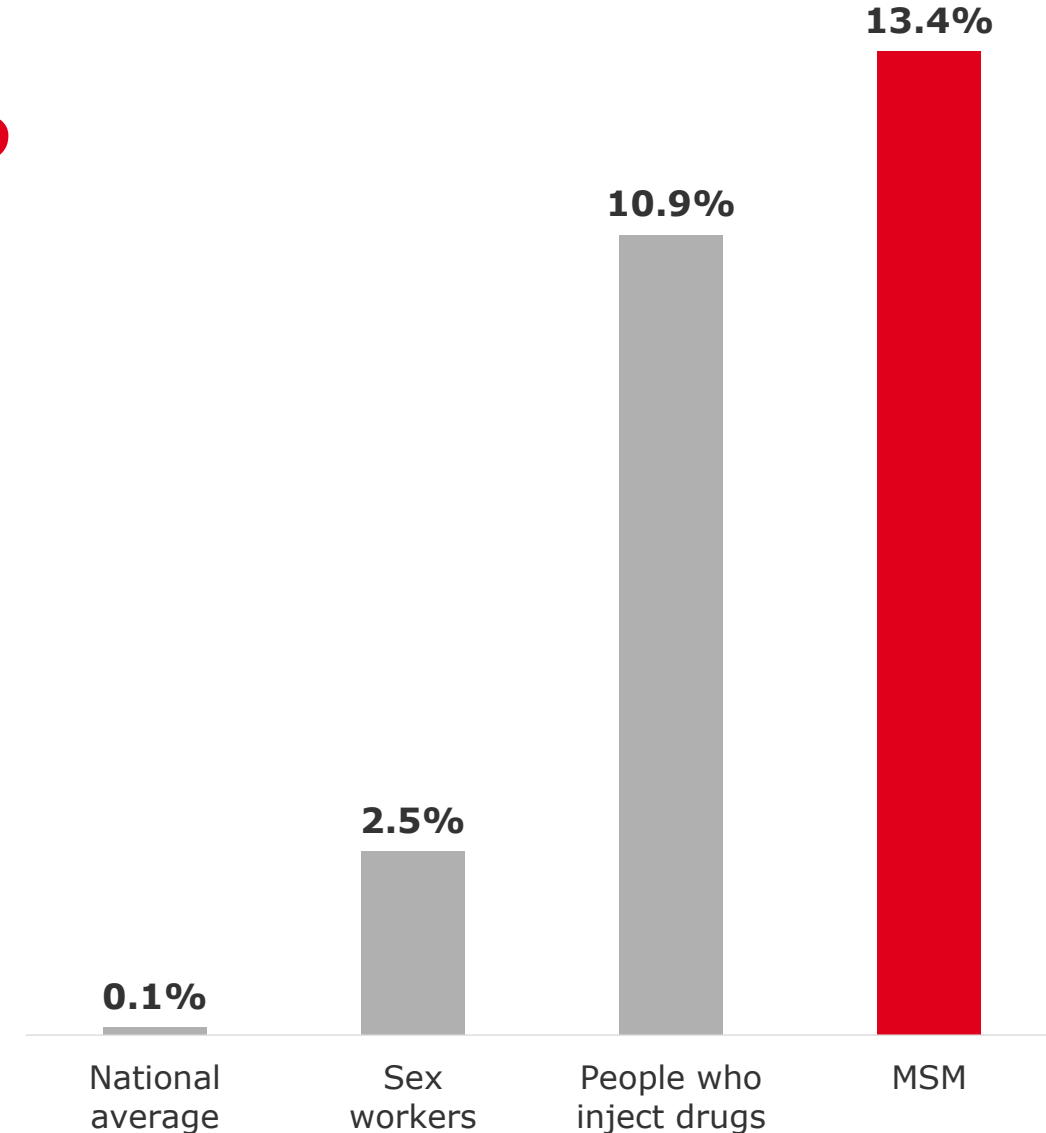


Starting PrEP in Egypt

Early Lessons and Next Steps

Why PrEP? Why MSM?

