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Community Engagement Strategic Initiative TA mechanism

**Engaging Communities, Shaping Outcomes:
A Strategic Support Initiative in Egypt (2024)**



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Acknowledgment

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Taken in December 2024



Community Engagement Strategic Initiative TA mechanism

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Background and TA Request Rationale

The alarming 609% increase in new HIV infections in Egypt reported by UNAIDS between 2010 and 2023 has captured the attention of stakeholders in the field. While the HIV epidemic in Egypt is reported to be low among the general population, new infections are concentrated among key populations, more specifically among People Who Inject Drugs (PWID) and Men who have Sex with Men (MSM). These communities continue to face stigma, discrimination, criminalization, and human rights violations, creating substantial barriers to accessing prevention, treatment, and support services.

The Grant Cycle 6 (GC6) allocation to Egypt from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), implemented in Egypt between 2022 and 2025, introduced several harm reduction interventions in an effort to reach PWID and MSM, in addition to other key populations, and provide them with needed services. There are a number of civil society organizations (CSO) and community based organizations (CBO) providing services to key populations that maintain good working relationships and coordination with the National AIDS Program (NAP) and the UNAIDS country office. Yet strict governmental regulations and foreign funding controls make it increasingly difficult for programs and advocacy efforts to be implemented in a swift manner. At the same time, Egypt is the only country in the Middle East and North Africa (MENA) region that has joined the Global HIV Prevention Coalition, highlighting the commitment of the country at the national level, and not only at the civil society level, in supporting prevention efforts.

In December 2022, the Arab Republic of Egypt was informed of its eligibility to apply for the GC7 funding cycle for the 2023-2025 allocation period. The allocation was set at USD 8,948,969 (HIV: 6,920,930 USD; TB: 2,028,039 USD) for HIV, TB, and building resilient and sustainable systems for health (RSSH). The implementation period for GC7 was set from April 1, 2025 until March 31, 2028. As per the allocation letter, the HIV allocation for Egypt had been adjusted upwards from the formula that focuses on disease burden and income level, in order to account for the needs of key populations and the concentrated HIV epidemic among them.

Against this backdrop, and in preparation of the funding request development process, the Global Fund offered short-term technical assistance (TA) from the Community Engagement Strategic Initiative (CE SI) to strengthen and support community engagement during the GC7 funding request development. This TA was designed to support the preparation of a Community Priorities Annex, ensuring that the voices, needs, and priorities of key populations were systematically captured and integrated into the funding request. Participating CSOs, including Al Shehab and Caritas, drafted the TA proposal with guidance from the UNAIDS country office and the NAP.

The rationale for the TA was driven by multiple critical considerations: the rising HIV incidence in Egypt, the concentrated epidemic among key populations, the challenging legal and policy



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environment, and the absence of a functioning Country Coordinating Mechanism (CCM), which limited formal platforms for community engagement. Community engagement in Egypt has historically been limited, further highlighting the need for structured support to ensure that CSOs and key populations could meaningfully participate in shaping the funding request. By facilitating inclusive, structured consultations, the TA aimed to bridge gaps between communities, civil society, and national stakeholders, enhancing the relevance and impact of the GC7 grant.



Organization and provision of TA

The TA, which was delivered in two phases, was critical in ensuring the active participation and engagement of key population communities and civil society and community based organization representatives in the development of the funding request. The table below provides details on the organization of the TA.

