REQUEST FOR CATEGORICAL EXCLUSION (RCE)

PROGRAM/ACTIVITY DATA:

Activity Name: Support the Elimination of Hepatitis C in Egypt

Country/Region: Egypt/ME

Start Date: 7/1/2018  
End Date: 9/30/2020

Life of Project Amount ($): 2,500,000

IEE Prepared by: Akmal Elerian, OEH  
Date: 3/13/2018

Amendment: No

ENVIRONMENTAL ACTION RECOMMENDED (Place X where applicable)

Categorical Exclusion: [ X ]  
Negative Determination with Conditions: [ ]

Positive Determination: [ ]  
Deferral: [ ]

SUMMARY OF FINDINGS/JUSTIFICATION FOR CATEGORICAL EXCLUSION REQUEST:

1. BACKGROUND:

Egypt has the highest Hepatitis C (Hep C) prevalence in the world, making it one of the country's most significant public health problems and resulting in chronic liver disease, cancer, and death. According to the 2015 Egypt Health Issue Survey (EHIS), Hepatitis C prevalence among people between 1 and 59 years of age is 4% with an estimated 3.5 million Egyptians affected. While the 2015 EHIS indicates a 30% reduction in the prevalence of Hep C compared with 2008 (from 6% to 4%), the consequences of the disease remain significant not only in terms of mortality and morbidity due to liver disease and cancer, but also in terms of financial burdens from direct medical and indirect economic costs.

It is estimated that between 100,000 and 150,000 new infections of Hep C occur each year. According to the 2015 EHIS, those infections are associated with a history of hospitalization and invasive medical procedures including endoscopy, blood transfusion, intravenous catheterization, and dental treatment. Several studies identified unsafe medical practices in
inpatient and outpatient settings to be among the main risk factors for Hep C transmission in Egypt, both to healthcare providers and to patients.

This project will provide technical assistance to support the Government of Egypt in its efforts to eliminate Hep C. The program will address many gaps and challenges that are facing the country to achieve this goal: namely, a) Governance; b) Surveillance, monitoring and evaluation; c) Infection prevention and control; d) Injection safety; e) Community awareness, and f) Health care providers’ attitude and practice.

**Main components include the following:**

1. Strengthen the capacity of MoHP to govern, set standards, implement, monitor and evaluate hepatitis control activities.
   1.1 Establish a national comprehensive coordination mechanism under the leadership of Ministry of health and population by the end of 2018.
   1.2 Develop a national Hep C elimination plan by the end of 2018 with clear targets and milestones, including a priced action plan.
   1.3 Develop or update national guidelines as per the latest WHO guidelines on Hep C prevention, testing, and treatment.

2. Develop a comprehensive and integrated surveillance, monitoring and evaluation system in line with the global framework for elimination of viral hepatitis and the national elimination plan.
   2.1 Establish a national Hep C analysis taskforce comprising different authorities concerned with generating and analyzing data.
   2.2 Development of a national hepatitis surveillance plan.
   2.3 Develop a comprehensive national M&E framework capturing Hep C elimination indicators.

3. Institutionalize research activities related to provide the necessary support to the development of scientific research related to the prevention, diagnosis, and treatment of viral hepatitis.
   3.1 Develop national hepatitis research steering team composed of all relevant stakeholders.
   3.2 Identify research gaps in hepatitis field.
   3.3 Identify good models of integrated and linked service delivery through operational research, including linkages with other key health areas.

4. Raise awareness about viral hepatitis among healthcare providers and communities.
   4.1 Mass media and targeted awareness-raising activities will be tailored to reach their intended audience.
   4.2 The target is to achieve 80% increase in awareness and knowledge of community and health care providers on Hep C prevention compared to 2016 KAP study.
5. Reinforce patient safety including safe injections and infection control practices.

5.1 Strengthen a comprehensive national system for prevention and monitoring of occupational transmission of Hep C.

5.2 Support injection safety activities across all healthcare facilities.

5.3 Mainstream infection control practices in an integrated approach targeting Hep C elimination.

5.4 Strengthen the national accreditation program to include comprehensive standards to support patient safety culture and sustain the Hep C preventive activities.

5.5 Develop continuous medical (and paramedical) education (CME) modules focused on viral hepatitis prevention.

All trainings provided under this project will be theoretical, and in classroom settings.

Recommended Threshold Decision is Categorical Exclusion

Technical assistance, capacity building and training activities are eligible for Categorical Exclusion pursuant to:

(b) 22 CFR 216.2 (c)(2)(i): Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); and

(c) 22 CFR 216.2 (c)(2)(iii): Analyses, studies, academic or research workshops and meetings.

2. CLIMATE RISK MANAGEMENT:

As per the ADS 201, USAID shall factor climate resilience into international development programs and investments. Therefore, the design team and/or implementing partner will identify expected climate change impacts over the life of the activity’s expected benefits and (if appropriate) demonstrate how those risks will be reduced in order to ensure sustainability of the activity’s objectives.

A climate risk screening was completed by USAID/Egypt in December 2015. The screening determined that activities Education and Democracy and Governance activities of which this activity falls under are considered low risk. The climate risk screening for is on file with the mission and the Regional Environmental Advisor.

3. REVISIONS:

If during implementation, activities are considered under this RCE that are outside the above framework, activities other than those described in the subject categories and that directly affect the environment, an Initial Environmental Examination (IEE), or an updated RCE shall be submitted for approval. If the PASA Agreement duration extends without any changes in the Scope of Work or funding, the IEE will extend automatically.
APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

APPROVAL:
AD/Mission Director:  
Mary Eileen Devitt  
Date: 3/21/18

CONCURRENCE:
Bureau Environmental Officer:  
John Wilson  
Date: 3/23/18

Filename: ____________________

ADDITIONAL CLEARANCES:
Office of Education and Health Director:  
Katie Donohoe  
Date: 3/21/18

Program Office/MEO:  
Soad Saada  
Date: 3/21/18

Resident Legal Officer:  
David Young  
Date: 3/21/18

Regional Environmental Advisor:  
Jeanette Normand  
Date: 3/23/18