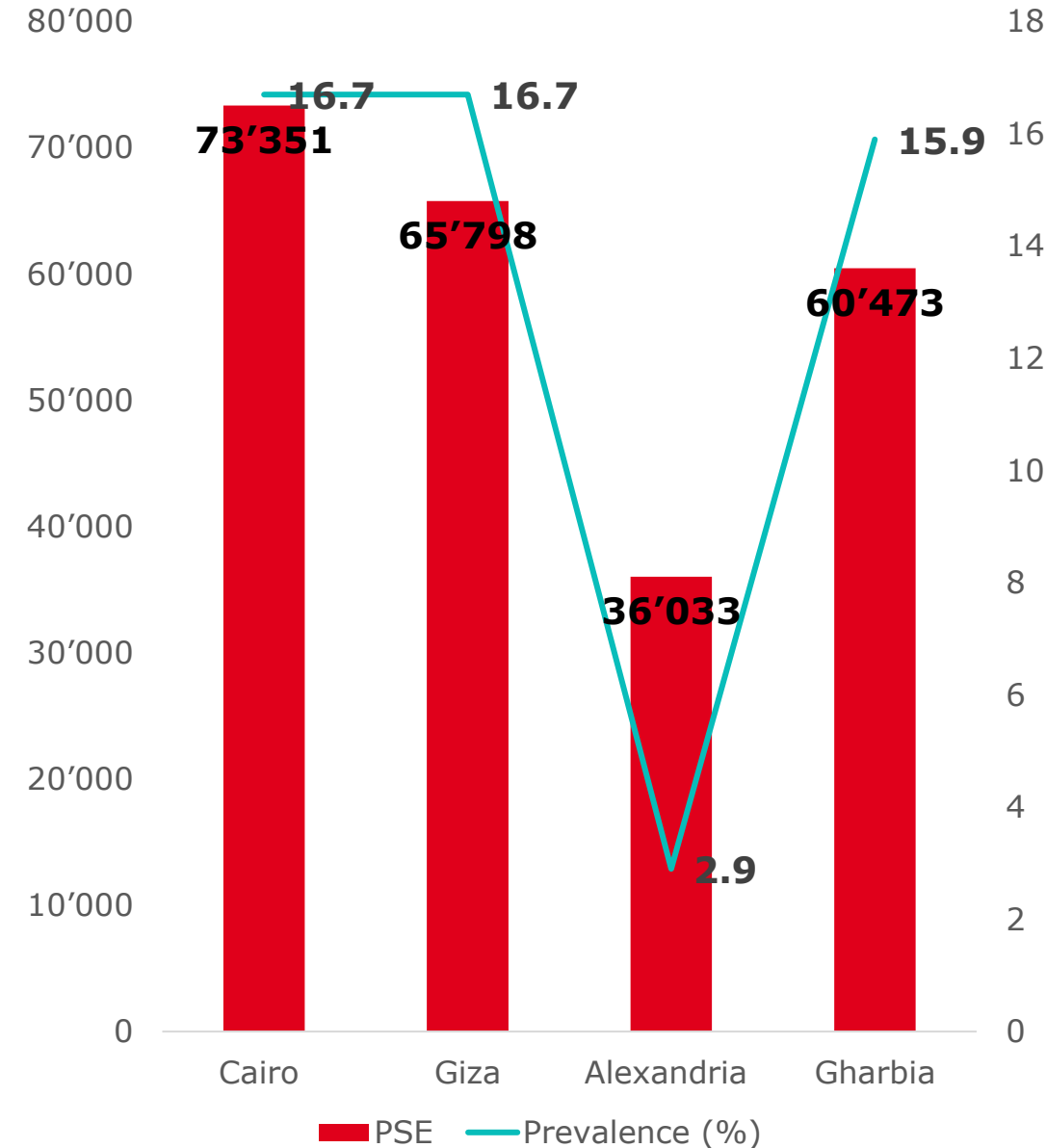
- Egypt's HIV epidemic is growing — new infections up **156%** since 2010
- Key populations are at higher risk of HIV infection and face structural, social and stigma-related barriers
- HIV prevalence among MSM and has risen sharply: from **7%** (IBBS 2010) to **13.4%** (IBBS 2024)
- IBBS 2024 recommended prioritising combination prevention for key populations



Where We Stand?

