			x	x					
Communication training, TOT, and curriculum development			x	x	x				
Assessment of types of blood donors			x	x					
Basic blood bank practices training, TOT, and curriculum development			x	x					
National workshop on blood donor selection criteria				x					
Support community-based VNR blood donation sessions			x	x	x	x			
Assessment of universal precautions					x				
Data analysis workshop					x				
Development of National Blood Donation Campaign						x			
Development of promotional materials for blood bank staff						x			
Monitoring/updating bank strategy						x			
Support to regional blood banks						x			
Development and training on DONATA							x		

E. Program Objectives, Strategies, and Activities

IMPACT/Egypt activities reflected different program areas, each of which has specific objectives that are related to the overall program goal of maintaining the low prevalence of HIV/AIDS in Egypt. The objectives by program areas are stated below.

The Voluntary Counseling and Testing (VCT) Program:

- To increase awareness of HIV transmission modes and prevention methods among clients;
- To help clients assess their risk of HIV and to develop risk reduction plans accordingly;
- To help clients make informed decisions on HIV/AIDS-related issues that include sexual practices, care, nutrition, and drug and alcohol abuse;
- To provide psychological support for clients;
- To provide appropriate referrals for individual needs and support, including STI clinics, tuberculosis programs, drug treatment services, family planning, and maternal and child health services; and
- To promote a culture of disclosure among clients, including notification of peers/partners with whom injecting equipment has been shared or high-risk behaviors have been practiced.

The STI Program:

- To improve early detection and treatment of STIs;
- To improve the quality of counseling and treatment;
- To strengthen the STI Division within the MOHP; and
- To develop and promote the use of National Guidelines for STI case management.

The IDU Program:

- To increase awareness of HIV/AIDS transmission modes and prevention methods among IDUs;
- To reduce high-risk behaviors among IDUs;
- To improve the quality of life of IDUs through the provision of psychological, social, and medical care; and
- To increase testing for HIV among IDUs through referrals to VCT.

The National Surveillance System:

- To determine the current level of HIV prevalence among high-risk groups;
- To determine the levels of risk-taking behavior among members of high-risk groups; and
- To establish a data collection system that allows the government to better understand the changes in the sero-prevalence and HIV-related risk behaviors of HIV in these groups over time.

HIV/AIDS Care and Support:

- To facilitate a steady supply of ARV drugs through collaborating with the MOHP and USAID to negotiate for reduced-cost drugs with pharmaceutical companies; and

- To enhance the capacity of physicians and nurses in the management of HIV/AIDS, as well as to address issues of stigma and discrimination.

Working with Religious Leaders:

- To enhance the capacity of religious leaders to create an important vehicle for reaching and influencing the general public with supportive, nonstigmatizing, and factually correct information about HIV/AIDS; and
- To build an effective political response by garnering support for people affected by HIV/AIDS and generating positive social transformations.

The Blood Safety Program:
In order to build a safe blood donor base, IMPACT/Egypt designed a strategy to increase regular VNR blood donation at the National Blood Transfusion Centers. The basic elements of the strategy include:

- Recruiting new VNR donors;
- Retaining safe VNR donors as regular donors;
- Changing family replacement, obligated, and directed donors to VNR donors; and
- Promoting future VNR blood donation through youth education.

Program Activities
The primary activities conducted by IMPACT/Egypt focused on STI/HIV/AIDS prevention and care and to build a safe blood donor base for Egypt. The specific activities included:

- Creating pilot VCT sites and a comprehensive package of documents for designing and implementing VCT programs;
- Detecting and treating STIs. Since research has proven that the presence of STIs increases the rate of transmission of HIV, comprehensive prevention strategies were designed to address these issues;
- Promoting safer sex among high-risk groups through outreach services;
- Implementing a surveillance system to track changes in high-risk sexual behavior and prevalence of STI/HIV/AIDS. Based on the findings of the Expanded Theme Group Assessment of the HIV/AIDS Situation and Response in Egypt, IMPACT/Egypt included surveillance as a priority area;
- Establishing a cadre of professionals trained in the clinical management of HIV/AIDS;
- Supporting adequate and steady supply of drugs by joining forces with the MOHP to negotiate for reduced-cost drug supplies with drug companies; and
- Supporting national efforts to improve blood safety by:
  - Increasing voluntary nonremunerated regular (VNR) blood donation;
  - Building the skills of blood bank staff in both communication and basic blood principles and practices; and
  - Enhancing data collection within NBTS to guarantee proper surveillance of program activities. IMPACT/Egypt also undertook assessments of donor recruitment and retention efforts.

Despite the many efforts in Egypt to control HIV/AIDS, there was a lack of data to examine the trend of the epidemic and risk factors contributing to the spread of the infection. Data on

HIV/AIDS was based mainly on results of mandatory testing and random referral of cases detected at other public health care facilities. Anecdotal evidence has shown that high-risk behavior among sub-groups, including IDUs, MSM, and sex workers, has necessitated a targeted approach to these MARGs. Therefore, using the results of the AIDSCAP assessment and the FHI STI study, IMPACT/Egypt's HIV/AIDS activities in Egypt were designed to specifically target high-risk groups.

Establishing Egypt's Pilot Voluntary Counseling and Testing Program

Under IMPACT, Egypt was the first country in the Middle East and North Africa region to establish VCT services. Prior to the establishment of VCT services, the mandatory reporting of HIV/AIDS cases resulted in many individuals, particularly those in high-risk groups, to fear being tested. This is partly due to the stigma and discrimination surrounding HIV/AIDS in Egypt among the general population and health care providers in particular. There was also a lack of open dialogue about HIV/AIDS. To overcome these obstacles, FHI used a phased approach to VCT implementation, with the active involvement of numerous stakeholders, including the MOHP and NGOs working on HIV/AIDS in Egypt.

In 2002, IMPACT/Egypt began its phased approach by conducting a Consultation Meeting on Establishing VCT in Egypt. Twenty-five participants including various representatives of the MOHP attended the meeting. The main objective was to form a VCT Task Force under the umbrella of the NAP comprised of donors, implementing agencies, service providers and interested parties. The primary function of the Task Force was to develop a VCT operational work plan in which each stakeholder and implementer could determine where best they could play a role in establishing VCT services in Egypt.

On World AIDS Day 2004, Egypt officially launched its first anonymous VCT site at the Central Laboratory in Cairo. The site was established to serve as a model for the country and region due to its high quality testing procedures, and availability of confirmatory testing technology not available elsewhere in Egypt. The site continues to offer clients anonymous pre-test counseling, HIV testing, post-test counseling, and referrals.

IMPACT/Egypt went on to establish Egypt's first NGO-based VCT site at Caritas Alexandria and an additional MOHP site that offers integrated VCT and STI diagnostic and treatment services in Sharm El Sheikh. IMPACT/Egypt also provided technical assistance to six other MOHP/USAID supported VCT sites. As of May 2007, FHI had supported a total of nine functional VCT sites in Egypt and provided six other VCT sites operated by other agencies with VCT materials and monitoring and evaluation tools.

Counselor training

Working in conjunction with international technical experts on VCT, IMPACT/Egypt adapted international guidelines to the Egyptian context. The guidelines were adapted to the cultural, religious, and social norms of Egypt. The NAP, VCT Task Force members, and other

technical HIV experts were asked to provide their feedback on the National Guidelines. Once all the feedback was incorporated into the document, the NAP gave its final approval on the document. The document has since been printed and disseminated and is used by numerous agencies conducting VCT in Egypt. In addition, the government-based Central Laboratory VCT Site is now overseen by the government, with management and daily operation provided by the NAP and ongoing technical assistance from IMPACT/Egypt.

Stigma and discrimination against HIV/AIDS were addressed throughout the design and implementation of VCT services. Operating procedures were designed to ensure the anonymity and confidentiality of each client, the information they provide to the counselors, and their test results. Furthermore, the location of each VCT site was selected to ensure an integrated environment where clients would blend in with those seeking other nonstigmatizing services; therefore clients would not be stigmatized by simply visiting each site. In addition, during each counselor training two to three PLHA were present to help counselors become accustomed to dealing with them and to assist counselors in establishing nonjudgmental, supportive attitudes and nondiscriminatory practices.

Other activities conducted by IMPACT/Egypt to overcome stigma and discrimination included awareness-raising sessions among tourist workers, Bedouins, regional and local religious leaders, university students, STI health care providers, pharmacists, NGOs, physicians, and nurses. These activities were designed to increase the client flow at VCT sites. Various awareness raising activities were also conducted through the media, with radio and TV spots shown as part of World AIDS Day activities and advertisements placed in local youth magazines promoting VCT services. Furthermore, FHI partnered with local NGOs to conduct activities among youth, including street parades, theater skits, and community-based activities.

Bedouins completing HIV/AIDS education

Table 1: VCT Environment Pre- and Post-IMPACT/Egypt

Pre-IMPACT	***Post-IMPACT***
Mandatory testing	Voluntary testing
Testing (without counseling)	Counseling and testing
No confidentiality	Anonymous services
Resistance to use of rapid tests	Rapid tests accepted and used
Individual ad hoc trials of VCT	National standardized implementation

Pre-IMPACT	*Post-IMPACT*
implementation	
Government hotline service model only	Government and NGO service models, with integrated service delivery
HIV-related stigma	Promotion of HIV/AIDS messages and promotional events by media and sensitization training of religious leaders
Stigma and discrimination by HIV care providers	Development of clinical care guidelines Training of clinical care providers in use of guidelines and sensitization to PLHA clinical care needs Establishment of a formal referral system comprised of willing and supportive care providers to treat and support PLHA Involvement of PLHA and high risk groups in service implementation and training

Enhancing Detection and Treatment for Sexually Transmitted Infections

Controlling STIs in a population is vital to decreasing the spread of HIV, given that STIs directly increase the transmission of HIV/AIDS and make uninfected people more vulnerable to HIV. Furthermore, counseling of both STI patients and PLHA is critical to explain the risks of unsafe sexual practices. However, in Egypt, social taboos surrounding STIs often mean that infected people are reluctant to seek medical care, infected partners are not treated, and doctors are hesitant to offer advice about treatment and prevention.

Despite the challenges of conducting Egypt's first STI study, using international standards, much less a whole program addressing STIs, the MOHP/USAID/IMPACT acknowledged that the implementation of the study was critical to formulating a comprehensive response to both STIs and HIV. At the time of the first STI study, there was little to no information available on STIs; in 1996, an FHI AIDSCAP team conducted an assessment of the HIV/AIDS situation in Egypt and made recommendations for USAID support in HIV/AIDS prevention. The team recommended a series of activities, including a study of STI prevalence in selected groups who are potentially at high-risk for HIV/AIDS.

IMPACT/Egypt, in partnership with the Egyptian MOHP and USAID, undertook several significant activities to upgrade services for the detection and treatment of STIs in Egypt. Through this important partnership, starting in 1999 the IMPACT team successfully undertook the following activities:

- STI Prevalence Study;
- Development of the National HIV/AIDS and STI Surveillance Plan;
- Establishment of clinics for the detection and treatment of STIs;

- Development of the National Guidelines for the Management of Sexually Transmitted Infections and a corresponding STI Training Manual with a CD-Rom;
- Development of a wall chart of the national treatment protocols for service providers;
- Development of promotional materials; and
- Training for health care providers using the STI package of materials.

IMPACT/Egypt established pilot STI clinics in Cairo, Alexandria, and Sharm El Sheikh and linked them to VCT services, while providing on-going technical assistance to the trained service providers and lab technicians. These critical interventions carried out in partnership with the MOHP formed the basis of a comprehensive package, which supports the standardized implementation of STIs services nationwide.

The holistic approach taken to implementing STI services in Egypt replaced the previous situation in which there were no specialized sites offering high-quality STI treatment, a low-level of awareness about STIs and inadequately trained staff. Special attention was paid to a collaborative effort from all partners and stakeholders. Feedback was not only sought during various stages in the development of the national guidelines and training materials, but was incorporated into the training of staff. Additionally, the project and the partners were careful to make sure that the materials and programs were adapted to the cultural contexts, the STI sites were established according to universal precautions, and that activities were complemented by awareness-raising campaigns.

Since the purpose of this sub-project was to strengthen the MOHP's ability to provide comprehensive, high-quality STI services in Egypt, the design phase was carefully conducted to ensure activities addressed current needs. The STI study was conducted to improve the availability of reliable data on STI prevalence in Egypt, as well as to train technicians at the Central Laboratory on STI Diagnostics. The National Guidelines were developed to have standardized guidelines and approaches for the detection and treatment of STIs, including a list of nationally available drugs in Egypt. The STI Training Manual serves as the basis for training programs designed to enhance the skills of service providers on the detection and treatment of STIs and enables them to serve as future trainers, thereby enhancing the long-term sustainability of the program. The comprehensive wall chart was designed to streamline and standardize service provision by enhancing the service provider's ability to identify and manage STI cases, as it provides an easy to use, easy to understand reference poster with treatment protocols.

To ensure accurate monitoring of STI activities, IMPACT/Egypt also worked with the staff to develop all the necessary data collection forms for the sites, as well as and electronic databases that were used to monitor data collected at both sites. Technical assistance was provided in training the data entry personnel on how to use the database, as well as provision of on-going support. In responding to client needs, IMPACT/Egypt also designed, produced, and distributed STI-related BCC materials for STI prevention and treatment awareness and to promote the STI pilot sites in order to encourage and reinforce certain behaviors, as well as ensure sufficient uptake.

Freedom staff members operating Egypt's first street-based outreach program for IDUs

Reaching High-Risk Groups: Injection Drug Users

In July of 2003, IMPACT/Egypt initiated a HIV/AIDS prevention project with Freedom, an FBO, to provide HIV/AIDS prevention to IDUs, as evidence from the HIV/AIDS assessment indicated this is a key risk group in Egypt. Freedom was selected based on an assessment of 12 NGOs that are most active in HIV/AIDS in Egypt and have experience working with drug users.

Using ex-drug users to network with current IDUs to provide street-based outreach and tailored services at the drop-in center where IDUs could receive counseling and support created a unique opportunity to communicate with IDUs. The success of this activity was strongly dependant upon support from the MOHP to prevent police harassment of current and ex-IDUs on the street and on the support and trust Freedom managed to garner from within the community.

Prior to this innovative project, there were no HIV/AIDS prevention activities specifically targeting IDUs in Egypt. The pioneering efforts to establish outreach activities involved making the services attractive to clients by also offering them basic medical services, nutritional support, peer education, and individualized counseling, coupled with active engagement into the HIV intervention services in a supportive context. This was found to be the most viable option when establishing an intervention for IDUs besides abstinence from drug use.

While overall prevalence of HIV among IDUs in Egypt is low, high-risk behaviors are extremely common among this risk-group, as verified in the national Bio-BSS and behavioral data collected from the VCT sites. Data has shown that there is a strong need for services to prevent and treat the transmission of STIs, hepatitis C, and HIV/AIDS among IDUs, particularly since the majority of IDUs tested at the FHI-supported VCT sites were infected with hepatitis C.

The particular health care needs of IDUs are often different from those of the general population, and therefore it is extremely difficult for IDUs to access relevant information, counseling, treatment, and the tools that help to prevent the spread of HIV/AIDS. Additionally, their basic needs, such as primary health care, appropriate housing, adequate nutrition, and hygiene, are often not met. Many IDUs in Egypt hold the superstition that it is bad luck to get injecting equipment before obtaining drugs, and this is a major barrier to ensuring needles are not shared. Since IDUs are prohibited from entering the drop-in center with drugs in their possession, the IDUs were often unable to obtain clean needles after purchasing their drugs. This led the IDUs to share needles with other injectors out of desperation. Additionally, there are others that are at risk of being infected with HIV/AIDS due to injection practices among their sexual partners or spouses, and therefore this is a critical risk group to reach with HIV/AIDS interventions.

