

# HIV/AIDS in Egypt and USAID Involvement

The HIV/AIDS epidemic in Egypt is still classified as “low level.” At the end of 1999, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 8,100 adults and children were estimated to be living with HIV/AIDS, and adult prevalence was estimated at 0.02 percent.

As of June 2001, a total of 1,501 HIV/AIDS cases had been reported to the Ministry of Health and Population. Of these, 300 were AIDS cases, the majority of which occurred among individuals aged 20 to 39. The male-to-female ratio among HIV/AIDS cases in Egypt is 8:1, with 43 percent of cases occurring through heterosexual contact and 20 percent of cases occurring among men who have sex with men. Seventeen percent of cases are transmitted via contaminated blood/blood products, and 4.6 percent of cases are due to injecting drug use.

Due to gaps in diagnosis, underreporting, and reporting delays, officially reported AIDS cases represent only a portion of actual cases. This is likely a result of the commercial sex trade, but because sex work is illegal, contact with sex workers as a risk factor is likely to go unreported.

Discussion of sexual practices are culturally unacceptable in some settings. Thus, barrier method contraceptive use for protection against sexually transmitted infections (STIs) is limited.

- The 2000 Demographic and Health Survey (DHS) notes that only 3.7 percent of married women ages 15 to 49 report ever having used a condom for contraception.
- Only about 14.3 percent of boys and 5.1 percent of girls ages 16 to 19 know about condoms.
- A Population Council study found that 71 percent of adolescents ages 16 to 19 reported knowing about STIs in general, and HIV/AIDS in particular.

Though the HIV/AIDS situation in Egypt appears non-threatening at this time, several critical factors necessary to facilitate rapid spread of the disease are present in Egypt. These include:

- Need for an enhanced HIV/AIDS surveillance system;
- High incidence of STIs in populations at high risk of HIV infection;



- Presence of injection drug use. Approximately 4.6 percent of injecting drug users in Egypt are infected with HIV;
- Insecure donated blood supply;
- Rapid increase in the number of tuberculosis (TB) cases; and
- High numbers of transient workers and travellers. Movements of people across borders may correlate to an increased number of HIV carriers entering Egypt.

The **United States Agency for International Development (USAID)** launched a \$6.3 million Asia/Near East (ANE) Regional HIV/AIDS project in FY 2000. The project pilots and promotes best practices in preventing HIV transmission and in providing care to persons living with HIV/AIDS and their families. USAID has also begun joint programming to coordinate efforts among the HIV/AIDS and infectious diseases programs in the region, which will include TB and malaria.

USAID-supported nongovernmental organizations (NGOs) include the following:

- The **Centre for Development and Population Activities (CEDPA)** implements a \$6 million New Horizons for Girls program. This project is designed to improve the health and educational status of girls and young women living in Upper Egypt, and specifically addresses STIs and HIV/AIDS. CEDPA plans to add a similar STI/HIV/AIDS prevention component to a boys' program still under development.
- **Family Health International (FHI)/IMPACT** conducted a situational analysis of the National Blood Transfusion Service donor recruitment program, which provided the basis for an \$850,000 Blood Donor Recruitment Project to complement the Swiss blood bank project. The project has yielded a framework to increase voluntary blood donations, including record-keeping systems to enable retention of safe donors, a course in basic principles of safe blood collection, and

## NATIONAL RESPONSE

The Ministry of Health and Population (MOHP) has established an HIV/AIDS control program. Its HIV/AIDS hotline, developed with a Ford Foundation grant, is considered to be one of the most innovative HIV/AIDS prevention activities in the region. The hotline receives an average of 800 calls per month, some of which are made from other Arab countries. Most of the callers are unmarried, young men, who seek anonymous access to information about AIDS and basic sex education.

## USAID SUPPORT

Current reported statistics on HIV/AIDS in Egypt do not appear to have ignited widespread donor action. In general, the donor community is not directly addressing at-risk communities. HIV/AIDS prevention and care is not the primary focus of most projects targeting these groups.

<b>Key Population, Health, and Socioeconomic Indicators</b>		
Population	67.2 million	UNPOP 1999
Growth Rate	2.1%	CAPMAS 2000
Life Expectancy	Males: 67 Females: 71	CAPMAS 2000
Total Fertility Rate	3.5	DHS 2000
Infant Mortality Rate	44 per 1,000 live births	DHS 2000
Maternal Mortality Rate	170 per 100,000 live births	UNAIDS/WHO 2000
GNP per capita (US\$)	1290	DHS 1998
Govt. health expenditure as % GDP	3.7	WHO 1997
Adult Literacy	Male: 76% Female: 60%	World Bank 1998

universal precaution guidelines, policies, and procedures. In addition, IMPACT conducted an STI prevalence study with the Ministry of Public Health and USAID/Cairo. Results of this study will be used to design culturally appropriate interventions.

## **OTHER SUPPORT**

The U. S. Naval Medical Research Unit No. 2 (NAMRU-2), a Department of Defense infectious disease research laboratory, will assist in HIV/AIDS research and surveillance activities in Egypt.

Other donors active in Egypt include the United Nations Children's Fund (UNICEF), the Ford Foundation, and the Swiss Red Cross.

## **CHALLENGES**

According to USAID, Egypt faces the following challenges in maintaining a low prevalence of HIV/AIDS:

- Pervasive fear and stigma attached to HIV/AIDS, which discourages frank discussion of the illness and of prevention measures;
- Migration of large numbers of Egyptian men who work abroad and may return home carrying HIV, and entry of large numbers of tourists into Egypt;
- Population shifts to urban areas due to scarce employment and other economic opportunities in rural regions;
- Lack of STI/HIV/AIDS education and prevention programs, which perpetuates misperceptions and risky behaviors;
- Widespread lack of condom use and a growing commercial sex industry; and
- Lack of access to reproductive health information or related health care, particularly among youth.

## **IMPORTANT LINKS AND CONTACTS**

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3. World Health Organization, Dr. Jihane Tawilah, InterCountry Programme Adviser, Regional Office for the Eastern Mediterranean (EMRO), WHO Post Office Abdul Razzak Al Sanhoury Street, Nasr City, Cairo 11371, Egypt. Tel: 20-2-670-2535, Fax: 20-2- 670-2492 or 670-2494, E-mail: [emro@who.sci.eg](mailto:emro@who.sci.eg), Website: [<http://www.who.sci.eg>](http://www.who.sci.eg)
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