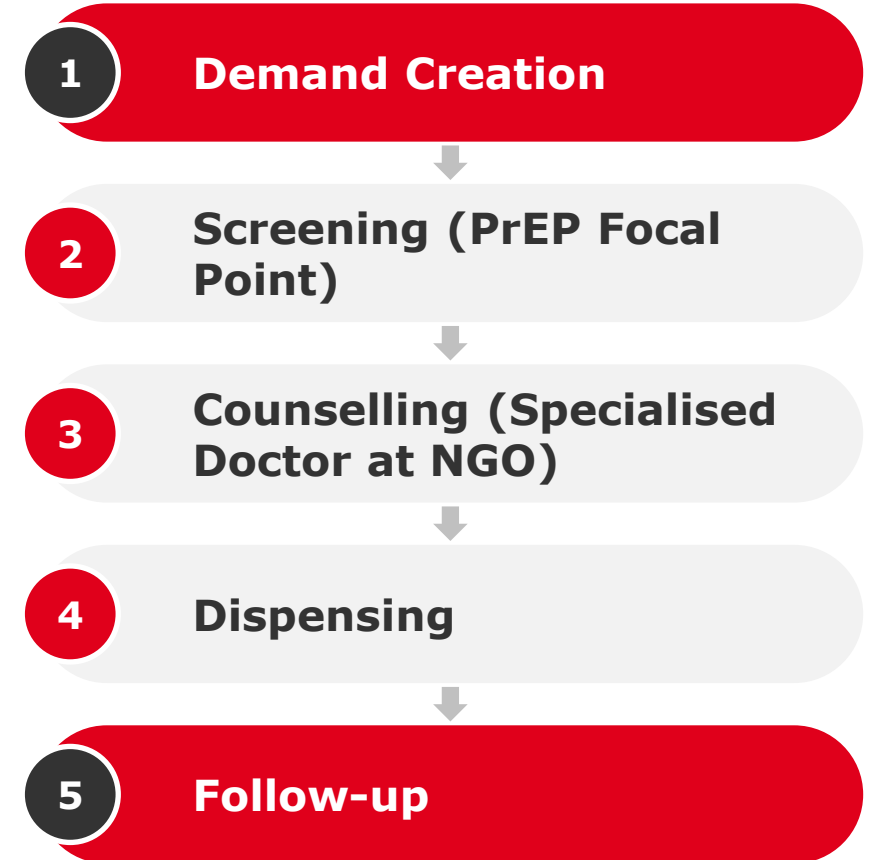
- Selected priority governorates
Cairo, Giza, Alexandria and Gharbia,
informed by IBBS data on PSE &
prevalence
- Started May 2026 in Cairo, Giza and
Alexandria, with Gharbia planned
for later in 2026
- 6 NGOs: 4 direct providers and 2
referral sites
- Targeting 7,564 clients by
December 2027
- Currently, 583 clients have received
oral PrEP at least once

**Population Size Estimates (PSE) and
Prevalence by Governorate**



Our Delivery Model

- Differentiated service delivery (DSD); person-centred, and designed to optimise the use of available resources
- Delivered through community-based organisations, with clinical care and counselling provided by a specialised doctor