With technical supervision from IMPACT/Egypt, the Freedom IDU outreach program and drop-in center were established in August 2003 and provided services under IMPACT/Egypt through March 2006. This was the first ever street-based outreach program for IDUs in Egypt and also for the Middle East. Due to the effective program design and capacity building of staff, Freedom has managed to successfully obtain funding to continue implementing the program following IMPACT/Egypt close-out, thereby ensuring the long-term benefits to IDUs in Egypt.

The Freedom program has been conducting work with IDUs since 1989, but until partnering with FHI, their work did not contain HIV/AIDS components. The drop-in center was established in an apartment in the neighborhood of Shoubra, a densely-populated area of Cairo, where a large number of IDUs can be found. The location for the drop-in center was chosen based on interviews conducted with IDUs in residential care facilities during the year 2003. It was determined that a significant concentration of drug addicts lived in the area, and that it was an ideal location to guarantee substantial access to the intervention and the services offered under this activity. The experience of recovered addicts and their networks would provide the required access to potential clients.

The specific needs of street-based drug users included wound management, access to care and support services, and management of drug addiction. Strategies to address these needs through the project included outreach work, peer education, one-on-one and group counseling sessions, distribution of educational materials, condom and clean needle promotion, referral for VCT and other support services, and capacity building of the NGO staff. The outreach teams were comprised of a social worker and recovered IDUs, who would also participate in activities at the drop-in center. Additional staff at the center included two nurses, administrative staff, and a medical doctor that held educational sessions for the IDUs three times a week.

Responding to Data Needs: Behavioral Surveillance Surveys

Beginning in 2003, IMPACT/Egypt and the NAP worked closely to address both the immediate and long-term HIV/AIDS/STI surveillance needs, paying particular attention to the need for good, reliable data. IMPACT/Egypt and the NAP have been working to ensure Egypt maintains its low prevalence of HIV/AIDS. Despite the NAP's many efforts, there remains a serious lack of data to examine the trend of the epidemic and a lack of information on the risk factors contributing to the spread of HIV/AIDS in Egypt. These factors make controlling the spread of HIV/AIDS in Egypt a great challenge.

The first step to addressing these data gaps was the development of a National HIV/AIDS/STI Surveillance Plan. In 2003, IMPACT/Egypt conducted a National Surveillance Consensus Meeting, attended by various partners including the NAP, USAID, UNAIDS, Naval Medical Research Unit - 3, WHO and the Ford Foundation. The IMPACT/Egypt team collaborated with the NAP to evaluate Egypt's surveillance system and, as part of their support to the NAP, agreed to assist them in enhancing the surveillance of HIV/AIDS in Egypt.

To develop a coordinated approach to HIV/AIDS/STI surveillance in Egypt, IMPACT/Egypt actively obtained feedback and comments on the proposed surveillance plan from all relevant stakeholders. One of the challenges identified to implementing a national surveillance system was the lack of trained staff to implement and maintain such an important system.

IMPACT/Egypt helped to overcome this by building the capacity of NAP staff members and sponsored NAP staff members to attend the FHI Behavioral Surveillance Survey (BSS) trainings held in Kenya and Ethiopia. Representatives from Egypt's NAP also participated in an FHI sponsored regional surveillance training held in Cairo in September 2005.

The National Surveillance Plan was developed by IMPACT/Egypt, with additional input from the NAP and all active stakeholders working in the field of HIV/AIDS in Egypt. This plan served to guide data collection needs and reduce duplication of activities by other agencies, as various partners in Egypt had different roles to play in the support of an overall surveillance system in Egypt. As outlined in the plan, IMPACT/Egypt overtook data collection on high-risk groups by implementing Egypt's first national-level Bio-BSS. Statistics on HIV/AIDS infections among high-risk groups are certainly underestimates, since prevalence among the high risk groups and the rate at which the disease may be spreading within or beyond these groups was previously unknown.

The main goal of conducting the Bio-BSS study was to establish a model surveillance system that will provide baseline behavioral and biological data and track behavior trends for high-risk groups that influence the epidemic in Egypt. This in turn will help to construct an advocacy package for policy makers that would support and inform HIV prevention and care programs.

Second Generation Surveillance is a system of data collection established to monitor HIV/STI prevalence and high-risk behavioral trends over time. It includes data from routine case reporting, but it is centered on data collected through Bio-BSS. Therefore, this second generation surveillance system is not parallel to the currently existing standard reporting system of the NAP, but rather it integrates the data produced by the NAP with additional data collected from other sources, at different frequencies, and using diverse methods of data collection. The resulting information is useful in focusing interventions on target groups that will have the greatest effect on the epidemic, while also providing information that can be useful in planning for the care of HIV infected individuals and families.

In Egypt, two research methodologies were used to carry out the Bio-BSS: Respondent Driven Sampling (RDS) and Time-Location Sampling (TLS). The sampling methodology for each target group was chosen based on the ease with which acquaintances of the target group could be referred and on the feasibility of providing incentives for participation in the study. The target groups for this activity were street children, MSM, IDUs, and FSWs. Among MSM and IDUs, the RDS methodology was used to recruit participants, while TLS was used among FSWs and street children.

IMPACT/Egypt developed sub-agreements with three Egyptian NGOs to assist with the implementation of the Bio-BSS activity. Caritas Alexandria assisted with the surveillance activities among MSM, while Freedom conducted surveillance among IDUs and FSWs and the Hope Village Society conducted surveillance among both male and female street children. These particular NGOs were critical in this activity, as they had access to these target sub-populations and already had the trust of these target groups, without which reaching the highly-stigmatized and hard-to-reach populations would have been next to impossible.

FHI provided the necessary training and technical assistance to each NGO and site to ensure proper implementation and quality assurance. While trained specialists from the NGOs were actively involved in the surveillance and data collection activities, the overall process was supervised by the principle investigator, co-investigators, and FHI staff, which provided technical assistance as needed. There were also full-time on-site supervisors, external to the NGOs, to help oversee the entire process and this was critical to timely implementation. The NAP was actively involved in the entire process, from the planning stages to the data analysis and it was this process of involvement that ensured that the study was a collaborative effort, with the NAP taking ownership over the final study results.

Supporting Clinical Care for People Living with HIV/AIDS

Although Egypt has a relatively low prevalence of HIV/AIDS, the needs of PLHA are the same as in high prevalence countries. Due to the debilitating affects of AIDS, early care and treatment is imperative to reduce the physical, psychological, and economic tolls of this disease. Early detection of HIV can prolong the duration and quality of life of these individuals with promising new treatments now available in Egypt.

Prior to IMPACT/Egypt's collaborative efforts, several key factors were affecting quality clinical management of HIV/AIDS cases in Egypt. Examples include the lack of standardized treatment guidelines for the clinical care of PLHA, the lack of well-trained staff in the specific area of HIV clinical care and stigmatizing attitudes among health care workers regarding PLHA. The upgrading of health services offered to the Egyptian people for the care and treatment of individuals with the HIV/AIDS is a major priority area for the MOHP. Beginning in 2003, IMPACT/Egypt partnered with MOHP to address many of the critical needs for HIV infected persons, beginning with the provision of high-quality clinical care through a comprehensive approach.

IMPACT/Egypt began by working on the development of materials addressing the needs of both PLHA and service providers. There previously had not been a standardized provision of care, and service providers were afraid of working with PLHA. Through a comprehensive approach, including the development and dissemination of the National HIV/AIDS Clinical Care Guidelines for Physicians and a separate set of National HIV/AIDS Clinical Care Guidelines for Nurses, training of service providers, and making infection control measures available, these actions have resulted in the increase of well-trained service providers capable of providing quality services. Providers are now well versed in the detection of HIV/AIDS, the clinical care of PLHA, the management of opportunistic infections (OIs) and basic principles of the provision of antiretroviral therapy (ART). During the trainings, feedback was obtained and included in the final versions on the guidelines based on lessons learned, insight gathered from relevant stakeholders, and observed gaps in knowledge. The feedback obtained from the physicians and the nurses during the 2003 trainings were vital to the development process and helped to create a sense of national ownership.

The *Clinical Care Guidelines for Physicians* focus on a medical approach to the provision of care for patients who are HIV-infected. The detailed physicians' guidelines cover subjects such as prevention control, comprehensive and clinical care, related diseases, and the diagnosis and

prevention of OIs, as well as special considerations for pregnant women including prevention of mother-to-child transmission (PMTCT), provision of ART, and palliative care.

The *National HIV/AIDS Clinical Care Guidelines for Nurses* was created as a separate document, as physicians and nurses are two separate target audiences with different skills, roles, and responsibilities. They also have specific concerns when looking at issues surrounding clinical management of PLHA. Additionally, it was determined that the nurses' guidelines should be developed in Arabic, in comparison to the physicians guidelines, which were developed in English. Key issues covered during the nurses training included psychosocial aspects of HIV/AIDS, infection control practices, comprehensive care for PLHA, caring for care givers, combating stigma and discrimination, and the provision of ART.

IMPACT/Egypt conducted additional trainings for the physicians and the nurses using the finalized guidelines in order to update their technical knowledge in clinical care, familiarize them with the final versions of the tools, and reach new service providers, since turnover in these facilities is an on-going issue. Other important resources for nurses and care providers that IMPACT/Egypt developed include a three-part series of Home-Based Care Manuals for People Living with HIV/AIDS and nutritional support guidelines.

As part of the comprehensive approach to care and treatment for PLHA, IMPACT/Egypt facilitated negotiations between the MOHP and pharmaceutical companies for the provision of affordable ART for PLHA. Even though the NAP provides ART free of charge to those PLHA in need, costs are still high and the supply is inconsistent. These on-going negotiations have led to a search for a long-term solution to these issues.

Garnering Political Support through Religious Leaders

Religious leaders are essential actors in any successful response to HIV/AIDS because of their social legitimacy and durable presence in communities. They help shape social values and norms, a critical contribution to ending stigma and discrimination, and they are also well positioned to influence public attitudes and national policies. Historically, mosques and churches have tended to point a finger at PLHA instead of adopting a caring and compassionate response. A deeper look into the religious texts and original practices shows that there are many values and positive aspects that can be positioned as entry points to deal with HIV and its social dimensions: these include respect of life, compassion, reduction of vulnerability, caring without judgment, education through good example, and respect of women's choice regarding marriage.

Religious leaders have a tremendous role to play in increasing awareness, stimulating an effective political response, creating a supportive and enabling environment for people affected, and generating social transformation in order to reverse the epidemic in the Arab region. IMPACT/Egypt conducted numerous seminars with Christian and Muslim religious leaders from Egypt and the Middle East and North Africa region in order to increase their support in preventing HIV/AIDS. Of these, more than 80 high-level religious leaders from the Arab world agreed unanimously to respond to HIV/AIDS by signing The Cairo Declaration during the Regional Religious Leaders Colloquium held in Cairo in 2004 (see Annex). To prevent the transmission of HIV/AIDS, the religious leaders acknowledged "the medical call for the use of different prevention means to reduce the harm to oneself and others." The religious leaders also

emphasized the importance of reaching out to vulnerable and high-risk groups and "ask(ed) that treatment and rehabilitation programs be developed." The religious leaders also went on to emphasize the need "to abolish all forms of discrimination…and stigmatization of people living with HIV/AIDS."

Building on its work with religious leaders from the Middle East and North African region, IMPACT/Egypt trained local Christian and Muslim Leaders to educate their constituencies about HIV/AIDS through their spiritual and supportive roles. The overarching goal of the training workshops for religious leaders was to improve participants' understanding of HIV/AIDS, how it is transmitted, risky behaviors that can lead to HIV infection, prevention methods, and condom use.

The interactive training combined lectures, small group discussions, exercises, and brainstorming sessions. During group discussions, Muslims and Christians were separated to identify verses from the Quran and Bible that convey positive messages about healing, helping others, and acceptance. Using these verses, the religious leaders toolkits were developed, which include excerpts from the Bible and Quran in a context of support of HIV/AIDS prevention and care activities. These documents have been used to train other religious leaders on the importance of responding to the AIDS epidemic.

During the training sessions, each sheikh or priest developed an annual plan of activities to combat HIV/AIDS in their respective districts. Several highly committed religious leaders were selected, based on their action plans, to provide HIV/AIDS educational sessions for their congregations with technical support provided under IMPACT/Egypt.

Raising Awareness about HIV/AIDS: Other Activities

IMPACT/Egypt supported additional activities as needs arose, which primarily concentrated on raising awareness and educating individuals about HIV/AIDS. IMPACT/Egypt conducted sessions on HIV/AIDS for local and international organizations, youth, university students, and private sector organizations, among others. As part of these activities, IMPACT/Egypt supported World AIDS Day activities in 2004, 2005, and 2006. Many of these activities were conducted in conjunction with Egypt's ETG on HIV/AIDS.

On World AIDS Day 2004, IMPACT/Egypt launched Egypt's first VCT site and conducted HIV/AIDS awareness-raising sessions for the general public. Activities around World AIDS Day 2004 included 39 radio programs on nine stations and various TV programs raising awareness on HIV/AIDS and promoting World AIDS Day events. IMPACT/Egypt also participated in the distribution of printed materials and competitions among community members. All of these events culminated in a free musical concert open to the public at Al Azhar Park. Roughly 2,500 people attended the

Egyptian–Greek Singer Simone performing at the 2004 World AIDS Day Concert

concert and were treated to a musical event featuring stars including Khaled Selim, Simone, and Habayebna.

As part of World AIDS Day 2005 celebrations and on-going efforts to improve care and treatment, IMPACT/Egypt and the ETG supported a Care, Support, and Treatment Workshop. The theme for the 2005 World AIDS Day workshop was *Stop AIDS. Keep the Promise*. In efforts to address the theme for 2005, the ETG held the workshop to advocate with pharmaceutical companies and the private sector to address current gaps in care, support, and treatment services, such as the need to support purchase of second-line treatment and certain OI medications, as well as overall support to provision of psycho-social support.

IMPACT/Egypt also conducted an AIDS awareness-raising session with the Association for the Development and Enhancement of Women (ADEW). The session targeted 250 underprivileged women and children that work in manually sorting through the city's garbage. Due to the occupational hazards faced daily by these women and children, educating them on the risks of HIV infection and what to do in the event of needle-stick injuries is of great benefit in preventing HIV infection.

Youth celebrating World AIDS Day 2004 at the Azhar Park

In 2006, IMPACT/Egypt conducted World AIDS Day activities in four governorates through support for local NGOs, youth, and MOHP staff. Activities included youth camps, street shows, parades, theatrical plays, sailing, games, educational sessions, and seminars conducted by famous Egyptian actors. Activities included direct support and technical assistance for activities in Cairo, Beni Suef, Sohag, and Ismailia. In Cairo, IMPACT/Egypt conducted an educational seminar at the American University in Cairo, where students were educated about HIV/AIDS and provided with promotional materials on IMPACT/Egypt-supported STI and VCT sites in efforts to encourage the flow of clients to these sites.

In Ismailia, IMPACT/Egypt supported World AIDS Day events over a three-day period. The first two days consisted of a youth camp to raise awareness of HIV/AIDS among youth from Lower Egypt. On the third day, IMPACT/Egypt supported a seminar in which two celebrities, Amr Waked and Khaled Abou El Naga, helped in educating youth about HIV/AIDS. Discussions also included reducing stigma experienced by PLHA, referrals to VCT services for HIV/AIDS, and promotion of the HIV/AIDS hotline. Roughly 150 individuals attended the seminar. Various educational and entertaining games were organized during group sessions, with prizes offered to each winner. Prizes included t-shirts, bracelets, and red ribbons highlighting the HIV/AIDS cause. The Ismailia events included basketball and soccer tournaments.

