



Universal Periodic review 2014 – Human Rights Council

EGYPT

Background:

Egypt has a low prevalence HIV epidemic with a concentrated epidemic among Men who have sex with Men and People who inject drugs¹. Egyptian National AIDS Program reported a 21.3% of confirmed people living with HIV to be females by the end of August 2013. UNAIDS reports that in our region, majority of women living with HIV were infected within the bounds of marriage.

Stigma remains high and reports show that this doesn't decrease with knowledge, as healthcare professionals are still practicing stigmatizing attitudes and discriminatory practices towards PLHIV. A shocking 71% of healthcare providers reported their unwillingness to treat PLHIV². Egypt's national HIV response was faced with many challenges throughout the past decade, and it was only recently when Egypt's government has taken encouraging steps towards reforming its governmental National AIDS program to a more open, transparent and efficient working structure. However, concerns on sustainability of Egypt's HIV response, especially with a weak health system, competing priorities as Hepatitis C and the heaving economic crisis.

HIV and Human Rights:

In Egypt, there is no specific law tailored to protect the rights of PLHIV, however broader constitutional rights as the right to health and right to employment with no discrimination do apply³. Unfortunately, a major challenge hindering these rights from being enforced remains the high level of stigma and linking of HIV transmission with criminalized behaviors. A shocking 20% of people living with HIV reported having to change housing due to surrounding community stigma upon disclosure of their HIV status⁴. Although the Egyptian law does not include any article that requires isolating a person living with HIV, however, as per the Minister of health decree No. 435 of the year 1986, HIV has been included as one of the communicable diseases. This allows authorities while referring to that law and decree to isolate people living with HIV in case transmission is suspected. Although uncommon, some law enforcement authorities refer to that law and the ministerial decree for enforcing confinement for some cases especially if associated with a marginalized group. Additionally, restriction on prolonged stay, acquiring work or permits or study permit in the country for people living with HIV is applied.

¹ BBSS 2010, MOHP, FHI, CDS.

² The impact of AIDS- Related stigma on attitude, behaviour, and practices towards people living with HIV and AIDS in Egypt (2011), ESPSRH.

³ Article 18 of the constitution (endorsed in 2014) states that:

- Every person has the right to health, and access to a qualified comprehensive health care system according to the international standards.
- The state must ensure the preservation of public health services' facilities, support, enhance their efficiency, and further ensures their equitable geographical coverage.
- The state is committed to allocate a percentage of the government annual spending to be allocated for health (not less than 3% of the GNP). This percentage will rise gradually till it becomes equivalent to the international standards.

⁴ Stigma research based on stigma index methodology, Dr. Hind Khattab, ESPSRH, UNAIDS, UNICEF, Nov. 2013, Unpublished



Non-nationals are required to do an HIV test if they wish to apply for residency and if tested positive are deported⁵.

Specific issues to address:

- **Access to treatment:** Only 36% of those estimated in need for antiretroviral treatment are receiving it⁶. Although the ministry of health and population with UNAIDS support managed to secure a grant from The Global Fund to fight against AIDS, Tuberculosis and Malaria to support procurement of ART, still chronic gaps remain in supply chain management, and quality provision of ART. ART provision is still detached from any form of clinical case management or testing for case monitoring and follow up. People living with HIV do not receive enough education about their treatment which affects adherence, hence depriving them from their right to access quality healthcare services. People living with HIV can't access testing for drug resistance, which is often encountered by those on treatment due to stock outs; this has a grave impact on their health. Shockingly, a high degree of stigma is practiced at healthcare settings by its providers, to the extent that more than 40% of the people living with HIV in Egypt refuse to declare their HIV status to health professionals when they are seeking medical help. And more than half of PLHIV reporting being denied of receiving healthcare services upon revealing their HIV status in the past year⁷. Despite many efforts in addressing this, government's commitment is needed to hold healthcare providers accountable to deliver services without HIV related discrimination.
- **Women's access to services:** reports show that women's access to services, even information remains low. While 21.3% of confirmed people living with HIV are females, women's knowledge is drastically low and was reported to be 7.1 %⁸. This is complemented by data coming from HIV testing centers where less than 20% of its users are females. Females are still not allowed to discuss issues of sexuality and HIV. In Egypt, more than three fourths of interviewed women living with HIV reported they only sought testing following the death of a partner/family member⁹. Female partners of injectable drug users and men who have sex with men (most at risk populations for transmission) remain vulnerable and inaccessible to prevention programmes. This is critical since among a studied group of people who inject drugs; almost 40% reported being married and almost 11% reported using condoms, which shows the high degree of risk facing female partners¹⁰. Currently, services do not respond to the needs of women, hence women's right to access quality HIV prevention services is hindered.
- **Civil Society participation:** The UNAIDS family often implements its programmes through civil society organizations and in collaboration with the National AIDS Program following the ministry of health and population. Restrictions on civil society work have been hindering to many development initiatives and results in loss of funds and

⁵ Minister of State for Manpower and Training decree # 469 for Year 1995 .

⁶ UNAIDS 2013 Regional Report for the Middle East and North Africa.

⁷ Stigma research based on stigma index methodology, Dr. Hind Khattab, ESPSRH, UNAIDS, UNICEF , Nov. 2013. Unpublished

⁸ Percentage of women having comprehensive HIV knowledge. Demographic Health Survey 2008

⁹ Stigma research based on stigma index methodology, Dr. Hind Khattab, ESPSRH, UNAIDS, UNICEF , Nov. 2013. Unpublished

¹⁰ AbdelSattar A, et al. 2002



opportunities for engagement. For Egypt's HIV response, civil society leads key prevention programmes, especially targeting key populations. Furthermore, civil society works closely to support livelihood programmes helping people living with HIV. Concern remains in anticipation to the upcoming NGOs law which is feared to have more security restrictions on NGOs, especially those mobilizing external funding. We are highly concerned about the shrinking space for civil society, especially as they play a key role in targeting difficult to reach populations, as those key for prevention of HIV.

Conclusion:

HIV remains a challenge to address in the Egyptian context, especially given the gap in fulfilling gender equity and the high levels of stigma preventing people living with HIV from obtaining their basic human rights. Conflict and resulting interruption of services over the past three years following the 2011 uprising is reflecting on HIV incidence¹¹.

Egypt transitional phase is critical for reforming legislations and laws that affect the rights of Egyptians. This is a key opportunity for affirming Egypt's commitment towards serving the most vulnerable and marginalized irrespective of associated stigma and/or prejudice.

¹¹ National AIDS Program records, MoHP.