TA Phase	Implementation Period	Objectives	TA Provider	Deliverables
Phase 1	June – July 2024 (before submission of GC7 funding request in September)	<ul style="list-style-type: none"> • Facilitate a transparent and inclusive process to identify HIV/TB service gaps, accessibility and quality of services, and GC7 priorities • Guide prioritization and validation of proposed interventions to inform the funding request and Community Priority Annex. 	INPUD, with a regional consultant and a national consultant (public health)	<ul style="list-style-type: none"> • Final report and presentation summarizing key findings and priorities of key population communities. • Community Priorities Annex submitted with GC7 funding request.
Phase 2	December 2024 (after grant negotiations, before GC7 implementation in April 2025)	<ul style="list-style-type: none"> • Brief civil society and community representatives (particularly GC7 implementers) on grant-making outcomes. • Identify lessons learned and good practices from GC6 grant implementation to inform GC7. • Engage CSOs and CBOs on GC7 implementation arrangements (in 3–5 governorates, human-centered and integrated service delivery lens). • Capture comprehensive service package implementation costing inputs from CSOs and CBOs to inform GC7 SR/SSR workplans and budgets (aligned with UNDP-SR MoUs). 	INPUD, with regional consultant (public health specialist) and financial consultant	<ul style="list-style-type: none"> • Final report and presentation summarizing lessons learned and good practices from GC6. • Costing tool for CSOs and CBOs.



Phase 1

The identification of community priorities followed a participatory approach to encourage the construction of knowledge and the inclusion of perspectives from different stakeholders. To gain an in-depth understanding of the challenges, barriers, needs, and priorities of communities most affected by HIV and TB, a qualitative approach was applied using semi-structured interviews for key informants and focus group discussions (FGDs) with representatives of different communities.

Seven key informant interviews were conducted with eight key stakeholders including focal points from the National AIDS Program (NAP), service providers (SRs/SSRs) from CSOs across four governorates (Alexandria, Cairo, El Minya, and Tanta), UNAIDS, and GNP+. These informants provided valuable insights into service delivery challenges and grant design processes. In parallel, 13 FGDs were conducted with 96 participants from key populations, including PLHIV, MSM, FSWs, PWUD/PWID, and migrant/refugee communities. Special attention was given to gender diversity and inclusivity, with additional informal input gathered through conversations with three trans women to ensure their perspectives were represented despite the risks they face due to stigma and discrimination.

Findings were synthesized and presented at a community consultation workshop held on July 10, 2024, in Cairo. The workshop, attended by 26 participants, validated and prioritized the interventions identified through FGDs for inclusion in the community priority annex of the GC7 funding request. It also provided a space to compare experiences across key populations and highlight shared challenges. The event was facilitated by national and regional consultants with support from Al Shehab and INPUD, and attended by representatives from the Global Fund CRG team, UNDP (PR of the GC6 grant), NAP, the National TB Program, UNAIDS, and WHO. Sessions included briefings on GC7 requirements, presentation of findings, and group work to finalize community-driven priorities for the funding request.

Phase 2

The identification of implementation challenges, recommendations, good practices, and lessons learned was conducted by the public health consultant through 10 key informant interviews conducted in December 2024. Interviewees included the PR, SRs of the current GC6 grant, and civil society organizations expected to become SRs or SSRs under the GC7 grant. CSOs from the five different areas were interviewed: Alexandria, Al Gharbiya, Cairo, El Minya, and Giza. Participants included program managers and service providers with direct knowledge of service delivery and extensive field experience, allowing them to provide practical insights, lessons learned, and recommendations for the upcoming grant.

In parallel, costing data were collected using a standardized data sheet developed by the costing consultant. CSOs provided input on cost assumptions, including salary structures for positions serving key populations. These inputs informed the development of a costing tool, designed to help organizations calculate service delivery costs under GC7.



Findings and tools were presented during the lessons learned and ways forward workshop that took place on the 15th of December, 2024 in Cairo, with 24 participants. The workshop, facilitated by the public health and costing consultants and the costing consultant, with logistical support from Al Shehab organization and INPUD, was attended by representatives from the PR (UNDP Cairo office), NAP, and UNAIDS. Sessions included: (1) updates on GC7 grant-making outcomes and implementation arrangements, (2) a synthesis of lessons learned and good practices from GC6 with recommendations for GC7, and (3) a presentation and hands-on demonstration of the costing tool. The event also provided a platform for CSOs to discuss future modalities of service delivery under GC7. Interpretation was provided in both English and Arabic.