Egyptian sailboat (felucca) sailing the River Nile to raise awareness of HIV/AIDS

In commemoration of the arrival of the feluccas (sail boats) in Sohag, a theatrical play was produced by an NGO, educating locals on HIV/AIDS. The NGO had been trained to conduct HIV/AIDS awareness-raising sessions and conducted follow-up by training additional youth in Sohag on HIV/AIDS. IMPACT/Egypt supported a two-day commemorative "Sailing the Nile" event in Beni Suef, which included a promotional event, presentations by the Governor, a street parade, and other celebrations.

IMPACT/Egypt also supported various other organizations to conduct events for World AIDS Day. IMPACT/Egypt provided printed materials to the British Council and the Shahama FBO Network for distribution at educational seminars. Shahama, a network of FBOs and leaders responding to HIV/AIDS in the Arab region, used these materials to conduct awareness-raising sessions among religious leaders.

Other activities conducted under IMPACT/Egypt included technical assistance to other local and international organizations, particularly during trainings and conferences; support for MOHP staff and NGO representatives to attend international conferences and trainings outside Egypt; presentation of IMPACT/Egypt accomplishments at the International AIDS Conferences; distribution of materials to other organizations, such as religious organizations, youth groups, and NGOs; and site visits to neighboring countries. In celebration of International Women's Day, IMPACT/Egypt conducted a woman's health and HIV/AIDS session for 350 international ambassadors and their wives.

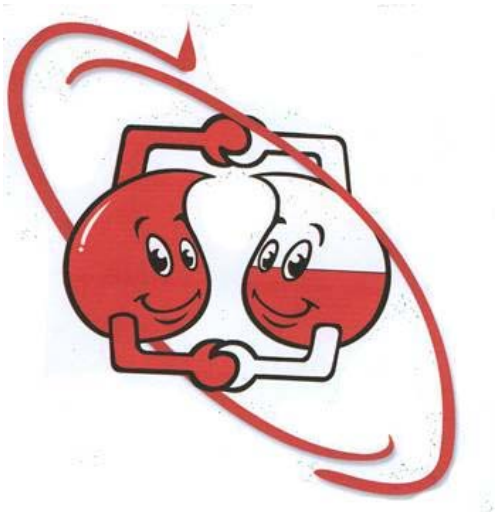
IMPACT/Egypt also conducted numerous activities to increase the promotion of STI and VCT services. Promotional activities were conducted among youth, physicians, tourism workers, Bedouins, religious leaders, NGO staff, and IDUs undergoing rehabilitation. In line with IMPACT/Egypt's efforts to enhance HIV/AIDS prevention among high-risk groups, IMPACT/Egypt has developed a strategy for the NAP outlining ideal routes of communication to increase grassroots support in reaching MARGs. The NAP recognized that in order to reach those groups most in need of

Promotional session with tourism workers

prevention and care, they must make active efforts to coordinate with local NGOs, FBOs, and community-based organizations.

Ensuring a Safer Blood Supply

Blood-borne transmission of HIV accounts for up to 10 percent of HIV infections in countries with limited resources. The vast majority of these infections can be avoided by taking basic precautions, including preventing the transmission of HIV through blood transfusions by careful selection of donors at low risk of HIV infection. From 1999 to 2005, IMPACT/Egypt worked on building a safer blood supply in Egypt. The primary strategy was to increase the capacity of blood bank staff to select and retain healthy donors and to promote voluntary nonremunerated regular (VNR) blood donation.



To inform project design, IMPACT carried out a situational assessment in 2000 and determined that the most important step toward establishment of a safe blood supply in Egypt was the cultivation of a sustainable, community-oriented blood donor base. To achieve this, the project needed to:

- Establish guidelines for infection control/universal precautions and policies for safe donor recruitment;
- Clarify roles and responsibilities of blood bank staff;
- Build the capacity of blood bank staff to recruit, retain and monitor blood donors; and
- Establish a monitoring system for recruitment and retention of safe donors.

To maximize the outcomes of IMPACT/Egypt's activities and to ensure sustainability, intensive stakeholder involvement was promoted at all levels. In addition, IMPACT/Egypt focused most of its efforts on the nine sites under the National Blood Transfusion Service (NBTS), since these sites were among those best-equipped. IMPACT/Egypt also supported the General Directorate (GD) Blood Banks by promoting GD stakeholder involvement and offering capacity building to GD staff throughout the entire program.

Blood Donor Selection Criteria

The first step in ensuring a safe blood supply is careful selection of blood donors. This has proven to be one of the most cost-effective measures to reduce the number of discarded blood samples, and therefore maintain of a safe blood supply. To promote standardized blood donor selection criteria, IMPACT/Egypt conducted a Blood Donor Selection Criteria Workshop, attended by various governmental and nongovernmental stakeholders involved in blood bank activities. Current research on transfusion transmitted infections and the spread of hepatitis were presented during the workshop. The workshop resulted in the development of standard donor selection criteria, which include initial screening questions to be asked of blood donors, procedures for duration of temporary deferral of blood donors, and situations that call for permanent deferral of donors. Data collected from the regional blood banks have shown that these standardized selection criteria, now being used throughout the blood bank system, have

resulted in a decrease in the number of blood units discarded due to hepatitis C and other infections.

Universal Precautions Assessment
Contaminated blood transfusions are known to be a possible source of HIV infection in health care settings. But there are also risks of infection associated with other aspects of care. Health service providers may become infected with HIV through needle-stick injuries and injuries during surgery. Additionally, when injecting and other equipment is poorly sterilized, HIV may be carried from an HIV-infected to an uninfected patient in the health care setting. Universal precautions are designed to minimize these events, but irregular supplies of surgical gloves or sterile needles, poor sterilization equipment, and overburdened staff unable to follow time-consuming safety routines often contribute to the breach of these precautions.

In determining universal precautions, IMPACT/Egypt conducted an assessment of precautions throughout 21 blood banks in the two governorates of Sharkia and Qena. Results of the assessment showed that despite the existence of Infection Control Committees in the majority of blood banks, there was a strong need for standard guidelines on safety and infection control. Furthermore, blood bank staff were in a strong need of training to reduce the occupational hazards of working in a blood bank. The results of this assessment were used to determine additional areas in need of improvement and specific training needs of blood bank staff. The assessment results were also used to leverage resources to those blood banks most in need of assistance. IMPACT/Egypt developed a Universal Precautions Assessment Tool for use throughout the blood banks.

Monitoring and Evaluation of Donor Data
IMPACT/Egypt supported the collection of blood donor-related data from the regional blood banks for the monitoring and evaluation of the recruitment and retention of VNR donors. To enhance the ability of blood bank staff to collect and analyze the data, IMPACT/Egypt conducted data management training for blood bank staff and developed a reference book for the blood banks titled *Data Management and Research Methodologies*. IMPACT/Egypt also conducted various assessments of data management on the monitoring and evaluation of types of blood donors. This data was collected semi-annually and used to measure program results, which were used to assist the NBTS in enhancing data collection from regional sites based on the identified gaps.

IMPACT/Egypt also developed a Blood Donor Tracking System (DONATA), which has been installed on the computers in the central and regional blood banks. The system tracks each individual blood donor as they move through the blood bank system, allowing for recall of suitable donors, and produces reports summarizing all demographic and serological data collected by the blood banks. Furthermore, data can be exported from the system, enhancing data analysis of blood donor statistics and comparisons between recruitment and retention activities of each of the blood banks.

Behavior Change Communication and the National Blood Donation Campaign
The Minister of Health and Population requested IMPACT/Egypt to assist the NBTS in developing a National Blood Donation Strategy. To increase the knowledge of blood banks staff

on behavior change communication (BCC), IMPACT/Egypt conducted its BCC course for blood bank staff and a separate workshop for mass media personnel. Furthermore, to ensure development of an evidence-based mass media strategy, IMPACT/Egypt conducted 28 focus group discussions (FGD) in four governorates (Tanta, Alexandria, Aswan and Cairo) with various target audiences including youth, university students, and individuals attending mosques and churches. The FGDs produced a wealth of information on people's attitudes, knowledge, and practices regarding blood donation and identified common misconceptions about blood donation that should be addressed in the campaign. To also gain a better understanding of the blood bank staff and their views on donation, 15 in-depth interviews (IDIs) were conducted with blood bank service providers.

Through a competitive selection process, IMPACT/Egypt identified an advertising agency and public relations firm to launch the mass media campaign. IMPACT/Egypt conducted a BCC strategy workshop for stakeholders involved in blood donation, including blood bank staff, university staff, military persons, and individuals from the target audiences. Results of the FGDs and IDIs were presented during this workshop, creating an opportunity for the blood banks to present their knowledge on the target audiences to the advertising and public relations agencies and to identify key priority areas in the message development process. These messages later could be disseminated via TV, radio, and print media.

Products designed under this campaign included TV and radio spots, brochures, banners, flyers, stickers, nurse's coats, t-shirts, and print advertisements. IMPACT/Egypt staff pre-tested the logo and prototypes of the developed materials. Due to funding constraints, the NBTS was unable to officially launch the campaign; however, these materials have been provided to the MOHP to be launched at a future date.

Communication Skills Curriculum and Training of Trainers

IMPACT/Egypt worked to enhance the communication skills of blood bank staff to improve their interactions with blood donors and create a solid knowledge base within the blood banks. Under this activity IMPACT/Egypt contracted with the Center for Development Services (CDS), to develop a Communication Guide containing information to guide blood bank staff on how to communicate with potential blood donors. The guide also contains common questions asked by blood donors and standardized, scientific based responses for these questions. CDS also developed a Communications Facilitator's Guide to be used for training blood bank staff on the information contained within the Communication Guide. The NBTS and CDS conducted communication skills training courses, based on the developed tools. Trainers competitively selected regional blood bank staff members to train. These trainings continue regularly, as staff turnover is a common issue within the blood banks. By selecting trainers from within the blood banks and developing standardized training documents, which have been distributed among the blood banks, the long-term sustainability of this activity was guaranteed.

Basic Blood Bank Practices Curriculum and Training of Trainers
Based on an assessment of operating procedures within the blood banks, IMPACT/Egypt and the NBTS determined that the knowledge and capacity of blood bank staff needed to be improved with regards to standard blood bank operating procedures. To ensure the safe handling of blood within the blood banks, IMPACT/Egypt worked closely with the NBTS on basic blood bank practices and developed the Basic Blood Bank Practices Training Curriculum. Furthermore, a Basic Blood Bank Practices Facilitator's Guide was developed for use in training the blood bank staff on the basic training curriculum. The NBTS, in conjunction with Caritas conducted a TOT for selected blood bank staff on how to train additional blood bank staff on the above-mentioned curriculum. These trainers trained 575 blood bank staff on the developed curriculum. The TOT model used for this activity proved to be a cost-effective method of further enhancing the capacity of blood bank staff and for ensuring the long-term sustainability of this activity.

Activities throughout the Regions of Egypt
IMPACT/Egypt worked to strengthen blood donation activities in various regional centers, including the blood banks in Alexandria, Sohag, Minia, Beni Suef, Tanta, Mansoura, and Fayoum, among others. IMPACT/Egypt and the NBTS conducted in-depth assessments in three governorates. The results of these assessments were used to identify the significant needs of these blood banks, to plan for upcoming interventions and trainings, and to leverage existing resources. To bolster the blood donor recruitment and retention in these areas, IMPACT/Egypt and the NBTS conducted various blood donor support activities, including blood donor celebration days, sponsorship of local community activities, and the development of promotional written materials to be distributed by the regional centers. IMPACT/Egypt worked with the Alexandria blood banks to develop a recall system, based on sending postcards to previous safe blood donors. IMPACT/Egypt also conducted numerous trainings in the regional blood banks on communication skills, basic blood bank practices, and data management. By decentralizing these activities, the capacity of the regional blood banks to function independently was enhanced.

Donor recall postcard

F. Program Results

1. **Program Outputs**
IMPACT/Egypt produced the following deliverables:

Table 2: Assessment Reports Produced under IMPACT/Egypt

Report Title	Year	Language
Evaluation of Selected Reproductive Health Infections in Various Egyptian Population Groups in Greater Cairo	2000	English
Assessment of Blood Donor Recruitment and Retention in Eight Governorates around Egypt	2000	English
Data Management System Review of the NBTS	2002	English
Monitoring and Evaluation of Types of Donors in Six Regional Blood Centers of BTS Egypt	2002	English
Assessment of the HIV/AIDS Situation and Response in Egypt	2003	English
Assessment of Nongovernmental Organizations Actively Working with Drug Users	2003	English
Universal Precautions Assessment Findings of 21 Blood Banks	2003	English
Findings of Focus Group Discussions and In-Depth Interviews to Determine Attitudes and Practices Towards Blood Donation In Four Egyptian Governorates	2004	English
HIV/AIDS Biological and Behavioral Surveillance Survey – Summary Report	2006	English
HIV/AIDS Biological and Behavioral Surveillance Survey – Full Report	2006	English

All of the above reports are available through the FHI/Egypt Country Office.

The following two tables depict materials, guidelines and manuals developed by IMPACT/Egypt to guide service delivery. The first table covers materials used for HIV/AIDS activities, while the second table depicts materials used to promote a safer blood supply in Egypt. Many of these documents had never been produced in Arabic.

Table 3: HIV/AIDS Training and Educational Materials

Document Title	Year	Language
National Guidelines for Voluntary HIV Counseling and Testing	2004	Arabic/ English
National Monitoring and Evaluation Plan for Voluntary HIV Counseling and Testing	2004	Arabic/ English
Operating Procedures for the Central Laboratory Voluntary HIV Counseling and Testing Services	2004	Arabic/ English
Monitoring and Evaluation Plan for Voluntary HIV Counseling and Testing at the Central Laboratory	2004	Arabic/ English
Electronic VCT Database	2004	Arabic/Eng.

