
# HIV/AIDS Strategic Framework
# 2012 - 2016

## PROGRAM GOAL AND OBJECTIVES

The overarching goal of the National Strategy for 2012-2016 is to stabilize epidemic growth, prevent new infections within the most at risk population and improve health outcomes for PLHIV.

The following section will outline the strategic results framework around seven key programmatic priorities and related outcomes. The programmatic priorities are: 1)Increase coverage of prevention interventions for most at risk populations; 2) Increase coverage of prevention interventions for vulnerable populations; 3) Increase coverage of prevention interventions for general populations; 4) Increase coverage of comprehensive and integrated treatment, care and support for PLHIV; 5) Ensure availability and use of strategic information for decision-making; 6) Ensure supportive and enabling environment for the national response to HIV and AIDS; and 7) Ensure effective leadership, coordination and management by government, civil society and other actors at national and governorate levels.

### IMPLEMENTATION PRINCIPLES

This National Strategic Plan builds on the previous strategies and is guided by the recently conducted situation and response analysis and identified achievements and gaps in the response. The current document serves the purpose of a single national action framework in response to the epidemic and is linked to a single national M&E framework. The implementation of the national strategic plan will be based on the following principles:

- Strengthening Health System capacity for effective HIV response and enhancing coordination and advocacy efforts.
- Ensuring continuum of prevention, testing, early detection and timely enrollment into treatment with the objective of saving lives;
- All activities will promote, protect and respect equity, assure gender equality and greater involvement of people living with HIV;
- Implementation will be based on close and fruitful cooperation between government, non governmental organizations and private sector, founded on the principles of transparency, partnership and mutual confidence;
- Emphasis will be made on reducing access barriers, regional and socioeconomic disparities;

**National Strategic Results Framework:**

**Priority Area 1**: Increase coverage of prevention interventions for most at risk populations

**Objective:** By 2016 HIV prevalence among MARPS is contained below 5%

To achieve the above objective, the scale and scope of the integrated preventions interventions fro men having sex with men, female sex workers and injecting drug users will be expanded through the following strategies:

Strategy 1.1: Strengthen the interventions of combined prevention for sex workers in Cairo and Alex by the end of the second year of strategy and expand coverage to Luxor, Gharbia and others by the end of strategy.

Strategy 1.2: Increase coverage of prevention programmes for men who have sex with men (MSM) in Cairo and Alex by the end of the second year of strategy and expand coverage to Luxor, Gharbia and others by the end of strategy.

Strategy 1.3: Increase coverage of prevention programmes with injecting drug users (IDU) in Cairo and Alex by the end of the second year of strategy and expanded to Luxor, Gharbia and others by the end of strategy.

Strategy 1.4: Eliminate barriers to HIV testing and to knowledge of current HIV serostatus

Strategy 1.5: Develop and promote effective sexual and substance use harm reduction strategies

The key activities include:

- Assess the existing models for prevention to be informed on most cost effective models for scale up by the end of the first year of the strategy
- Develop a national prevention strategy by the end of the first year of the strategy
- Strengthen monitoring and evaluation mechanisms for prevention interventions
- Capacity assessment of NGOs interested to engage in addressing most at risk populations by the end of the first year of the strategy
- Capacity building for NGOs in 4 cities to work with most at risk populations by the end of the second year of the strategy
- Ensure sustainability of NGOs to work closely with most at risk populations by the end of the strategy.
- Capacitate stand alone STIs clinics, Gyn &Obs clinics and Venereal clinics by end of the second year of the strategy to offer package of services.
- Assess stand alone STIs clinics to validate their effectiveness in treatment and prevention.

- Enhance the quality of VCT services through capacity building of personnel and monitoring and evaluating performance
- Develop behavior change communication targeted at each category of most at risk population

*Expected Outcomes*
Outcome 1.1 Coverage of prevention programmes for 50% of Female Sex workers in 4 governorates (Baseline: Pop size estimate to be completed in 2011; Target: 50% of estimated sex workers in cities of four governorates)
Outcome 1.2 Coverage of prevention programmes for 60% of men having sex with men in cities of four governorates (Baseline: 1,933 Men having sex with men (639 in Alex and 1,294 in Cairo) out of an estimated 0.2% of adult male population)
Outcome 1.3: Coverage of prevention programmes for 60% of Injecting Drug users in cities of four governorates (an estimated 120,000 drug users)

**Priority 2:** Increase coverage, quality and effectiveness of prevention interventions for vulnerable populations

Objective 2.1: To eliminate of Mother to Child transmission by 2016
Objective 2.2: By 2016 HIV prevalence among special population is contained below 1%

To achieve the above objectives, particular focus will be placed on prevention among key vulnerable populations in selected governorates. The objective will be implemented through the following strategies:

Strategy 2.1: Scale up provision of targeted Prevention of Mother to Child Transmission (PMTCT) services in Cairo and Alex by the end of the second year of strategy and expanded to Luxor, Gharbia and others by the end of strategy.