TA Results

The results highlight the outcomes of bringing together diverse communities and national stakeholders in the absence of a Country Coordinating Mechanism (CCM), underscoring the recognized importance of community voices in the process. National stakeholders acknowledged the key priorities identified by communities, and the consultations generated actionable recommendations and insights to guide the design and implementation of the GC7 funding request. The main results of both phases of the technical assistance include the following:

Ensuring community engagement and creating safe spaces

- Representatives from different key population community were mobilized and engaged in a community dialogue prior to the development of the community priority annex for the funding request. Their challenges, needs, and recommendations were documented and synthesized by population group, enabling tailored prioritization of interventions. For the first time, this approach ensured that community-identified priorities would be directly reflected in the annex. Community partners valued the opportunity to contribute and felt their voices were meaningfully heard. The broad and inclusive consultation process was recognized by stakeholders as the most extensive of its kind to date, generating strong interest in better understanding these priorities and exploring their integration into the GC7 funding request.
- Community representatives were provided with a safe and supportive environment to openly share their needs, concerns, and experiences, both during the broader community consultation and the community prioritization workshop. This inclusive setting encouraged honest dialogue and active participation, ensuring that the perspectives of diverse key populations were fully captured. The insights gathered through these discussions directly informed and strengthened the rationale for the interventions included in the funding request, making the proposed actions more relevant, targeted, and community-driven.

Empowering communities for better engagement

- Civil society organizations and community based organizations were provided with an opportunity to understand Global Fund processes, receive an update on the funding request



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development process and timelines for the GC7 grant in both phases of the TA. This helped organizations gain perspective about the whole grant and anticipate the level of engagement and commitment expected during and following grant negotiations.

- Follow-up technical assistance (Phase 2) was provided based on needs that were identified by the CRG team through observations during Phase 1. Civil society organizations and community based organizations were provided with the opportunity to discuss specific challenges related to implementation and identify good practices to be shared and considered in the new grant. Organizations were also provided with the opportunity for training on long term budgeting, specifically in setting costs for specific interventions through the development of a costing tool that can be used whenever there is a need to set budgets.
- The preliminary results of the lessons learned and good practices of organizations were presented for validation and discussions during a workshop, which allowed to once again gather civil society and community based organizations to be further informed regarding the funding request progress and next steps. The workshop also provided step by step guidance on the use of the costing tool for further skills development and empowerment in the future, to be used for other proposals or in cases of reprogramming.

Facilitating Consensus among National Stakeholders

- National key stakeholders were brought together for discussions within the community consultation prioritization workshop, including the NAP, UNAIDS country office, UNDP, National TB program, WHO Cairo office, and representatives from civil society organizations and community based organizations working with PLHIV, MSM, FSW, and PWUD/PWID. The workshop created a platform for community representatives and civil society organizations to discuss and consolidate priorities and proposed interventions, which were then presented collectively. It also provided space for direct engagement between community members and other stakeholders, including NAP, UNAIDS, and the PR, allowing previously overlooked issues to surface. Grounded in a broader consultative process and validated with both communities and national stakeholders, the priorities carried greater legitimacy and were widely accepted.

Influencing grant negotiations and grant making

- The findings of the community consultation were also presented by a civil society representative from the Egypt delegation, with support from the consultant, during grant negotiation meetings in Geneva in November 2024. The participatory and validated approach, combined with the inclusion of civil society and community representatives in the discussions, strengthened engagement with the Country Team and the Global Fund. This ensured that community-identified priorities were prominently highlighted during the GC7 grant negotiations and considered for implementation within the grant.
- As a direct result of the technical assistance, Egypt was able to submit the GC7 HIV/TB funding request in September 2024 that incorporated interventions proposed through the community consultation processes. In a country without a functioning CCM, the TA enabled communities to have their priorities reflected in the funding request. The draft was revised



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based on newly identified community needs, with interventions reframed in clear, appropriate language to align with the grant, ensuring that community voices directly informed the design and content of the request.