Document Title	Year	Language
		English
National HIV/AIDS and STI Surveillance Plan	2004	English
HIV/AIDS Prevention and Care Fact Sheet	2004	English
Muslim Religious Leaders Toolkit	2005	Arabic
Christian Religious Leaders Toolkit	2005	Arabic
HIV Voluntary Counseling and Testing in Egypt: A Reference Guide for Counselors	2006	Arabic/ English
National Guidelines for the Management of Sexually Transmitted Infections	2006	English
Training Manual for the Management of Sexually Transmitted Infections	2006	English
National HIV/AIDS Clinical Care: A Reference Guide for Physicians	2006	English
National HIV/AIDS Clinical Care: A Reference Guide for Nurses	2007	Arabic

Table 4: Blood Safety Training and Educational Materials

Document Title	Year	Language
Communication Guide for Safe Blood Donation	2002	Arabic
Infection Control Practices Assessment Tool for Blood Banks	2003	Arabic/ English
Communication Skills Training of Trainers Manual	2004	Arabic
Basic Blood Bank Practices Training Curriculum	2004	Arabic
Basic Blood Bank Practices Training of Trainers Manual	2004	Arabic
DONATA – Software Package and User Guide	2004	Arabic/ English
Establishing a Safer Blood Supply Fact Sheet	2004	English

Table 5: Behavior Change Communication Materials Produced

Title	Year	Language
VCT Brochure	2004	Arabic
VCT Poster – What Are VCT Services	2004	Arabic
VCT Poster – Modes of Transmission of HIV	2004	Arabic
VCT Poster – How to Prevent HIV	2004	Arabic
VCT Poster – Benefits of VCT	2004	Arabic
What Do You Know About AIDS? (Home-Based Care Book 1)	2004	Arabic
Taking Care of Your Health When Living with AIDS (Home-Based Care Book 2)	2004	Arabic
Your Health and the Health of Your Child When Living with AIDS (Home-Based Care Book 3)	2004	Arabic
Nutritional Guide for People Living with HIV/AIDS (Home-Based Care Book 4)	2004	Arabic
VCT Poster – Follow-up to VCT Services	2004	Arabic

Title	Year	Language
VCT Video – Promotion of VCT Services and HIV Education	2006	Arabic
VCT Video – Educating VCT Clients on Services Offered and HIV	2006	Arabic
STI Poster – Management of STI Infections (Syndromic Approach)	2006	English
STI Brochure	2007	Arabic

Materials Produced under the National Blood Donation Campaign: Storyboards, TV and radio spots, brochures, banners, flyers, car stickers, ambulance stickers, nurse's coats, t-shirts, and print advertisements

Training Outputs

Table 6: Personnel Trained to Provide HIV/AIDS Prevention and Care

Type of Provider	Total
BSS Trainings (Supervisors and Interviewers)	55
IDU Outreach Workers/Peer Educators	80
Nurses	25
Physicians	58
Program Managers (FHI/NAP/FBOs/NGOs)	18
Religious Leaders	285
STI Care Providers	196
VCT Counselors	179
Total	**896**

Table 7: Blood Bank Personnel Trained

Type of Training	Total
Basic Blood Bank Practices – Staff	707
Basic Blood Bank Practices – Trainers	32
BCC Mass Media Workshop	43
Blood Donor Recruitment and Retention Workshop	38
Blood Donor Selection Criteria	33
BSS Message Development Workshop	47
Building a Safe Blood Donor Base	36
Common Questions and Answers Workshop	33
Communication Skills – Staff	344
Communication Skills – Trainers	40
Data Management	19
DONATA Training	7
National BCC Strategy Meeting	31
Planning for Effective Donor Recruitment and Retention Workshop	30
Total	**1,440**

Service Outputs

Table 8: Outputs by Intervention Area

Services	**Number of Service Recipients**
Christians Educated by Religious Leaders on HIV/AIDS	178
Garbage Collectors Educated on HIV/AIDS	247
IDUs Outreached	1,670
IDUs Participated in Peer Education	631
Media Educated on HIV/AIDS	80
Muslims Educated by Religious Leaders on HIV/AIDS	236
STI Clients (Cairo and Alexandria)	1,040
VCT Clients (Cairo and Alexandria)	1,186
VCT/STI Promotional Activities among Bedouins	10
VCT/STI Promotional Activities among IDUs	10
VCT/STI Promotional Activities among NGO Representatives	50
VCT/STI Promotional Activities among Pharmacists	36
VCT/STI Promotional Activities among Physicians	138
VCT/STI Promotional Activities among Religious Leaders	30
VCT/STI Promotional Activities among Tourism Workers	251
VCT/STI Promotional Activities among Youth	325
Women Educated on HIV/AIDS	350
BCC Materials Distributed	**Number of Materials**
Home-Based Care – Caring for You and Your Child When Living with HIV/AIDS	10,000
Home-Based Care – Caring for Yourself When Living with HIV/AIDS	10,000
Home-Based Care – What Do you Know About HIV/AIDS?	35,500
Nutritional Support for People Living with HIV/AIDS	12,000
STI Brochures	6,000
STI Posters	400
VCT Brochures	34,000
VCT Posters	11,000
Total	**118,900**
Condom Distribution*	**Number of Condoms**
IDUs	2,992
STI Clients	3,000
VCT Clients	26,600
Total	**35,592**

***** Condoms were donated by other agencies

2. Program Outcomes and Impact

Given that Egypt had a documented prevalence level of less than 0.1 percent nationwide at the time when IMPACT activities began in the country, interventions were designed to respond to the current status of the epidemic. During the program design phase, anecdotal evidence showed that high-risk behaviors among sub-groups were common. Therefore, IMPACT/Egypt determined that HIV/AIDS activities must take a targeted approach to these most at risk groups (MARGs). Linked sub-projects targeted high-risk groups and their partners. These projects were for the provision of VCT services, the detection and treatment of STIs, HIV/AIDS care and treatment, and street-based outreach for IDUs. Active referrals between the activities served as the best method of reaching the target population.

Voluntary Counseling and Testing for HIV

In May 2007, FHI had supported a total of nine functional VCT sites in Egypt and provided six other VCT sites operated by other agencies with VCT materials and monitoring and evaluation tools. VCT services in Egypt concentrated on reaching high-risk groups. One of the main challenges to implementation was the ability to attract individuals from high-risk groups to test for HIV. Due to the illegal and stigmatized nature of some practices including injection drug use and homosexual practices coupled with name-based reporting, individuals feared using government-related services. FHI/Egypt has worked to overcome these fears through the promotion of anonymous HIV testing and partnership with NGOs to provide VCT service delivery, and to promote active referrals for care and support amongst MARG. Due to the satisfaction of clientele who have visited the VCT sites, word-of-mouth has served to increase the trust high-risk groups have in the services offered by the VCT sites.

Table 9: Total Number of Clients Receiving VCT at Two FHI-supported VCT sites

Date	Site	Number Testing for HIV	Percent Positive	Key Results
Aug. 2004–April 2007	Cairo Central Laboratory	592	8.8	20% of clients identified as IDUs 56% of clients were tested due to personal risk behaviors 11% tested due to partners risk behavior
October 2005 – March 2007	Caritas Alexandria	312	2.2	52% of clients identified as IDUs

Concentrating VCT services on MARGs provided valuable HIV prevalence data. Even though IMPACT/Egypt did not develop targeted approaches to reaching MSM, 8.5 percent of the individuals tested at the Cairo VCT site reported that they were MSM. Results from all the

supported sites show that 6.0 percent of VCT clients are HIV positive, compared with the national prevalence of less than 0.1 percent.

Detection and Treatment for Sexually Transmitted Infections
IMPACT/Egypt established three pilot STI clinics to provide comprehensive services to STI clients, including the management of STIs. The clinics are now operational in Cairo and Alexandria, staffed by health care providers whose training was based on the IMPACT/Egypt-developed National Guidelines for the Management of STIs. Egypt's first integrated STI/VCT site was also established in the Red Sea area of Sharm El Sheikh. Behavior change communication materials distributed at the sites were designed to educate clients about the risks of STIs and the preventive measures they can take, such as abstinence, condom use, and seeking medical care. At the three operational STI clinics, over 12,000 BCC materials were distributed. VCT services for HIV/AIDS continue to be promoted, with active referrals between the VCT and STI sites.

The STI program led to increased awareness among service providers of the importance of treating and preventing STIs as a means to stem HIV infection. Overall, 196 health care providers from Cairo, Alexandria, and Sharm El Sheikh have been trained on STI management and are now better informed about STIs, more able to treat and counsel their patients, and capable of instructing other doctors accordingly. The three IMPACT supported STI clinics all have newly installed data collection and management systems to facilitate record keeping. Newly-renovated clinics, situated within existing health facilities, helped remove the negative social stigma surrounding STIs, leading to increased client flow.

Targeting VCT and STI Services at High-Risk Groups
IMPACT/Egypt devised a range of strategies aimed at increasing uptake of VCT and STI services by MARGS, including increased promotion of VCT and STI sites among the target groups and active linkages with NGOs working with high-risk groups. IMPACT/Egypt worked to establish active referrals between NGOs working with high-risk groups and VCT and STI services through use of outreach including peer outreach for IDUs. As a result of these referrals, 56 percent of clients visiting the VCT sites were IDUs. FHI collaborated with the Freedom NGO to conduct street-based outreach to IDUs. These IDUs are then provided with referral to the VCT site in Cairo. Between December 2004 and March 2006, 29.2 percent of clients visiting the VCT site in Cairo were referred by Freedom. FHI also partnered with other organizations to increase the uptake of VCT and STI services. The HIV/AIDS Hotline, STI clinics and other active HIV/AIDS projects also refer clients to the VCT services. At the time of this report, 10.8 percent of clients visiting the Cairo Central Laboratory site were referred by the STI clinic in Cairo.

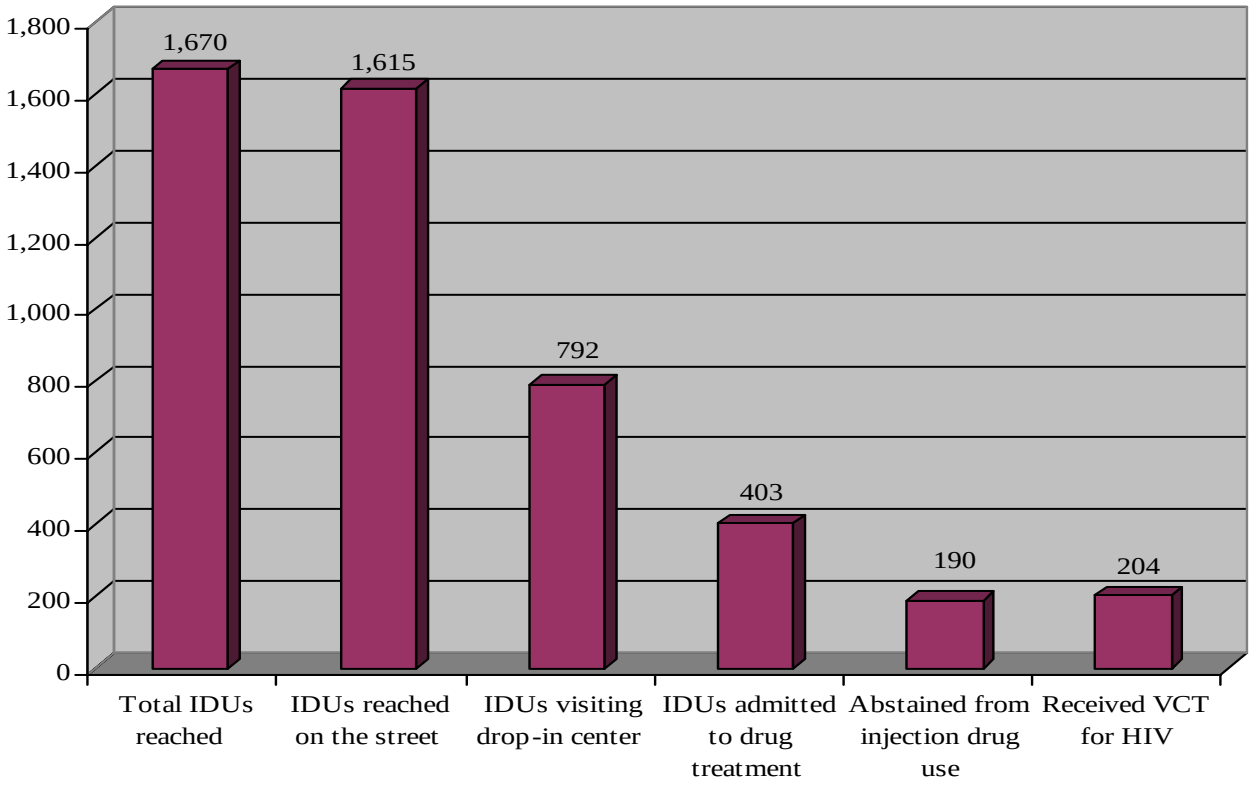


Figure 1: Number of IDUs Referred to VCT Services: September 2003-March 2006

Street-Based Outreach for Injection Drug Users
Under IMPACT/Egypt, the Freedom Drug and HIV/AIDS Program established Egypt's first street-based outreach program for IDUs. The program concentrated on providing IDUs with HIV/AIDS prevention services on the street and at the drop-in center. The Freedom team included a large number of former IDUs that provided linkages to active IDUs. Outreach teams would contact IDUs on the street and encourage them to visit the drop-in center in the densely populated Shoubra district of Cairo. Each outreach team consisted of two former drug users and a social worker. Services offered at the drop-in center included individualized counseling, peer education, medical services, meals, clothes, and referrals to VCT. Condoms that were donated by an outside agency were also distributed through the drop-in center. Behavioral change approaches were applied when communicating with IDUs and during intensive training courses for willing IDUs and volunteers.

A series of 13 different workshops to train and motivate staff and volunteers was carried out and attended by a total of 42 different participants, 32 of them former drug users. Intensive training courses were conducted at the Wady el Natroun Rehabilitation Center. These courses were for abstaining IDUs and led to an increase in the number of ex-IDU volunteers conducting outreach and peer education. IDUs who abstained from drug use by other means also volunteered with the outreach program.

A total of 1,670 IDUs were reached through the program between July 1, 2003 and March 31, 2006. The numbers of IDUs who frequented the drop-in center was 792, with 819 structured counseling sessions conducted at the site. The number of those receiving medical care was 133, nutritional support 192, and 20 received clothing and sheltering assistance.

Specific demographic make-up of the IDU population reached via the Freedom Project were as follows: 78 percent were 25 years or older; 20 percent were 15-19 years old; only 5 percent of the IDUs were female; 47 percent were university graduates; and 22 percent were married, which is important to note, as they create active bridges to the general population. Eighty-six percent injected heroin in the month before visiting the center, 60 percent had shared drug preparation or injecting equipment, 59 percent began taking drugs between the ages of 15-19, 13 percent had sex with a commercial sex worker, 10 percent exchanged sex for drugs, and 3 percent were MSM.

IDUs were contacted several times for follow-up to provide a comparison to baseline data. Follow-up information, which provided data on behavior change over time, was obtained from 60 IDUs after the first six months of the project, while 386 IDUs provided follow-up data at 12-18 months. Freedom staff members were unable to contact all IDUs for follow-up due to the challenges confronted in reaching the IDUs, including incorrect contact information, incarceration of IDUs and unwillingness to talk to Freedom staff. Follow-up data revealed an increase in the number of IDUs that had abstained from injecting. When contacting IDUs, outreach workers first gave a message of abstinence to IDUs, followed by an HIV/AIDS prevention message. By building rapport with the current users, and by counseling them and attending to their basic needs, outreach workers hoped to bring about change in needle sharing practices and be a positive influence in assisting IDUs to abstain from drug use. Upon follow-up, injectors who were abstinent for the 30 days preceding the interview increased from 4.7 percent (n=17) to 19.0 percent (n=69). During the lifetime of the project, 403 IDUs were admitted to abstinence based drug rehabilitation programs. This amounts to 24.13 percent of the total number outreached. Out of the 403 that were admitted to treatment for drug use, 47 percent remained abstinent at the end of the program.

Further, analyses of the data indicated that the percentage of IDUs who shared needles in the previous month decreased from 23 percent to 5 percent at the 6 months follow-up, while syringe sharing decreased from 24 percent to 10 percent. While at the 12-18 months follow-up, the number of IDUs who reported never sharing syringes in the previous month increased from 64.3 percent to 74.5 percent and the number that reported regularly sharing in the previous month decreased from 29.9 percent to 6.3 percent (see Figure 2 below).