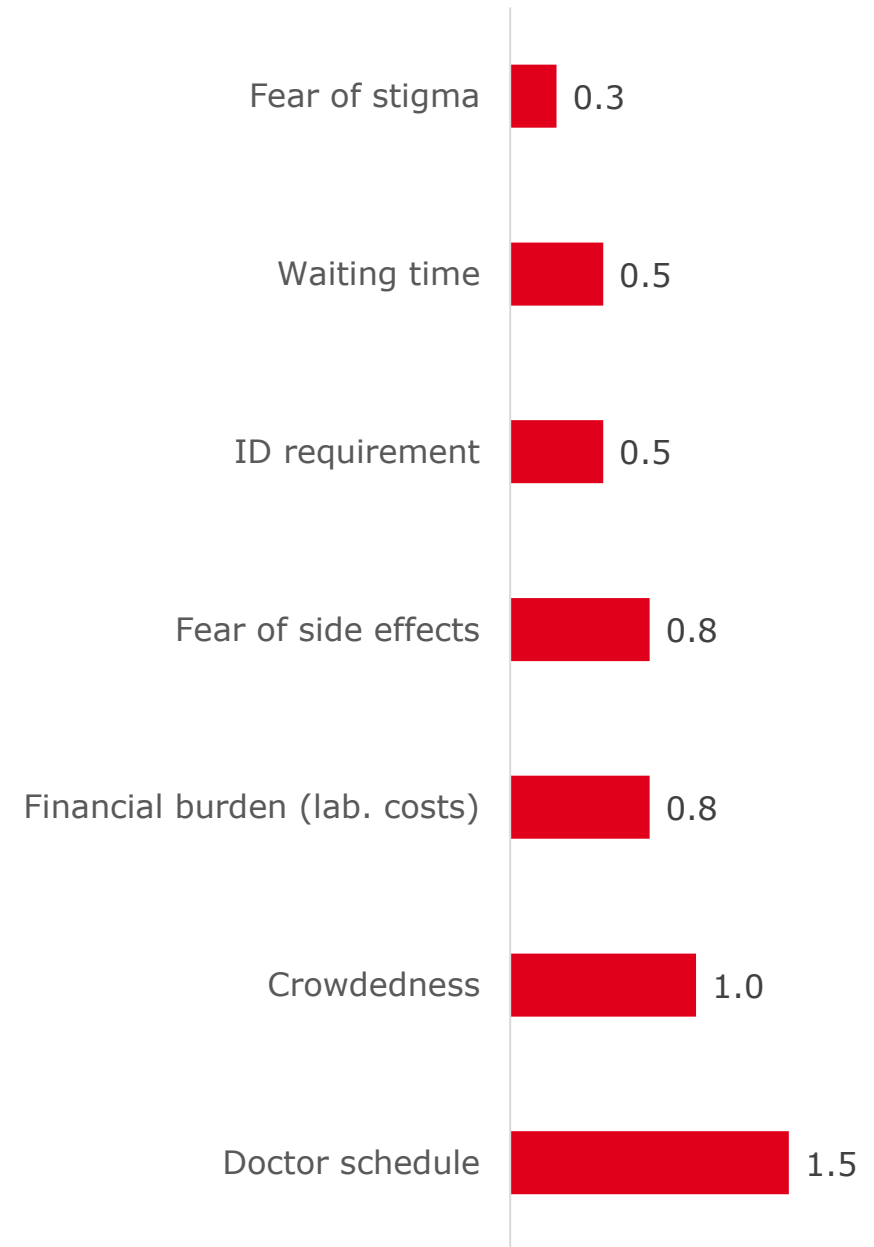
Milestones

- Conducted collaborative consultations between NAP, WHO, and relevant stakeholders, including CSOs
- Held a multi-stakeholder workshop to develop the National Guidelines and implementation plan
- Conducted a site readiness assessment
- Adapted PrEP tools to context and developed SOPs and delivered a capacity-building workshop prior to launch
- Launched a biannual implementation monitoring survey to track demand, access, implementation fidelity, and capacity needs

From Evidence...

- Only **31%** of clients who demanded PrEP went on to initiate
- Doctor's weekly visit schedule and site crowdedness were the most reported access barriers
- Financial burden, side-effect fears, ID requirements and waiting time were also reported
- Some inconsistencies in implementation were identified across sites

Access Barriers



Average rating of frequency (Rare = 0; Continuous =3)

...to Action

- Reviewing doctor visit frequency and scheduling to ease crowding at high-volume sites
- ID requirement removed; Unique Identifier Code (UIC) used instead
- Lab tests simplified; HIV test only required at initiation; creatinine within 3 months
- Follow-up schedule and procedures revised and harmonised across all sites
- KP- Sensitive counselling - reaffirmed; NGOs working with Doctor, NAP issued harmonised guidance

Early Lessons

1. Balance standardisation with flexibility

A harmonised core protocol, adapted to each site's context

2. Trust is crucial

The NGOs clients trust most are the ones delivering the most consistent, effective service

3. Build the road to full health system integration

Phased rollout and continuous monitoring will get us there

Recommendations

1. Institutionalise adaptive implementation

No single delivery model fits every site; keep the evidence-to-action cycle running so services can flex to local context

2. Foster an inclusive, KP-sensitive environment

Non-judgmental counselling system-wide, plus community awareness to counter misinformation on PrEP

3. Integrate PrEP into the broader health system

The most sustainable, cost-effective path to scale, as set out in the National Strategy

*With thanks to the National
AIDS Programme, Al Shehab
Foundation, all
implementing partners and
The Global Fund*