The funding request integrated periodical meetings between PR, NAP, and the SRs to maintain the community dialogue and engagement. Such meetings are particularly valuable because national programs, PRs, and implementers do not often come together in a structured setting. Bringing these actors together in a shared space allows for the resolution of challenges, alignment of priorities, and progress on implementation issues.

- Key stakeholders such as UNAIDS country office and CSOs that were SRs under the GC6 grant played a very important role in ensuring the smooth implementation of the technical assistance. UNAIDS and Al Shehab dedicated resources and time to facilitate the work of the consultants, including providing office space for FGDs, and assisting in the organization and scheduling of FGDs with key population community representatives across the different governorates. Their involvement was instrumental in mobilizing participants, ensuring diverse representation, and facilitating safe and accessible environments for discussions. By coordinating logistics, offering contextual knowledge, and leveraging their trusted relationships within the communities, their support enabled the consultations to run efficiently and effectively, directly contributing to the richness and reliability of the data collected.

The below provides a snapshot of the community-identified priorities that were integrated into the Community Priorities Annex, and ultimately the activities that were included in the final GC7 grant budget, following budget cuts that affected all grants.

Identified Priorities included in the Community Priority Annex of the GC7 Funding Request
<ul style="list-style-type: none"> • Geographical expansion of outreach services for all key populations, including mobile units to increase availability of HIV and STI testing services • Prevention awareness on HIV and STI testing at CSOs, including HIV oral self-test for all KPs • Community led awareness raising initiatives through digital platforms, such as dating apps for outreach to MSM • Condom (including female condoms) and lubricant distribution programs for all people at risk of HIV infection, including FSW, MSM and PWUD and WWUD • Provision of NSP services through remunerated peer distribution and mobile units. Packages to include syringes, alcohol pads, filters, sterile water, and cookers. • Training and refreshers for peers and outreach workers to ensure proper service delivery and education of people who inject drugs on safer injecting • Information dissemination to PWUD on signs and symptoms of overdose and how to respond to overdose emergency, including proper training and expansion of community distribution of naloxone • The expansion and increased availability of OAT for PWUD to contribute to decrease in risky behaviors such as injecting drug use



- Provision of support groups and psychosocial counseling support for PLHIV and KPs at CSOs
- The implementation of an initial mental health screening for PLHIV upon diagnosis
- Sensitization of religious leaders, law enforcement, and medical health professionals on stigma and discrimination and harm reduction
- Documentation of violations and stigma and discrimination, including gender based violence for removal of human rights barriers
- Community led monitoring by KP-led and community based organizations to improve quality of programs and advocate for change.
- Integration of SRH & STI services including HIV testing (and oral self-testing), routine STI testing, routine examinations, cervical cancer screening and other gynecological services at CSOs for all KPs
- Provision of medical services for PLHIV without stigma and discrimination: sensitization of medical health professionals & provision of legal counseling and legal literacy training at the HIV units at fever hospitals.
- Provision of legal consultations and legal support services at CSOs for different KPs
- Provision of trainings to empower community members: legal literacy “know your rights”, treatment literacy, negotiation skills for FSW
- Provision of PrEP programs for MSM
- The piloting of dispensing of ARVs through select pharmacies that are trained and approved to increase accessibility of the medication. Trainings should be led by CSOs/peer PLHIV whenever possible.
- Employment programs: skills building and provision of small start-up funding

Interventions included in the final GC7 grant budget

- Prevention awareness and HIV testing (FSW)
- Provision of harm reduction packages including male condoms and lubricants for all KPs, and self-tests
- Provision of syringes under the NSP program according to need and not according to set universal amounts for all PWUD
- Outreach for KPs conducted by civil society and community based organizations
- STI testing at civil society organizations
- Trainings for outreach workers
- PrEP piloting for MSM and SWs
- Support groups for MSM and PWUD, including support groups for women who use drugs
- “Know Your Rights” sessions for KPs and PLHIV networks to raise peer awareness.