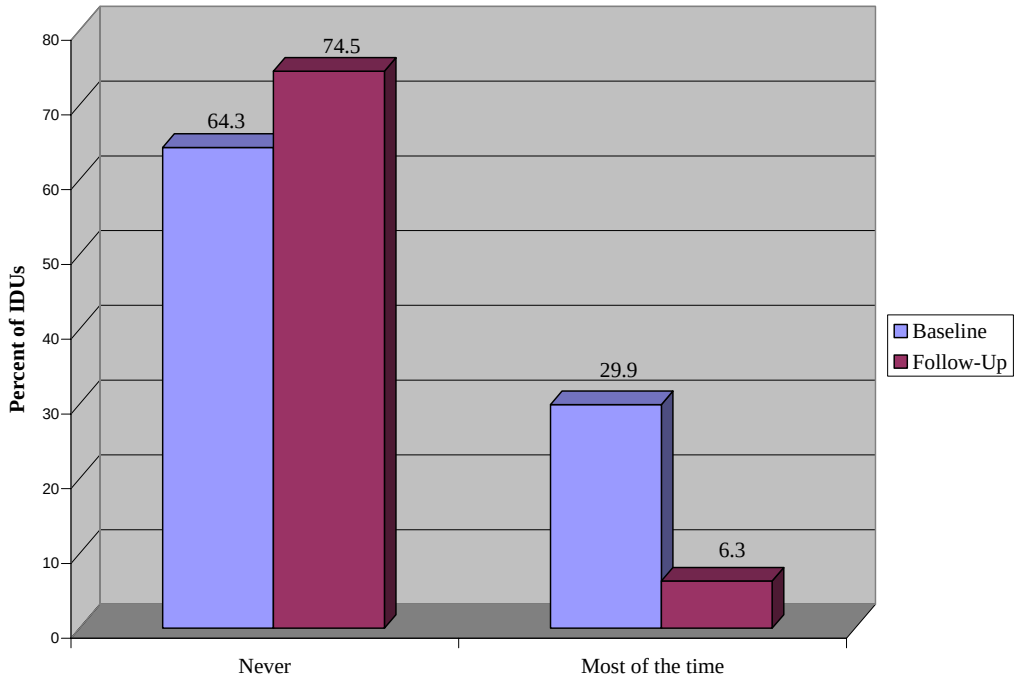


Figure 2: Percent Change of IDUs Sharing Syringes in the Previous Month

Follow-up data was also obtained regarding the number of partners that drug-injecting paraphernalia was shared with. As the following chart illustrates, IDUs reported a decrease in the number of partners they shared drug-injecting paraphernalia with.

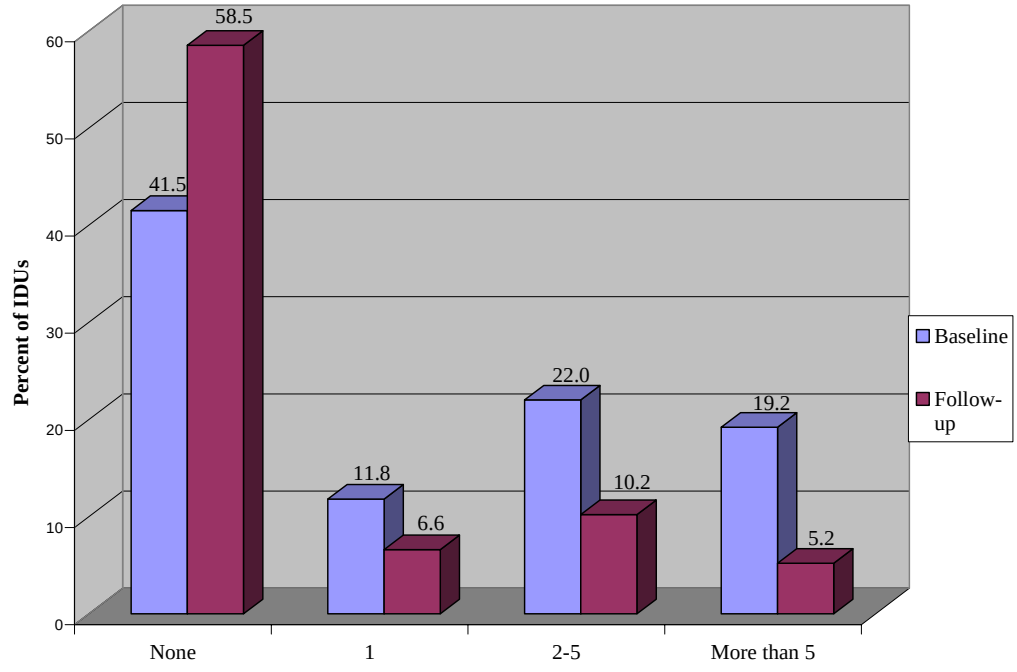


Figure 3: Percent Change in Number of Partners Sharing Drug-Injecting Paraphernalia in the Previous Month

In efforts to educate IDUs on safer sexual practices, outreach workers promoted the ABC approach – Abstinence, Being faithful, and using Condoms. IDUs were encouraged to abstain from sexual intercourse. If this was not a feasible option, then they were encouraged to be faithful to one partner, and if this was still not option, then they were educated on regularly using condoms. Accordingly, at follow-up the number of IDUs who reported abstaining from sex in the previous month increased from 18.6 percent to 49.0 percent.

Of the IDUs that were engaging in sexual practices, the percentage of those reporting never using condoms in the last month fell from 46.1 percent to 26.4 percent. Drug users reporting always using condoms also increased, while those only using condoms sometimes decreased. This could be attributed to the increase in number of IDUs always using condoms.

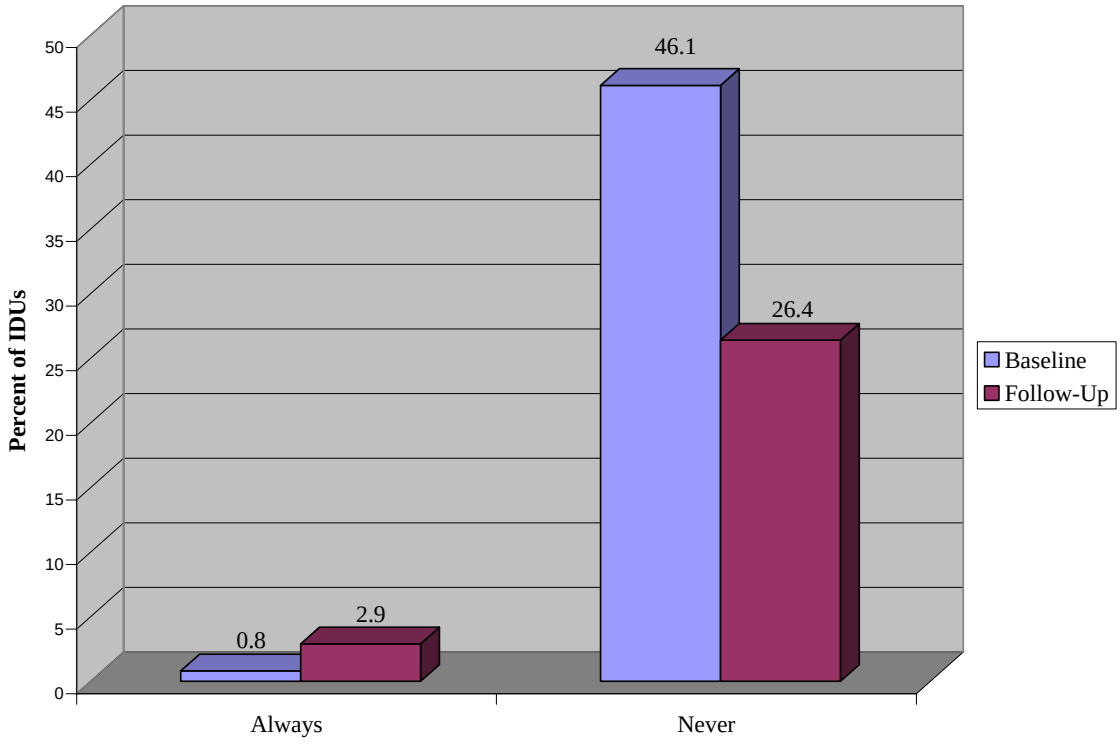


Figure 4: Percent of IDUs Using Condoms in the Previous Month

Positive behavior change was also observed with regards to condom use at last sexual act. The number of IDUs using a condom during their last sexual act increased from 4.1 percent at baseline to 14.0 percent at follow-up. Accordingly, there was a decrease in the number of IDUs reporting that they did not use a condom at last sexual act, from 94.9 percent to 84.6 percent.

At the six months follow-up, involvement in unsafe heterosexual practices decreased from 51 percent to 30 percent. Analysis of the 12 -18 months follow-up data indicated that the positive changes in behavior were maintained. Overall, the project had a positive impact on the IDUs in Cairo and beyond. These promising results encourage the development of

additional programs and research to enhance and sustain outreach programs for IDUs in Egypt.

Biological and Behavioral Surveillance of High-Risk Groups

Fieldwork for the first round of Egypt's Bio-BSS was conducted between May and August 2006. The survey tracked four target groups: street children, FSWs, MSM, and IDUs. Among the street children and IDUs, both males and females were included. The table below shows the sample size reached and the collaborating NGO/FBO for each target group.

Table 10: Study Population in the 2006 Bio-BSS

Study Groups	Sample Size	Collaborating NGOs
Men who have sex with men	267	Caritas, Alexandria
Female sex workers	118	Freedom, Cairo
Injection drug users – male	413	
Injection drug users – female	16	
Street children – male	408	Hope Village Society, Cairo
Street children – female	192	

Of the organizations partnering with IMPACT/Egypt in conducting the Bio-BSS, Caritas was assigned the task of recruiting MSM to participate in the study. This proved to be extremely challenging since it was one of the first activities to target MSM in Egypt, where MSM are extremely reluctant to identify themselves due to fear of the police and government. Utilizing a FBO to reach this previously hidden group proved to be extremely successful, since support activities worked on gaining the trust of the community and the support of local religious leaders in joining the struggle against HIV/AIDS.

As a result of the comprehensive preparatory activities conducted in educating the surrounding community, a significant number of MSM took part in the Bio-BSS. During the Bio-BSS, 267 MSM participated in the study and received full VCT services. Of these MSM, 6.2 percent were detected HIV-positive. This was the largest study ever conducted on MSM in Egypt. Through their positive experience in taking part in the study, MSM learned about the availability of VCT services in Egypt and regularly seek these services, also referring their acquaintances for HIV counseling and testing at the VCT sites.

The target groups are vulnerable to HIV due to the various high-risk behaviors practiced among them. All of the target populations exhibit various risk behaviors, including unprotected sex, numerous sexual partners, forced sex, and injection drug use. Of the MSM participating in the study, 10.9 percent injected drugs in the previous 12 months. Approximately 42.0 percent and 80.0 percent of the MSM engaged in commercial sex and noncommercial sex respectively. In the year preceding their interviews, about 6.3 percent of MSM were forced by their sexual partners to practice anal sex. Even though more than three quarters of the MSM had heard of male condoms and condoms were easily accessible, very few used condoms during the last sex. Only 9.2 percent used condoms during the last commercial sex and 12.7 percent used condoms during the last noncommercial sex.

Among FSWs, 9.3 percent reported injecting drugs in the previous 12 months. In the week preceding their interviews, over 60.0 percent of FSWs had noncommercial sex partners. However, only 6.8 percent out of them used condoms last time they had sex with noncommercial sex partner. Three-quarters of FSWs had heard of STIs and all FSWs had heard of HIV/AIDS. Although the majority had knowledge of the modes of prevention and transmission, misconceptions existed with at least one-third stating that HIV could be transmitted by sharing a meal with an infected person. One FSW was detected positive for HIV, giving a sero-prevalence of 0.8 percent.

Data collected during the Bio-BSS on IDUs indicated that about two-thirds reported injecting drugs for at least five years. Furthermore, 75.3 percent of male IDUs reported injecting drugs at least once per day. Injecting with a used needle or syringe appeared to be a common practice among male IDUs, in the previous month around 53.0 percent of male IDUs injected drugs with a used needle and about one-third shared needles with one or more persons.

Almost all male IDUs were sexually active, with about 11.0 percent having at least two commercial sex partners and around 20.0 percent having at least two nonregular noncommercial sex partners. Furthermore, 9.4 percent of the sexually active male IDUs reported to have had sex with a male. Even though almost all male IDUs had heard of male condoms, which were easily accessible to nearly all of them, very few used condoms with any of their sexual partners (see table below for summary).

Table 11: Sexual Activity and Condom Use Among Male IDUs

	n	**Percent**
Ever had sex	**413**	**96.2**
Of those who have ever had sex:		
Percent who had sex in the 12 months preceding survey	397	70.5
Of those who had sex in the 12 months preceding survey, percent who had sex with one or more:		
Commercial sex partners	280	13.3
Regular noncommercial sex partners	280	88.2
Nonregular noncommercial sex partners	280	28.7
Of those who reported sex with commercial or noncommercial sex partner in the 12 months preceding survey:		
Percent who reported to use condom at least once with:		
Commercial sex partner	37	11.8
Regular noncommercial sex partner	247	34.1
Nonregular noncommercial sex partner	80	12.8

Around 94.0 percent of male IDUs reported that they had heard of STIs. Additionally, almost all male IDUs had heard of HIV/AIDS and the majority was able to report modes of transmission and prevention. However, misconceptions about HIV transmission still existed. Population estimates indicated an HIV sero-prevalence of 0.6 percent (95 percent CI: 0.1-1.8) among the male IDUs.

Although female IDUs exist in Egypt, recruiting them for this study was extremely difficult. Only 16 female IDUs agreed to participate in the study. Linkages among female IDUs are extremely weak due to the lack of trust they have for those around them. This lack of trust and the weak networks among females accounted for the failure of the respondent driven sampling (RDS) method to attract a significant number of participants.

Among the street children, 67.9 percent of street boys and 71.4 percent of street girls reported that they had tried any type of noninjection recreational drug. About 1.0 percent of street boys and 13.5 percent of street girls reported injecting drugs in the previous 12 months (Figure 5).

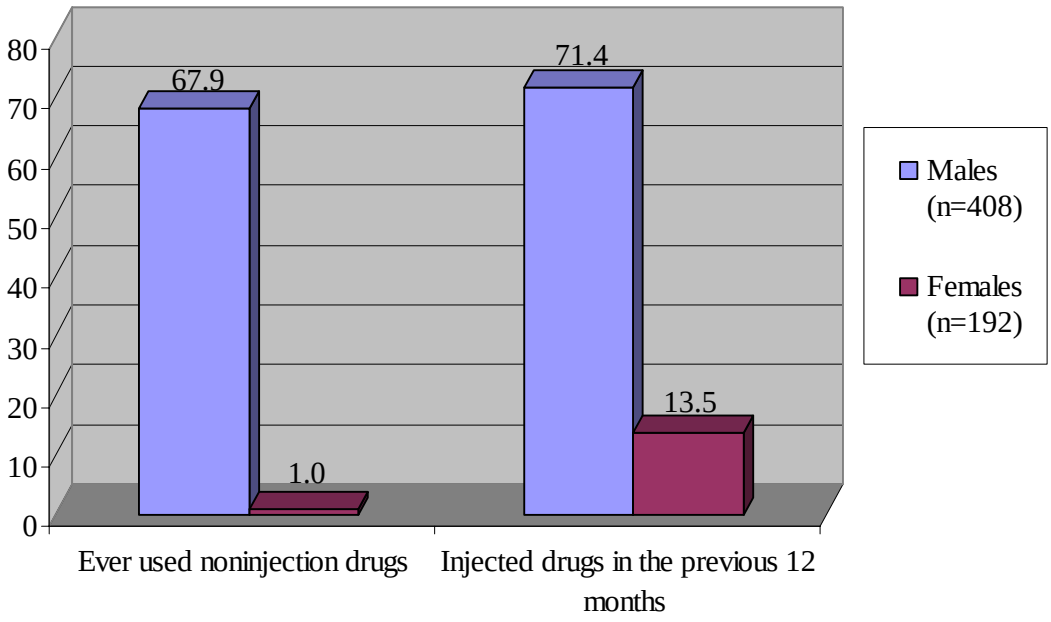


Figure 5: Substance Abuse among Street Children

About half of the street children reported ever having sex. Among sexually active street children in the previous 12 months, the proportion of street girls that engaged in commercial sex (33.3 percent) was higher than street boys (14.9 percent). Additionally, street girls engaged more than street boys in noncommercial sexual practices, with 97.1 percent for street girls and 95.2 percent for street boys. Sexual abuse by opposite sex was more reported by girls than boys, 44.9 percent of girls and 6.0 percent boys were forced to have sex with the opposite sex in the previous 12 months. Over three-quarters of the sexually active street boys reported that they ever had sex with a male partner. In the year preceding their interviews, 37.1 percent of the sexually active street boys who had sex with someone of the same gender were forced by their male sexual partner (see table).