Strategy 2.2: Increase coverage of prevention interventions for mobile population in Cairo and Alex by the end of the second year of strategy and expanded to Luxor, Gharbia and others by the end of strategy.

Strategy 2.3: Increase coverage of prevention programmes for street children in Cairo and Alex by the end of strategy.

Strategy 2.4: Increased coverage of prevention programmes for prisoners.

Strategy 2.5 Develop integrated interventions for the prevention of HIV among women and young people in Cairo and Alex by the end of the second year of strategy and expanded to Luxor, Gharbia and others by the end of strategy.

Strategy 2.6 Implement Provider Initiated Counselling and Testing in selected clinical settings (Target: All TB clinics by end of the strategy, 20 ANC by end of second year, and

in 50 by the end of the Strategy, 20 STI, Gyn and Obs and Venereal by the end of the Strategy)

*Key Activities Include:*

- Review PMTCT national guidelines and capacity building of health personnel.
- Implement PMTCT in selected health facilities and strengthen referral mechanisms
- Capacity building of NGOs addressing mobile populations, street children and other vulnerable women and young people on enhancing prevention and referral mechanisms to services
- Develop standards and guidelines for provider initiated testing and counselling(PIT)
- Train health care personnel on PITC
- Promote testing and counselling among vulnerable population
- Develop standards and guidelines for provider initiated testing and Counselling (PITC) and capacity building of health personnel.
- Increase number of VCT units in prisons.

*Expected outcomes:*

Outcome 2.1: Increased access for pregnant women and their infants to PMTCT services integrated in antenatal care services to cover 60% of pregnant women in 50 clinics ( Target:60%)
Outcome 2.2: Coverage of prevention programmes for migrants and refugees is increased to cover 100% of registered refugees.
Outcome 2.3: Coverage of prevention programmes for street children (aged 10-18 years) is increased to cover 5000 street childrens in Cairo and Alexandria
Outcome 2.4: Provider Initiated Counseling and Testing Implemented in selected settings (Target: All TB clinics by end of second year, 20 ANC by end of second year, and in 50 by the end of the Strategy, 20 STI, Gyn and Obs and Venereal by the end of the Strategy)

**Priority area 3: Increase coverage of prevention interventions among general population**

Objective: By 2016, low HIV prevalence in Egypt is maintained.

To achieve the above objective The following strategies are adopted:
Strategy 3.1: Ensure blood safety and reduction of consumption of blood and injections.

Strategy 3.2: Instituting strict infection control measures in all health settings.

Strategy 3.3: Strengthen awareness raising interventions.

Key activities include:

- Testing all donated blood units.
- Training of health personnel on universal precautions.
- Provide education and PEP treatment to health care workers in need.
- Train community leaders and health care personnel on HIV/AIDS prevention.
- Conduct awareness interventions among targeted groups (eg. teachers, religious people, university students and health care professionals, ...)
- Conduct media interventions.

*Expected Outcomes:*

Outcome 3.1: Coverage of prevention programs for community and religious leaders to cover 25% in targeted governorates.
Outcome 3.2:100% of blood units are tested.
Outcome 3.3:Increase access for PEP treatment for all health care workers in need.
Outcome 3.4: About 50% of general population have comprehensive knowledge about HIV modes of transmission and pervention.

**Priority area 4: Increase coverage to quality comprehensive and integrated treatment, care and support for PLHIV**

Objective 4.1: By 2016, late HIV detection is reduced to 25%
Objective 4.2: By 2016 HIV positive people still alive after 12month of ART initiation is >80%

To achieve the above objectives, the focus of this national strategic plan will be on improving quality and expanding on treatment coverage, the continuum of care between HIV testing and ongoing treatment care and support for PLHIV .The following strategies will be adopted:

Strategy 4.1: Increase current access to ART to all patients in need based on new guidelines and improving treatment adherence among patients on ART

Strategy 4.2: Strengthen medical care at the local level through existing five dispensing sites in Cairo, Alexandria and Menia by the first year of the strategy and additional two sites in Luxor and Gharbia by the end of the second year of the strategy.

