HIV/AIDS Response in Egypt

Management in the Healthcare Sector
December 2004

Elisenda Griñó Aznar

Thomas Lund Hansen
Outline

Outline ............................................................................................................. 2
Executive Summary ........................................................................................ 3
Egypt: Background information .................................................................... 4
  Demographic and Socio-economic ............................................................... 4
  Selected national health accounts indicators ............................................ 5
  Total health expenditure .......................................................................... 5
  Sources of public health expenditure ....................................................... 5
  Private health expenditure ...................................................................... 5
Egypt and HIV/AIDS ...................................................................................... 5
Existing HIV/AIDS Initiatives ...................................................................... 6
Current Gaps in HIV/AIDS response ............................................................ 7
Proposal ....................................................................................................... 8
  Objectives ............................................................................................... 8
  Proposal description ................................................................................ 9
  Revision and Approval .......................................................................... 10
  Funding .................................................................................................. 10
Discussion ..................................................................................................... 10
  Is the plan addressing relevant issues? ..................................................... 10
  Cultural challenges on the implementation side ..................................... 11
  Political Challenges ............................................................................... 12
  Demographical Challenges .................................................................... 12
Abreviations .................................................................................................. 13
Executive Summary

The objective of this report is to give a first hand idea to the readers about HIV/AIDS projects, from how they start to how they are implemented.

We study a HIV/AIDS project proposed by UNAIDS to improve the NGO infrastructure dedicated to HIV/AIDS in Egypt.

In our report initially Egypt is introduced in terms of socio-demographics and its historical approach to AIDS/HIV control. Afterwards we describe the gaps that have been identified in Egypt for the points that need to be addressed and we enter into the particular process of writing, approving and implementing an aid proposal.

In this case the proposal has been written by the UNAIDS representatives in Egypt and has been approved. Operations have just started, so we will not be able comment on the results. We will however use other examples of AIDS/HIV projects to comment on the main challenges faced when trying to put in place aids programmes.
Egypt: Background information

Demographic and Socio-economic
The Arab Republic of Egypt is situated in the Northern part of Africa. It has an estimated total population of 67M people, 42.2% of them living in rural areas (see Fig. 1). The birth mortality rate is 26.5 per 1000 pop.


Fig 1 - Map of Egypt with the population density per areas (UNAIDS/WHO Epidemiological Fact Sheet-2004 Update)

The life expectancy is 67 years, and the population below poverty line is the 22.9%. Its GDP is 98.3 billion US$ and its GNI per capita is 1490 US$ (EU average GNI = US$ 24,329 per capita).

In Fig. 2 there is a summary of some indicators of the Egyptian healthcare system.

Selected national health accounts indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita GDP in international dollars, 2001</td>
<td>3,901</td>
</tr>
<tr>
<td><strong>Total health expenditure</strong></td>
<td></td>
</tr>
<tr>
<td>Total expenditure on health as % of GDP, 2001</td>
<td>3.9</td>
</tr>
<tr>
<td><strong>Public health expenditure</strong></td>
<td></td>
</tr>
<tr>
<td>General Government expenditure on health as % of total general government expenditure</td>
<td>7.4</td>
</tr>
<tr>
<td>Per capita government expenditure on health at average exchange rate (US$), 2001</td>
<td>22</td>
</tr>
<tr>
<td>Per capita government expenditure on health in international dollars, 2001</td>
<td>75</td>
</tr>
<tr>
<td><strong>Sources of public health expenditure</strong></td>
<td></td>
</tr>
<tr>
<td>Social security expenditure on health as % of general government expenditure on health</td>
<td>29.7</td>
</tr>
<tr>
<td>External resources for health as % of total expenditure on health</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Private health expenditure</strong></td>
<td></td>
</tr>
<tr>
<td>Private expenditure on health as % of total expenditure on health, 2001</td>
<td>51.1</td>
</tr>
</tbody>
</table>

*Fig 2- national Health account indicators*
http://www3.who.int/whosis/country/indicators.cfm?country=egy

**Egypt and HIV/AIDS**

Egypt has consistently had a low HIV/AIDS prevalence rates\(^1\). The mode of transmission among cases reported through June 2001 was 45% heterosexual, 21% men having sex with men (MHSWM), 6% injection drug use, 16% via blood products, <1% mother to child transmission and 11% due to unknown causes.