Table 12: Sexual Activity among Male and Female Street Children

	Male		Female	
	n	Percent	n	Percent
Ever had sex	408	54.7	192	50.0
Of those who have ever had sex:				
Percent who had sex in the 12 months preceding survey	223	75.3	96	71.9
Of those who had sex in the 12 months preceding the interview, who had sex with:				
Commercial sex partners	168	14.9	69	33.3
Noncommercial sex partners	168	95.2	69	97.1
Of those who reported sex with commercial or noncommercial sex partner in the 12 months preceding survey:				
Percent who reported to have used condom at least once with:				
Commercial sex partner	25	12.0	23	13.0
Noncommercial sex partner	160	2.0	67	6.0
Of those who had sex in the 12 months preceding survey:				
Percent who reported ever had sex with same sex	168	77.4	N/A	N/A
Percent who reported to have been forced to have sex in the past 12 months by person(s) of:				
Same sex	124	37.1	N/A	N/A
Opposite sex	168	6.0	69	44.9

Knowledge of male condoms was low, with most sexually active street children (SC) reporting unprotected sex. Furthermore, knowledge about STIs was also low, and some SC reported to have had STIs. Street children also had inadequate knowledge of HIV/AIDS. Despite the number of high-risk behaviors practiced by SCs, HIV was not detected among this sub-group.

Table 13: HIV Sero-Prevalence results for the 2006 Bio-BSS

Groups	Target Achieved	HIV Sero-prevalence (Percent)
Male SC	408	0
Female SC	192	0
FSW	118	0.8
MSM*	267	6.2
Male IDUs*	413	0.6
Female IDUs	16	0

**RDS population estimates*

Clinical Care for People Living with HIV/AIDS

In improving care and treatment for PLHA, IMPACT/Egypt and the NAP worked to establish a referral network of service providers willing to treat HIV-positive clientele. In response,

IMPACT/Egypt trained physicians from the national fever hospitals using the National HIV/AIDS Clinical Care Guidelines, developed under IMPACT/Egypt. By the end of the project, IMPACT/Egypt trained 58 physicians and 25 nurses on how to provide care and treatment to PLHA.

During the trainings, IMPACT/Egypt also disseminated Arabic PowerPoint slides on universal precautions, post-exposure prophylaxis (PEP), and nursing care for HIV patients. These materials were designed for nurses working in the national fever hospitals, and also served as critical tools for facilities and service providers, enhancing the ability of nurses to implement information included in the National HIV/AIDS Clinical Care Guidelines for nurses.

Following the intervention, an increased number of service providers were willing to provide care to PLHA in a professional and nonstigmatizing manner. Based on the results of the pre- and post-tests conducted during the trainings, this intervention produced a positive change in provider beliefs and attitudes towards PLHA. An emphasis on universal precautions during the training reduced the service provider's fears of getting infected with HIV and increased their confidence in working with and caring for HIV patients, while also understanding their comprehensive needs.

Health care providers were also educated on the series of home-based care and nutritional materials developed by IMPACT/Egypt. These materials serve to guide PLHA and their families on how to care for HIV/AIDS patients in the home and supplement the facility-based approach to clinical management of HIV care in a complimentary manner. The package of materials for the care providers ensured that a standardized approach would be taken to the care and treatment of each client, while each care provider could adapt the treatment to the needs of the patient, based on these documents. Providers became aware of the need for comprehensive support to PLHA, including psycho-social support and care and nutritional guidance, and now act as positive examples in combating stigma and discrimination against individuals infected with HIV/AIDS.

Religious Leaders

Following the signing of the Cairo Declaration (see Annex) by 80 high-level religious leaders from the Arab world, IMPACT/Egypt was able to garner the political commitment of local Christian and Muslim religious leaders to assist in educating their respective congregations on HIV/AIDS and work to reduce stigma and discrimination towards PLHA. Religious leaders were provided with the Christian and Muslim Religious Leaders Toolkits, developed by IMPACT/Egypt in

Participants attending the Regional Religious Leaders Colloquium

conjunction with UNDP, to be used to educate people on the religious importance of providing care and support to PLHA. Local religious leaders were also provided with technical support from IMPACT/Egypt to conduct HIV/AIDS educational sessions with their respective congregations.

In Alexandria and Minya, Christian Religious Leaders held educational sessions for 178 individuals, while Muslim religious leaders conducted separate sessions for 236 members of their congregations. Through these sessions, participants became aware of HIV/AIDS and the possible routes of infection, thereby reducing the common misconception that HIV/AIDS is a punishment for one's sins.

Since the religious leaders had conducted such activities and support from the MOHP was increasing, the media became much more vocal in regards to issues related to HIV/AIDS. This also helped to raise HIV/AIDS awareness among the general population, who now speak more openly about HIV/AIDS and have begun to integrate HIV prevention into various other health care and educational activities.

Blood Safety

IMPACT/Egypt built the capacity of blood bank staff to recruit, retain, and monitor blood donors by developing innovative materials and training the staff using these materials. To monitor the progress of program implementation, IMPACT/Egypt developed a comprehensive list of indicators for the blood safety activities. Verification of data for the indicators was carried out through continuous support for data collection at the centers where activities were supported under IMPACT/Egypt. Monitoring of the quality of the data collected ensured the data reflected actual project performance and achievements.

The IMPACT/Egypt program contributed to a steady increase in total units of blood collected at supported blood banks. At the NBTC in Cairo, blood donations increased from 11,224 in 2001 to 45,600 in 2003. In seven select program sites, where focused capacity building efforts were made, total units collected increased from 72,275 in 1999 to 95,352 in 2003.

Shifting to Voluntary Blood Donations

Prior to implementation of the IMPACT/Egypt Project, family replacement/obliged blood donation, in which families would be required to donate blood in order for their sick relatives to receive blood, represented 85.8 percent of all blood donations, while paid donation from chronic blood donors made up another 11.0 percent of all blood donations. Voluntary blood donation represented only 3.2 percent, with the majority of the donors remunerated with gifts. Voluntary nonremunerated blood donation represented only a negligible percentage.

In 1999, chronic blood donation was stopped by a Ministerial Decree prohibiting paid donation; therefore, voluntary donations were encouraged to replace the decline in the total number of blood units collected. Voluntary blood donations, both remunerated and nonremunerated increased from 3.2 percent in 1997 to 18.3 percent in 1999. However, remunerated blood donors were still receiving "gifts" in lieu of money when blood was donated to private centers, which still resulting in risky blood donations. Family replacement donations declined from 85.8 percent in 1997 to 81.6 percent in 1999.

By 2001, voluntary blood donations significantly increased following the implementation of the National Strategy, supported by IMPACT/Egypt, that placed a strong emphasis on building the capacity of staff to encourage VNR blood donations in mobile blood drives. By training 1,440 blood bank staff, IMPACT/Egypt created a cadre who are well equipped in enhancing blood donation in Egypt. During the 2000-2001 period, voluntary donations increased to 28.4 percent of total blood collections (includes both General Directorate of Blood Affairs- and NBTS-operated blood banks) while family replacement and obliged donations dropped to 71.63 percent of total blood donations. Specifically in the seven sites receiving direct technical assistance from IMPACT/Egypt, VNR blood donations increased from negligible amounts in 1997 to 40.5 percent of donations in 2001, 50.8 percent of all donations in 2002, and 56.5 percent of all donations in 2003.

Mobile Blood Drives

Examining the number of mobile blood drives undertaken by each center to encourage VNR blood donation is an important indicator because it reflects the intensity of the efforts to shift blood donation practices from family replacement to voluntary nonremunerated donations. Blood collection teams in each center conducted mobile blood drives to recruit VNR blood donors. Through training, an increased number of staff acquired the skills to communicate with blood donors in an effective way. As a result, the number of mobile blood drives increased from 893 in 2001 to 2,586 in 2003 among the seven blood banks supported by IMPACT/Egypt.

Blood Donor Selection Criteria

The implementation of a new national blood donation policy that emphasized VNR donation required a set of highly sensitive donor selection criteria. With IMPACT/Egypt technical assistance, these criteria were developed based on disease prevalence studies in Egypt. They were introduced for the benefit of both blood donors and recipients of their blood. Implementation of the Egyptian blood donor selection criteria in 2000, resulted in a decline in the percentage of units discarded, especially those due to hepatitis C virus (HCV) infection.

In 1999**,** 11.6 percent of blood units in the government blood banks were discarded because they were serologically positive. HCV positive blood samples accounted for 9.6 percent of the total number of blood units collected. In 2000, the percentage of blood units discarded in these blood banks because they were serologically positive declined to 9.8 percent and HCV positive units made up 8.2 percent of the total number of blood units collected.

In 2001, the complete set of blood donor selection criteria was implemented among the refurbished blood centers supported under IMPACT/Egypt. In 2002, following the implementation of the blood donor selection criteria, there was a decline in the number and percentage of blood units that were rejected, due in part to adherence to the selection criteria by the trained blood bank staff.

Data on the number of serologically positive rejected blood units was collected from four of the blood transfusion centers to determine the effectiveness of using the blood donor selection criteria to ensure a safer blood supply. The data was also used to examine the level of adherence of blood bank staff to the donor selection criteria. The figure below examines the trends in the

number of rejected blood units at four blood banks between 1999 and 2003. The number of units rejected due to HCV infection far exceeded those rejected for any other transfusion transmissible disease.

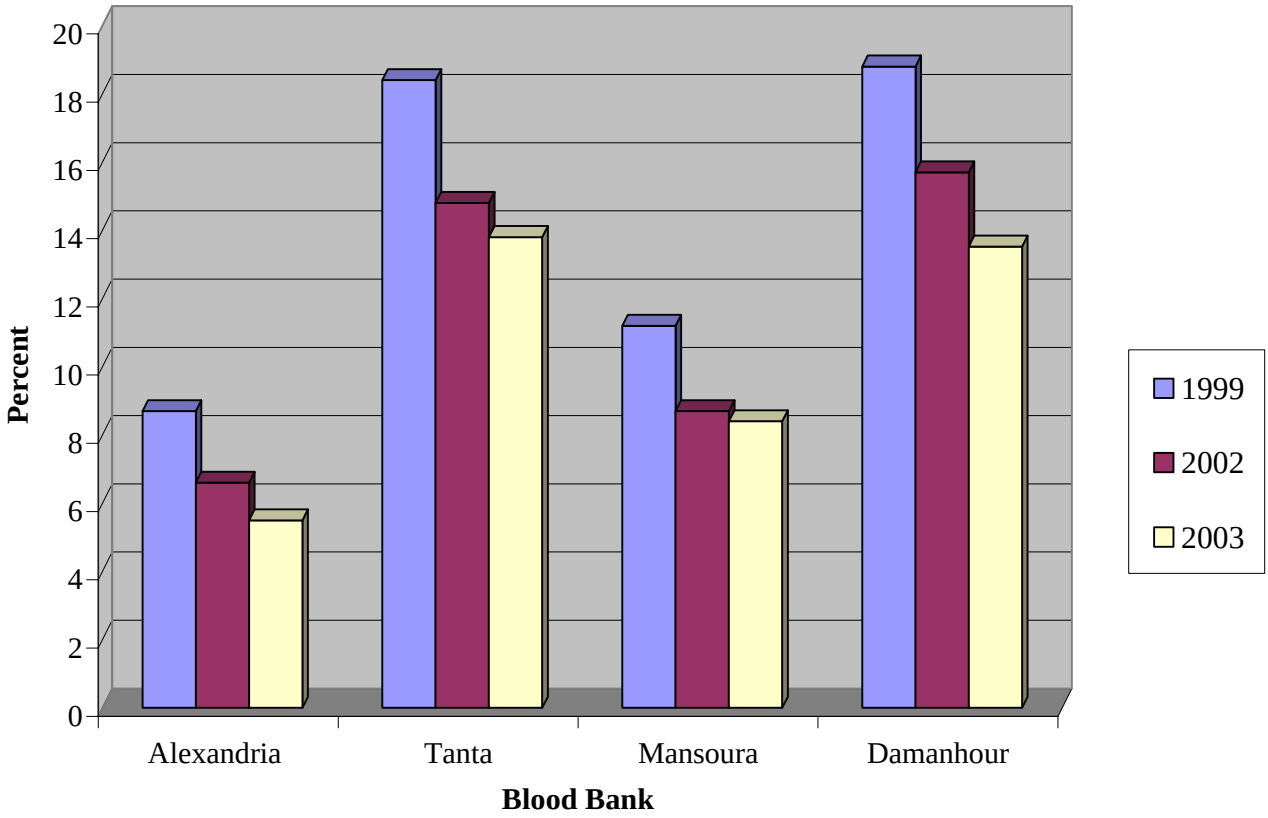


Figure 6: Percent of Serologically Positive Discarded Blood Units 1999-2003

Community-Based Activities Supporting Blood Donation

In Tanta, where blood donation drives were accompanied by BCC community outreach activities, promotional materials, and "thank you sessions," the percentage of VNR rose from 46.2 percent in July 2003 to 64.1 percent in October 2003. In order to support a complete shift to VNR blood donation, IMPACT/Egypt worked with blood bank staff in Tanta and other regions to encourage voluntary donors to regularly donate. Following the intervention, regular voluntary nonremunerated donations (repeat donations) nearly doubled between July and October 2003, from 2.7 percent to 4.7 percent. Furthermore, family replacement donations from 1999 to 2002 decreased from 3,583 to 3,153. During the same time period, VNR donations increased from 2,319 in 1999 to 7,442 in 2002.

Blood Donor Tracking System

To improve the ability of blood banks to recall safe, voluntary blood donors, DONATA – an electronic donor tracking system – was developed by IMPACT. DONATA was installed in six blood transfusion centers; however only four centers had data entry personnel available. The

tracking system is extremely beneficial in recalling regular blood donors, since it automatically indicates to the user which donors have not donated blood within the past three months and can therefore be contacted in order to donate blood. The following table shows the number of donors tracked by each system at the end of the project.

Table 14: Blood Donors Tracked Using DONATA as of May 2005

Center	Number of Registered Blood Donors
Damanhour	7,530
Mansoura	6,891
Shebin El Koom	4,810
Tanta	7,000

III. LESSONS LEARNED AND RECOMMENDATIONS

A. Lessons Learned

Throughout the life of project, IMPACT/Egypt gained many insights into comprehensive HIV/AIDS programming. Given the many political, cultural, religious, and social intricacies, IMPACT/Egypt activities had to be adapted to the local situation in order to succeed. Furthermore, the low level of the HIV prevalence in Egypt, in comparison to the high rates of hepatitis C infection, have led many decision-makers to believe that HIV should not be a priority for the country. In order to overcome these obstacles, decision-makers must be educated on the importance of prevention. The long-term benefits of garnering political support from the government, donors, and other implementing agencies throughout all stages of program design and implementation cannot be over-stated. Furthermore, including PLHA throughout the design and implementation phases helped to ensure that interventions readily responded to their needs, while also reducing stigma and discrimination as health care providers and other individuals became acclimated to being around individuals who were HIV positive.

A phased approach that seeks stakeholder involvement is recommended for a pilot VCT program. In planning for the implementation of VCT in Egypt, IMPACT/Egypt took a phased approach designed to ensure political support for the pilot VCT program, both from the government and other implementing agencies. This approach began with a consultation meeting of all stakeholders and the establishment of a VCT Task Force to coordinate and gain support for VCT activities. Involvement of all stakeholders, particularly PLHA, ensures acceptance and sustainability of services, and reduces duplication of effort.