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It is also worth mentioning that while there is no specific target for the transgender community for outreach programs, the negotiations contributed to the inclusion of this community within already set targets of the grant.

! Community distribution of naloxone will be provided by MoPH

! Prevention package for PWUD includes referral to OAT program



Lessons learned, recommendations and challenges

In conclusion, the technical assistance succeeded in ensuring community engagement and input to the funding request submitted by Egypt for GC7. A number of good practices and lessons learned were highlighted as part of the technical assistance that was implemented, and these include:

Area	Lessons learned	Tips and Tricks
Funding	<p>Ensuring flexible and dedicated TA funding enabled in-depth community consultations, providing stakeholders with clear, inclusive insights that informed responsive planning and prioritized community needs.</p> <p>While community consultations are typically conducted during proposal development, this was the first time such a consultation was implemented with a defined component, methodology, and tangible output. The TA was recognized as a priority by the NAP, as it provided valuable insights into different community perspectives and needs.</p>	<ul style="list-style-type: none"> Request TA funding to run structured community consultations. Plan for clear methodology and tangible outputs so stakeholders can capture diverse perspectives and translate them into actionable priorities
Community Engagement	<p>Engaging a wide variety of community partners including key population communities, ranging from well-established to nascent organizations, creates richer dialogue and more inclusive, representative community priorities.</p> <p>The engagement of communities in prioritization of interventions and in the follow up is part of community monitoring and is a good practice that should be continued in the future. It is critical to ensure that different voices and needs are heard and taken into account. It also helps build stronger networks among stakeholders</p>	<ul style="list-style-type: none"> Go beyond the usual community suspects for consultations. Identify a broad range of community partners and figure out different platforms to engage (well established organizations -online; nascent organizations - physical)
TA Design	<p>Structured TA designed to include multi-phase consultations can empower civil society to engage in high-level dialogue integrate community priorities into funding requests, and create a reusable priority framework for future grants</p> <p>Activities carried out under the TA set a precedent that civil society and community based organizations or SRs should be present during discussions with the PR and the Global Fund. They also empowered organizations by</p>	<ul style="list-style-type: none"> Plan consultations in stages to build trust and gather actionable priorities. Include civil society and communities throughout to ensure meaningful participation. Document priorities in reusable frameworks for ongoing grant planning

	<p>providing them with a comprehensive understanding of the grant and the confidence to request information and engage knowledgeably in the process.</p>	
<p>Clear signals of inclusion in grant processes</p>	<p>Establishing clear expectations for inclusion from the outset is critical. Requiring a community priorities annex and ensuring civil society and community representatives are actively included in grant negotiations sends a strong message that community input is valued and must be considered in decision-making.</p> <p>Sending these signals of inclusion throughout the process strengthens trust, encourages active participation, and supports more responsive and equitable grant outcomes. Requiring a community priority annex in itself also provides communities with a tool that can be used to secure additional funding from other sources.</p>	<ul style="list-style-type: none"> • Insist community priorities are formally documented, e.g., in a community priorities annex. • Demand inclusion throughout consultations and grant negotiations. • Ensure mechanisms exist for community input to influence funding decisions
<p>Collaboration and expertise</p>	<p>Skilled facilitation, culturally appropriate materials, and strong collaboration with civil society and national stakeholders create safe spaces for open dialogue, enabling inclusive and effective community consultations even under tight timelines.</p> <p>The success of the TA was driven by the combined expertise, networks, and experience of the consultants and civil society organizations, alongside the collaborative logistical support and coordination provided by UNAIDS, NAP, Al Shehab, and INPUD. Their knowledge, guidance, and flexibility were essential to its effective implementation.</p>	<ul style="list-style-type: none"> • Engage skilled facilitators to ensure all voices are heard. • Use culturally and linguistically appropriate materials for meaningful participation. • Collaborate closely with civil society and national stakeholders to support logistics and coordination. • Leverage expertise and networks to strengthen outreach and engagement. • Stay flexible to address challenges and tight timelines effectively.