By June 2002, the cumulative number of HIV/AIDS cases in Egypt reached 1,621 of whom 323 developed AIDS. Sixty-one percent of the HIV/AIDS cases were among young adults from 15 to 39 years old. While the majority is male, the proportion of female cases is on the increase from 10% at the early stage of the epidemic to 16.8% in 2001.

\(^1\)UNAIDS/WHO Epidemiological Fact Sheet-2004 Update, Egypt, UNAIDS, Unicef and WHO publication
It should be noted that in the absence of representative prevalence surveys in the general population, the exact extent of HIV infection remains unknown.

Estimated number of adults and children living with HIV/AIDS, end of 2003

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children</td>
<td>12,000</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>Women (15-49)</td>
<td>1,600</td>
<td></td>
</tr>
</tbody>
</table>

Estimated number of deaths due to AIDS during 2003: 700 people

**Existing HIV/AIDS Initiatives**

Following the first detected AIDS case in 1986 the Egyptian government launched the first initiatives against HIV/AIDS. The National Committee for the Control of HIV/AIDS (NCCHA) was set up. It is headed by the Ministry of Health and consists of 15 members from the government, universities, religious affairs and media. This committee oversee the implementation and strategy for controlling AIDS/HIV.

In principle NCCHA should operate through National AIDS Control Programme (NACP). NACP is however, like NCCHA, managed by the Ministry of Health and Population (MOPH), which thus effectively controls NACP and its initiatives.

NACP has a technical staff of 12 persons and has 27 sub programmes all managed by staff from MOHP.

MOPH thus effectively controls and decides in all stages in the official HIV/AIDS response in Egypt. This highly centralized organisational structure and decision making from the top is typical for the Middle East.

The organizational structure is outlined in Fig. 3.

![Organisational Structure](image)

*Fig 3. Organisational Structure for Egyptian HIV/AIDS response.*

The current initiatives of NACP to date is the following:

- Development of a well-coordinated national blood transfusion program to ensure blood safety. (Annual budget US$ 10 mio)
• Free treatment for HIV/AIDS patients (excluding certain very costly ARV treatments).
• Reporting and Surveillance of cases of HIV/AIDS.
• Information to create awareness HIV/AIDS in the population.
• Capacity building in the health care sector through training and education. Also some training for NGOs.

Current Gaps in HIV/AIDS response

Despite the initiatives currently in place the situation is however far from satisfactory and clear gaps exist in the HIV/AIDS response in Egypt.

The reporting and surveillance initiatives mentioned above are in place and the number of positive cases is being monitored by MOHP. The number of people screened and the number of centres performing the screening are however very limited (there are currently only five) and it could be questioned if we have a realistic understanding of the situation in Egypt today.

As an example it has recently been reported that 25% of a group of intravenous drug users are HIV positive in Iran\(^2\). The same figure for Egypt has been reported as low as 1%\(^1\) and there is any reason to believe that the number of people who have contracted HIV/AIDS in Egypt could be much higher than reported by the official statistics.

Thus, there is a need to increase the number of testing centres to ensure that Egypt is geographically covered and also increase the number of people being tested.

This will ensure a clearer picture of the actual prevalence of HIV/AIDS over the long term.

Increasing the number of centres will also help address another point related to the social stigmatisation of people with a behaviour with a high risk of contracting HIV face in Egypt (drug users, prostitutes, MHSWM).

It is currently very difficult to reach these people with information, counselling or testing. Increasing the number of centres and the availability of testing, counselling and information would encourage high-risk people to seek those services.

While treatment of people living with HIV/AIDS (PLWHA), e.g. ARV, is supplied free of charge there is however a need to improve the follow up on this treatment.

There is also a lack of psychosocial support for PLWHA and their families. Especially in a country like Egypt that stigmatises PLWHA, such support is of great importance.

---

\(^2\) “Tackling Iran’s growing drugs problem”, Frances Harrison, BBC News 30/11/04

\(^1\) UNAIDS/WHO Epidemiological Fact Sheet-2004 Update, Egypt, UNAIDS, Unicef and WHO publication
There is also need to address the stigmatisation mentioned several times before and it is crucial to ensure a public debate to facilitate discussion, familiarity and acceptance of people suffering HIV/AIDS.

Finally there is a need to strengthen the infrastructure and the managerial capacity of NACP, NGOs and service providers.