Following the consultation meeting, active discussions between IMPACT/Egypt and the NAP were key factors in the establishment of all VCT activities in Egypt. Given that these discussions provided the NAP with a leading role, constant support from the MOHP was ensured throughout the implementation process. This was vital in giving the government ownership over the VCT activities and also in convincing the government to shift from mandatory and reported testing for HIV to an anonymous approach for counseling and testing. IMPACT/Egypt's ongoing

discussions with the MOHP also convinced them of the need to target VCT services at high-risk groups. Through the consultative process with IMPACT/Egypt, the NAP gained awareness and demonstrated its support for the need for anonymous VCT to attract high-risk groups. IMPACT/Egypt also actively involved religious leaders, policy makers, NGOs, high-risk groups, and PLHA within its implementation to promote HIV prevention, reduce stigma, and mobilize clients who would benefit from VCT services.

Once the NAP observed the successes achieved at the pilot VCT site, they were encouraged to expand VCT nationwide. The MOHP provided numerous locations for VCT sites around the country and now oversee their daily operations and national coordination. The successful replication of the pilot VCT site around the country can also be attributed to the development of a comprehensive package of national VCT materials and the documentation of successes to promote expansion and upgrading of services. While partnering with the NAP, IMPACT/Egypt adapted international standards for VCT to the local context. These materials, which include National VCT Guidelines, a national VCT monitoring and evaluation plan, and various BCC materials, streamlined establishment and expansion of new VCT services. The availability of all data collection materials and monitoring and evaluation tools ensured a standardized approach would be taken to VCT nationwide. Furthermore, the standardization of the data collection materials ensured the reliability of data and enabled the data to be compared across sites and in order to track the epidemic. The sharing of experiences across VCT sites via regular lessons learned meetings also reduced obstacles confronted in implementing VCT.

Establishing pilot sites for the detection and treatment of STIs is essential to the uptake of services. Prior to completion of the STI Prevalence Study, there was a lack of data on the existence of STIs, partly due to the low numbers of individuals seeking detection and treatment for STIs and the under-reporting of STIs in Egypt. The successful implementation of the STI Study demonstrated that it is possible to access and communicate with high-risk groups in a conservative culture. The use of noninvasive, laboratory techniques to detect STIs encouraged individuals to participate in the study.

STI treatment and the role that untreated STIs have in increased HIV transmission must be a critical component in all HIV prevention programs. Special care taken through the design process ensured that all materials and documents were adapted to the local context. As with the implementation of VCT services, the development of a comprehensive set of training and BCC materials eased replication of the pilot site at additional locations around the country.

Through education and access to STI services, target groups have become more aware of STIs and their consequences, whereas before there was a very-low understanding both about STIs in general and people’s own personal risk of STIs. With the introduction of services, people are becoming aware of the seriousness of STI infections and the relationship to HIV, as well as the importance of treatment for asymptomatic STI infections.

Although it can be a financial investment, a newly refurbished clinic site is often less stigmatizing for patients, as it shows that this site and its services are something that are given priority. If the services are perceived this way, people will be more likely to utilize them, thus reducing some of the stigma attached with receiving such services. Preliminary data from the

Cairo pilot STI site shows that the site is being fully-accessed, by both men and women, demonstrating that demand is great. Furthermore, having integrated STI and VCT services into one site increased the likelihood of clients accessing both VCT and STI services.

Involving former IDUs in activities specifically targeting that population is a successful approach. Prior to the IMPACT/Egypt project, there was a lack of services specifically targeting high-risk groups with HIV/AIDS messages. In a highly stigmatizing environment, an outreach center operated by a faith-based organization and staffed by recovering IDUs can be seen as a safe place, thus attracting active IDUs. Active IDUs more readily respond to initial support and outreach efforts provided by recovered IDUs, thereby building their trust in the services offered. Having doctors and nurses (in addition to the outreach workers) on staff at the drop-in center to participate in and lead the counseling sessions and to disseminate health education materials helped legitimatize the information being given out. Because of the involvement of health professionals, the IDUs were more likely to accept and trust the information they were told through the program.

Issues of safety and recidivism for recently recovering IDUs necessitated that social workers accompany the teams on their outreach work in order to protect the recovering IDUs and help to reinforce/support their abstinence. This helped to increase the sense of teamwork among the Freedom staff and provided IDUs with a social-support network. Since outreach workers would also voluntarily escort IDUs to government-run VCT services, this helped to increase uptake of VCT.

Successful implementation of the drop-in center required more administrative and management support and staff than Freedom had originally planned for. Adequate staffing of outreach workers for the street based outreach program, as well as the drop-in center, was critical, as often IDUs would come to the drop-in center seeking services and support while the outreach teams were in the field. Furthermore, IDUs were interested in alternative forms of recreational activities at the drop-in center such as playing games, watching TV, socializing with others, etc. and any program targeting IDUs should adopt a holistic approach to programming. If possible these activities should be offered in addition to nutritional and hygiene services. These activities assisted in further gaining the trust of IDUs, thereby increasing the likelihood that they would return for follow-up services and refer additional IDUs to the center.

Adequate planning is key to implementing an accurate baseline Bio-BSS. Having conducted Egypt's first-ever Bio-BSS, IMPACT/Egypt learned that adequate planning was the key to successful implementation. Large-scale studies had never been conducted on high-risk groups in Egypt; therefore adequate planning was the key to ensuring government support throughout the design, implementation, and dissemination of the study results. In addition, the design of the recruitment methods was key in ensuring participation by high-risk groups, which otherwise remain hidden within the population.

During the design phase, IMPACT/Egypt conducted various consensus building meetings, with the aim of enhancing cross-sectoral partnerships and reducing duplication of efforts. Building consensus prior to implementation served to provide the government with ownership over the data collection process and results, ensuring their on-going support. It also served to coordinate

future activities among implementing agencies. Furthermore, since HIV is not always a priority, it helped to make use of the resulting data in a structured manner.

Since high-risk groups are often hidden, partnering with community-based organizations was key in reaching the minimum number of seeds (initial recruits) required to begin data collection among the target audience. Furthermore, since some individuals may pretend to belong to the target group in order to receive compensation for participating in the study, using members of the target groups to conduct the interviews was essential in determining which individuals should be permitted to participate in the study.

Following efforts to collect data among high-risk groups, IMPACT/Egypt learned that the use of the RDS methodology for female sex workers in the Egyptian context was not appropriate as they do not form a strong network and do not have close ties, which are needed to successfully carry out the RDS methodology. In this case, the time-location methodology was more appropriate as the sex workers were a street-based population, and the sample could be found at a given time and location.

Lastly, adequate staffing and supervision at each site was essential to ensure that study participants would not be left waiting and to ensure adherence to the study protocols at all data collection sites. Since RDS often begins slowly, with very few participants, but culminates with a higher number of participants per day, adequate planning is essential to ensure data collection sites do not become overcrowded during the final stages of data collection.

Enhancing clinical care services and referrals. Given that the prevalence of HIV in Egypt still remains very low, clinical care has not received the attention it deserves over the years due to the low number of individuals seeking clinical care through public facilities. The government has recently begun to place an important emphasis on this service, partly due to treatment concerns raised by individuals seeking VCT services for HIV.

Through the implementation of the IMPACT/Egypt project, it has become clear that securing adequate clinical care service provision will encourage more people to go to the VCT center for the testing. Linking VCT and clinical care services creates a comprehensive approach to HIV. It is critical to this comprehensive approach that doctors and nurses receive tailored trainings, so as to ensure that they all receive the critical information necessary for delivery of quality services.

Religious leaders are key stakeholders to the HIV/AIDS response. Due to their social legitimacy, religious leaders have had a profound effect in changing the attitudes and beliefs that lead to stigma and discrimination towards HIV/AIDS. Following the Regional Religious Leaders Colloquium, the involvement and commitment of religious leaders at the highest level has had a very powerful impact on the HIV/AIDS response in the Middle East and North Africa.

Religious leaders are essential actors in any successful response to HIV/AIDS because of their social legitimacy and durable presence in communities. In Egypt, they help shape social values and norms, a critical contribution to ending stigma and discrimination. They are also well positioned to influence public attitudes and national policies. Building on its work with religious leaders, IMPACT/Egypt supported previously trained local Christian and Muslim leaders to

educate their constituencies about HIV/AIDS. This has served to promote open dialogue about HIV/AIDS, both through personal communication and the media. Furthermore, the support of the religious leaders also enhanced government buy-in into HIV/AIDS programs.

Capacity building is essential to establishing a safer blood supply. The IMPACT/Egypt Establishing a Safer Blood Supply program showed that capacity building of blood bank staff, technical experts, and other stakeholders in safer clinical practices, communication skills, monitoring and promotion of voluntary, nonremunerated, regular blood donations can lead to a safer and more reliable blood supply for Egyptians. Supported by state-of-the-art guidelines, training and monitoring tools, IMPACT/Egypt can serve as a model for future programs aimed at establishing safer blood donation systems in other countries in the Middle East and North Africa.

Development of guidelines for selection and retention of donors, capacity building, and high involvement of stakeholders are crucial elements for increasing voluntary blood donations. Specific and clear guidelines and standards make a difference by improving efficiency, reducing infected donations, and saving money. Even in the absence of national promotional efforts, small community outreach activities were proven to help increase rates of blood donation. Additionally, capacity building of provider communication skills, even before intensive promotional efforts, contributed to increased blood donor confidence and satisfaction in the donation process and resulted in increased blood donation overall.

The IMPACT/Egypt blood bank program was an effective entry point for the establishment of HIV/AIDS programs in Egypt. By bringing a broad array of stakeholders together around a "safe" issue in a low-prevalence Muslim country, the program afforded opportunities to open the discussion about HIV/AIDS and thus set the stage for later acceptance of HIV/AIDS as a public health issue. Results of focus group discussions showed that Egyptians have a strong sense of moral and religious obligation toward blood donation. Voluntary nonremunerated blood donation was then increased in Egypt by informing potential donors what will happen to their blood within the blood bank system and by reassuring donors that their blood will not be commercially sold. Implementing the safe blood program showed that often times, it is the misconceptions of blood donors and the lack of communication that can hinder promoting safe blood donation.

B. Recommendations

Despite the many successes in implementing HIV/AIDS prevention in Egypt, much remains to be done to ensure that the current low level of HIV is maintained and that current programs are sustained. Additional support should be provided to the MOHP to enhance collaboration between international and local organizations and reduce duplication of effort. Steps should be taken to support implementation of a National Strategic Plan, to ensure all aspects of HIV/AIDS prevention and care are being effectively addressed, with all available resources being allocated accordingly. Various HIV activities have been duplicated over the years, whereas other technical areas, including clinical care, have not received the attention they deserve. Efforts should be made to ensure a comprehensive approach is implemented in partnership with all active organizations, with leadership being provided by the NAP.

Furthermore, appropriate policy development and resource allocation must be bolstered, particularly in support of the staff operating government-run clinics providing detection, care, and treatment. Over the years, high staff turnover rates have hindered program implementation, with a lack of qualified staff to operate sites. Additional resources, which could have been allocated to other programs, were used to train new staff. In the coming years, capacity building must be provided in the establishment of a cadre of qualified and well-trained professionals functioning within the NAP, with sufficient financial incentives to reduce turnover.

Existing prevention programs should be strengthened, particularly in partnering the government with local NGOs and FBOs, as these are the most effective organizations in reaching high-risk groups. Well-rounded referral networks must be created to provide care and support to those infected or affected by HIV/AIDS and other STIs. Particular attention should be paid to the upgrading of services at the national fever hospitals. Appropriate monitoring, evaluation, and surveillance systems to monitor the impacts of the interventions must be supported.

Supporting VCT Services

Given the success of the pilot Egypt VCT program, collaboration should be enhanced to ensure the sustainability of existing sites, the increased uptake of VCT, and referrals to other services. Cooperation between governmental and nongovernmental partners should be increased, as community-based organizations have proven to be the most effective in reaching hidden populations. Revitalizing the VCT Task Force may be an ideal route for enhancing collaboration. When providing VCT services, they should be directly linked to outreach programs for high-risk groups. Referrals must be provided to high-quality care and support services.

Since Egypt is among the most advanced countries in the region with regards to VCT implementation, its model should be used to scale-up VCT services in the region. Partnerships should be established among countries with similar contexts. Care should be taken to adapt all materials to local contexts. Mechanisms should be established to share experiences and lessons learned across countries, possibly through formation of a regional VCT technical advisory group.

Expanding Detection and Treatment for STIs

Since detection and treatment services for STIs are fairly new in Egypt, efforts should be made to reinforce the NAP's capacity to provide STI services, particularly to high-risk groups and their partners. Such support would include expansion of sites providing detection and treatment of STIs, preferably within already existing services accessed by the target populations. Clinics providing STI services should be integrated with reproductive health, family planning, and HIV/AIDS services. Community-based organizations working with high-risk groups should be identified and strengthened to provide referrals to STI services.

Technical assistance should be provided to the NAP to develop and implement a national STI control strategy, addressing issues such as approaches to reach target groups that previously self-treated STI infections through pharmacists, STI management approaches for women seeking services at antenatal and family planning clinics, and mechanisms for educating individuals on the risks of STI infections. A coordination and information-sharing mechanism should be developed to ensure that public, private, university and NGO professionals working in STI prevention and control are all working with similar approaches and strategies, as included in the National STI Guidelines.

Supporting Outreach to Injection Drug Users

Collaboration between the government and NGOs is a key to success in reaching IDUs in Egypt, as well as for ensuring the security of those conducting street-based outreach. Obtaining support from the MOHP early on in the program design phase for the outreach workers is one way to address security concerns and to help to legitimize their work. Support must be provided to ex-IDUs to enable them to effectively reach their current drug users.

Care needs to be taken not to overload recovering IDUs with a heavy outreach schedule, due to the stress that could cause a recovering IDU. Adequate staffing of sites should likewise be ensured to avoid staff burn-out. Responding to various obstacles in reaching female IDUs in Egypt, concentrated efforts should be made to recruit female outreach workers and counselors since female IDUs are often reluctant to speak with male program staff. Providing outreach for high-risk groups is an essential step in promoting HIV prevention through VCT and STI services. Efforts should be made to expand the number of community-based organizations with the capacity to provide such services.

Addressing National Surveillance and Data Needs on HIV/AIDS

In attempting to set up a national surveillance system, the key is to ensure support from all stakeholders to ensure adherence to the plan and unnecessary duplication of surveillance activities. Results of Egypt's first Bio-BSS suggest the possibility of a concentrated HIV epidemic among high-risk groups. Therefore, future surveillance activities should include conducting successive rounds of the Bio-BSS according to the National HIV/AIDS/STI Surveillance Plan. A Bio-BSS should be conducted with the same target groups every two years, using the same research methodology, while a Bio-BSS should also be conducted among the general population every five years. Options to consider in the subsequent Bio-BSS rounds include covering a wider geographical area of Egypt and combining STIs, and hepatitis B and C infections with HIV to assess their correlation with behavior risk. Additional vulnerable groups should also be considered, emphasizing the need to periodically review the National Surveillance Plan to ensure it remains valid and pertinent to the current situation.

Additional qualitative research should also be conducted in order to identify approaches to attract more high-risk groups to participate in the Bio-BSS and to address proven gaps between knowledge and practice as identified in the first round of the Bio-BSS. Innovative approaches to decrease stigma and discrimination and create an encouraging environment to persuade female participation in a future Bio-BSS should be identified. In implementing the Bio-BSS, adequate staffing must be in place to provide proper supervision over data collection, and client confidentiality through all stages of the study and to reduce wait times for study participants. Active partnerships with NAP, community-based organizations, and at-risk populations must be included when implementing future studies to ensure the data produced is used in future program designs.