The following recommendations, drawn from the lessons of this TA, are tailored to different stakeholders—including TA applicants and providers, the Global Fund, and community partners. Each has a distinct but complementary role to play in strengthening inclusive and effective grant processes. TA applicants and providers are encouraged to design and implement assistance in ways that ensure meaningful community engagement and practical follow-up. The Global Fund has a role in setting enabling requirements and creating space for civil society and community voices throughout funding processes. Community partners, in turn, are encouraged to use these opportunities to advocate for their priorities, demand transparency, and actively shape grant development, negotiation, and implementation. Together, these efforts can help ensure more responsive, equitable, and sustainable outcomes.

Recommendation	TA applicants and TA providers	Global Fund	Community partners
Broaden and diversity community consultations: Including a wider variety of actors in the community consultation with engagement of new representatives from each of the communities, as well as the expansion to the inclusion incorporating additional key population communities of more identified communities to ensure more comprehensive and inclusive representation is important to ensure that all communities are represented and are able to contribute to the process.	X	X	X
Guarantee meaningful community representation throughout grant processes: Ensuring the engagement of community representation at grant negotiations in a meaningful manner is important to maintain the momentum. It is important to ensure that vocal members and representatives of communities, and not just civil society representation, are present in conversations throughout the process of the funding request, from the beginning of its development until grant negotiations and beyond.	X	X	
Plan TA timelines to maximize participation: While the first phase of technical assistance was well-timed before the funding request submission, the two-week schedule, including long-distance travel across governorates, was challenging for consultants. Future TA should allow a more relaxed timeline to facilitate better planning and enable broader participation of key population representatives.	X	X	
Implement follow-up TA earlier to enhance impact: The second phase of technical assistance occurred after grant negotiations and budget finalization, limiting its influence. Future TA should be	X	X	

<p>scheduled earlier in the process and include capacity-building elements such as general budgeting training and use of costing tools to empower civil society and communities to contribute more effectively.</p>			
<p>Promote gender-inclusive engagement: Future TA should prioritize strategies to overcome cultural and political barriers that limit the participation of transgender women and women who use drugs. This can include creating safe and confidential spaces, working with trusted community facilitators, and explicitly ensuring that gender-diverse voices are represented in consultations and decision-making processes.</p>	X	X	X
<p>Adopt hybrid consultation models: To ensure inclusivity and sustainability under resource and logistical constraints, future TA should adopt hybrid approaches where possible. Online consultations can be leveraged for well-established organizations and individuals with the necessary skills, access, and digital literacy, while in-person consultations remain essential for grassroots and marginalized communities that may not be reachable otherwise. For example, national-level virtual dialogues could bring together civil society leaders and experienced CSOs to review priorities, while localized focus group FGDs or small community workshops could be organized in governorates to capture the voices of underrepresented groups, such as FSW and the LGBT community in the case of Egypt. This blended model balances reach, cost-effectiveness, and accessibility, ensuring that broad and meaningful participation continues even when large-scale consultations are not feasible.</p>	X		
<p>Plan for adaptive modalities to overcome political and security constraints: When travel restrictions or security concerns limit in-person engagement, TA should include contingency plans for hybrid or online delivery models. This means ensuring simultaneous interpretation and user-friendly platforms for remote workshops, complemented by smaller in-person sessions where possible to maintain inclusivity and overcome language barriers. Investing in preparatory training for participants on digital tools, and securing dedicated translation/interpretation support, can help ensure meaningful participation even when circumstances prevent face-to-face meetings.</p>	X	X	
<p>Ensure continuous engagement through follow-up and repeated consultations: Communities should advocate for the institutionalization of regular follow-up meetings and consultations throughout the grant cycle—not only during proposal development, but also after grant approval and during implementation. These follow-ups help clarify how priorities were integrated, identify funding opportunities for unmet needs, and ensure sustained participation and accountability. Securing resources to repeat consultations mid-grant (e.g., one year into implementation) allows communities to revisit priorities, adapt to evolving needs, and strengthen integration of their voices into the national response.</p>			X