Strategy 4.3: Strengthening ART management capacity and drug resistance monitoring

Strategy 4.4: Strengthen integrated services for HIV positive people including management of OI

Strategy 4.5: Strengthen psychosocial support services and home based care services for people living with HIV

Key activities include:

- Implement the recommendations of the clinical care assessment by the end of the second year of the strategy to reinforce ART dispensing accompanied by a physical examination and monitoring blood tests
- Train necessary human resources for clinical care services.
- Implement outpatient HIV services for PLHIV to monitor their response to ART, diagnosis and treatment of opportunistic Infections.
- Implement HIV drug resistance prevention and assessment
- Improve literacy among PLHIV concerning treatment initiation, side effects, counselling and adherence.
- Address stigma and discrimination in health care settings and amongst health care workers.
- Establish support groups in each of the 4 cities with active involvement of the Association of PLHIV to reduce the social impact to PLHIV and their families
- Improve quality and coverage of home and community based care services for PLHIV and their families. Model replicated in the cities of four governorates.
- Initiate income generation grants for in need PLHIV and their families.

*Expected Outcomes:*

Outcome 4.1 ARVs are available for an annual increase of 25% of PLHIV in need.

Outcome 4.2 Positive prevention programs for PLHIV extended to 80% of the monitored PLHIV in four governorates by 2016

Outcome 4.3 Psychological and social care is extended to 80% of the monitored PLHIV who needed in four governorates by 2016

Outcome 4.4 Percentage of PLHIV and their families who have access to income generating opportunities expanded to 25% of those in needs

**Priority area 5: Ensure availability and use of strategic information for decision-making;**

Objective : By 2016; reliable evidence is generated to support HIV decision making.

To achieve the above objective, the following interventions are planned for expanding the knowledge about HIV and informing HIV response

Strategy 5.1: Conduct population size estimation for Injecting drug users, Female Sex workers, Men who have sex with men, Female partners of men who have sex with men, and IDUs, and Clients of Female Sex workers, By the end of the second year of the Strategy the following will be conducted.

Strategy 5.2: Assess ongoing prevention, treatment, care and support needs of People Living with HIV By the end of the second year of the Strategy.

Strategy 5.3: Conduct the third round of BBSS for MARPs .

Strategy 5.4: Conduct research to explore attitudes to condom use and barriers to condom use among most at risk populations.

Strategy 5.5: Conduct operational research to assess Male and female health-seeking behaviour.

*Expected Outcomes*

Outcome 5.1 Monitoring-evaluation mechanisms at the national, regional and local level is strengthened

Outcome 5.2 Results of conducted researches are avilable.

**Priority area 6: Ensure supportive and enabling environment for the national response to HIV and AIDS;**

Objective 6.1: By 2016 a measurable reduction in stigma and elimination of discrimination associated with people living with HIV will be achieved

To achieve the above objective the following strategies will be adopted:

Strategy 6.1 Ensure greater involvement of people living with HIV/AIDS (GIPA) in the national response by the end of the second year of the strategy

Strategy 6.2 Mount advocacy focused on stigma and discrimination, primarily among the health care providers by the end of the second year of the Strategy

Strategy 6.3 Enhance collaboration among relevant government stakeholders to address operation and systemic barriers to program implementation

Key activities include:

- Conduct operational research aimed at identifying key factors related to stigma and developing evidence informed interventions
- Implement interventions aimed at combating stigma among the health care providers
- Address stigma and discrimination in health care settings and in particular among health care workers attending to PLHIV.
- Develop training materials and capacity building of entities on how to implement GIPA principles.

*Expected Outcomes:*

Outcome 6.1: Reduction of stigma among of 20% health care personnel, (Target: All TB clinics by end of second year, fever hospitals in four cities, 20 ANC by end of second year, and in 50 by the end of the Strategy, 20 STI, Gyn and Obs and Venereal by the end of the Strategy)

**Priority area 7: Ensure effective leadership, coordination and management by government, civil society and other actors at national and governorate levels.**

Objective 7.1: By 2014, structural and operational capacity of the National AIDS program is strengthened

Objective 7.2: By 2016, capacity and involvement of civil society organizations on the national response is strengthened.

These objectives will be achieved through the following strategies

Strategy 7.1 **Strengthen Human Resource capacity for enhancing HIV response.**
Strategy **7.2 Assure necessary investments in the infrastructure**.
Strategy 7.3 Strengthen coordination mechanisms for joint planning and program monitoring between government, civil society and other stakeholders
Strategy 7.4 Strengthen systems for resource management and planning

**Key Activities Include:**

- Developing adequate physical infrastructure for the national AIDS program
- Develop and implement institutional capacity plan for participating NGOs
- Implement National AIDS Spending Assessment every two years
- Conduct regular coordination meetings with relevant stakeholders

*Expected outcomes:*
Outcome 7.1: cost effective and accountable allocation and use of financial resources across the NSP according to priorities