To summarize the following main objectives are still a priority in the HIV/AIDS response in Egypt:

- Increase the number of people tested.
- Increase the number of centres testing, counselling and offering information.
- Improve follow up on treatment (ARVs).
- Improve psychosocial support for PLWHA.
- Improve public acceptance of people suffering from HIV/AIDS.
- Improve infrastructure of NACP, NGOs and service providers.

Proposal

Lacks identified above led to UNDP, UNICEF and UNAIDS to suggest a coordinated proposal to tackle some of the needs identified above.

Objectives

The proposal and activities have three main objectives, and are planned to last from mid 2004 to mid 2006.

1. Support the infrastructure of NGOs. More specifically this will happen through Egyptian NGO Network Against AIDS (ENNAA), which consists of 22 NGOs and was set up late 2003. This will mainly involve:
   - Creating a data bank of existing brochures, information, documents and web sites with information on HIV/AIDS. The data will be helpful for ENNAA members. UNICEF is implementing.
   - Creating brochures describing the general activities of ENNAA.
   - Fundraising. A yearly fundraising and information fair in Cairo and Alexandria will be set up and a program for corporate sponsorship will be developed. This will be implemented by UNDP.

2. Increase awareness of HIV/AIDS. A three-step approach is suggested:
   - Educating and training the members of the NGOs in ENNAA about HIV/AIDS and how to implement awareness programs in the community.
   - Produce materials to be used for increasing the awareness of HIV/AIDS at community level.

---

3 UNAIDS Programme Acceleration Funds - 2004/05 Proposal
· After point 1 and 2 has been completed the following step is to address the final point of increasing the awareness of HIV/AIDS at the community level targeting specific groups.

3. Increase the involvement of PLWHA. The activities planned seemed to address a broader objective and some of the activities overlap with objective 2. The overall goal is to reduce the stigmatisation of PLWHA. The following specific activities is suggested:

· Produce a film about PLWHA in Egypt.
· Produce weekly 5 min radio series about HIV/AIDS.
· Produce two talk shows featuring popular Egyptian stars and PLWHA.

Proposal description
The proposal has different parts, the first section is the introduction and includes:

· Proposal summary: Outlines the description of the country that will receive the aid, the funds required and the main activities that would be performed if the proposal is approved.
· Signatories: Lists the representatives of the agencies and organisations involved in the design and implementation of the proposal. A coordinator is also mentioned.

Following the introduction there is a detailed description for each individual activity. In this description there are different parts:

· Title and objectives.
· Implementing agencies: UN, National or local. Also the lines of reporting are stated.
· Activity description: brief overview of context, rationale, geographical scope, linkages to broader activities, to national priorities and/or to the UN.
· Sub activities description: It gives an overview of what are the activities that would need to be done to achieve the objective of the main proposal in relation with the activity we are discussing. Some of these subactivities are designed to make the results sustainable. For some of the sub activities there is also an expected outcome described.
· Description of how this activity is in line with the UN global strategic objective.
· Monitoring and evaluation: brief account of aspects of the activity to be monitored and evaluated – e.g. indicators and targets.
· Budget split by activities and sub activities.
· List of other complementary financial and technical inputs directly or indirectly linked to the activity – indicating entity, nature and level.

To finalise, there is a list of the agencies involved and their main responsibilities framed in temporary goals. There is also a highly detailed action plan and time frame divided by sub activities and relevant accomplishments.
Revision and Approval

Three parties reviewed the proposal:

1. Theme Group Chair. Headed by representative from United Nations International Children's Emergency Fund - UNICEF.
2. UN executing and implementation representatives. Headed by UNICEF and United Nations Development Programme UNDP.
3. UN Resident Coordinator (RC). Headed by representatives from UNDP.

As it can be seen from the points above, in practise actually only two agencies are involved in the decision (UNICEF and UNDP). The people heading the agencies are also the same, i.e. the person heading the theme group from UNICEF is also the representative of UNICEF in UN executing and implementation representatives. UN RC further is responsible for channelling the dedicated funds to the relevant NGOs.

The proposal was submitted to UNAIDS in Geneva where it was evaluated. Unlike previous years, this proposal underwent a competitive process before approval.

Funding

The project was funded on July 2004 by UNAIDS Geneva under the Programme Acceleration Fund (2004-2005). It was granted US$ 75,000. This is almost equivalent to the maximum granted per proposal.