Enhancing Clinical Care for HIV/AIDS

Despite various trainings to increase the capacity of physicians and nurses to provide clinical care for HIV/AIDS at the national fever hospitals, efforts should be enhanced to provide clinical care for PLHA. Additional capacity building efforts should concentrate on training additional physicians and nurses on the National Clinical Care Guidelines. When training physicians and

nurses, added emphasis needs to be placed on reducing stigma and discrimination and educating care providers on the human rights of PLHA. Furthermore, the upgrading of facilities within the AIDS wards at the national fever hospitals is essential.

Assistance should also be provided to the government of Egypt in guaranteeing access to antiretroviral therapy for PLHA. Despite the current availability of ART, the supply remains inconsistent, often leading to the development of resistance among patients. Negotiations with pharmaceutical companies must be supported. In supporting care and treatment for PLHA, support groups should be expanded, with separate groups based on the individual contexts of those infected. For example, different support groups should be set up for those newly infected compared to those who have already developed AIDS. Educating PLHA and their families and friends on home-based care should also receive added attention in the coming years.

Expanding Roles of Religious Leaders in Supporting HIV/AIDS

Since religious leaders have been proven to be a very effective means of educating the general population about HIV/AIDS and in reducing stigma and discrimination, additional efforts should be made to support religious leaders already trained on providing HIV/AIDS information. By close-out, IMPACT/Egypt had trained 285 Muslim and Christian religious leaders on HIV/AIDS. Supporting these religious leaders to educate their respective congregations can have far-reaching effects in spreading knowledge and supporting beliefs about HIV/AIDS.

Furthermore, the trained religious leaders should be supported in promoting HIV/AIDS through the media. Beyond holding talk shows or interviews, information presented by religious leaders should be included when BCC strategies are developed for HIV/AIDS. BCC strategies should be tailored and targeted to specific groups, with appropriate messages being presented by religious leaders. This can be the key in reducing stigma and discrimination towards HIV/AIDS. Beyond conducting these activities with at-risk groups and the general population, religious leaders should be used to decrease the stigma and discrimination among health care providers, who may have reluctance towards treating people with HIV/AIDS.

Supporting Safe Blood Donation

Since the banning of paid blood donation, there has been an increase in the number of voluntary blood donors. However, results of the focus group discussions showed that individuals still lacked trust in the Egyptian blood system, as many people still think their blood will later be sold for a profit. This issue should be addressed through both large scale media campaigns, as well as through the staff operating the blood banks.

Building the capacity of blood bank staff to better communicate with blood donors is essential for creating positive experiences among blood donors. Blood bank staff can be ideal in promoting behavior change with regards to blood donation and in encouraging individuals to become regular blood donors. Training of blood bank staff should be enhanced in order to create a source of knowledge for potential donors. To have the maximum impact, training courses should be standardized for all staff working in blood transfusion services to unify the language used in transmitting messages to the donor population and to reduce misconceptions regarding blood donation, thereby creating a positive environment for regular blood donors.

IV. ATTACHMENTS

Program Funding
USAID has committed US$4,135,000 in field support funds to IMPACT/Egypt to strengthen HIV/AIDS prevention and care. Over the lifetime of the project, IMPACT/Egypt guided and supported the work of a range of partners – government, NGOs, faith-based organizations, and other donor agencies – who, between them, have developed a comprehensive approach to combating HIV/AIDS in Egypt.

IMPACT provided the following subagreements over the life of the project:

Organization	Activity	Effective Date	Completion Date	Total Funding (US$)
The Center for Development Services (CDS)	Blood Bank - Communications Skills Training Curriculum	5/18/2003	9/20/2003	$26,898
Caritas Alexandria	Blood Banks - Basic Training Curriculum	7/1/2003	9/30/2003	$26,648
Freedom	Outreach for Injection Drug Users	7/1/2003	3/31/2006	$177,647
Caritas Alexandria	Voluntary Counseling and Testing Site	2/15/2005	8/30/2006	$74,792
Caritas Alexandria	Biological - Behavioral Surveillance Survey Among MSM	7/1/2005	8/30/2006	$8,742
Hope Village Society	Biological - Behavioral Surveillance Survey Among Male and Female Street Children	7/1/2005	8/30/2006	$12,489
Freedom	Biological - Behavioral Surveillance Survey Among IDUs and FSW	7/1/2005	8/30/2006	$18,385
Studio (Contract)	Voluntary Counseling and Testing Documentaries	10/15/2005	3/1/2006	$23,040
			Total:	$368,641

Cairo Religious Leaders Declaration

The Cairo Declaration of Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic

We, the Muslim and Christian leaders, working in the field of HIV/AIDS in the Arab world, meeting in Cairo, Egypt- from the 28-30 Shawal 1425 H, 11-13/12 2004 AD, in an initiative of the United Nations Development Programme's (UNDP) HIV/AIDS Regional Programme in the Arab States (HARPAS), under the auspices of the General Secretariat of the League of Arab States, and in collaboration with UNAIDS and FHI/Impact, have agreed upon the following:

First: General Principles

- Due to our realization of the value of every human being, and our awareness of God's glorification of all human beings - notwithstanding their situation, background or medical condition- we, as religious leaders, face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action.
- It is our duty to promote virtue and religious values and enhance people's relationship with their Creator, seeking God through prayers and petitions that He may protect us from this imminent danger and preserve our homeland from it, and that He may grant His grace and favor upon those affected by this disease. We stand in solidarity with those who are infected with this disease, and we encourage them to pray and receive God's help and grace.
- Illness is one of God's tests; anyone may be afflicted by it according to God's sovereign choice. Patients are our brothers and sisters, and we stand by them seeking God's healing for each one of them.

Second: On Prevention

- The family is the foundation for building and defending society. It is therefore necessary to encourage starting families in accordance with heavenly decrees, and we should remove all obstacles in the way.
- We emphasize the need to break the silence, doing so from the pulpits of our mosques, churches, educational institutions, and all the venues in which we may be called to speak. We need to address the ways to deal with the HIV/AIDS epidemic based upon our genuine spiritual principles and our creativity, and armed with scientific knowledge, aiming at the innovation of new approaches to deal with this dangerous challenge.
- We reiterate that abstinence and faithfulness are the two cornerstones of our preventive strategies but we understand the medical call for the use of different preventive means to reduce the harm to oneself and others.
- We view as sinful anything that may cause infection through intention or negligence - as a result of not using all possible preventive means available.
- We emphasize the importance of reaching out to vulnerable groups which are more at risk of being infected by HIV/AIDS and/or spreading it, including commercial sex workers and their clients, injecting drug users, men having sex with men, and those who practice harmful behaviors. We emphasize the importance of diverse approaches and means to reach out to those groups, and although we do not approve of such behaviors, we call on them to repent and ask that treatment and rehabilitation programs be developed. These programs should be based on our culture and spiritual values.
- We call upon the media to abide by ethical codes regarding the material they present.
- We advocate the rights of women to reduce their vulnerability to HIV/AIDS.

Third: On Treatment and Care

- People living with HIV/AIDS and their families deserve care, support, treatment, and education, whether or not they are responsible for their illness. We call for our religious institutions, in cooperation with other institutions, to provide spiritual, psychological, and economic guidance and support to those in need. We also encourage them not to lose faith in God's mercy, and aspire to a rewarding and productive life, embracing fate with courage and faith.
- We reject and emphasize the necessity to abolish all forms of discrimination, isolation, marginalization, and stigmatization of people living with HIV/AIDS we insist on defending their basic freedoms and human rights.

Fourth: Addressing other leaders

- As religious leaders we need to reach out to our governments, civil society institutions, NGOs, and the private sector, to seek closer cooperation and greater action in the response to this epidemic.
- We also emphasize the importance of mobilizing other religious leaders' role against the imminent danger of HIV/AIDS in society, particularly in the media and in educational and popular campaigns.
- The need to formulate policies and laws that prevent the further spread of the disease particularly mandatory health check ups before marriage.
- Promote the setting up of guidance and awareness raising centers and facilitate the establishment of charitable organizations to provide care, and support for people living with HIV/AIDS.

Abstract Accepted at the XVI International AIDS Conference

Effectiveness of piloting street-based outreach to IDUs in improving access to HIV prevention services in Egypt: A model for the region

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Issues: While available evidence reveals that HIV prevalence among injecting drug users (IDUs) in Egypt is low, the existence of certain risk factors necessitates immediate action to prevent significant spread of infection. Responses taken from 628 IDUs participating in the Family Health International (FHI) supported outreach program show that 60% of IDUs share injecting equipment, a practice that puts them at high risk of blood-borne infections, including HIV.

Description: FHI/Egypt, with support from the United States Agency for International Development (USAID), partnered with Freedom, a faith-based NGO, in providing street-based outreach services to IDUs, providing risk reduction, HIV/AIDS prevention and referrals to VCT services. Outreach and peer education is provided by ex-IDUs, many of them volunteers providing linkages to active IDUs. Freedom has reached over 1,000 IDUs, providing them with counseling, peer education, basic medical care and nutritional support. This is the first street-based outreach program for IDUs in Egypt and the Middle East.

Lessons Learned: The number of IDUs reporting sharing needles dropped from 24% at baseline to 14% at follow-up. Furthermore, 14% of the IDUs reached have abstained from using injecting drugs and 9% have received VCT for HIV. Prior to the program none of the IDUs had ever tested for HIV. Benefits of the outreach program include increased knowledge about HIV/AIDS, increased testing for HIV and enhanced risk-reduction behaviors among IDUs. The Outreach Center also helps keep IDUs off the streets and in support groups among IDUs. Sustainability has been ensured by constantly recruiting volunteers as peer educators and outreach workers.

Recommendations: Given widespread understanding about how IDUs can fuel the HIV/AIDS epidemic, it is extremely important to involve IDUs in HIV/AIDS prevention. Providing outreach is an essential step in ensuring that Egypt and other Middle Eastern countries maintain their low rates of HIV.

Abstract Accepted at the XVI International AIDS Conference

Overcoming cultural constraints to establish Egypt's pilot VCT program and scaling-up to the Middle East Region

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Issues: In Egypt, prior to the implementation of Voluntary Counseling and Testing (VCT), reporting of HIV/AIDS cases was based on mandatory testing. Voluntary testing is available, but positive results, including names of individuals, were reported to the Ministry of Health, enhancing stigma and discrimination associated with HIV. Many individuals, particularly those in high-risk groups, feared being tested for HIV/AIDS.

Description: To overcome these fears, Family Health International (FHI) and the United States Agency for International Development (USAID) established anonymous VCT services in Egypt. Efforts were made to overcome concerns of local partners associated with anonymous services due to the lack of control that can be exerted and the use of rapid test kits.

To ensure a standardized approach is taken to implementing VCT nationwide, FHI developed National Policies and Guidelines, Counseling Manuals, Operating Procedures, and Monitoring and Evaluation Plans, available for the first time in Arabic and adapted to the local context. FHI has established Egypt's first VCT Center, providing anonymous and confidential counseling and testing for HIV/AIDS, targeted at high-risk groups.

Lessons Learned: Concentrating VCT services on high-risk groups provides valuable HIV prevalence data. Results from the FHI-supported sites show that 6% of VCT clients are HIV-positive, compared to <0.1% nationwide. In addition to the benefits of VCT in HIV prevention, VCT services provide essential entry points to early disease management and referrals. VCT services in Egypt were successfully replicated at a local NGO and capacity building of 13 Middle Eastern countries has been undertaken in efforts to scale-up VCT.

Recommendations: Given the widespread acceptance of VCT in Egypt following the adaptation of world-wide practices to local contexts, replication and scaling-up of these activities throughout the region is essential in providing vastly needed data on the status of the epidemic and in enhancing AIDS education and prevention.

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FROM THE AMERICAN PEOPLE

SUCCESS STORY
Preventing AIDS on the Streets of Cairo

Rehabilitated drug addicts reach out to high-risk groups

Photo: FHI/Doaa Oraby

Outreach workers with USAID staff at the Freedom Program's center in Shoubra, Cairo.

"I consider the Freedom outreach workers as more than family, they are everything to me," says Said. In coordination with the President's Emergency Plan for AIDS Relief, USAID is developing HIV/AIDS prevention programs to help former drug users like Said get back on track and begin a new life.

Each new day is a blessing for Said. He is freed from the scourge of drug addiction and safe in the knowledge he is no longer at risk from HIV/AIDS. He no longer steals to feed his addiction, and his friends and family have welcomed him back into their lives.

The life he now leads is a stark contrast to what it was one year ago. Sacrificing everything, Said had sold his shop, split with his fiancée, and even sold his clothes to get drugs. He risked contracting HIV by sharing needles with other drug users. The turning point came when his cousin told him about the Freedom outreach center in Shoubra, Cairo. Although he had tried to quit before and was skeptical, all of the counselors he spoke to were former drug users and fully understood his doubts and anxiety. They persuaded Said to go to the Freedom Program's drug rehabilitation clinic. He graduated after six months.

To reach high-risk individuals like Said and prevent the spread of HIV/AIDS in Egypt, USAID is working with Egypt's National AIDS Program and Family Health International to build the Freedom Program's capacity to provide outreach services to intravenous drug users. Freedom outreach staff target users and offer street-based and drop-in counseling, and provide risk reduction and peer education and, in some cases, medical and nutrition support.

Since its launch in July 2003, Freedom has reached more than 900 intravenous drug users on the streets, while about 625 users have visited the outreach center. Freedom also refers patients to voluntary and confidential counseling and testing services. Previously, positive HIV results, including names of individuals, were reported to the Ministry of Health, enhancing stigma and discrimination associated with HIV. Now, those being tested no longer have to worry.

As someone whose life changed thanks to the Freedom Program, Said will never forget the support and encouragement he received. He is grateful for the second chance he now has in life. He has earned back his self-respect, as well as the respect of others. Said still visits the Freedom center from time to time, spending time counseling anyone dropping in who might be at risk of contracting HIV. After all, he knows what they are going through and is keen to help others have a second chance.

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CASE STUDY
Clinics Help Prevent HIV/AIDS

Fighting HIV/AIDS by preventing sexually transmitted infections

Photo: FHI/Doaa Oraby

A renovated clinic in Cairo provides patients with education about preventing STIs and HIV/AIDS. The clinics also use improved record-keeping techniques.

"Now I am better informed about how to counsel my clients and manage them in a resource-constrained setting," said one health-care provider who attended a USAID training session.

Challenge

One of the keys to implementing an effective HIV/AIDS program is to prevent the spread of sexually transmitted infections (STIs). High rates of STIs signal a high likelihood of HIV/AIDS transmission. Furthermore, counseling people who have STIs or HIV and explaining the risks associated with unsafe sexual practices is critical to preventing the spread of these diseases. Yet the social taboos surrounding STIs in countries such as Egypt make it difficult to hold open discussions on prevention and treatment. The result is that infected people are reluctant to seek medical care, infected partners are not treated, and doctors are shy to offer advice about treatment and prevention.

Initiative

In collaboration with the President's Emergency Plan for AIDS Relief, USAID has embarked on a comprehensive STI prevention program in collaboration with Egypt's health ministry. The program created national guidelines for STI management, training manuals for frontline service providers, and a chart that details common infections and nationally available treatments. The program put in place education programs about risky behaviors and prevention, voluntary counseling and testing services, and a confidential hotline. Additionally, the program established pilot clinics to offer these services.

Results

The program has increased awareness among health care providers of the importance of treating and preventing sexually transmitted infections as a means to stem HIV infection. Twenty-five doctors from Cairo and Alexandria hospitals have attended train-the-trainer courses for STI management and are now better informed about prevention and treatment options. The first pilot clinic in Cairo was inaugurated in June 2006. It provides a comfortable and clean environment for consultation and treatment. The new clinics are mitigating the negative stigma surrounding STIs and encouraging people to seek health care services, increasing their awareness of STIs and ultimately helping to fight the spread of HIV/AIDS.

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