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Conclusion

The TA played a pivotal role in fostering stronger collaboration and unity among community partners by providing a structured platform to collectively identify, discuss, and agree on shared priorities. In the absence of a CCM, the TA served as a neutral convening space that brought together national stakeholders, including civil society, community-based organizations, the NAP, and UNAIDS, to facilitate dialogue and build consensus on interventions that truly reflect community needs. By creating opportunities for open consultations and workshops, the TA also enabled direct and meaningful engagement with the PR and Country Team, helping to break down barriers and establish a precedent for inclusive dialogue. Communities reported feeling more confident and equipped to engage in the funding process, as the TA not only amplified their voices but also provided them with practical knowledge of the grant structure, budgeting processes, and negotiation dynamics. Importantly, this process succeeded in ensuring that community priorities were integrated into the funding request and that they were defended and maintained during negotiations, further strengthening the role of communities as essential partners in shaping the GC7 grant.

Engaging Communities, Shaping Outcomes Community Engagement Strategic Initiative – Egypt (2024) Strengthening community participation in Egypt’s Global Fund HIV/TB Grant (GC7)

Background

HIV Epidemic Snapshot In Egypt



Concentrated among key populations (KPs):

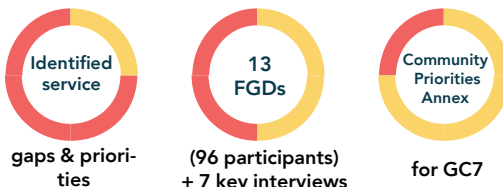
- People Who Inject Drugs (PWID), Men who have Sex with Men (MSM), Female Sex Workers (FSW), People Living with HIV (PLHIV), Migrants.

- Barriers: stigma, discrimination, criminalization.

- Egypt = only MENA country in the Global HIV Prevention Coalition.

How the Technical Assistance Worked Delivered in Two Phases

Phase 1: June-July 2024



Phase 2: December 2024



Key Achievements Community Engagement



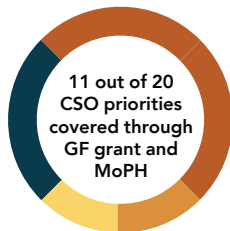
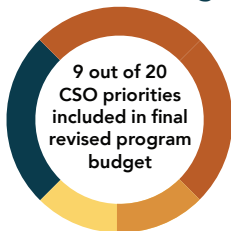
Empowering Civil Society



Collaboration

- Brought together NAP, UNAIDS, UNDP, WHO, CSOs & CBOs.
- Civil society and community presented priorities during Geneva negotiations.

Community Priority Interventions Integrated in GC7



- Enhanced quality harm reduction & outreach.

- Harm reduction packages for KPs including male condoms and lubricants and syringes (PWUD).

- HIV self-testing for all KPs.

- Integrated SRH & HIV services at CSOs.

- PrEP pilot for MSM & sex workers.

- Gender assessment.

- Support groups for MSM and PWUD, including support groups for women who use drugs.

- “Know Your Rights” sessions for KPs and PLHIV networks to raise peer awareness.

! Integration of transgender community within outreach program targets.

! Community distribution of naloxone will be provided by MoPH

! Prevention package for PWUD includes referral to OAT program

Lessons Learned

- Dedicated TA funding = inclusive, structured consultations.
- Multi-phase TA builds trust & sustainability.
- Diverse voices = richer priorities.
- Skilled facilitation ensures safe, open dialogue.
- The Community Priorities Annex model strengthens community participation and engagement.

Conclusion

The TA created a new model for community engagement in Egypt:

Recommendations



Conclusion