Each of the three objectives has their own dedicated budget. The money was allocated as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Budget</th>
<th>Major spending points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Infrastructure</td>
<td>US$ 21,204</td>
<td>• Fair in Cairo and Alexandria (41%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Creating information materials (12%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consultants (38%)</td>
</tr>
<tr>
<td>Increase awareness</td>
<td>US$ 35,533</td>
<td>• Internal workshops (32%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• External workshops (40%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Create information material (6%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Monitoring (12%)</td>
</tr>
<tr>
<td>Increase involvement of PLWHA</td>
<td>US$ 17,980</td>
<td>• Workshops and materials (26%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Producing film (25%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Radio show (7%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Talk shows (22%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consultants (9%)</td>
</tr>
<tr>
<td>Grand Total</td>
<td>US$ 74,717</td>
<td></td>
</tr>
</tbody>
</table>

Discussion

Is the plan addressing relevant issues?

One of the main objectives considered in this proposal is to inform and educate people in the community and at NGO level about HIV/AIDS and how
it affects Egypt’s population. Taking into consideration the reported low prevalence of HIV/AIDS in this country this objective is indeed a very important point to maintain low infection rates and integrate the current sufferers into their communities.

However, one important factor that is not addressed in this plan is the need to increase the number of people tested and the availability of testing facilities in order to get a realistic picture of the current situation in Egypt. This will also give information that will help understand the scope of the future planned activities and the groups that need to be targeted.

Increasing awareness will create a higher demand for testing. The yearly budget for HIV/AIDS (and TB) testing is US$ 2.5, which will not be sufficient to screen a high number of people. It is unclear how the MOHP would react if the increased awareness would lead to a very high increase in people asking for testing.

The activities strengthening of the NGOs could be very useful in this regard. A strong NGO organisation would be able to pressurize the MOHP to ensure that testing were available and at the same time they could provide some of the services required.

To conclude, while the activities suggested by UNAIDS do not address all the relevant issues, this is probably the best contribution that UNAIDS can make. It will be extremely difficult for UNAIDS to set up actually initiatives for testing people, and the effort of UNAIDS is probably better spent on aiding NGOs in Egypt to influence their own government. Certainly this is the proper long-term strategy.

Cultural challenges on the implementation side

Egypt being predominantly an Islamic country (liberal by any standards though) raises certain challenges from the implementation side.

Three of the main means of transmission: Infidelity, men having sex with men (MHSWM) and intravenous drug use, are condemned from a religious perspective. Their community usually condemns people who contract HIV/AIDS, disregarding how they actually contracted it. They may even be considered of getting their fair punishment by God “for straying away from God’s path”.

To emphasize the above, it should be noticed that MOHP has put more effort in screening blood for transfusion that is considered the only “socially acceptable” way of contracting HIV/AIDS.

In order to meet these challenges it is important that religious leaders organisations are also among the NGOs selected for ENNAA.

There have been several examples of successful HIV/AIDS initiatives in cooperation with religious leaders. This cooperation might sometimes prove

---

4 Battle to beat Pakistan’s Aids taboo, Paul Anderson, BBC News, 01/12/04
challenging but it will be crucial if UNAIDS wants to convince the more traditional segments of the Egyptian population.

**Political Challenges**
It is also important that people from MOHP is involved in the process. MOHP is a central agency within the organisation of the official response to HIV/AIDS (Fig. 3). Without the support and cooperation of the MOHP it will be extremely difficult to achieve sustainable results.

**Demographical Challenges**
The demographics of Egypt also pose a challenge to the implementation of the proposal. A large part of the Egyptian population (42.2%) is living in rural areas difficult to reach. This spread and the fact that some of them are nomads also makes difficult any initiative to organise NGOs to have a local influence.

It will be a challenge to make sure that NGOs cover all the territories and population. A good alternative to motivate the NGOs will be to divide the territories and assign different types of objectives and premiums for a maximum coverage.

---

5 The Underrated Battle: Stemming the Spread of HIV/AIDS in Indonesia, UNDP, January 2004
Abreviations

ARV – Antiretroviral
ENNAA - Egyptian NGO Network Against AIDS
MHSWM - Men Having Sex With Men
MOHP – Ministry of Health and Population
NACP - National AIDS Control Programme
NCCHA - The National Committee for the Control of HIV/AIDS
PLWHA - People Living With HIV/AIDS
UN RC – UN Regional Coordinator
UNAIDS -
UNICEF -
UNDP – United Nations Development Programme